

Suicidal Ideation Among Adolescent Jews

by

Marla Adelberg

A thesis  
presented to the University of Manitoba  
in fulfillment of the  
thesis requirement for the degree of  
Master of Science  
in  
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Winnipeg, Manitoba  
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SUICIDAL IDEATION AMONG ADOLESCENT JEWS

BY

MARLA ADELBERG

A thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

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### Abstract

The purpose of the present study was to assess suicidal ideation among adolescent Jews. The data were collected from 86 students attending a private Jewish high school, in grades 9 through 12. Subjects were administered Beck's Depression Inventory, the Nowicki-Strickland Locus of Control Scale and a brief demographic questionnaire. The results of the study indicated that 36% of the students reported suicidal thoughts. Religious affiliation, nationality, parental marital status and community involvement were all found to be nonsignificant factors involved in suicidal ideation. Religious observance and locus of control were found to be significant factors. More specifically, adolescents with an external locus of control and adolescents who were nonobservant were more likely to have suicidal thoughts.

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You are watching it drift,  
That elusive peaceful dream.  
In the tumult and confusion  
It becomes salient and hypnotic  
The echoing tinnitus conveys certain doom.

The dream is drawn and closed;  
The dark is somehow frightening.  
Silence shatters the quiet  
In quick and sudden frenzy:  
They'll never know you're gone.

(Written by Vivienne, a fourteen year old, the night before her first suicide attempt. Mack & Hickler, 1982, p.52).

Suicide is defined as "the act of killing oneself on purpose" (The World Book Encyclopedia Dictionary, 1979, p.2094).

Suicide is now the second most common cause of death among adolescents. In Canada fifteen percent of all fatalities in the 10 to 19 year age group are suicides. Since 1965 there has been a 500 percent increase in the suicide rate for males in this age group and a corresponding 250 percent increase in the suicide rate for females (Statistics Canada, 1987). These increases strongly suggest that more investigation and research in the area of adolescent suicide is needed.

The suicide rate in Manitoba for males between the ages of 15 and 19 was 27.9/100,000 in 1985. In 1987 the suicide rate in Manitoba for males between the ages of 15 and 19 was 26.1/100,000, and the actual number of male suicides in this age group during this time period was 122. In comparison,

26.1/100,000, and the actual number of male suicides in this age group during this time period was 122. In comparison, the Canadian suicide rate for males between the ages of 15 to 19 of 15.4/100,000 suggests that the Manitoba rate is in excess of national norms (Health and Welfare Canada, 1986). Adolescent males are more likely to succeed when committing suicide and females are more likely to attempt suicide (Statistics Canada, 1987).

The female 15 to 19 year old suicide rate in Manitoba in 1975 was its highest at 17.1/100,000. Ten years later, that rate had declined to 2.0/100,000. Statistics Canada does not account for this drastic change in suicide rate. No explanation for the decline in suicide rates could be found. However, by 1987 the suicide rate jumped to 14.4/100,000, and the actual number of total suicides in Manitoba for females of that same age was 48 (Statistics Canada, 1987).

Many variables are linked to the decision to commit suicide. Some of the factors involved in adolescent suicide may only relate to the life of an adolescent; other factors have no age barrier in terms of the decision to commit suicide. This investigation will focus not only on some of the individual characteristics that are linked to adolescent suicide, but also on the role of religion in a teenager's thoughts about suicide. More specifically, the possible role of Judaism in the decision to commit suicide will be explored.

## General Theories of Suicide

### Durkheim

Durkheim began researching the phenomenon of suicide in the late 1800's, and his first work on suicide was published in 1897. In creating his theory on suicide, Durkheim studied suicide rates and statistics from many European countries. In some cases he also researched the different regions of a country to see how their suicides varied. He investigated three different religions (Catholicism, Protestantism and Judaism) and compared their rates of suicide. Other variables explored by Durkheim were: a) time of year; b) weather; c) marital status; d) heredity; and e) race.

According to Durkheim (1951) suicide is considered "any act that results in a death which is an indirect or direct result of a positive or negative act accomplished by the victim by him/herself" (p. 25). The act is also one in which the victim knows and understands that the act will result in death. Thus, for a death to be counted as a suicide one must have some type of proof that the victim knew that his/her behaviour could result in his/her own death (Durkheim, 1951).

Stemming from his research, Durkheim developed a theory of suicide which stated that there are three major categories or types of suicide. These categories are

a) egoistic suicide, b) altruistic suicide and c) anomic suicide.

Egoistic suicide may be the most common type of suicide (Selkin, 1983). When someone loses all ties to society, or finds that the bonds to society have weakened, an egoistic suicide may result. People who commit egoistic suicide are unattached to social groups and tend to be preoccupied with their own selves. These potential suicides are uninfluenced by laws, customs or religious restraints against suicide. Egoistic suicides are also the easiest to prevent (Selkin, 1983).

Altruistic suicide is a type of suicide that takes place to make a moral statement. In 72 A.D. the Roman governor Flavius Silva marched against the fortress of Masada where thousands of Jews had taken refuge. After a prolonged siege the Romans were able to make a breach in the stronghold wall. Rather than fall into the hands of the Romans, the Jews chose to take their own lives. The Jews who committed suicide at Masada committed an altruistic act (Selkin, 1983).

Anomic suicide takes place after an abrupt loss or when one feels forced to adjust to a new surrounding with little notice. Suicides that took place during the depression could be classified as anomic suicides (Selkin, 1983).

Durkheim used two explanatory variables in his theory. These two variables were integration and regulation.

Integration was characterized by Durkheim (1951) as a group or society with shared beliefs and practises. Regulation referred to the stated rules and tightly bound structures of a group. Durkheim hypothesized that when integration is low in social circumstances egoistic suicide is likely to be high. Conversely, altruistic suicide is likely to take place when integration is too high. He also hypothesized that when regulation was low, altruistic suicide takes place; and when regulation is high, anomic suicide would result (Breault & Barkley, 1982).

Durkheim's findings were threefold. First, he found that suicide is not due to social influences such as race, mental illness or heredity. Secondly, he found that suicide is due to the strengths or weaknesses of the bonds between the individual and the social groups to which he/she belongs. Lastly, Durkheim stated that suicide could be studied using group cohesiveness as an independent variable (Wass, Berardo & Neimeyer, 1988).

Many researchers through the years have tried to confirm Durkheim's theory. Some researchers have found that Durkheim's theory is still applicable. Donigelis and Pope (1979) studied marital status and family status with the rates for suicide. Their results showed that married persons with children are less likely to commit suicide than their childless counterparts. The research supports Durkheim's findings that married persons with children commit suicide

less often than married persons without children and single persons (Durkheim, 1951). They concluded their study by stating that "Durkheim's theory of suicide is a good predictor of variation in suicide rates"(p.1100).

Breault and Barkley (1982) and Wenz (1976) were also able to support Durkheim's theory of suicide. Breault and Barkley (1982) used politics and religion as independent variables. They found that below a certain integration point suicide is more likely to occur. However, moderate levels of political and religious integration were found to actually protect one from committing suicide.

Wenz (1979) studied social areas and integration with suicide rates. Wenz selected 200 subjects from a phone list of a suicide crisis line. He had the subjects complete Dean's Alienation Scale and found that the more integrated a social unit (e.g. a neighbourhood) was, the lower the rate of suicide in that unit.

Pope (1975) analyzed Durkheim's theory. He stated that many researchers argue that integration and regulation tend to overlap and that Durkheim did not define the differences between the two. Pope criticized Durkheim for his attempt to distinguish between integration and regulation, and claims that no distinction exists. He stated, however, that, discounting the regulation and integration components, Durkheim's theory of suicide remains viable.

### Menninger

Much of the work of Karl Menninger on suicide evolved from the writings of Freud. Menninger believed that humans have both life and death instincts. He stated that the life instinct is constructive, whereas the death instinct is destructive. He viewed these two forces in constant conflict. As well, he stated that although every human has the capacity for self-destruction, suicide only takes place in extreme circumstances. Much destructive behaviour by humans becomes self-destructive. As people develop, their constructive tendencies tend to neutralize the effects of their destructive tendencies. If growth of the constructive tendencies is interrupted by social attitudes, family patterns and nonnormative community customs, self-destructive impulses take over. Should the individual internalize the wish to kill, the wish to be killed and the wish to die, the result is immediate self-destruction, i.e. suicide (Menninger, 1938). Menninger (1938) claims that one can frequently see the steady progression of self-destructive behaviour which results in suicide.

Menninger (1938) saw " ...suicide as an attempted escape from an intolerable life situation" (p.17). Suicide is not an impulsive act but one that begins long before the act takes place.

Menninger (1938) identified three components of the suicidal act. Suicide was seen as an act of murder.

The wish to kill is a destructive and aggressive instinct that begins at birth. The life instinct is necessary to neutralize the destructive instinct. Thus, if constructive and creative instincts neutralize the aggressive tendencies of the human, suicide can be avoided. The wish to kill, however, may be turned against the self through identification or introjection (Menninger, 1938).

The wish to be killed can be viewed as an extreme form of submission. The ego wants to be punished, and must suffer in direct proportion to the directed destructiveness. Thus, suicide is also a masochistic act. People who wish to be punished often choose very painful methods of committing suicide (Menninger, 1938).

The wish to die may be an unconscious or a conscious wish. The unconscious wish to die is frequently the result of numerous cooperating factors. Menninger states that the unconscious wish not to die manifests itself in the frequent attempts at suicide which are unsuccessful. For example, suicides have been reported where the suicide would most likely have survived had it not been for extenuating circumstances (Menninger, 1938). Thus, all three components to suicide usually exist when a suicide takes place.

#### Farber

According to Farber (1968), for one to commit suicide one must have intended to kill oneself and the outcome of



the intention must be death. Farber stated that suicide is basically a gamble with death.

Farber (1968) claimed that many factors are involved in suicide. Suicide is affected by the degrees of vulnerability and deprivation one feels. As well, aggression is involved in the suicidal act. There appears to be an inverse relationship between the amount of hope one feels and the likelihood of committing suicide. One's sense of competence is also related to the likelihood of suicide. Farber stated that "suicide is likely to occur when there appears to be no available path to a tolerable existence" (p.17, 1968).

Farber (1968) put his theory into a mathematical equation:

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Insert Figure 1 about here

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The probability of suicide is a function of personalities injured in their sense of competence, demand for exercising competence, demands for interpersonal giving and tolerance for suicide, and inversely related to the availability of succorance and hope for the future. Suicide is most likely to occur when the availability of succorance and hope for the future is low. As well, suicide will also occur when the tolerance for suicide is high, demands on one's competence and interpersonal giving are high, and one feels as though his/her sense of competence has been injured.

### Summary

The three presented theories emphasize different aspects of suicide. Durkheim and Farber focused on suicide rates and individual factors. Menninger focused on the psyche. While these theories each provide insightful information on suicide, Durkheim's theory will be the main framework for this study. Durkheim postulated that religions, with stated rules and tightly bound structures, lessen the chance of suicide for their members (Wass et al., 1988). The purpose of this study is to determine whether religion is related to suicidal ideation, extending Durkheim's theory from behaviour to ideation.

### Symbolic Interaction and Suicide

When a suicide occurs the whole family may become involved, especially when it is an adolescent who has committed the suicide. After the suicide the family may try to understand what drove that individual to commit suicide. If the adolescent had no family, friends and support workers may try to understand what led the adolescent to commit suicide. Thus, family theory may offer a way of understanding what happened.

Symbolic interactionism is one family theory that can be applied to suicide. According to the theory, social relationships are established through social interaction on a symbolic level. Thus, language and gestures are additional

means by which people are capable of communicating (Spencer, 1981).

Symbolic interactionists believe that it is unrealistic to think that society is an organism. Society is not capable of feeling need, nor does it have a purpose. Only individuals within society are the ones who are capable of interacting. People have needs and purposes and only people are capable of acting upon them. Society's norms do, however, play a role in the way that individuals interact with one another. To communicate with others, individuals must act and react to other's behaviours. Individuals are constantly changing their roles to communicate (Spencer, 1981).

Members of a group act according to their definition of a situation (Spencer, 1981). Different social groups have different operating rules. Group members are expected to abide by the rules of the social group. If the group member wishes to leave the group, the individual no longer needs to abide by the rules of that group. The rules then change for the individual; things that were once forbidden by the group will no longer be forbidden to the individual. If the individual belonged to a group which forbids members to commit suicide, the individual may have abided by that rule. Once the member leaves the group, suicide becomes an option. As well, some members of a group only abide by the rules in

which they believe; one may be a member of a group that forbids suicide, but one may not abide by that rule.

Breed (1972) used symbolic interaction theory as a method of studying suicide. Breed tried to answer the question of "why suicide?", and proposed a framework that takes the form of creating a suicide syndrome. The suicide syndrome is defined as the method in which a potential suicider responds to stress.

Breed (1972) based his framework on a New Orleans study which gathered data from friends and relatives of 264 suicides between the years 1954 and 1963. Breed identified five components involved in suicide. They include: a) commitment b) rigidity c) failure d) shame and e) isolation.

#### Commitment

According to Breed (1972) many of the cases involved people who had internalized the cultural norm for success. They tended to have strong egos and had internalized their parent's attitudes concerning cultural norms of success. The people who committed suicide did so because they were strongly committed to the goals that they had set for themselves, and felt that they had failed to act on their goals. The failure may have been real or only perceived as real. Commitment to one's goals became a part of identity or self; once established, these goals were difficult to change.

### Rigidity

Breed (1972) found that those who committed suicide seemed unable to bend or change their roles and goals. They were unable to adapt to changes in society. While healthy organisms adapt to a new situations, these subjects found that they could not cope with a society that was constantly changing and uncertain. These subjects were described by their families as overly neat, meticulous and perfectionistic. If society became unregulated, these suiciders tended to regulate themselves. Rigidity may have been a method by which these suiciders maintained security in the face of their vanishing identity. These suiciders' inflexibility made it difficult to alter the culturally proposed goals and roles to which they were committed.

### Failure

Failure was role-specific for the suiciders. Men felt that they failed in the work place, whereas women felt that they had failed in the family setting. Multiple failures had frequently taken place prior to the suicide. The person who felt s/he had failed seemed to have anticipated what others reactions would be, responded with feelings of shame, and then took his/her life (Breed, 1972).

### Shame

Shame was the suicider's response to failure in a major role in life. Shame, as distinct from the internal experience of guilt, can be defined as the exposure of one's

weaknesses in terms of self and role in the eyes of significant others. It was not unusual for depression to follow the shame of exposure (Breed, 1972).

### Social Isolation

According to symbolic interactionism one needs constant validation of one's identity. Support for a poorly played role is often negative and may even result in negative reactions. The suicider often felt or anticipated this negative reaction. The suicider felt the stigma of failure and thought that it is visible to everyone (Breed, 1972).

These five components work together to create the suicide decision. "Once a committed person feels shame over failure and cannot create a new life because of his rigidity, he feels worthless and moreover feels that other people also see him as worthless" (p.8,1972).

Therefore, according to symbolic interactionism, the social group one belongs to plays an important role in an individual's behaviour. Symbolic interactionism suggests that suicide can be better understood by studying an individual's involvement in social groups, and the group's roles related to suicide.

### Judaism and Suicide

In the Talmud, the code book of Jewish law, there is no law which prohibits suicide. However, preserving one's life or the life of another is of paramount importance in Judaism. In Genesis 9:5 it is written "But for your own

life-blood I will require a reckoning". It is from this phrase that the law makers decided that only the Lord can ask one to take one's life, and one could not do so without the permission of the Lord (Grollman, 1971).

In Judaism, for a suicide to take place the suicide must have been voluntary and premeditated. The terminology used for a suicide is "me'abbed azmo la-da'at" which means that the suicider knowingly destroyed him/herself. Thus, a person who commits suicide on impulse is said to have done so unknowingly due to mental illness or depression, and the death is not labelled a suicide. Duress is another reason why the person is said not to have committed suicide. Any person who kills him/herself rather than surrender to his/her enemy, or does so because of feeling despair of life or identification with one who has just died, is also said not to have committed suicide (Grollman, 1971).

Due to the stigma that is associated with suiciders and their families, the Jewish religion tries not to label suicides as such. It is assumed that one who has killed him/herself has done so due to mental illness. S/he is seen as having been mentally unstable at the time the suicide took place. As well, suicide notes are also seen in Judaism as a sign of one's mental illness. According to some rabbis it is impossible for a Jew to commit suicide in Jewish law; but according to convention, suicide does take place among

the Jews (personal communication Dr. M. Erenberg, May 9, 1989).

According to the code book of Jewish law (Ganzfried & Goldin, 1961) a person who has taken his/her life is to be thought of as though s/he had taken the life of the whole world. There is no one more wicked than the person who commits suicide. If one commits suicide, one's family need not observe mourning and a eulogy is not said. However, the body is still cleansed, dressed in shrouds, and buried. Usually Jewish cemeteries have a special area designated for suicides.

As well, if a man or woman is found hanged or strangled, it is assumed that they have been murdered and that they did not commit suicide. A child or minor who commits suicide is to be considered accidentally deceased and proper burial rites are given (Ganzfried & Goldin, 1961).

One may ask, what happens in the case of an attempted suicide? According to Jewish law, one who has attempted suicide and has endangered his/her own life is liable for flogging or punishment (Grollman, 1971). In today's world, one who has attempted suicide is given psychiatric help and there is no punishment.

#### Tendency to Suicide

Durkheim, the son of a rabbi, investigated (1951) the rates of suicide for different religions. He found that



there was only a slight tendency to commit suicide among Jews. Suicide was least prominent in Judaism. Jews had lower rates of suicide than Roman Catholics, who in turn had lower rates of suicide than Protestants. However, he also found that Jews had higher rates of insanity than other faiths.

Durkheim (1951) suggested several hypotheses for the lower suicide rate for Jews. He hypothesized that because Jews view themselves as a minority they feel that they must preserve themselves. As well, Jews tend to live in small compact, cohesive communities where there is a strong feeling of unity; feeling as though one belongs may prevent some suicides. Judaism is a strict religion with many religious rules and practices, and there is little room for free thinking and free judgement. Durkheim concluded that the stronger the religious community, the greater its preservative value.

#### Rationale for the Study of Adolescent Suicide

The second leading cause of death among adolescents is suicide (Greuling & Deblassie, 1980). Since most adolescents spend more of their waking hours with their school teachers than with their parents, it is the writer's belief that teachers have a greater opportunity to identify and prevent suicidal behaviour.

Herring (1990) reported that the latest United States National Adolescent Student Health Survey of 8th to 12th graders indicated that 34% of 8th graders had seriously

thought about committing suicide, while 15% had actually attempted a potentially fatal injury. Herring stated that many common symptomatic stressors of suicide are: drug abuse, social influences, acting out behaviours (e.g. fighting with peers, skipping classes) and depression. The fact that children physically mature at an early age, before their social and emotional maturation process have taken place, is another factor. Herring also stated that adolescents have much to fear in today's world, especially with the threat of nuclear war.

The school system is the second major social system in which adolescents are involved. To students contemplating suicide, their perceived inability to academically or socially compete in school may become a threatening situation. Teachers within the schools can help combat the threat of suicide by looking for early signs that a student may be contemplating suicide. Suicidal themes may appear in assignments or students may signal their intentions in various ways, such as clearing out their lockers and giving away their possessions (Herring, 1990).

Herring (1990) concluded that suicidal youngsters will turn to their friends for help before they will approach a parent or mental health professional. Students may be wary of approaching the school guidance counsellor, fearing that the counsellor will talk to the principal or parents. Herring suggested that the school counsellor create peer

counselling groups whereby students can talk with their peers about their problems. A peer group counselling intervention model may reduce the number of "at risk" adolescents.

Greuling and Deblassie (1980) stated that there are factors and patterns involved in adolescent suicide that can be used to isolate those adolescents who have the potential of committing suicide. They stated that the same factors that may lead adolescents to abuse alcohol and drugs may also lead them to suicide. As well, social isolation and loneliness are warning signs of a potential suicide.

Grueiling and Deblassie (1980) also found that a pattern develops in suicidal adolescents. These adolescents tend to be impulsive, show signs of depression, display psychotic behaviour and at times take to slashing or cutting their wrists. The researchers recommended that the school counsellor, or any teacher for that matter, develop trusting and open relationships with all students so that the adolescents will seek them when they need help.

Grob, Klein and Eisen (1983) interviewed 80 school professionals on the subject of adolescent suicide warning signs, suicidal behaviour management techniques and available resources. They found that the school teachers were able to identify eleven warning signs. These warning signs were a) depression b) verbal or written cues c) social isolation d) academic problems e) self-destructive

behaviours f) drug /alcohol abuse g) acting out behaviours h) other school problems i) physical appearance j) agitation and k) somatic complaints. Underlying causes were found to be family problems, individual problems and socio-cultural problems. In terms of how to manage the situation, most counsellors said that they would first establish a relationship with the child, then try to find outside resources for help. The counsellor would continue to monitor the situation and lend support.

Grob et al. (1983) also found that resources were lacking for teachers dealing with suicidal adolescents. The counsellors claimed that more in-services were necessary, as well as innovative and creative approaches for dealing with the situation. Constant upgrading is needed at all levels of the school hierarchy.

It is in the school system that adolescents have the greatest chance of receiving the help that they may need. Trained counsellors are in the schools and they have the opportunity to spot any signs of suicidal thought and behaviour. Counsellors who do not interact with students on a one-to-one basis are still capable of identifying possible problems by scrutinizing students' interactions with one another, as well as their behaviour and academic performance. These are all indicators that something may be bothering a student. A trained counsellor who notices that a

student's behaviour pattern has changed may need to approach that student rather than wait until the student seeks help.

### Literature Review

#### Social Determinants of Adolescent Suicide

Each adolescent suicide appears to have individual differences which cause the suicide to be viewed as unique; yet there are many factors common to all adolescent suicides.

Hendin (1987) studied suicide in different cultures and subcultures, and suggested that five factors may be involved in the increases rate of adolescent suicide: 1) the rise in suicide rate among adolescents is accompanied by a rise in many other problems (ie. drug abuse, delinquency and crime) faced by adolescents; 2) the rate of suicide is increasing not only for adolescents, but also the 20-24 age group; 3) recent studies have linked suicide with violence and aggression; 4) the increase in the percentage of young people in the population leads to an increase in competition for jobs, schools, etc. which in turn leads to an increase in stressors in the adolescent's life; 5) the rise in suicides among the young has taken place in every socioeconomic class.

Hendin (1987) found that over the past 30 years there has been a marked increase in both the suicide rates and the homicide rates among young white males. To begin to

understand suicide among the young, Hendin stressed that one must focus on the stressors that take place in the family unit. Hendin found that white middle class youth who have many social and economic advantages tended not to show violent tendencies prior to attempting suicide. An underlying theme Hendin found in most adolescent suicides was a feeling of failing to separate from their parents.

Demographic trends have linked suicide rates to the total population. Hendin (1987) found that 14% of the general population are between the ages of 15-24 years old and 15-24 year olds account for 14% of all suicides.

Hendin (1987) stated that psychological and social factors must be integrated into the study of suicide. One can no longer study suicides in general, but must study differences in motivation between different groups. One must study age factors, cultural differences and the differences between the sexes.

Sudak, Ford and Rushforth (1984) claimed that each successive birth cohort has an increased suicide rate among the 15-24 year old age grouping. They suggested the increase in suicide rates included an increase in the unemployment rate, bad economic conditions, low self-esteem, and increased feelings of isolation. As well, with the increase in competition in both the job market and in the schools, adolescents are more likely to fail. There is also an increase in social mobility which makes it difficult for the

adolescent to establish and maintain relationships. An increase has also taken place in the disorganization of family life as indicated by the increase in the number of divorces. Illegitimate pregnancies and child abuse have increased, whereas the importance of religious and moral values has diminished. More adolescents are exposed to violence on television, as well as to drugs and alcohol. All of these factors lead to the development of a low self-esteem, reduced coping skills and a loss of hope for the future. Adolescents today have more to worry about than at any other time in history due to the threat of nuclear war. Sudak et al. (1984) stated that the schools have a captive audience, and can help prevent adolescent suicide.

Petzel and Cline (1978), in their literature review, found an increased risk for suicide if one was a male youth, of a nonwhite racial background, and married. Female, nonwhite youth were at an increased risk for a suicide attempt. There appeared to be an increase in the use of firearms as a method of committing suicide. There is a higher probability of suicide if one has previously attempted suicide. Pregnancy was highly correlated with suicidal behaviour. A higher suicide rate was found at highly competitive and selective schools. Self-destructive behaviour, as well as physical and mental illness, played a role in the suicide risk.

Gordon (1985) found that although many factors are involved in the decision to commit suicide, usually a single initiating factor precedes the suicide. Some initiating factors may include rejection by a lover, death of a friend, parents divorce, non-acceptance to college, poor grades or undue punishment.

Gordon (1985) also identified warning signs of a suicidal adolescent. These include depression, physical illness, loss of a loved one, feelings of hopelessness, lack of communication, explosive outbursts, loss of appetite, talk of death, running away, isolation, talk of suicide, drop in grades, moodiness and crying. Suicidal adolescents may feel rejected, useless and unloved, and may bottle up uncontrollable rage.

According to Gordon (1985) there are five important facts involved in adolescent suicide. The first is that depression and feelings of hopelessness are almost always involved in a suicide. Second, Gordon states all suicides are preventable. Third, in most instances the adolescent has talked beforehand about committing suicide and the attempt at suicide is really a cry for help. Fourth, all suicides feel ambivalent about suicide and are acting out of desperation. Lastly, for the most part, suicidal adolescents also feel that their families do not understand them (Gordon, 1985).



Ross (1969) identified some significant and nonsignificant factors involved in suicide. Factors found to be significant were identity problems such as poor grades or the loss of a girlfriend, academic competition or academic failure which can be threatened or real, and social isolation which may lead to feelings of inadequacy. Where one lives and loneliness were also found to be significant forces. Socio-intellectual factors such as stress and pressure to get into college and financial pressure for college grants were also significant. Depression in childhood due to the loss of a parent was related to suicide. The nonsignificant factors were drug abuse, religious affiliation, nationality and marital status. Ross (1969) also stated that there are clues to recognize suicidal behaviour. These clues are changes in behaviour, such as isolation or withdrawal, changes in mood and changes in academic performance. As well, Ross stated that suicidal threats should always be taken seriously.

Grollman (1971) reported that 80% of suicides state their intentions. Clues to suicidal thoughts include:

- a) suicide attempt b) suicide threat c) broken home d) personality change e) depression f) previous suicide attempt g) chronic illness or isolation h) bereavement i) financial stress j) domestic difficulties k) psychosis l) alcoholism m) drug use, and n) history of family suicide. Grollman also

stated that susceptibility to suicide is lowest among those who have strong community ties.

Religion is capable of playing a role in the prevention of suicide. Religious resources may be useful in helping a suicidal individual cope. If one has faith in God then one is capable of thinking that life is worth living. The religious community may offer strength, acceptance and encouragement to all people, and therefore may help the suicidal youth (Duncan, Eddy & Haney, 1981). Most suicidal youth, however, tend to have very low levels of religious commitment.

Petzel and Riddle (1981) reviewed the literature on adolescent suicide and found at least twenty factors involved in adolescent suicide, each with many antecedents. The factors involved in adolescent suicide can be categorized into five headings (Petzel & Riddle, 1981).

Family. Family factors involve such areas as family adjustment, parental loss, family conflict, perception of parents, parental emotional and health problems and disciplinary techniques. Adolescents who suicide tend to come from families where divorce or separation has taken place. Suicidal adolescents find it difficult to communicate with their parents; thus there is constant family conflict. They perceive their parents to be domineering and impossible to please. As much as they try to reach out to their parents, they find that they are constantly being rejected.

These adolescents also believe that their parents have mental and emotional problems that contribute to the family's inability to cope (Petzel & Riddle, 1981).

School. According to Petzel and Riddle (1981), adolescents who commit suicide have trouble adjusting to school. These teens have lower grades and tend to become involved in nonacademic activities. Suicidal adolescents have low school attendance rates and have attended a number of different schools. They are likely to have a history of school suspensions and expulsions which usually lead to dropping out. Adolescents who suicide have poor relationships with their school mates and teachers, have been known to be difficult to discipline, and have been labelled by the school system as failures.

Social Relationships. Suicidal adolescents are known to feel isolated and lonely. They find it difficult to build relationships and are unable to tolerate loss. They have an intense reaction to the loss of a personal relationship, whether it be a parent or a boy/girl friend. They also have trouble adjusting to their sexual freedom. In terms of their religious affiliation, most suicidal teens rarely attend church but do believe in an afterlife (Petzel & Riddle, 1981).

Situational Factors. The conditions under which adolescents live can also play a role in their decision to commit suicide. Adolescents who live in constant debt and in

over-crowded living conditions are more likely to commit suicide than those who can live comfortably. Other factors involved in the decision may include the climate, the media's portrayal of suicide, the availability of means of committing suicide, the availability of emotional help and the teen's cognitive functioning ability at that point in time. The adolescent's concept of death also plays a role in the decision of whether to commit suicide (Petzel & Riddle, 1981).

Individual Characteristics. Petzel and Riddle (1981) isolated individual characteristics of suicidal adolescents. Teens who commit suicide may have a history of behavioural problems which include delinquency, running away, drug and alcohol abuse, impulsivity and mood disturbances. Suicidal adolescents are depressed, angry, full of rage and irritable. Among the general personality characteristics shown to be linked to suicide are low self-esteem, delusional thinking, fearful of the future and self-punishing. Once an adolescent has been labelled as suicidal they are usually further classified according to the categories of threatened, attempted or completed suicide.

All of these studies confirm that family, school, social relationships, situational factors and individual characteristics play a role in an adolescent's decision to commit suicide. Only the significance of religion appears to be disagreed upon by the researchers. Ross (1969) found

religious affiliation to be of no statistical significance when studying factors involved in suicide. Duncan et al. (1981) found that religious resources may be useful in helping a suicidal individual to cope.

### Attempters Versus Nonattempters

Many studies have focused on the differences between attempters and nonattempters. These studies have focused on why some people attempt a suicide and why others never even try.

Stephens (1987) studied a sample of 50 female adult suicide attempters. Each attempter was interviewed to create a life history. All subjects described their adolescence as very unhappy and stated they would not want to relive it. The subjects reported that their parents neither loved them or cared for them. The subjects led very isolated lives. All expressed feelings of depression, guilt and anger; however, they reacted differently to these feelings. Stephens concluded that two patterns of suicide attempters emerged. The "Humble Pie" attempters tried to conform to others' wishes. They were extremely docile and assumed the guilt for the conflicts in their home environments. These women tried to please everyone and thus during their adolescence played the role of "good girl". They were unable to express anger and rage. The other pattern to emerge was that of "Cheap Thrills". These women were rebellious and defiant. They

displayed their rage and anger and took the role of "bad girl". Stephens found that Humble Pie girls came from middle class backgrounds and Cheap Thrills girls came from working class backgrounds. The Humble Pie girls used more violent methods than Cheap Thrill girls to attempt suicide. Humble Pie girls used more self-destructive methods of suicide as they were able to express their pent up aggression only in later life.

Shafi, Carrigan, Whittinghill and Derrick (1985) studied 20 suicide attempters and 17 controls, matched to the attempter group for sex, race, education, religion, socio-economic status and father's education level. The researchers administered a psychological profile of suicide, the Louisville Behaviour Checklist and the Millon Multiaxial Clinical Inventory to all the subjects. No significant differences were found between the two groups with respect to broken homes, overcrowded homes, large numbers of children, parental dependence, demanding parents, poor academic performance, school dropout or being behind in school. The factors that separated the two groups were previous exposure to suicide, parent's emotional problems, parental absence or abuse, suicidal ideation, suicide threat or attempt, use of drugs and alcohol, antisocial behaviour, inhibited personality and previous psychiatric behaviour.

Tischler and McKenry (1983) carried out a study of 46 suicide attempters and 46 non-attempters between the ages of

12 and 18. The two groups were chosen from the Children's Hospital in Columbus Ohio. The groups were matched for sex and socio-economic status, and given a demographic background questionnaire, Brief Symptom Inventory and Rosenberg's self-esteem scale. The attempters were found to be more distressed, anxious, depressed, hostile and psychotic than the non-attempters. As well, the attempters displayed more obsessive-compulsive behaviour, interpersonal sensitivity and more global psychological disturbance. The attempters also showed lower self-esteem than the nonattempters. Thus, the investigators concluded that psychological instability plays a role in the etiology of adolescent suicidal behaviour.

McKenry, Tischler and Kelley studied the sample of 46 attempters and 46 nonsuicidal patients in 1982. The study involved giving both the adolescent and parents a questionnaire upon intake at the Children's Hospital in Columbus, Ohio. A suicide attempt was defined as a life threatening behaviour performed with intent on jeopardizing one's life. The instruments used for the study were a demographic background questionnaire, the Dyadic Adjustment Scales of marital adjustment and depression anxiety, the SOL-90 Brief Symptom Inventory, the Guttman and Likert Scales on family conflict and cohesion, and a suicidal ideation question. The results showed that the adolescent suicide attempters had a negative view of their relationship

with their parents. As well, the time that they spent with their parents was perceived as being less enjoyable than the adolescent comparison group. The adolescent suicide attempters saw their parents' marriage as being maladjusted, their mothers as being disinterested in them, and they felt more parental pressure to do well in school than did the adolescents from the comparison group. The mothers and fathers of attempters also saw their time spent with the family as less enjoyable than the parents of nonsuicidal adolescents. The parents of the suicide attempters also scored lower on the marital adjustments scales than the parents of the comparison group. Each spouse of suicidal adolescents rated the other as parenting in a less favourable manner. The parents of suicide attempters also showed more maladaptive behaviours, fathers were more depressed and mothers were more anxious than the parents of the nonsuicidal adolescents. Prior suicidal behaviour among a family member was found in the families of the suicide attempters. One must note that this study does have one flaw in that the questionnaires were completed in a time of crisis, and the respondents may not have been concentrating on the questionnaire.

Topol and Reznikoff (1982) also studied attempters and nonattempters in a hospital setting. However, they added a control group of youth in a school. The sample consisted of 30 attempters, 35 youth who were borderline neurotic and 35



school youth. All subjects were between the ages of 13 and 19. The groups were equated for age, race and socio-economic status. Of the 30 participants in the suicidal group, 22 were females while only 8 participants were male; the sex ratio for the other two groups remained equal. The groups were administered the Mooney Problem Checklist, the Nowicki-Strickland Locus of Control Scale, the Family Concept test, the Hopelessness scale, the Marlowe-Crowne Social Desirability Scale and a biographical questionnaire. Social desirability was found not to be a factor in suicide. On the Mooney problem checklist it was found that the attempters had more problems than the nonsuicidals, but the control group had the fewest problems. The Suicidal group also had the most family problems, and the control group had the fewest problems. Suicidals felt that they had the most peer problems. The control group was most likely to have a close friend, whereas suicidal females felt that they had no close friends. Furthermore, the suicidal group had the most maladjusted families, whereas the control group had the most ideal family. The suicidal group reported the least amount of hope and the most external locus of control, and believed that they could not make changes within their lives. The researchers concluded that adolescents who have little control over their environment may perceive their families as unavailable, rejecting or overprotective.

Corder, Page and Corder (1974) studied nine suicide attempters and their parents in a mental health centre, two parents of completed suicides, and ten control group children who were also patients at the centre. The attempter group and the control group were equated for age, sex and socio-economic status. All groups were given a structured questionnaire which included sections on family history, environmental factors, parental history, parental personality characteristics, family interaction and communication patterns. They were also given a personal interview, psychological testing, and their clinical records were included in the study. The groups were tested for their family history and environmental factors, their parental history and parental personality characteristics and family interaction and communication patterns. The results of the study showed that the family with a suicidal adolescent had recently become disorganized, the adolescents lacked control of their environment, strict discipline patterns and limit setting were used and, there was a recent loss of a loved one. As well, the family with a suicidal adolescent had been previously exposed to a suicide within the family, and a poor communication system existed between the parents and the adolescent. A major weakness in this study was that the control group consisted of ten mentally unstable patients at a mental health centre. Perhaps, mentally healthy adolescents should have been used as a control group.

Cantor (1976) administered the Edward's Personal Preference Schedule and a 31 item questionnaire to 20 female suicide attempters between the ages of 18 and 25 and to two groups of 50 subjects who had answered "yes" to the question of whether they had ever had suicidal thoughts. The attempters had the highest mean for affiliation and succorance need and the lowest score on aggression and endurance. The attempters were unable to ask for help and were unable to depend on their parents, which was a major source of anger. The attempters measured at the high or low threshold for psychological pain and tended to externalize their anger. Attempters were also found to feel a conflict in expressing affiliative needs.

Wenz (1979) used a sample of 200 subjects who were chosen from the Crisis Intervention Center, using their phone list and list of attempters, to study alienation. Wenz defined alienation as powerlessness, normlessness and social isolation. The subjects were given Dean's Alienation Scale. The statistically significant alienation factors in terms of their significance from high significance to low significance were: a) social contact with peers b) conflict with parents c) broken romance d) economic status e) communication problems with parents f) school performance g) stepparents and h) broken home. Factors that were found to be statistically nonsignificant were race, geographic mobility, both parents working, truancy from school, sex,

age, number of siblings, number of people in the home, physical punishment by parents and work status. Wenz concluded that adolescence, in itself, may be a predictor for suicide, perhaps due to biological changes that take place at this time.

Marks and Holler (1977) studied 3000 psychiatric youth patients between the years of 1966 and 1970. Eight hundred and thirty of the youth had adjustment problems and were used as the control group. The subjects were administered the Minnesota Multiple Personality Inventory and a personal questionnaire. Their therapists were interviewed and completed an adjective checklist and case data questionnaire. The researchers found that the male suicide attempters thought of themselves as not having the same intellectual abilities as their classmates. Their goal in life was to make money, and they tended to have problems getting along with peers, teachers and influential figures. Among the characteristics associated with male suicide attempters were also high-strung, jumpy, impulsive, worried, suspicious and perfectionistic. They also had a need for affection, their mother's were alcoholics and they were not close to their fathers. The female attempters were described as awkward, affectionate, achievement-oriented, impatient, anxious, withdrawn, inhibited and unpredictable. The female attempters also had difficulty in school, had few friends and seldom attended church. The researchers found that

teenagers who threatened suicide were not very different from those who attempt it.

The studies presented have found suicide attempts related to previous exposure to suicide, parents' emotional problems, drug and alcohol use, low self-esteem and psychiatric behaviour. There was, however, disagreement between the researchers on the factors of broken homes, age and sex. Cohen et al. (1966) found broken homes to a nonsignificant factor, and age and sex to be of significance; Wenz (1979), however, found broken homes a significant factor and age and sex were nonsignificant factors involved in suicide. One may conclude that there is not one set of characteristics that can help differentiate suicidal individuals from nonsuicidal individuals. These factors only provide warnings that may help prevent a suicide in some cases. If one were to examine closely all factors found to be indicators of a possible suicide, one would find that almost everyone shows at least one symptom. Researchers need to scrutinize these factors, and separate the statistically significant factors from the nonsignificant ones.

#### Studies of Suicide and Religion

Studies have used religious commitment, church attendance and religious affiliation as variables related to suicide.

Singh, Williams and Ryther (1986) sampled 6521 subjects from the National Opinion Research Centre surveys from 1977, 1978, 1982 and 1983. The subjects were presented with four situations (incurable disease, bankruptcy, dishonouring one's family, and tired of living), and asked in which situations they would find suicide acceptable. Independent variables included age, sex, race, number of people living in the home, education, religious affiliation, church attendance. Attitudes towards freedom of expression for atheists, militants, homosexuals, communists and racists were also determined. The researchers found that the highest approval for suicide was in the case of an incurable disease. Lower religious service attendance, a higher education, a greater belief in freedom of speech, and race (Blacks) were all found to be significant factors in the approval of suicide when one has an incurable disease. Religious affiliation was a nonsignificant factor. Little support was found for suicide in the cases of bankruptcy or causing dishonour to one's family. Significant factors related to acceptance of suicide in these two situations were education and religious attendance. In the case of bankruptcy, age, sex, race and religion were nonsignificant factors related to acceptance of suicide. Place of residence was a significant factor related to the acceptance of suicide in the case of dishonouring one's family, whereas sex was found to be a nonsignificant factor related to

acceptance of suicide. Lastly, in the case of one being tired of living, there was some support for suicide. The significant factors were found to be education, religious attendance, place of residence, and a belief in freedom of speech. Age was the only nonsignificant factor. The researchers concluded that approval for suicide was greater among young adults, males, urban residents, the better educated, nonCatholics and those who attend religious services less often. The two most significant factors in the approval of suicide were being better educated, and less frequent attendance at religious services. Singh et al. also found that if one believed in freedom of expression one was more likely to feel that suicide is an individual's decision and not a collective decision. Approval for suicide in all four situations was found to be the highest among young adults.

Best and Kirk (1982) hypothesized that a religious authority figure possesses the credibility to communicate effectively against self-destructive behaviours. To test their hypothesis, a religiosity scale and a suicide acceptability scale were administered to three college psychology classes (n=66). Approximately two months later, the three classes were shown 10 minute videotapes in which the interviewer spoke about the demographic factors of a potential suicide and how to reach out to the attempter. One group was shown a tape in which a minister was speaking, a

second group had a clinical psychologist speak, and a third group saw both tapes. After viewing the tapes the subjects again completed the suicide acceptability scale. The researchers reported that on the first administration there were no significant differences among the three classes on religiosity or suicide acceptability. They did, however, find that students who were more religious were less accepting of suicide than those who were less religious. They also found that, having viewed the psychological orientation tape, both the more and less religious students became more accepting of suicide. After hearing the minister speak, the highly religious and the nonreligious students became less accepting of suicide. Best and Kirk concluded that the more religious person's attitude towards suicide could be changed. As well, the more religious students were less tolerant of statements promoting empathy for the self-destructive person. The researchers concluded that a religious counsellor could possibly talk a religious person out of committing suicide by showing him/her that religious doctrine was in conflict with the way in which he/she felt.

Stack (1983) posed three hypotheses related to religious commitment. The first hypothesis was that the greater the religious commitment, the lower the rate of suicide. Religious commitment was defined as beliefs, values, and practices that serve to preserve life. Good role models, an alternative stratification system, belief in



Satan, and belief in a responsive God were all thought of as life-saving values. Stack's second hypothesis was that the greater the equality among the males and females in the workforce, the greater the suicide rate. His third hypothesis was that the greater the level of industrialization, the greater the suicide rate. Stack's reasoning for the third hypothesis was that a failure in the labour force would lead one to depression which would then culminate in suicide; as well, the more materialistic a society becomes, the less value it places in religion. Stack stated that science undermines religious authority. Stack anticipated that the relationship between religiosity and suicide would be greater for women. He also thought that the suicide and religion relationship would be stronger for those of an older age cohort, as they would be more committed to their religion. To test these hypotheses, Stack studied the suicide rates for 25 nations in the year 1970. To assess religious commitment, the number of religious books produced as a percentage of all books produced in each country between the years of 1968 and 1972 was used. Stack defined female equality as the amount of women in the work force. Stack found that the greater the sexual equality in a nation, the higher the suicide rate. He also found that if one controls for level of economic development and gender, the more religiously committed the community is, the lower the suicide rate. Stack interpreted this by suggesting that

females who work are torn between their role in the workforce and their family role; this strain increases the suicide potential for women. Stack found support for all of his hypotheses. He concluded that religiosity and suicide were related only for females; male suicide was not related to a religious factor.

Stack's method for collecting data may be questioned. Although the number of religious books produced in a country may reflect the importance of religion in that country, there are many other ways to determine religious commitment. Religious service attendance, membership in a place of worship and belief in God could also have been used as indicators of religious commitment.

Domino, Cohen and Gonzalez (1981) gave a suicide opinion questionnaire to 100 Jews and 100 Catholics. The two subject pools were matched for geographic location, age, sex and socioeconomic status. The results showed that Jews responded differently from nonJews. More Jews agreed that suicide is allowable in cases of incurable diseases and that there may be situations where suicide is the only resolution. The Jews also endorsed the belief that people should be prevented from committing suicide and disagreed with a policy of noninterference. Jews were found to have a more flexible attitude toward suicide. Jews were more likely than nonJews to view those who commit suicide as being mentally ill. Compared to others, Jews were more likely to

disagree that persons who commit suicide lack religious convictions, family ties, a belief in God and are generally less religious. Jews were found to have stronger convictions than nonJews, regarding suicide and religion. Jews stated that heroic suicides should be viewed differently and that those who attempt suicide should undergo therapy. As well, Jews were more likely to think that people who commit suicide do not believe in an afterlife. The researchers reported that all of the Jews and 92 of the Catholics believed that suicide was preceded by the feeling that life is not worth living.

Minear and Brush (1980-81) studied a sample of 394 students from different educational backgrounds. The researchers administered an attitude scale, a suicide beliefs scale, a suicide values test, a belief in the afterlife scale, a death anxiety scale and a religiosity scale. The researchers found that most of the students held a liberal view of suicide; the students believed that people have a right to decide their own fate and suicide is not morally wrong. The researchers also found that Jews were the most supportive of suicide and the Catholics were the least supportive. The researchers concluded that students who have a strong religious attachment, and who frequently attended religious services, were less likely to consider suicide as an option for themselves.

Hoelter (1979) hypothesized that the acceptability of suicide is a decreasing function of religiosity and a decreasing function of fear of death. Hoelter administered a suicide acceptability scale, a religious orthodoxy scale and a self-report on religiosity, belief in God and church attendance, and a fear of death scale to 205 college students. The results demonstrated that religiosity was inversely related to suicide acceptability and that fear of the unknown (death) was inversely correlated with suicide acceptability. These results held true for both men and women. Fear of death was found to be a slightly better predictor of suicide acceptability than religiosity.

Benjamin Beit-Hallahmi (1975), in his literature review of religious affiliation and suicidal behaviour, found that Jews living in the United States had the lowest suicide rate of all religious groups in the United States, and that Protestants had the highest rate. Both European and North American statistics show that Jews had the lowest rate of suicide among religious groups. Stengal (1964, as cited in Beit-Hallahmi, 1964) suggested that the decisive factor in suicide is degree of religiosity and not one's religious affiliation. Stengal found that Catholics, Orthodox Jews and Moslems living in Protestant countries had lower suicide rates than Protestants. Epps (1957, as cited in Beit-Hallahmi) studied a group of women who attempted suicide in England. Of the 100 women only 2 were Jews. Epps also found

that most of the women who reported a religious affiliation also reported a lack of interest in religion. Thus, one may conclude that although Jews do have a low suicide rate when compared to other religions, nevertheless, Jews do commit suicide. One must question, however, whether Jews who commit suicide actively practise their religion, or are only Jews by birthright.

Finally, Goss and Reed (1971) studied 2975 suicides that took place between the years 1963 and 1967. All the suicides were over the age of 25 and Caucasian. Variables such as age, sex, religion, race, method of suicide and place of burial were taken from the death certificates of the suicides. The researchers found that the Protestants had a higher rate of suicide than the Jews, who in turn had a higher rate than the Catholics. Jews were found to be more likely to jump or poison themselves, whereas Catholics hanged themselves and Protestants used firearms.

Although many studies have linked religion to suicide, these studies have seldom investigated adolescents. It appears as though Jews have very different thoughts on suicide than Catholics and Protestants. There may be a relationship between religious affiliations and the members' individual attitudes towards suicide.

There are many limitations and obstacles involved in the study of suicide. In many cases, the researcher can never be sure that the collected data are accurate because

the primary subjects are dead. Most researchers, then, study the differences between those who attempt and those who succeed at suicide. Some researchers have used the psychological autopsy as a method of studying why that person suicided. However, it is impossible for the family members of the person who suicides to know exactly what was going on in the suicide's life before s/he took the drastic step. There will always be factors that have been overlooked. Although there are many limitations to the study of suicide, research is still needed so that suicides can be reduced. Perhaps by studying suicidal thoughts, a more complete picture of suicide can be derived.

#### The Relationship Between Suicide and Depression

Many of the above researchers have linked depression to suicide and suicidal thought. Gibbs (1985) found that 80% of the mildly depressed subjects in his study expressed suicidal thoughts. Friedrich, Reams and Jacobs (1982) found that suicide was related to depression and stress. Rubenstein et al. (1988) stated that depression is a direct risk of suicide. Smith and Crawford (1986) found that 14.1% of suicide attempters in their study were also significantly depressed. Tischler and McKenry (1983) also found that suicide attempters were depressed. Petzel and Riddle (1981) found that suicidal adolescents were depressed, angry, full of rage, and irritable. Grollman (1971) states that depression is a sign or clue to suicidal thought. Therefore,

it would be worthwhile to further investigate this variable,  
as related to suicidal thought.

### Conclusion

There appear to be several factors associated with adolescent suicide and religiosity. The results have been inconsistent. Although these studies may leave one confused as to what factors are significant or nonsignificant in the study of adolescent suicide, these studies will continue. Through further research on the topic of adolescent suicide more effective suicide prevention programs can be created. The general population can be made more aware of the increase in the number of young adults who take their own lives, and the schools can become more open to discussing the topic in order for this epidemic to stop. Further research is an important key to stopping adolescent suicide.

By examining suicidal thought, within the theoretical framework proposed by Durkheim, and as related to depression, a broader understanding of suicide may be obtained. A focus on a single religion, with various degrees of orthodoxy and different historical origins will permit a closer scrutiny of the relationship between religion and suicidal thought.



### Hypotheses

Six hypotheses were tested. They were:

H1: Nonobservant Jewish adolescents are more likely to think about committing suicide than observant adolescent Jews.

Observant Jews, by self-definition, are more likely than Nonobservant Jews to abide by the laws and customs of Judaism. As Judaism forbids suicide, Observant Jews should not consider committing suicide. A Nonobservant Jew, not constrained by the laws and customs of Judaism, may be more inclined to think about committing suicide.

H2: Orthodox adolescent Jews are less likely to think about committing suicide than Conservative adolescent Jews who are in turn less likely to think about committing suicide than Reform adolescent Jews.

Orthodox Jews strictly adhere to the laws and customs of Judaism, whereas, rituals and procedures have been modified by Conservative Jews to enhance people's involvement in Judaism. The Reform movement uses the laws of Judaism as a guideline but allows individuals to interpret the laws as they see fit. For example, in the Reform movement a woman may be ordained as a rabbi, whereas, in the Conservative movement a woman may participate in religious

services, but may not be ordained as a rabbi. The Orthodox movement only allows men to participate in services and to be rabbis; women are only members of the congregation in Orthodox Judaism.

An Orthodox Jew leads a structured life that is guided by the strict laws of Judaism and it is therefore very unlikely that an Orthodox Jew would consider committing suicide. A Conservative Jew has more freedom of expression and may be more open than an Orthodox Jew to the idea of suicide. A Reform Jew is able to interpret the laws of Judaism and may disregard any laws forbidding suicide.

H3: Sephardic Jews are less likely to think about committing suicide than Ashkenazi Jews.

Jews who have immigrated to Canada have two cultural origins. Jews from Eastern Europe are considered to be Ashkenazi Jews, whereas Jews from Africa, Asia, and Spain are considered to be Sephardic Jews. Cultural heritage and religion have been found to be more important to Sephardic Jews than Ashkenazi Jews (Matza, 1990). Therefore, Sephardic Jews are more likely to abide by the laws of Judaism which forbid suicide.

H4: Adolescents whose parents are divorced are more likely to think about committing suicide than adolescents from an intact family.

Divorce is perceived as a traumatic experience by many adolescents. Lack of parental support and family cohesion were found to be significant factors related to suicidal thought (Simons and Murphy (1985), Freidrich, Reams and Jacobs (1982), Albert and Beck (1975), and Sandborn, Sandborn and Cimboric (1973). Confirmation of this hypothesis may lend support to these researchers' work.

H5: Jewish adolescents who have many ties to the Jewish community are less likely to think about committing suicide than Jewish adolescents who have few ties to the community.

Community involvement keeps one active and can build one's self-esteem. Active adolescents have many different opportunities to meet new friends and confidants. Involvement may bring with it responsibility and a sense of achievement for completing a task. All of these traits build self-esteem. As well, by being preoccupied there is less time to think about one's problems. Thus, one who is involved in the community may be less likely to think about committing suicide.

H6: Jewish adolescents with an external locus of control are less likely to think about committing suicide than Jewish adolescents with an internal locus of control.

Someone with an external locus of control may be guided by outside forces rather than their self. An adolescent with an external locus of control may be swayed to think a certain way by parents, friends, teachers, society and religion. Should religion be the factor which guides the adolescent, then the adolescent would abide by the rules of the religion.

### Method

This study tested six hypotheses about religious practices and their relationships to suicidal ideation in adolescent subjects. Community involvement and locus of control, as related to suicidal ideation, were also examined. Subjects were between the ages of 15 and 18. They were asked to complete three questionnaires in the classroom setting.

### Subjects

This study was conducted at Joseph Wolinsky Collegiate in Winnipeg, Manitoba. Joseph Wolinsky is a private Jewish school and all members of the study were of the Jewish faith. Approximately 150 students in grades 9 through to 12 were asked to participate in the study. These students were not chosen at random; all students in grades 9 to 12 were asked to participate.

### Instruments

Subjects were asked to complete three questionnaires (see Appendix A). The questionnaires were self-administered in the classroom setting. A brief demographic questionnaire established the students' family and religious backgrounds. Their ties with the Jewish community were also determined in the questionnaire. A single item from Beck's Depression

Inventory (BDI) was used to assess suicidal ideation in the subjects. The Nowicki-Strickland Locus of Control (NSS) was also used.

Beck's Depression Inventory (BDI), a 21-item questionnaire, assesses depressive symptoms and attitudes. The questionnaire is scored on a 1-4 scale for each item. Beck's Depression Inventory has proven to be both a reliable and valid measure of depression. The split-half reliability correlation on the BDI is  $r=.93$  and when tested for validity with the Mann-Whitney U Test the BDI is significant at the  $p<.0001$  level. A single item:

"I don't have any thoughts of killing myself (1)  
I have thoughts of killing myself, but I would never carry them out (2)  
I would like to kill myself (3)  
I would kill myself if I had the chance (4)"

was used to determine suicide ideation, and the total score was used to reflect the degree of depression.

The Nowicki-Strickland Locus of Control Scale (NSS) is a 40-item questionnaire which assesses locus of control. The items reflect the degree to which the respondents believe their lives are influenced by others or themselves. Respondents answer each question with a "yes" or "no" response. A low score on the NSS indicates an internal locus of control and a high score indicates external locus of control. Nowicki and Strickland (1973) found that with increasing age one tends to score more internal. The

Nowicki-Strickland Locus of Control Scale's test-retest reliability score is  $r=.75$  for 12 to 15 year olds.

### Procedure

Four weeks prior to the study, a letter was sent home to each student's parents (see Appendix C). The letter briefly introduced the researcher and the study to the parents. The letter also contained a statement of what was to be said to all students prior to completing the questionnaires.

Accompanying the letter was a letter of endorsement from the school principal (see Appendix C). The letter from the investigator also stated that copies of the questionnaires were available at the school office if a parent wished to peruse them. This gave the parents a chance to review the questionnaires prior to the study. Parents received the home phone number of the researcher and were encouraged to contact the researcher with any questions concerning the study or questionnaires.

The letter also contained a consent form and a self-addressed stamped envelope. The parents were asked to mail the completed consent form, indicating their consent or nonconsent, to the researcher. After two weeks had passed a reminder letter was sent to all parents.

Two weeks later the researcher collected the data. Students with parental consent received from their parents a coloured form, provided by the investigator, indicating to

the student that parental consent had been given. The students completed the questionnaires during one classroom period. The questionnaires took 30 minutes to complete. To keep the study confidential, all students remained in the classroom during the testing. Students were given a coded questionnaire in an envelope with their name on it. The questionnaire was coded, to match the consent form, so only students with parental consent would see the questionnaire. Only matching consent forms and questionnaires were used for data analysis. Students who did not have parental consent were asked to occupy their time by working on logic questions, contained in their coded package. Students were advised at the time of administration that they did not need to complete the questionnaire if they did not wish to do so. Questionnaires that were spoiled were excluded from the data analysis. Students were asked to seal the completed questionnaires in a plain manilla envelope.

#### Data Analysis

The first four variables (observance, sect, nationality and broken homes) and the variable of suicidal ideation were analyzed using a chi-square analysis. Due to a small sample size, the variables of religious sect, observance, nationality and parental marital status were not tested for group effects. For example, religious sect was not controlled for when observance was tested. If a chi-square revealed that one cell had an expected frequency of less



than five, then Fisher's Exact Test was conducted (Freeman, 1987). Additional Kruskal-Wallis analysis of variance tests were conducted to explore the relations between depression and the variables of: a) religious sect, b) observance, c) nationality and d) parental marital status. Depression was analyzed using the total score obtained on the BDI.

The independent variable in hypothesis five, ties to the community, was scored on a point system. A subject scored a point for every Jewish community organization to which he/she belonged. Data analysis for the independent variable of ties to the community consisted of three different tests. A Spearman correlation between ties to the community and depression was calculated. Once the variable of ties to the community was grouped into categories (ie. high, medium and low) a chi-square was done to examine the relationship between suicidal ideation and ties to the community. A chi-square was also done to assess the relationship between suicidal ideation and membership to the community, once membership to the community was grouped. For exploratory purposes Kruskal-Wallis analyses of variance were conducted between the variables for ties to the community (grouped) and membership in the community (grouped), on depression.

The independent variable of locus of control was scored using a scale, NSS. Data analysis for the independent variable of locus of control consisted of three tests. A Spearman correlation between locus of control and depression

was calculated. Once locus of control was grouped into categories (ie. high, medium and low) a chi-square was done to assess the relationship between suicidal ideation and locus of control. For exploratory purposes Kruskal-Wallis analyses of variance were conducted between the variable of locus of control (grouped) on depression. Due to a small sample size a test for group effects could not be done.

## Results

### Sample Size

Of the 155 students in grade 9-12, 102 were given parental consent to participate in the study; 97 of these were present on the day of the data collection. Eleven of the students indicated that they did not want their results to be analyzed. Therefore, data from 86 students (55% of the student population) are used in this study.

### Characteristics of the Sample

#### Demographic

The sample consisted of 86 subjects. There were 40 (46.51%) male subjects and 46 (53.49%) female subjects. The subjects ranged in age from 13 to 17. There were four (4.65%) 13 year olds, 20 (23.26%) 14 year olds, 26 (30.23%) 15 year olds, 19 (22.09%) 16 year olds and 17 (19.77%) 17 year olds. There were 19 (22.09%) grade 9 subjects, 31 (36.05%) grade 10 subjects, 16 (18.60%) grade 11 subjects and 20 (23.26%) grade 12 subjects. Seventy-three (84.88%) of the subjects came from families in which their parents were still married, and 13 (15.12%) of the subjects came from families in which their parents had divorced. There were 11 (12.79%) Orthodox Jews, 52 (60.47%) Conservative Jews, 10 (11.63%) Reform Jews, two (2.33%) subjects who did not respond and 11 (12.79%) subjects who responded with "other". There were 21 (24.41%) Observant Jews, 28 (32.56%)

Nonobservant Jews and 37 (43.02%) subjects who responded with "other". There were 39 (45.35%) Ashkenazi Jews, six (6.98%) Sephardic Jews, 4 (4.65%) subjects who claimed to be both Ashkenazi and Sephardic Jews, 32 (37.21%) subjects who responded that they did not know, three (3.49%) subjects who responded to the category of "neither" and two (2.33%) who responded to the "other" category. Demographic characteristics are shown in Table 1.

#### Religious Attendance

Seventy four (86.05%) of the subjects belonged to a synagogue, whereas, 12 (13.95%) of the subjects did not belong to a synagogue. Only one (1.16%) subject responded never to having attended synagogue, while three (3.49%) subjects attend synagogue 1-3 times a year, 15 (17.44%) attend synagogue 4-11 times a year, 13 (15.12%) attend 1-3 times a month, eight (9.30%) attend synagogue once a week, three (3.49%) attend more than once a week and 43 (50.00%) attend synagogue for special occasions only (see Table 2).

#### Community Ties

There were 14 (16.28%) subjects who did not belong to a community organization, 34 (39.53%) who belonged to one organization, 24 (27.91%) who belonged to two organizations, 11 (12.79%) who belonged to three organizations and three (3.49%) who belonged to four organizations (see Table 3).

Table 1

Demographic Characteristics of the Sample.

	<u>N</u>	<u>%</u>
Sex		
Male	40	46.51
Female	46	53.49
Age		
13	4	4.65
14	20	23.26
15	26	30.23
16	19	22.09
17	17	19.77
Grade		
9	19	22.09
10	31	36.05
11	16	18.60
12	20	23.26
Parental Marital Status		
Married	73	84.88
Divorced	13	15.12
Religious Affiliation		
Orthodox	11	12.79
Conservative	52	60.47
Reform	10	11.63
Other	11	12.79
No Response	2	2.33
Observance		
Observant Jews	21	24.41
Nonobservant Jews	28	32.56
Other	37	43.02
National Origin		
Ashkenazi	39	45.35
Sephardic	6	6.98
Both	4	4.65
Don't Know	32	37.21
Neither	3	3.49
Other	2	2.33

Table 2

Religious Attendance of Sample.

	<u>N</u>	<u>%</u>
Synagogue Membership		
Belong To Synagogue	74	86.05
Do Not Belong To Synagogue	12	13.95
Synagogue Attendance		
Never	1	1.16
1-3 Times a Year	3	3.49
4-11 Times a Year	15	17.44
1-3 Times a Month	13	15.12
Once a Week	8	9.30
More Than Once a Week	3	3.49
Special Occasions Only	43	50.00

Table 3

Community Involvement of Sample.

	<u>N</u>	<u>%</u>
Membership in Organization(s)		
None	14	16.28
One	34	29.53
Two	24	27.91
Three	11	12.79
Four	3	3.49

## Involvement in Community Organizations

Low	29	33.72
Medium	31	36.04
High	26	30.23

### Scales

Ranges, medians, means and modes for the Activity Scale (Actsc), Beck's Depression Inventory (BDI), Beck's Depression Inventory (question 9) (BDI9), the collapsed BDI9 (cBDI9) and the Nowicki Strickland Locus of Control Scale (NSS) are found in Table 4.

The BDI was scored using a scale of 1-4 for each question. According to Albert & Beck (1975) subjects who score a 21-27 are not considered depressed, subjects who score between 28 and 32 are mildly depressed, subjects who score between 33 and 45 are moderately depressed, and subjects who score between 46-84 are severely depressed. In this sample 31 (36%) of the subjects were not depressed, 25 (29%) of the subjects were mildly depressed, 25 (29%) of the subjects were moderately depressed and 5 (6%) of the subjects were severely depressed.

Suicidal ideation was assessed by question 9 on Beck's Depression Inventory (BDI9):

"I don't have any thoughts of killing myself (1)  
I have thoughts of killing myself, but I would never carry them out (2)  
I would like to kill myself (3)  
I would kill myself if I had the chance (4)"

For analytic purposes responses to the BDI9 were divided into two categories. The rationale for dividing the BDI9 into two categories was that suicide ideation was being analyzed, and not suicidal intent. Thus, by indicating any of the last three phrases on question 9 of the BDI, one is



claiming to have had suicidal thoughts. Those who answered that they never thought about suicide (n=55) were placed in one category and those who answered that they have thoughts of killing themselves, but never would or they would like to kill themselves, or they would kill themselves if they had the choice were placed in the second category (n=31). Thus, the collapsed variable of the BDI9 (cBDI9) consists of those students who have never had suicidal thoughts and those who have had suicidal thoughts.

Table 4

Means, Modes and Ranges of Items and Scales

Scale	Mean	Mode	Range	Possible Range
BDI9	1.40	1	1-4	
cBDI9		1	1-2	
BDIsc	31.03	30	21-50	21-84
NSS	12.86	10	3-29	0-40
Actsc	10.61	13	0-23	0-32

## Hypothesis Testing

### Hypothesis 1

Nonobservant Jewish adolescents are more likely to think about committing suicide than observant adolescent Jews.

To test this hypothesis data from only those who identified themselves "nonobservant" or "observant" Jews were analyzed. Thus, data from anyone who answered "other" to the question "Do you consider yourself to be an observant or nonobservant Jew?" were dropped from the analysis. This left a sample of 49 students, of whom 20 (40.8%) students considered themselves to be observant, and 29 (59.2%) considered themselves to be nonobservant.

A  $\chi^2$  was computed to examine the relationship between the variable of observance and the collapsed variable of the BDI9 (cBDI9). The results of the  $\chi^2$  indicate that there is a significant relationship between observance and suicidal thought (  $\chi^2(1, N = 49) = 4.0721, p = .05$  ) (see Table 5). The  $\chi^2$  reveals that nonobservant Jews are more likely to think about committing suicide than observant Jews.

Previous research has linked depression to suicidal thought. Additional analyses were conducted to examine the relationship between depression and: observance, religious

Table 5  
Analysis of the Relationship Between Suicidal Thought and  
Observance

cbdi9	Observant	Nonobservant	Total
Do not think about suicide	16 80.00	15 51.72	31 63.27
Think about suicide	4 20.00	14 48.28	18 36.73
Total	20 100.00	29 100.00	49 100.00

$$\chi^2(1) = 4.0721 \quad p = .05$$

sect, nationality, parental marital status, community involvement and locus of control.

Kruskal-Wallis one-way analysis of variance for the independent variable of observance using the BDI total score (BDISC) as the dependent variable was performed. The BDISC is the total score each subject attained on the BDI. A high score indicates more depression whereas, a low score indicates fewer depressive symptoms. The results of the Kruskal-Wallis analysis indicated that there was a significant relationship between depression and observance ( $\chi^2(1, N = 49) = 6.939, p = .01$ ). Nonobservant Jews appear to score higher on the BDI (see Table 6).

These results, which support Hypothesis 1, indicate that among nonobservant Jews nearly half had suicidal thoughts as compared to only 20% of observant Jews.

Table 6

Analysis of the Relationship Between BDI Depression Scores  
and Observance

<u>Observance</u>	<u>N</u>	<u>Rank Sum of Depression Scores</u>
Observant	20	370.50
Nonobservant	29	854.50

$$\chi^2(1) = 6.939$$

$$p = 0.0084$$

## Hypothesis 2

Orthodox adolescent Jews are less likely to think about committing suicide than Conservative adolescent Jews who are in turn less likely to think about committing suicide than Reform adolescent Jews.

To test this hypothesis, only those who indicated on the demographic items that they were Orthodox, Conservative or Reform were used for analysis. Those who did not answer or chose the response "other" were dropped from the analysis. Thus, 73 students were left in the sample. Of the 73, 11 (15.06%) were Orthodox Jews, 52 (71.23%) were Conservative Jews and 10 (13.69%) were Reform Jews.

A  $\chi^2$  was calculated on the relationship between the variables of Religious Sect and cBDI9. The results indicated that there was not a significant relationship between religious sect and thoughts of suicide ( $\chi^2(2, N = 73) = 0.1092, p = 0.947$ ) (see Table 7). However, as the expected frequencies of two of the six cells were less than five, a Fisher's Exact Test was conducted. The results of this test indicate that there was no difference in the way Orthodox, Conservative and Reform Jews think about suicide ( $p = 0.929$ ).

A Kruskal-Wallis test was performed to examine the relationship between the variables Religious Sect and BDIsC.

The results indicated that a significant relationship between religious sect and depression did not exist ( $\chi^2(2, N = 73) = 2.999, p = 0.2233$ ). Thus, one's religious affiliation is unrelated to one's state of depression (see Table 8).

Orthodox Jews were not less likely to think about suicide than Conservative and Reform Jews; therefore Hypothesis 2 was rejected.

Table 7

Analysis of the Relationship Between Suicidal Thought and Religious Sect.

cbdi9	Orthodox	Conservative	Reform	Total
Do not think about suicide	7 63.64	34 65.38	6 60.00	47 64.38
Think about suicide	4 36.36	18 34.62	4 40.00	26 35.62
Total	11 100.00	52 100.00	10 100.00	73 100.00

$$\chi^2(2) = 0.1092$$

$$p = 0.947$$



Table 8  
Analysis of the Relationship Between BDI Depression Scores  
and Religious Sect.

<u>Religious Affiliation</u>	<u>N</u>	<u>Rank Sum of Depression Scores</u>
Orthodox	11	341.50
Conservative	52	1892.50
Reform	10	467.00

$$\chi^2(2) = 2.999$$
$$p = 0.2233$$

### Hypothesis 3

Sephardic Jews are less likely to think about committing suicide than Ashkenazi Jews.

This hypothesis was tested using the sample that contained only Sephardic and Ashkenazi Jews. Data from anyone who answered that they did not know what they were, "both", "neither" or "other" were dropped from the analysis. This left a sample of 45 students, 33 (73.33%) of whom were Ashkenazi Jews and 12 (26.66%) Sephardic Jews.

A  $\chi^2$  analysis was performed on the variables of nationality and cBDI9. The results indicated that there was not a significant relationship between cultural identity and suicidal thought ( $\chi^2(1, N = 45) = 1.9274, p = 0.165$ ) (see Table 9). Therefore, there is no difference in the way Ashkenazi and Sephardic adolescent Jews think about suicide. The expected frequencies of two of the four cells were less than five, thus Fisher's Exact Test was conducted. The results of Fisher's Exact test indicated that Ashkenazi Jews do not think more about committing suicide than Sephardic Jews ( $p = .965$ ).

A Kruskal-Wallis test performed to examine the relationship between the depression (BDIsc) and cultural identity indicated that a significant relationship between cultural identity and depression did not exist ( $\chi^2(1, N = 45) = .874, p = 0.3498$ ) (see Table 10).

The results do not support hypothesis 3, which stated that Ashkenazi Jews would be more likely to think about committing suicide than Sephardic Jews.

Table 9

Analysis of the Relationship Between Suicidal Thought and  
National Origin.

cbdi9	Ashkenazi	Sephardic	Total
Do not think about suicide	30 76.92	3 50.00	33 73.33
Think about suicide	9 23.08	3 50.00	12 26.67
Total	39 100.00	6 100.00	45 100.00

$$\chi^2(1) = 1.9274$$

$$p = 0.165$$

Table 10  
Analysis of the Relationship Between BDI Depression Scores  
and Cultural Identity.

<u>Cultural Identity</u>	<u>N</u>	<u>Rank Sum of Depression Scores</u>
Ashkenazi	39	869.00
Sephardic	6	166.00

$\chi^2(1) = 0.874$   
 $p = 0.3498$

#### Hypothesis 4

Adolescents whose parents are divorced are more likely to think about committing suicide than adolescents from an intact family.

A  $\chi^2$  test was performed on the relationship between parental marital status and CBDI9. A Fisher's Exact Test, revealed that there was no difference in suicidal thought between adolescents who come from a home in which their parents are married and adolescents who come from a home in which their parents have divorced ( $p = 0.300$ ) (see Table 11).

A Kruskal-Wallis one-way analysis was performed on BDIsc by parental marital status. The results of this test indicated that a relationship between parental marital status and depression did not exist ( $\chi^2(1, N = 86) = .016, p = 0.8993$ ). Therefore, adolescents whose parents are no longer married are not more likely to be depressed than adolescents who live in homes with parents who are married (see Table 12).

Hypothesis 4 was not supported by the test results.

Table 11

Analysis of the Relationship Between Suicidal Thought and  
Parental Marital Status.

cbdi9	Married	Divorced	Total
Do not think about suicide	48 65.75	7 53.85	55 63.95
Think about suicide	25 34.25	6 46.15	31 36.05
Total	73 100.00	13 100.00	86 100.00

$$\chi^2(1) = 0.6787$$

$$p. = 0.410$$

Table 12

Analysis of the Relationship Between BDI Depression Scores  
and Parental Marital Status.

<u>Homelife</u>	<u>N</u>	<u>Rank Sum of BDI Scores</u>
Married	73	3165.00
Divorced	13	576.00

$$\chi^2(1) = 0.016$$

$$p = 0.8993$$



### Hypothesis 5

Jewish adolescents who have many ties to the Jewish community are less likely to think about committing suicide than adolescents who have few ties to the community.

The variable of ties to the community was defined and measured in two ways. The subjects were asked to identify in which Jewish community organizations they held membership or attended. This variable was labelled membership in the community (memcom). There were 14 (16.28%) subjects who did not belong to a Jewish community organization, 34 (39.53%) who belonged to 1 organization, 24 (27.91%) who belonged to 2 organizations, 11 (12.79%) who belonged to 3 organizations and 3 (3.49%) who belonged to 4 organizations. The membership variable was collapsed into two groupings to facilitate data analysis. Had data analysis been performed on the individual data there would have been too few subjects in each cell to appropriately conduct analyses. The data were divided into two groups at the median. The memcom variable was collapsed into groups, those who belonged to 0-1 organizations and those who belonged to 2-4 organizations. There were 48 (55.81%) subjects who belonged to 0-1 organizations and 38 (44.19%) subjects who belonged to 2-4 organizations.

The subjects were also asked to identify how often they participated in a Jewish community event. This variable was

labelled activity score (actsc). The variable of activity score was collapsed into three categories of approximately equal size (high, medium and low). The data for the activity score variable were produced from items with a Likert scale, where involvement was scored from 0-4. Scores on the activity scale ranged from 0 to 23. The raw data from the activity score scale are shown in Table 13.

To appropriately conduct the selected statistics, activity score was divided into 3 categories (cactsc). Subjects in the low category scored between 0-8 on the activity scale and are classified as having rarely attended or participated in Jewish community events. Subjects who were fairly active in the Jewish community scored between 9-13 on the activity scale and were placed in the medium category. Subjects who were very active in the Jewish community scored between 14-23 on the activity scale and were placed in the high category. There were 29 (33.72%) subjects in the low category, 31 (36.04%) subjects in the medium category and 26 (30.23%) subjects in the high category. Both variables (actsc and cactsc) were tested and analyzed for hypothesis 5. All activities and groups used for the study were Jewish organizations.

A  $\chi^2$  test was performed on the relationship between membership in the community and cBDI9. The results indicated that there was not a significant relationship between membership in the community and suicidal thought ( $\chi^2(1,$

$N = 86$ ) = 0.3469,  $p = 0.556$ ). A  $\chi^2$  was also calculated on the relationship between activity score and cBDI9. These results also indicated that there was not a significant relationship between how active one is in the community and suicidal ideation ( $\chi^2(2, N = 86) = 1.3919, p = 0.499$ ) (see Table 14).

A Kruskal-Wallis one-way analysis of variance was performed on BDIsc by membership in the community (cmemcom). The results of the Kruskal Wallis indicated a nonsignificant relationship between membership in the community and depression ( $\chi^2(1, N = 86) = .295, p = 0.5868$ ). A Kruskal-Wallis test was also performed on the BDIsc by the collapsed variable of activity score (actsc). The results indicated that there was not a significant relationship between how active one is in the community and depression ( $\chi^2(2, N = 86) = 4.341, p = 0.1141$ ) (see Table 15).

A Spearman Rank Correlation between BDIsc and actsc also indicated a nonsignificant relationship ( $r = .0424, p > .05$ ).

The results show that hypothesis 5 is not supported by the data.

Table 13

Activity Scores of Sample.

Activity Score	Frequency	Percent	Cumulative Percent
0	1	1.16	1.16
1	1	1.16	2.33
2	1	1.16	3.49
3	4	4.65	8.14
4	6	6.98	15.12
5	5	5.81	20.93
6	2	2.33	23.26
7	5	5.81	29.07
8	4	4.65	33.72
9	7	8.14	41.86
10	5	5.81	47.67
11	7	8.14	55.81
12	4	4.65	60.47
13	8	9.30	69.77
14	6	6.98	76.74
15	5	5.81	82.56
16	3	3.49	86.05
17	5	5.81	91.86
18	4	4.65	96.51
19	1	1.16	97.67
22	1	1.16	98.84
23	1	1.16	100.00
Total	86	100.00	100.00

Table 14

Analysis of the Relationship Between Suicidal Thought and Community Involvement.

Community Involvement (cactsc)				
cbdi9	Low	Medium	High	Total
Do not think about suicide	17 58.62	19 61.29	19 73.08	55 63.95
Think about suicide	12 41.38	12 38.71	7 26.92	31 36.05
Total	29 100.00	31 100.00	26 100.00	86 100.00

$$\chi^2(2) = 1.3919$$

$$p = 0.499$$

Membership in the Community			
cbdi 9	0-2 Groups	3-4 Groups	Total
Do not think about suicide	32 66.67	23 60.53	55 63.95
Think about suicide	16 33.33	15 39.47	31 36.05
Total	48 100.00	38 100.00	86 100.00

$$\chi^2(1) = 0.3469$$

$$p = 0.556$$

Table 15

Analysis of the Relationship Between BDI Depression Scores  
and Community Involvement.

BDIsc by (cactsc)		
<u>Activity Score</u>	<u>N</u>	<u>Rank Sum of BDI Scores</u>
Low	29	1376.50
Medium	31	1117.00
High	26	1247.50

$$\chi^2(2) = 4.341$$

$$p = 0.1141$$

BDIsc by (memcom)		
<u>Membership in the Community</u>	<u>N</u>	<u>Rank Sum of BDI Score</u>
0-2 Groups	48	2150.50
3-4 Groups	38	1590.50

$$\chi^2(1) = 2.95$$

$$p = 0.5868$$

### Hypothesis 6

Adolescents with an external locus of control are less likely to think about committing suicide than adolescents with an internal locus of control.

Locus of control was analyzed using the subjects' scores from the Nowicki-Strickland Locus of Control Scale (NSS). The general data for the NSS are shown in Table 16. The scores on the NSS were divided into three groups. A high score indicates external locus of control, whereas a low score indicates an internal locus of control. Scores on the NSS were collapsed into three categories of approximately equal size. A high score ranged between 15-29, a medium score ranged between 10-14 and a low score ranged between 0-9. Nowicki and Strickland (1973) found that in an adolescent population the mean score on the NSS was 12.68 with a standard deviation of 4. Nowicki and Strickland do not provide definite boundaries for scoring their scale. There were 20 (30.23%) subjects in the low category, 39 (45.34%) subjects in the medium category and 27 (31.39%) subjects in the high category.

A  $\chi^2$  test was performed on the collapsed variable of NSS (locus of control) and CBDI9. The results indicated a significant relationship between locus of control and suicidal thought ( $\chi^2(2, N = 86) = 23.2010, p < 0.001$ ). A Scheffe test indicated a significant difference between the

low group (internal locus of control) and the high group (external locus of control) in terms of suicidal thought ( $p < 0.001$ ). There was also a significant difference between the medium group (in between the two extremes) and the high group (external locus of control) ( $p = 0.011$ ) (see Table 17). The results indicate that the external locus of control group is more likely to think about committing suicide than the low or moderate levels. This finding is contradictory to the hypothesis.

A Kruskal-Wallis analysis of variance was performed on the variable of BDIsc by the categorized NSS (locus of control). The results indicated that there was a significant relationship between locus of control and depression ( $\chi^2(2, N = 83) = 20.697, p = 0.0001$ ). A comparison of scores indicates that those with an external locus of control score higher on the BDI than those with an internal locus of control. A Scheffe test revealed that a significant difference between those with an internal locus of control and those who were in between the two groups of internal and external locus of control (ie. those in the medium category) ( $p = .001$ ). There was also a significant difference between those with an internal locus of control and those with an external locus of control ( $p < .001$ ). Those with an external locus of control and those who fall between the two groups both scored higher on the BDI than those with an internal locus of control. There did not appear to be a significant



difference between those with an external locus of control and those who fall into the medium category. Adolescents with an external locus of control appear to be more depressed than adolescents with an internal locus of control (see Table 18).

A Spearman Rank Correlation also concluded that there was a relationship between depression and locus of control ( $r = .5949$ ,  $p < .005$ ). As scores on the BDI increase the scores on the NSS increase.

Suicidal thought was found to be significantly related to locus of control. Adolescents with an external locus of control were found to be more likely to think about committing suicide than adolescents with an internal locus of control.

Thus, Hypothesis 6 is rejected.

Table 16

Nowicki Strickland Locus of Control Scores of Sample.

NSS	Frequency	Percent	Cumulative
3	1	1.16	1.16
4	1	1.16	2.33
5	4	4.65	6.98
6	3	3.49	10.47
7	2	2.33	12.79
8	9	10.47	23.26
9	6	6.98	30.23
10	12	13.95	44.19
11	6	6.98	51.16
12	8	9.30	60.47
13	3	3.49	63.95
14	4	4.65	68.60
15	2	2.65	70.93
16	2	2.65	73.26
17	6	6.98	80.23
18	2	2.65	82.56
19	3	3.49	86.05
20	2	2.33	88.37
21	1	1.16	89.53
22	1	1.16	90.70
23	1	1.16	91.86
24	1	1.16	93.02
25	4	4.65	97.67
28	1	1.16	98.84
29	1	1.16	100.00
Total	86	100.00	

Table 17  
Analysis of the Relationship Between Suicidal Thought and  
Locus of Control.

cbdi9	Low	Medium	High	Total
Do not think about suicide	19 95.00	28 71.79	8 29.63	55 63.95
Think about suicide	1 5.00	11 28.21	19 70.37	31 36.05
Total	20 100.00	39 100.00	27 100.00	86 100.00

$$\chi^2(2) = 23.2010$$

$$p < 0.001$$

Table 18

Analysis of the Relationship Between BDI Depression Scores  
and Locus of Control.

BDIsc by (cNSS)		
<u>Locus of Control</u>	<u>N</u>	<u>Rank Sum of Depression Scores</u>
Low	20	534.00
Medium	39	1597.50
High	27	1609.50

$$\chi^2(2) = 20.697$$

$$p < 0.0001$$

### Discussion

The purpose of this present study was to examine the relationship between suicidal thought and Judaism amongst adolescent Jews. Based on Durkheim's work, it was hypothesized that Jewish adolescents who do not observe the laws and customs of Judaism are more likely to think about committing suicide than observant adolescent Jews. This hypothesis was supported, based on self-identification of observance or nonobservance.

A number of other hypotheses, however, were not supported by this investigation. They were: a) that adolescents from an Orthodox background are less likely to think about suicide than adolescents from a Conservative background who were in turn less likely to think about committing suicide than adolescents from a Reform background; b) that Jews from an Ashkenazi background are more likely to think committing suicide than Jews from a Sephardic home; c) that adolescents whose parents are divorced think about committing suicide more than adolescents whose parents are still married; d) that the more active an adolescent is in the community the less likely the adolescent has suicidal thoughts.

Finally, it was predicted that an adolescent with an external locus of control is less likely to think about committing suicide than an adolescent with an internal locus of control. The reverse was found; adolescents with an

external locus of control are more likely to think about committing suicide than adolescents with an internal locus of control.

#### The Role of Religion in Suicidal Thought

Religious affiliation defined as type of Jew, was not found to play a role in suicidal thought, although religious practice (defined by self-reported observance) was found to play a major role. Thus, it appears that it does not matter whether one is an Orthodox, Conservative or Reform Jew but that the rules and norms of the religion play an important role. People may have thoughts about an immoral act but they are regulated by the consequences surrounding the act. Students who report they are regulated by their beliefs and practices tended to think about suicide less than students who were not regulated.

Durkheim (1951) stated that Jews had a lower rate of suicide than Protestants and Catholics. Data collected from this study only examined suicidal thought and not actual suicides. By definition, however, one needs to first have suicidal thoughts before committing suicide (Durkheim, 1951). Thirty-six percent of the sample reported suicidal thoughts at the time of the study. This percentage appears to be comparable to Gibbs (1985) who found 39% of the adolescents studied had suicidal thoughts. Albert and Beck (1975) studied grade 7 and 8 students in a private school and found that 35% of the students had suicidal thoughts.

Gibbs and Albert and Beck both studied adolescents in private schools who had various religious backgrounds.

#### Cultural Background and Suicidal Thought

The finding that cultural identity was unrelated to suicidal thought may be due to the lack of knowledge that adolescents may have about their backgrounds, or reflect an unimportance of heritage. It is likely that at least 50%, if not more, of the students in the study are third generation Canadians. Further research may indicate that adolescents view themselves as Canadian and no longer know from where their ancestors immigrated to Canada. This may be why 32 (37.21%) of students studied did not know their national origins. Jews in Canada may have adopted the Canadian culture and are no longer interested in their history. Matza (1990) states that second generation American Sephardic Jews did not attempt to teach their children Sephardic culture. Second generation Jews also renounced their parents' language and spoke English instead. Jewish communities in the United States are fearful of the acculturation process that is presently taking place (Judd, 1990). Goldstein (1990) states that the decline in Jewish immigration to the United States has led to the Americanization of the Jewish population. Many American Jews are third, fourth and even fifth generation Americans. Trovato (1986) studied ethnic factors involved in suicide and found that ethnic groups in the process of assimilating have a higher suicide rate than

the general population. Perhaps there was no significant difference in the current study in suicidal thought between the Ashkenazi and Sephardic Jews because neither group is in the process of assimilating. The findings of the current study may be questioned due to the small sample size. Both groups may have already assimilated and thus think of themselves as Canadians. This finding supports Ross (1969) who found that nationality was not a significant factor involved in suicide. Ross defined nationality as being country of birth, whereas in this study nationality is defined as cultural origin. Research by Elazer & Waller (1989) indicates that the largest Sephardic community in Canada, which resides in Montreal, tends to remain isolated and does not associate with the Ashkenazi community.

#### Parental Marital Status and Suicidal Thought

Wenz (1979) found that adolescents from a home in which the parents are divorced are more likely to commit suicide than adolescents whose parents are still married. This is contradicted by the findings of this study.

Simons and Murphy (1985), Friedrich, Reams and Jacobs (1982), Albert and Beck (1975) and Sandborn, Sandborn and Cimboric (1973) all found that lack of family cohesion and parental support were significant factors in the decision to commit suicide. Thus, hostility in the household may be a more important measure of suicidal intent than parental marital status. Moreover, Cohen et al. (1966) found that



being from a broken home was not a significant factor in the decision to commit suicide.

The lack of significant differences in suicidal thought between adolescents whose parents are divorced and adolescents whose parents are still married may be due to the fact that adolescents whose parents are divorced are living in situations and environments to which they have become accustomed. Adolescents whose parents are in the process of separating or divorcing may be undergoing more stress and may have indicated suicidal intent. An investigation of separation might resolve this possibility.

It is also possible that adolescents whose parents are divorced do not differ in suicidal intent from adolescents whose parents are still married due to society's current view of divorce. Adolescents today may view divorce as a relatively common occurrence. Television shows, movies, books and newspapers all carry stories about divorce. Divorce is no longer viewed as something that should be hidden but rather society has become quite open to the discussion of divorce. There is no longer a stigma attached to the child whose parents are divorced. Divorce rates at the time of this present study may be lower than at times of previous studies. Research has shown that parental attitude towards divorce plays a significant role in the adjustment of the adolescent. Parents who maintain a cordial relationship and do not use their children in the divorce

process enhance the adjustment of their children (Hutchinson and Spangler-Hirsh, 1989, and Levin, 1989). Thus, adolescents in this study whose parents are divorced may view themselves as being no different than adolescents whose parents are still married.

### Society and Suicidal Thought

According to Symbolic Interaction Theory social norms and social values influence one's decisions. The theory claims that if one's norms dictate that suicide is not an appropriate behaviour, one will not commit suicide unless one has left the group holding these norms and in so doing, the norms of the group no longer apply (Spencer, 1981).

It has always been the belief of the Jewish community that Jews tend to keep to themselves and have a very low assimilation rate (Cohn, 1976). The results of this present study, however, show that today's youth are not involved in the Jewish community. Today's high intermarriage rate among Jews and Non-Jews is further support to the fact that Jews are no longer as involved in the Jewish community (Cohn, 1976).

### Locus of Control and Suicide Ideation

Adolescents with an external locus of control were found to be more likely to think about committing suicide than adolescents with an internal locus of control. Lester (1988, 1989) and Lester and Sidrow (1988) found that in both a clinical population and a nonclinical population subjects

who were depressed also had an external locus of control. Lester (1989) stated that subjects with an external locus of control expressed a belief that their lives were controlled by powerful others. Topol & Reznikoff (1982) studied a group of suicidal adolescents and found that they had external loci of control and they believed that they could not make changes in their lives. Cantor (1976) found that the suicide attempters he studied tended to externalize their anger. The question that one must raise is "Why?". One may speculate that, for this sample, if one has an external locus of control one would be less likely to think about committing suicide due to the fact that Judaism forbids suicide. This study indicates that it is not enough for one to know of their religion and religious belief but rather one must internalize their religious belief. Support for this notion may be drawn from the results which indicate that adolescents who are observant of the laws of Judaism are less likely to think about committing suicide.

Perhaps Jewish adolescents today view society as open to new thoughts and ideas. Suicide may no longer be looked upon as a desperate solution to a problem but rather a viable solution. The stigma once associated with committing suicide is no longer present in today's society. Newspapers, movies and television shows are all willing to portray suicides for their audiences. Peer pressure may also have an influencing role. Boldt (1982-83) claims that adolescents

viewed society as more open to the idea of suicide than their parents did. Perhaps those dominated by external thoughts and a low sense of self worth are more prone to thinking about suicide. From this study one can see that external forces play a major role. It is possible that views of society, peers parents and others are important to an adolescent and the message that the adolescent receives is that suicidal thoughts are normal and socially acceptable.

#### Implications and Suggestions for Further Research

The results of this study support Gibb (1985), and Albert and Beck (1975) who found that a high percentage (35-39%) of adolescents think about committing suicide. The question no longer is "Why?" but rather "What can be done to help adolescents reduce the conditions which give rise to serious thoughts of suicide, as well as, help the adolescent to deal with such thoughts?" This study indicates that religious sect, nationality, parental marital status and community ties do not appear to play a significant role in thoughts about suicide. On the other hand, reported religious observance does play a significant role. This suggests that by giving teens something to believe in or a structured set of rules by which they may guide their lives, adolescent suicidal thoughts may be minimized. Adolescents must be encouraged to internalize their religious beliefs.

Although this current study reported suicidal thoughts among adolescent Jews and Durkheim (1951) studied suicide

rates among many religions, some of Durkheim's findings may be compared to this study's findings due to the fact that suicidal thoughts do precede actual suicides (Gordon, 1985). Durkheim hypothesized that Judaism is a strict religion with many rules and practices. He stated that these strict rules prevent free thinking and free judgement. The present study found that adolescent Jews who observed the laws of Judaism, were less likely to report thoughts of suicide. Durkheim suggested that Jews may have a lower rate of suicide because Jews view themselves as a minority and they feel that they must preserve themselves. The present study found that adolescent Jews have a comparable rate of suicidal thought (36%), however, the causes for this rate are unknown. The present study found that some of Durkheim's ideas when extended to suicidal thought and religion are still valid.

This study also shows that having an internal locus of control may restrict thoughts about committing suicide. Self-esteem and self-confidence have been linked to locus of control. Paul and Fischer (1980) found that students with a high self-concept had a more internal locus of control than students in the low self-concept group. Patton and Noller (1984) in their study of unemployed youth found that youth who were unemployed had significantly lower self-esteem, more depression and more external locus of control scores than than youth who had returned to school or found employment. A sense of community support may also foster a

sense of belonging among adolescents. Perhaps self-confidence and self-esteem need to be invoked in adolescents' lives. Hoffman, Ushpiz and Ley-Shiff (1988) found that maternal support had a positive effect on the self-esteem of the adolescent. Friends also played a major role in providing self-esteem especially if maternal support was absent. Both parents and teachers have the necessary tools to promote self-esteem and self-confidence in the adolescence. Teachers could teach coping skills, problem-solving techniques and assertiveness training as a means of improving self-esteem and self-confidence. Efforts should be made in school programming to promote the development of student's self-esteem.

Although this study covered many areas, in some ways it was also very limited. Future researchers may want to include questions about belief in God, belief in a future and the importance of religion in the adolescent's life. Studies could also include a life change event scale, problem checklist or a coping scale. These scales may provide more insight as to the problems adolescents face and why they may turn to suicide. Possible hypotheses may include: a) adolescents who perceive themselves to be undergoing many stressful traumas are more likely to think about committing suicide than adolescents who do not perceive themselves to be undergoing stressful situations; and b) adolescents who perceive that there is no hope for

their future are more likely to think about committing suicide than adolescents who are hopeful about their future.

One must also be cautioned that the results of this study are only generalizeable to the issue of suicidal thought. This investigation used only 86 subjects from a Jewish parochial school. Therefore the results are only generalizeable to Jewish youth in private schools. Future research may include a much larger sample size and compare the results with other religious groups.

From the onset of this study, parents at the school showed an interest in the topic of the study. Parents on the school committee expressed the need for such a study in the school. Parents stated that this would be a method to discover whether students in the school are having suicidal thoughts, and a means of helping to prevent such an outcome. Suicidal thought amongst adolescents is still a concern for parents, teachers and friends. Any clue or sign, whether verbal or nonverbal, must be taken very seriously. Teachers need to be trained and educated in how to deal with suicidal students and what signs indicate a possibility of suicide. Necessary channels need to exist so that teachers can find the support (e.g. social workers, counsellors) that they may need.

Parents must also be educated in how to recognize signs of suicidal behaviour. Parents must be made aware of the fact that suicide is the second largest cause of death among

adolescents. Suicide, however, may not be the second largest cause of death among Jewish adolescents. Nevertheless, any suicide among any group is a cause for concern. Very often parents believe that their child would never do such a thing, and before they know it their child has attempted suicide. Parents also need to know of social agencies that will offer support and help in dealing with a suicidal child.

Suicide can no longer be a closed subject in our society. Parents and teachers need to be able to discuss suicide openly and honestly with adolescents. Parents may need to establish a home environment in which children feel free to discuss their problems openly and honestly with their parents. Research has shown that discussing suicide does not lead to suicide (Gordon, 1985). A safe haven where one will not judge or be judged needs to exist so that an adolescent will be able to approach a parent or teacher for help when needed.

Perhaps the group that is most often approached for help from a suicidal teenager is the teenager's friends. Very often a suicidal adolescent will confide in a friend and ask the friend to keep his/her secret. Friends of a suicidal adolescent need to know that this is one secret that is too dangerous to keep. Teenagers need to know that they can turn to parents, teachers, priests, rabbis and family with any problem but especially with the problem of



suicide. Peer counselling groups in high schools may also help train friends to deal with the problem of suicidal behaviour.

Researchers need to keep investigating the reasons why adolescents want to take their own life. Although suicidal thoughts may stem from many different causes and problems, any knowledge on the subject of suicide may help prevent further loss of life. The more suicide risk factors that are known, the easier it is to train parents and teachers to be alert to these signs. Research on suicide must continue. It may be one of the most viable methods of stopping further suicides from occurring. Schools and the community at large must become more open to allowing this type of beneficial research to take place.

Figure 1. An equation for the predictability of suicide.

$$S = f \left( \begin{array}{c} \text{PIC, DEC, DIG, TS} \\ \hline \text{Su, HFT} \end{array} \right)$$

In which:

S = Probability of Suicide  
 PIC = Personalities Injured in their Sense of Competence  
 DEC = Demands for the Exercising of Competence  
 DIG = Demands for Interpersonal Giving  
 TS = Tolerance of Suicide  
 Su = Availability of Succorance  
 HFT = Degree of Hope in the Future Time Perspective of the Society

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APPENDIX A  
QUESTIONNAIRES

Please check one:

\_\_\_\_\_ I would like my answers to be analyzed

\_\_\_\_\_ I do not wish that my answers be analyzed

DEMOGRAPHIC QUESTIONNAIRE

Please fill in the blanks or put a check mark near the appropriate response.

Grade \_\_\_\_\_

Age \_\_\_\_\_

Sex    Male \_\_\_\_\_    Female \_\_\_\_\_

Are your parents

\_\_\_\_\_ Married

\_\_\_\_\_ Divorced

If your parents are divorced has(have)

\_\_\_\_\_ They both remarried

\_\_\_\_\_ Your Mother remarried

\_\_\_\_\_ Your Father remarried

With whom do you live?

\_\_\_\_\_ Both Parents

\_\_\_\_\_ Mother Only

\_\_\_\_\_ Father Only

\_\_\_\_\_ Other (please specify) \_\_\_\_\_



Are either one of your parents deceased? \_\_\_\_ Yes \_\_\_\_ No

If yes, which one? \_\_\_\_ Mother

\_\_\_\_ Father

\_\_\_\_ Both

Do you consider yourself to be

\_\_\_\_ An Orthodox Jew

\_\_\_\_ A Conservative Jew

\_\_\_\_ A Reform Jew

\_\_\_\_ Other \_\_\_\_\_

Do you consider yourself to be a(an)

\_\_\_\_ Observant Jew

\_\_\_\_ Nonobservant Jew

\_\_\_\_ Other (please specify) \_\_\_\_\_

Does your family belong to a synagogue?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, which one? \_\_\_\_\_

How often do you attend synagogue?

- ☐ Never
- ☐ One to three times a year
- ☐ Four to eleven times a year
- ☐ One to three times a month
- ☐ Once a week
- ☐ More than once a week
- ☐ Special occasions only (for example, Bar/Bat Mitzvahs, Yom Kippur)

Do you consider yourself to be a(an): (check those that apply)

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Ashkenazi Jew | <input type="checkbox"/> Both    |
| <input type="checkbox"/> Sephardic Jew | <input type="checkbox"/> Neither |
| <input type="checkbox"/> I don't know  | <input type="checkbox"/> Other   |

Do you belong to or attend any of the following Jewish community organizations? (check all that apply)

- ☐ B'nai Brith Youth Organization (B.B.Y.O.)
- ☐ United Synagogue Youth (U.S.Y.)
- ☐ Young Mens Hebrew Association (Y.M.H.A.)
- ☐ Chai Folk Ensemble
- ☐ Other (please specify) \_\_\_\_\_

How actively do you participate in the following community events?

N = never    R =rarely    S = sometimes    O = often    A = always

Circle one for each activity

1) B.B.Y.O.	N	R	S	O	A
2) U.S.Y.	N	R	S	O	A
3) Y.M.H.A.	N	R	S	O	A
4) CHAI	N	R	S	O	A
5) B.B. CAMP	N	R	S	O	A
6) CAMP MASSAD	N	R	S	O	A
7) SCHOOL ACTIVITIES	N	R	S	O	A
8) OTHER	N	R	S	O	A

When you have a problem who would you go to for support?

Check as many as you like.

\_\_\_\_\_ Parent

\_\_\_\_\_ Teacher

\_\_\_\_\_ School Counsellor

\_\_\_\_\_ Friend

\_\_\_\_\_ Relative

\_\_\_\_\_ Nobody

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

On this questionnaire there are a group of statements. Please read each group of statements carefully. Then pick out one statement in each group which best describes the way you have been feeling the past week, including today. Place a check mark beside the statement you picked. If several statements in the group seem to apply equally well, mark each one. Be sure to read all the statements in each group before making your choice.

1.    \_\_\_ I do not feel sad  
      \_\_\_ I feel sad  
      \_\_\_ I am sad all the time and I can't snap out of it  
      \_\_\_ I am so sad or unhappy that I can't stand it
2.    \_\_\_ I am not particularly discouraged about the future  
      \_\_\_ I feel discouraged about the future  
      \_\_\_ I feel I have nothing to look forward to  
      \_\_\_ I feel that the future is hopeless and that things cannot improve
3.    \_\_\_ I do not feel like a failure  
      \_\_\_ I feel that I have failed more than the average person  
      \_\_\_ As I look back on my life, all I can see is a lot of failures  
      \_\_\_ I feel I am a complete failure as a person
4.    \_\_\_ I get as much satisfaction out of things as I used to  
      \_\_\_ I don't enjoy things the way I used to  
      \_\_\_ I don't get real satisfaction out of anything anymore  
      \_\_\_ I am dissatisfied or bored with everything
5.    \_\_\_ I don't feel particularly guilty  
      \_\_\_ I feel guilty a good part of the time  
      \_\_\_ I feel guilty most of the time  
      \_\_\_ I feel guilty all of the time
6.    \_\_\_ I don't feel I am being punished  
      \_\_\_ I feel I may be punished  
      \_\_\_ I expect to be punished  
      \_\_\_ I feel I am being punished
7.    \_\_\_ I don't feel disappointed in myself  
      \_\_\_ I am disappointed in myself  
      \_\_\_ I am disgusted with myself  
      \_\_\_ I hate myself

8.    \_\_\_ I don't think I am any worse than anybody else  
      \_\_\_ I am critical of myself for my weaknesses or  
      \_\_\_ mistakes  
      \_\_\_ I blame myself all the time for my faults  
      \_\_\_ I blame myself for everything bad that happens
9.    \_\_\_ I don't have any thoughts of killing myself  
      \_\_\_ I have thoughts of killing myself, but I never  
      \_\_\_ would carry them out  
      \_\_\_ I would like to kill myself  
      \_\_\_ I would kill myself if I had the chance
10.   \_\_\_ I don't cry anymore than usual  
      \_\_\_ I cry more than I used to  
      \_\_\_ I cry all the time now  
      \_\_\_ I used to be able to cry, but now I can't cry even  
      \_\_\_ though I want to
11.   \_\_\_ I am no more irritated than I ever was  
      \_\_\_ I get annoyed or irritated more easily than I used  
      \_\_\_ to  
      \_\_\_ I feel irritated all the time now  
      \_\_\_ I don't get irritated at all by the things that  
      \_\_\_ used to irritate me
12.   \_\_\_ I have not lost interest in other people  
      \_\_\_ I am less interested in other people than I used  
      \_\_\_ to be  
      \_\_\_ I have lost most of my interest in other people  
      \_\_\_ I have lost all my interest in other people
13.   \_\_\_ I make decisions about as well as I ever could  
      \_\_\_ I put off making decisions more than I used to  
      \_\_\_ I have greater difficulty in making decisions than  
      \_\_\_ before  
      \_\_\_ I can't make decisions at all anymore
14.   \_\_\_ I don't feel I look any worse than I used to  
      \_\_\_ I am worried that I am looking old and  
      \_\_\_ unattractive  
      \_\_\_ I feel that there are permanent changes in my  
      \_\_\_ appearance  
      \_\_\_ I believe that I look ugly
15.   \_\_\_ I can work about as well as before  
      \_\_\_ It takes an extra effort to get started at doing  
      \_\_\_ something  
      \_\_\_ I have to push myself very hard to do anything  
      \_\_\_ I can't do any work at all

16.   \_\_\_ I can sleep as well as usual  
      \_\_\_ I don't sleep as well as I used to  
      \_\_\_ I wake up 1-2 hours earlier than I used to and  
      \_\_\_ find it hard to get back to sleep  
      \_\_\_ I wake up several hours earlier than I used to and  
          cannot get back to sleep
17.   \_\_\_ I don't get more tired than usual  
      \_\_\_ I get tired more easily than I used to  
      \_\_\_ I get tired from doing almost anything  
      \_\_\_ I am too tired to do anything
18.   \_\_\_ My appetite is no worse than usual  
      \_\_\_ My appetite is not as good as it used to be  
      \_\_\_ My appetite is much worse now  
      \_\_\_ I have no appetite at all anymore
19.   \_\_\_ I haven't lost much weight, if any, lately  
      \_\_\_ I have lost more than 5 pounds  
      \_\_\_ I have lost more than 10 pounds  
      \_\_\_ I have lost more than 15 pounds
- I am purposely trying to lose weight.
- Yes\_\_\_  
      No\_\_\_
20.   \_\_\_ I am no more worried about my health than usual  
      \_\_\_ I am worried about my problems such as aches and  
      \_\_\_ pains; or upset stomach; or constipation  
      \_\_\_ I am very worried about physical problems, and  
      \_\_\_ it's hard to think of much else  
      \_\_\_ I am so worried about physical problems, that I  
          cannot think about anything else
21.   \_\_\_ I have not noticed any recent change in my  
      \_\_\_ interest in sex  
      \_\_\_ I am less interested in sex than I used to be  
      \_\_\_ I am much less interested in sex now  
      \_\_\_ I have lost interest in sex completely

Please read each question on this questionnaire and place an X beside what you feel is the most appropriate answer.

1. Do you believe that most problems will solve themselves if you just don't fool with them? Yes \_\_\_\_ No \_\_\_\_
2. Do you believe that you can stop yourself from catching a cold? Yes \_\_\_\_ No \_\_\_\_
3. Are some kids just born lucky? Yes \_\_\_\_ No \_\_\_\_
4. Most of the time do you feel that getting good grades means a great deal to you? Yes \_\_\_\_ No \_\_\_\_
5. Are you often blamed for things that just aren't your fault? Yes \_\_\_\_ No \_\_\_\_
6. Do you believe that if somebody studies hard enough he or she can pass any subject? Yes \_\_\_\_ No \_\_\_\_
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? Yes \_\_\_\_ No \_\_\_\_
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do? Yes \_\_\_\_ No \_\_\_\_
9. Do you feel that most of the time parents listen to what their children have to say? Yes \_\_\_\_ No \_\_\_\_
10. Do you believe that wishing can make good things happen? Yes \_\_\_\_ No \_\_\_\_
11. When you get punished does it usually seem it's for no good reason at all? Yes \_\_\_\_ No \_\_\_\_
12. Most of the time do you find it hard to change a friend's (mind) opinion? Yes \_\_\_\_ No \_\_\_\_
13. Do you think that cheering more than luck helps a team to win? Yes \_\_\_\_ No \_\_\_\_
14. Do you feel that it's nearly impossible to change your parent's mind about anything? Yes \_\_\_\_ No \_\_\_\_

15. Do you believe that your parents should allow you to make most of your own decisions? Yes\_\_\_ No\_\_\_
16. Do you feel that when you do something wrong there's very little you can do to make it right? Yes\_\_\_ No\_\_\_
17. Do you believe that most kids are just born good at sports? Yes\_\_\_ No\_\_\_
18. Are most of the other kids your age stronger than you are? Yes\_\_\_ No\_\_\_
19. Do you feel that one of the best ways to handle most problems is just not to think about them? Yes\_\_\_ No\_\_\_
20. Do you feel that you have a lot of choice in deciding who your friends are? Yes\_\_\_ No\_\_\_
21. If you find a four leaf clover do you believe that it might bring you good luck? Yes\_\_\_ No\_\_\_
22. Do you feel that whether you do your homework has much to do with what kind of grades you get? Yes\_\_\_ No\_\_\_
23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her? Yes\_\_\_ No\_\_\_
24. Have you ever had a good luck charm? Yes\_\_\_ No\_\_\_
25. Do you believe that whether or not people like you depends on how you act? Yes\_\_\_ No\_\_\_
26. Will your parents usually help you if you ask them to? Yes\_\_\_ No\_\_\_
27. Have you felt that when people were mean to you it was usually for no reason at all? Yes\_\_\_ No\_\_\_
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today? Yes\_\_\_ No\_\_\_



29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? Yes\_\_\_ No\_\_\_
30. Do you think that kids can get their own way if they just keep trying? Yes\_\_\_ No\_\_\_
31. Most of the time do you find it useless to try to get your own way at home? Yes\_\_\_ No\_\_\_
32. Do you feel that when good things happen they happen because of hard work? Yes\_\_\_ No\_\_\_
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters? Yes\_\_\_ No\_\_\_
34. Do you feel that it's easy to get friends to do what you want them to do? Yes\_\_\_ No\_\_\_
35. Do you usually feel that you have little to say about what you get to eat at home? Yes\_\_\_ No\_\_\_
36. Do you feel that when someone doesn't like you there's little you can do about it? Yes\_\_\_ No\_\_\_
37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are? Yes\_\_\_ No\_\_\_
38. Are you the kind of person who believes that planning ahead makes things turn out better? Yes\_\_\_ No\_\_\_
39. Most of the time, do you feel that you have little to say about what your family decides to do? Yes\_\_\_ No\_\_\_
40. Do you think it's better to be smart than to be lucky? Yes\_\_\_ No\_\_\_

APPENDIX B  
LOGIC GAMES

### Sample Game No. 2: *Family Tree*

A genealogist has completed a study of the Clampett family and drawn the following conclusions:

Carla Jo has only one daughter, Audry, and only one granddaughter, Dot.

Billy Bob has exactly two grandsons, one of whom is Fletcher.

Hank is the only child of Dot and the only grandson of Audry.

Everett has one sister, Audry, and one brother, Billy Bob. Irene is Billy Bob's daughter-in-law and Fletcher's mother.

Kev is the nephew of Irene's husband and the son of Garrett.

Jed is Audry's son-in-law.

No children have been born out of wedlock, no family member has been married more than once, and no blood relative has married any other.

1. Everett's sister-in-law is Fletcher's

(A) aunt  
(B) great-aunt  
(C) second cousin  
(D) paternal grandmother  
(E) maternal grandmother

2. If Everett is married to Lulu, Lulu is

(A) Dot's aunt  
(B) Irene's blood relative  
(C) Hank's grandmother  
(D) Kev's mother  
(E) Garrett's grandmother

3. Garrett is Fletcher's

(A) cousin  
(B) father  
(C) father-in-law  
(D) grandfather  
(E) uncle

4. Jed is Hank's

(A) cousin  
(B) brother-in-law  
(C) father  
(D) grandfather  
(E) great-grandfather

5. Which of the following must be true?

(A) Garrett's wife is Audry's daughter  
(B) Irene's husband is Hank's grandfather  
(C) Billy Bob's wife is Hank's grandmother  
(D) Audry's husband is Kev's nephew  
(E) Carla Jo's husband is Garrett's grandfather

6. Which of the following could be the brother-in-law of Garrett's wife?

(A) Irene's husband  
(B) Audry's husband  
(C) Dot's father  
(D) Hank  
(E) Fletcher

7. If Billy Bob is married to Myrtle, Myrtle is

(A) Jed's blood relative  
(B) Hank's grandmother  
(C) Kev's grandmother  
(D) Irene's blood relative  
(E) Carla Jo's blood relative

### Sample Game No. 3: Map

Sparks Pendleton, radar man on the U.S.S. *Waterloo*, has recorded the positions of various planes during training exercises at precisely 14:00.

Plane 1 is northwest of Plane 4 and Plane 7.

Plane 2 and Plane 4 are due south of Plane 3.

Plane 6 is south of Plane 1 and west of Plane 2.

Plane 5 is northeast of Plane 4 and northwest of Plane 7.

1. Plane 7 is currently located in which direction from Plane 6?
  - (A) north
  - (B) northwest
  - (C) east
  - (D) west
  - (E) southeast
2. Which of the following planes could currently be located due west of Plane 7?
  - I. Plane 1
  - II. Plane 2
  - III. Plane 3
  - (A) I only
  - (B) II only
  - (C) III only
  - (D) II and III only
  - (E) I, II, and III
3. Plane 5 is currently located in which direction from Plane 1?
  - (A) north
  - (B) east
  - (C) south
  - (D) southwest
  - (E) northwest
4. What is the minimum number of planes that must currently be located north of Plane 4?
  - (A) 0
  - (B) 1
  - (C) 2
  - (D) 3
  - (E) 4
5. What is the maximum number of planes that could currently be located due south of Plane 6?
  - (A) 0
  - (B) 1
  - (C) 2
  - (D) 3
  - (E) 4
6. Which of the following must be true?
  - (A) Plane 5 is currently located northeast of Plane 2
  - (B) Plane 4 is currently located northwest of Plane 1
  - (C) Plane 6 is currently located west of Plane 4.
  - (D) Plane 1 is currently located east of Plane 3.
  - (E) Plane 5 is currently located northeast of Plane 6

### Sample Game No. 4: *Things-in-a-Line*

Dutch O'Dane, mercurial coach of the All-Star Little Leaguers, has decided the first game's batting order of the nine team members—R, S, T, U, V, W, X, Y, and Z. The following conditions refer to the positions in the starting lineup only:

Three people bat between V and W.

S bats immediately before U and immediately after T.

X bats before Y.

R bats fourth.

If three times as many players bat before Z as bat after, which of the following must be true?

- (A) S bats first.
- (B) V bats fifth.
- (C) X bats sixth.
- (D) Y bats seventh.
- (E) W bats eighth.

If W bats fifth, which of the following is a complete and accurate list of the positions in which X can bat?

- (A) first, second
- (B) first, second, third
- (C) first, sixth, seventh
- (D) first, second, sixth, seventh
- (E) first, second, third, sixth, seventh

T can bat in which of the following positions?

- I. Fifth
- II. Sixth
- III. Seventh

- (A) I only
- (B) II only
- (C) III only
- (D) II and III only
- (E) I, II, and III

4. Each of the following is a possible batting order (from first to last) EXCEPT:

- (A) T, S, U, R, V, X, Y, Z, W
- (B) V, X, Y, R, W, T, S, U, Z
- (C) W, X, Z, R, V, Y, T, S, U
- (D) X, V, Y, R, T, S, U, W, Z
- (E) T, S, U, R, W, Z, X, Y, V

5. If R bats fifth but all of the other conditions hold, then can bat in which of the following positions?

- I. Second
- II. Third
- III. Fourth

- (A) I only
- (B) II only
- (C) III only
- (D) I and III only
- (E) I, II, and III

6. If X bats third and Y bats fifth, which of the following must be true?

- (A) T bats seventh.
- (B) V bats seventh.
- (C) W bats second.
- (D) V bats first.
- (E) Z bats second.

Directions: Each group of questions is based on a set of conditions. In answering some of the questions, it may be useful to draw rough diagram. Choose the best answer for each question, and blacken the corresponding space on your answer sheet.

Questions 1-6

Arnold, Brody, Clayton, Driggin, and Ebert are trying to schedule a meeting to include only themselves during a week that begins on Sunday the 10th. At the meeting, any motion raised must receive a positive vote from the majority of attendees in order to pass. Each of the attendees at the meeting is permitted only one vote on any motion. The schedules of Arnold, Brody, Clayton, Driggin and Ebert are subject to certain constraints.

Arnold cannot attend any meeting on Sunday.

Brody cannot attend any meeting on Saturday.

Clayton will not attend a meeting either on a Friday or on the 13th of any month.

Driggin cannot attend any meeting on Saturday or on Sunday.

Ebert cannot attend any evening meeting.

Arnold and Brody can attend only an evening meeting.

1. At which one of the following times can Arnold, Brody, and Clayton attend a meeting together?
  - (A) Sunday evening
  - (B) Monday afternoon
  - (C) Wednesday evening
  - (D) Thursday evening
  - (E) Saturday afternoon
2. Which one of the following meeting times permits the greatest number of the group to attend?
  - (A) Tuesday evening
  - (B) Wednesday afternoon
  - (C) Friday evening
  - (D) Saturday afternoon
  - (E) Saturday evening
3. Which one of the following meeting times would permit the fewest members of the group to attend?
  - (A) Monday evening
  - (B) Wednesday afternoon
  - (C) Thursday afternoon
  - (D) Thursday evening
  - (E) Friday evening
4. At which one of the following times can both Arnold and Driggin attend a meeting and be sure that if they both vote in favor of a motion, then it will pass?
  - (A) Monday evening
  - (B) Tuesday evening
  - (C) Wednesday evening
  - (D) Thursday evening
  - (E) Saturday evening
5. At which one of the following times can both Brody and Driggin attend a meeting and be sure that if they both vote in favor of a motion, then it will pass?
  - (A) Sunday evening
  - (B) Monday afternoon
  - (C) Tuesday evening
  - (D) Wednesday afternoon
  - (E) Wednesday evening
6. At which of the following times can both Arnold and Brody attend a meeting and be sure that if they both vote in favor of a motion, then it will pass?
  - (A) Monday evening and Wednesday evening
  - (B) Wednesday evening and Thursday evening
  - (C) Wednesday evening and Friday evening
  - (D) Thursday evening and Friday evening
  - (E) Friday evening and Saturday evening

Questions 13-17

The Yates Stationery Store employs six clerks—Jackson, Kline, Lane, Myers, Noble, and Ostrow—each of whom works alone on exactly one day in any given week. The work schedule at Yates Stationery is subject to the following restrictions:

The store is closed on Sundays and only on Sundays.

Jackson works only on Tuesdays or Thursdays.

Kline cannot work on Mondays or Thursdays.

Lane works only on Saturdays.

Myers and Noble must work on consecutive days, although not necessarily in that order.

13. Which one of the following is a possible Monday-through-Saturday work schedule?
- (A) Ostrow, Jackson, Kline, Lane, Myers, Noble
  - (B) Kline, Myers, Noble, Jackson, Ostrow, Lane
  - (C) Jackson, Kline, Myers, Noble, Ostrow, Lane
  - (D) Ostrow, Noble, Myers, Jackson, Kline, Lane
  - (E) Myers, Kline, Noble, Jackson, Ostrow, Lane
14. If Myers works on Wednesday, then all of the following statements must be true EXCEPT:
- (A) Ostrow works on Monday.
  - (B) Kline works on Friday.
  - (C) Jackson and Kline work on consecutive days.
  - (D) Noble works on either Tuesday or Thursday.
  - (E) Jackson and Myers work on consecutive days.
15. If Jackson works on Tuesday, then which one of the following must be true?
- (A) Lane works on Friday.
  - (B) Myers works on Thursday.
  - (C) Ostrow works on Monday.
  - (D) Kline works on Friday.
  - (E) Noble works on Thursday.
16. On which of the following days is it possible for Ostrow to work?
- I. Monday
  - II. Wednesday
  - III. Thursday
- (A) I only
  - (B) II only
  - (C) III only
  - (D) I or II only
  - (E) I, II, or III
17. Assume that Kline quits her job and is replaced by Garrett. If Garrett can work only on Monday, then which one of the following is a possible Monday-through-Saturday work schedule?
- (A) Garrett, Ostrow, Lane, Jackson, Myers, Noble
  - (B) Garrett, Ostrow, Jackson, Myers, Noble, Lane
  - (C) Garrett, Jackson, Ostrow, Noble, Myers, Lane
  - (D) Myers, Noble, Garrett, Jackson, Ostrow, Lane
  - (E) Garrett, Jackson, Noble, Ostrow, Myers, Lane

Questions 24–29

A baker makes a cake with four dry ingredients (baking powder, cinnamon, flour, sugar) and three wet ingredients (eggs, milk, oil). The recipe gives the following directions:

Ingredients must be added one at a time.

Add the eggs immediately after the sugar.

Add the milk immediately after the flour.

Add the cinnamon some time after the milk.

Add the oil last.

Do not add a wet ingredient immediately after another wet ingredient.

24. Which one of the following can be the order, from first to last, in which the baker adds the ingredients?
- (A) baking powder, flour, milk, cinnamon, sugar, eggs, oil
  - (B) baking powder, sugar, eggs, flour, milk, cinnamon, oil
  - (C) flour, milk, sugar, baking powder, eggs, cinnamon, oil
  - (D) sugar, eggs, baking powder, cinnamon, flour, milk, oil
  - (E) sugar, eggs, flour, milk, baking powder, oil, cinnamon
25. How many of the different ingredients are there, any one of which can be the first one that the baker uses in making the cake?
- (A) 1
  - (B) 2
  - (C) 3
  - (D) 4
  - (E) 5
26. How many of the different ingredients are there, any one of which can be the ingredient that the baker adds immediately before the cinnamon?
- (A) 1
  - (B) 2
  - (C) 3
  - (D) 4
  - (E) 5
27. Which one of the following pairs of ingredients cannot be next to each other in the order of added ingredients?
- (A) baking powder, sugar
  - (B) flour, sugar
  - (C) cinnamon, sugar
  - (D) baking powder, flour
  - (E) baking powder, cinnamon
28. If sugar is the first ingredient that the baker uses, then which of the following cannot be, respectively, the fifth, sixth, and seventh ingredients that the baker adds?
- I. cinnamon, baking powder, oil
  - II. milk, baking powder, oil
  - III. milk, cinnamon, oil
- (A) I only
  - (B) II only
  - (C) III only
  - (D) I and II only
  - (E) I, II, and III
29. Which one of the following cannot be the second ingredient that the baker adds?
- (A) baking powder
  - (B) eggs
  - (C) flour
  - (D) milk
  - (E) sugar



## ANSWERS

## SAMPLE GAME NO. 2:

1. D    2. A    3. B    4. C    5. E    6. A    7. C

## SAMPLE GAME NO. 3:

1. C    2. D    3. B    4. D    5. A    6. C

## SAMPLE GAME NO. 4:

1. C    2. E    3. D    4. D    5. D    6. A

## QUESTIONS 1-6:

1. D    2. A    3. B    4. C    5. E    6. C

## QUESTIONS 13-17:

13. D    14. C    15. C    16. D    17. C

## QUESTIONS 24-29:

24. B    25. C    26. C    27. B    28. B    29. A

APPENDIX C  
LETTERS TO PARENTS

Dear Parent:

My name is Marla Adelberg and I am currently enroled in a Master's Program at the University of Manitoba. One of the requirements of this program is that I conduct a research project on a topic that is of interest to me in the field of family studies. I have chosen to write my thesis on mental health of adolescent Jews.

The principal and the parent committee of Joseph Wolinsky Collegiate have approved my request to study the grade 9 through 12 students of the school. I am asking the students to complete three questionnaires. Two of the questionnaires are valid and reliable tests that have been developed and tested by other researchers; the third just asks for some basic demographic information. Copies of the questionnaires are available from the school office for your perusal. The Ethics Committee of the Faculty of Human Ecology has approved this study.

The questionnaires will be completed during class time. Stated below is verbatim what the researcher will be saying at the beginning of the study.

"My name is Marla Adelberg and I am currently a Master's student at the University of Manitoba. I am doing a study on the Mental Health of Adolescent Jews. I'm here today to ask you to participate in my study by filling out some questionnaires. By now your parents have mailed in consent forms so I ask those of you who have parental consent to fill out the questionnaires. Those of you who do not have parent consent may doodle on the questionnaires. If for any reason you do not wish to participate in the study I ask that you indicate this on the front of the questionnaire and that you doodle on the questionnaires while the others complete the questionnaires. The questionnaires should take you approximately 20-30 minutes to fill out. Once you have completed the questionnaire I ask that you place it in the blank manila envelope. I also want you to know that your answers will be kept completely confidential. Your teachers and parents will not see your answers. Once the results have been collected and analyzed a summary of the results will be available in the school general office. I now ask you to fill out the questionnaires by following the directions given on the questionnaires. Thank you."

In order for your child to participate in the study a parent consent form is necessary. I would ask that you fill out the parental consent form and mail it in, whether or not you wish to give permission for your child to participate in the study. If you do not wish that your child participate in

the study, I ask that you fill out the consent form in the negative. The consent form should be mailed back in the enclosed self-addressed stamped envelope. You will notice that there is an identification number on the consent form. This identification number is there to make sure that only data from students with parent consent will be analyzed. Thus, this number is there as a safeguard for non-consenting parents, as it assures that their questionnaires will not be part of the data collection. Students' answers will be kept completely confidential, and their names are not requested. Attached to the consent form you will find a coloured card stating that your child has permission to participate in the study. I would ask that you give your child this card and explain to him/her that he/she has your permission to participate in the study. If you do not wish that your child participate in the study I ask that you tell this to your child.

If you have any questions regarding the study, please do not hesitate to call me at 334-6252. I would be happy to answer any questions you may have. At this time, I ask that you fill out the consent form and return it by mail in the envelope provided as soon as possible.

Thank you.

## PARENTAL CONSENT FORM

IDENTIFICATION NUMBER: \_\_\_\_\_

Please check one:

\_\_\_\_\_ My son / daughter \_\_\_\_\_  
(circle one) (name)  
has my permission to participate in the study.

\_\_\_\_\_ My son / daughter \_\_\_\_\_  
(circle one) (name)  
does not have permission to participate in the  
study.

\_\_\_\_\_  
Parent's Signature

Dear Student,

My name is Marla Adelberg and I am a Master's student at the University of Manitoba. In early October I will be visiting your school to carry out a research project for my thesis. I will be asking you to fill out three questionnaires during class time. The data obtained from your questionnaires will be used in my study. Your parent's have handed you this card to introduce you to the study and to let you know that you have their permission to participate in the study. I look forward to meeting you in October.

APPENDIX D  
THANK YOU LETTER

November 10, 1990

Dear Parents and Students,

I would like to take this opportunity to thank you for your participation in my study on Mental Health in Adolescent Jews. It is my hope that the results of my study will be completed by February 1991. At that time, I will make available to you and the school a summary of my results.

Once again I thank you for your participation in the study.

Thank You,

M. Adelberg



APPENDIX E  
LETTERS TO SCHOOL PRINCIPAL

35 Tanoak Park Drive  
Winnipeg, Manitoba  
Canada, R2V 2W6

August 31, 1989

Mr. J. Cohen  
Principal  
Joseph Wolinsky Collegiate  
437 Matheson Avenue  
Winnipeg, Manitoba  
Canada, R2W 0E1

Dear Mr. Cohen,

I met with you in November of 1988 to discuss the possibility of my using Joseph Wolinsky Collegiate students as a subject pool for my master's thesis. Over the course of the last year I have been working on my thesis proposal. At this time my literature review and introduction are completed.

My thesis proposal must still be brought before and approved by my thesis committee and the ethics committee of the University of Manitoba. Once these steps are passed I will be ready to begin my research.

I have enclosed with this letter a copy of my literature review for your perusal. Although I know you are still in need of more information, such as the surveys I will using, I will forward them to you as soon as they have been approved. I am very anxious to know what your thoughts are towards the research. After reading my proposal, I am hoping that we will be able to meet to discuss your thoughts on my study. I would also like to know what type of information you need to make an accurate and informed decision regarding my thesis proposal. At this time I would also be interested in learning about any issues and concerns you may have in regards to the proposal. If you or any member of the staff would like to become involved in the study, please do not hesitate. Your assistance would be a valuable asset to this project.

I thank you for taking the time to consider my proposal. I look forward to hearing from you soon.

Sincerely,

Dr. John Bond  
Thesis Advisor

Marla Adelberg  
Master's Student

35 Tanoak Park Drive  
Winnipeg, Manitoba  
Canada R2V 2W6

November 29, 1989

Mr. J. Cohen  
Principal  
Joseph Wolinsky Collegiate  
437 Matheson Avenue  
Winnipeg, Manitoba  
Canada, R2W 0E1

Dear Mr. Cohen,

I have recently completed a draft of the methods section for my thesis proposal and as promised I am forwarding this section to you. Enclosed in this letter you will find a copy of the three questionnaires that I am hoping to use for my study. As well, I am enclosing my procedure section so that you can review the way in which I would like to conduct my study. The only sub section of the methods that is not complete is the data analysis. However, that section is probably of little interest to you right now as it only deals with the computer programs that will be used to find the results of the study.

I would like to stress to you that my thesis proposal must still be approved by my thesis committee and the Faculty of Human Ecology's Ethics Committee. It is my hope that my proposal will be passed in early January.

At this time, I would like to ask you to review the material and perhaps give me your thoughts as to the procedures and questionnaires that I would like to use. I hope that in the near future we can meet to discuss the questionnaires. I would like to hear any suggestions that you may have to improve the study. I look forward to meeting with you soon.

Sincerely,

Marla Adelberg  
Master's Student

35 Tanoak Park Drive  
Winnipeg, Manitoba  
Canada, R2V 2W6

January 3, 1990

Mrs. Sharon Filkow  
Chairperson  
Joseph Wolinsky Collegiate  
389 Montrose Street  
Winnipeg, Manitoba  
Canada, R3M 3M1

Dear Mrs. Filkow,

My name is Marla Adelberg and I am currently enroled in a Master's program at the University of Manitoba. One of the requirements of this program is that I write a thesis on a topic that is of interest to me in the field of Family Studies. The subject, that I have chosen to write my thesis on is mental health in Judaism. More specifically, my research proposal deals with the subject of adolescent suicide.

I have had several meetings with Mr. Jerry Cohen about my research topic and he has also had a chance to review my thesis proposal. I have asked him to consider my request to study the grade 9-12 students at Joseph Wolinsky. The students would be required to fill out three questionnaires which I have enclosed with this letter. Mr. Cohen has discussed my intentions with me and he felt that it was now time for the parent committee to review my requests. I am enclosing with this letter a draft of my thesis proposal for your perusal. I would also be very interested in meeting with the parent committee to further explain my study and answer any questions that the committee may have.

I would also like to advise you that at this time my proposal has yet to be approved by my thesis committee and the ethics committee of the Faculty of Human Ecology. It is my hope that this next step will be accomplished by the end of January. My proposal is therefore still open to discussion and any recommendations by the parent committee may still be incorporated into the study.

If you have any questions or concerns regarding the study please do not hesitate to reach me at 334-6252. I am open to any suggestions that you may have. I look forward to attending a committee meeting and hearing from you in the near future.

Sincerely,

John Bond  
Thesis Advisor

Marla Adelberg  
Master's Student

cc: Mr. Jerry Cohen

35 Tanoak Park Drive  
Winnipeg, Manitoba  
Canada, R2V 2W6

June 8, 1990

Mr. Jerry Cohen  
Principal  
Joseph Wolinsky Collegiate  
437 Matheson Avenue  
Winnipeg, Manitoba  
Canada, R2W 0E1

Dear Mr. Cohen,

As the school year is fast approaching an end I thought I would write to you to update you on the progress that has been made on my thesis. I must begin by informing you that my thesis proposal was passed by my committee in April. Thus, all three committee (the parent committee, the ethics committee and my thesis committee) have passed my proposal. As well, I should inform you that the Jewish Foundation of Manitoba has granted me a scholarship of \$750.00 to be used to cover the costs of my study.

My thesis committee took into consideration many of the suggestions of the school parent committee, and they have been incorporated into the study. The committee had suggested that consent forms that are not returned be treated as consent. The ethics committee and my proposal committee both feel that only consent forms that have been returned can be treated as consent. To increase the number of returned consent forms, a reminder letter will be mailed two weeks after the first letter. My committee also agreed with the school parent committee that a letter from you endorsing the study would greatly increase the cooperation of the parents.

I hope to send the letters to the parents during the first week of school so that the study can take place in early October. I would like to know if it is possible to receive class address lists in early August so that I can begin addressing envelopes.

Enclosed in this letter you will find the final copies of the questionnaires and the parent letter. I hope they meet with your approval. If you have any concerns please do not hesitate to call me at 334-6252.

At this time I would like to wish you a relaxing summer. I look forward to meeting with you in August to review the study and to receive the class address lists.

Sincerely,

Marla Adelberg  
Master's Student

35 Tanoak Park Drive  
Winnipeg., Manitoba  
R2V 2W6

March 20, 1991

Mr. Jerry Cohen  
Joseph Wolinsky Collegiate  
437 Matheson Avenue  
Winnipeg, Manitoba  
R2W 0E1

Dear Mr. Cohen,

I would like to take this opportunity to report to you on the progress that is being made on my thesis. At this point in time, I am in the final stages of data analysis. It is my hope that my thesis will be completed by the end of April and that my oral defense will take place in early May.

After my findings have been interpreted and approved by my thesis committee, I will forward to you a letter for the school and parents indicating my results. It is my hope that the letter will be ready in May.

I would like to take this time to thank you for your support. If you have any questions please do not hesitate to call me at 334-6252.

Sincerely,

Marla Adelberg

APPENDIX F  
ETHICS COMMITTEE APPROVAL

FACULTY OF HUMAN ECOLOGY

UNIVERSITY OF MANITOBA

APPROVAL FOR RESEARCH PROPOSAL INVOLVING HUMAN SUBJECTS

This is to certify that:

Marla Adelberg and John Bond

in the Department of Family Studies

presenting a proposal for a research project entitled:

Suicide Ideation Among Adolescent Jews

The Faculty Ethics Subcommittee is satisfied that the appropriate ethical criteria for research involving human subjects have been met.

Members of the Subcommittee:

<u>Name</u>	<u>Position</u>	<u>Department</u>
M. Eskin	Professor	Foods and Nutrition
N. Kingsbury	Associate Professor	Family Studies
C. Gonzales	Associate Professor	Clothing and Textiles

Date: March 27, 1970

Dennis W. Fitzpatrick

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Subcommittee Chair