

**A STUDY OF SURVIVORS OF SUICIDE AT
AUSTIN PEAY STATE UNIVERSITY
AND THEIR SELF-PERCEIVED NEEDS AND GOALS**

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A STUDY OF SURVIVORS OF SUICIDE AT
AUSTIN PEAY STATE UNIVERSITY
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An Abstract
Presented to the
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In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Hester B. Crews

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ABSTRACT

This study was conducted to determine the population of survivors of suicide at Austin Peay State University, and to assess their self-perceived needs and goals. The results were obtained from the responses to a questionnaire sent to all students enrolled for the spring quarter, 1988. Two hundred ninety-two of the 3,226 students included in the study population completed the questionnaire with a return rate of 9.05%.

The results indicate that Austin Peay State University does have a student population of survivors of suicide who have specific needs and goals. Fifty-one percent of the students responding were survivors of suicide in that they had suffered loss to suicide of someone they knew well. Self-perceived needs were expressed relating to the stigma, guilt, blame, locus of control, understanding, and resolution of the bereavement associated with the suicidal loss. Goals dealing with the emotional aspects of the grief process were important to those responding. Additionally, those responding said goals dealing with the more factual aspects of being a survivor of suicide also were important. The results of the study further reflect that there are those in the student population who do not consider themselves to be survivors of suicide, but who are concerned about suicide and would want to know more about suicide and the problems related to being a survivor.

To the Graduate and Research Council:

I am submitting herewith a Thesis written by Hester B. Crews entitled "A Study of Survivors of Suicide at Austin Peay State University and Their Self-perceived Needs and Goals." I recommend that it be accepted in partial fulfillment of the requirement for the degree Master of Science.

Jean G. Hoop
Major Professor

We have read this thesis and
recommend its acceptance:

David E. Blair
Second Committee Member

Linda Reddig
Third Committee Member

Accepted for the Graduate
and Research Council:

William H. Ellis
Dean of the Graduate School

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CHAPTER 1

Introduction

"Suicide involves much more than the destruction of the person who swallows an overdose of pills or pulls a trigger. Very often, it destroys others in the same family, burdening them with an indelible stigma and rupturing of bonds of interpersonal relationships that have endured for years. The real victim, time after time, is not the cold body in the coffin, but the family" (Bolton, 1984, p. 36). The validity of this statement only recently has been accepted and the survivors of suicide, the real victims, recognized as a high risk group in need of counseling. For the purpose of this thesis, Schuyler's (1973) definition of a survivor as one who has suffered the loss of a significant person through death by suicide and who thus becomes a victim will be utilized.

The university community is a microcosmic society with many of the pressures of the outside world. In some cases, the university student is exposed to pressures which are perceived as unbearable. These can include peer, academic, social, and relationship pressures, to name a few. In attempting to deal with these pressures, many students consider suicide; many students attempt suicide; and many students are successful in these attempts. Johnson and Maile (1987) report that suicide is the second or third highest cause of death among young adults (depending upon the data examined), and that suicide rates in the adolescent

population have risen almost 400 percent since 1957.

There can be much guilt, stigma, and fear related to being a survivor of suicide as a university student. Because these survivors are often in the same age range, have similar educational goals, and are from similar socio-economic backgrounds, there can be guilt that they were not sensitive to subtle warning signals and did not intervene. There is a recognized stigma associated with being a survivor of suicide, and the survivor of suicide who is a university student is not exempt from this stigma. The student survivor also may experience fear that if suicide was the answer for a classmate, roommate, or friend, it may be the only answer for others. Thus, the student may be dealing with an unspoken fear of loss through suicide of another classmate, roommate, or friend. There can also be an unspoken fear that if suicide was the answer for another, perhaps it should be the answer for this individual. There may be many students asking, "Is suicide the answer?" or "Why is suicide an answer?"

Johnson and Maile (1987) include loss of a significant other, chronic depression, and inadequate coping skills as experiences or situations that can contribute to suicide as a response to stress in the young adult. It is this author's concern that with a student population of slightly less than 5,000 at Austin Peay State University, there may be survivors who have special needs. This concern is enhanced by the fact that there has been one student suicide

on campus within the last year, more than one student suicide off campus in the past several years, and several attempted student suicides both on and off campus in the last several years. Student survivors may have unanswered questions related to the suicide, may be dealing with guilt resulting from the suicide, or may be experiencing feelings of stigma as a result of the suicide. These survivors may be high risk individuals who are considering suicide themselves.

It is anticipated that consideration will be given to appropriate support for educating student survivors as to the unique grief process which follows suicide and assisting them in working through this grief. It is also anticipated that a program addressing the needs of survivors (postvention) could serve as prevention of additional suicide attempts among survivors as well as the student population in general.

CHAPTER 2

Review of the Literature

As early as 1972, Cain estimated that 50,000 people died in the United States each year as a result of suicide. Praeger and Bernhardt (1985) rank suicide as the tenth leading cause of death today. A conservative estimate is that for each suicide there are five survivors intimately affected and forming a special interest group with unique needs. Andress and Corey (1973) estimate that on the average at least six persons, in addition to the person who commits suicide, are personally affected by each suicide (cited in Johnson and Maile, 1987). Bernard and Bernard (1985) state that suicide is second only to accidents as a cause of death in the fifteen to twenty-four year old age range, or what is commonly called the young adult. They further report that in the population of college students suicide is the second leading cause of death. Thus, according to their studies, for the typical larger university with a student body of 20,000 or more, several suicides every year can be expected. Douglas (1986) reports that the suicide rate in the young adult has increased approximately 300% since 1966. Douglas summarizes that "twelve percent of all suicide attempts are made by adolescents; ten percent of all those who commit suicide are under twenty years old; and suicide is the leading cause of death for people between the ages of ten and twenty-four" (p. 165).

Shneidman (1969) contends that as soon as suicidal death occurs the surviving group has lost an inalienable right: the right to live an unstigmatized life. Caine and Fast (1966) regard the blame heaped on a surviving spouse by community, neighbors, and family as the most crucial of all external causes contributing to this stigma (cited in Henley, 1984). Henley further reports that the finger pointing at the surviving spouse is even worse than the general lack of support. Battle (1984) states that the survivors of individuals who commit suicide have become the forgotten casualties of suicide. Survivors also tend to have varying degrees of guilt, depression, denial of the suicidal cause of death, and disturbances in communication.

Shneidman (1972) states, "The person who commits suicide puts his psychological skeleton in the survivor's emotional closet" (p. 8). Rickgarn (1983) points out that individuals do not want to have to cope with another person's psychological skeleton (as referred to by Shneidman). As a result, the survivor may tend to avoid or appear indifferent toward the suicide.

According to Demi (1984), "Suicide is perceived as a discrediting act, a blemish on individual survivors, and on society. The intrapersonal perception of stigma is reinforced and magnified by sociocultural attitudes. Self blame and guilt quickly follow and are intensified by overt and covert blaming by society" (p. 93). Demi continues by stating that it is not unusual for the survivor to withdraw

and avoid communication with others. Society interprets this withdrawal as additional evidence of the survivor's moral failing and rejects the survivor. Demi concludes that the final result of this stigma associated with being a survivor is the establishment of rigid defenses and an unresolved bereavement crisis.

Hatton and Valente (1984) report that individuals react to the crisis of suicide in responses that vary from maladaptive defense mechanisms to efficient, adaptive coping skills. They further report that there are a multitude of dynamic forces which may influence the response of an individual who has experienced loss of a loved one to suicide.

Cutter (1983) describes the special risk factors associated with the suicide bereaved as follows: "Survivors are vulnerable to guilt, regret, and grief over their lifetime as a reaction to the suicide of a significant other. They become new victims vulnerable to mixed feelings about living and dying" (cited in Webb, 1986, p. 470). Webb states that preventive efforts aimed at promoting the mental health of suicide survivors must take into account the nature of the population as well as the special nature of suicide grief.

Cain (1972) summarizes reactions portrayed by survivors to include: (a) reality distortion, (b) tortured object relations, (c) guilt, (d) disturbed self-concept, (e) impotent rage, (f) identification with the suicide, (g)

depression and self-destructiveness, (h) search for meaning, and (i) incomplete mourning. According to Cain, suicide survivors may continue to grieve for several years, and Johnson and Maile (1987) report that problems related to loss through suicide may have significant impact on the survivor's life. These problems may be both far-reaching and deep seated. Johnson and Maile list shock, sadness and depression, guilt, resentment and anger, loneliness, and denial as behavioral and emotional reactions found as part of the grieving process of survivors of suicide. It is their experience that a significant variable in the recovery process of the survivor is the degree to which he or she interacts with others for support. They have found that an inadequate support system or failure of the survivor to use existing support systems is related to an increase in suffering and can make the progress toward successful adjustment slower and more difficult. They further state that assisting survivor re-adjustment must be considered as primary suicide prevention.

Rickgarn (1983) reports any or all of the following may be common reactions of the survivor of suicide:

- feeling of abandonment.
- disbelief.
- confusion.
- anger--both at the person and self.
- resentment.
- anxiety.

-bewilderment.

-fear.

-respect.

-idealization of the person.

-failure--"What didn't I do?"

-blame--"I should have been able to..."

-guilt--"It's my fault for not..."

-humiliation.

Shneidman (1981) preferred to think of work with the bereaved person as a process which he called postvention. He defined postvention as actions that are both appropriate and helpful to the survivor following the suicide. He further explains that "postvention consists of those activities that serve to reduce the aftereffects of a traumatic event in the lives of the survivors. Its purpose is to help survivors live longer, more productively, and less stressfully than they are likely to do otherwise" (p. 350). Shneidman reports that postvention is not limited to the initial stage of shock. Rather, postvention is often long term in duration in helping the survivor deal with the grief for a year or more following the first shock of the suicide. Rogers, Sheldon, Barwick, Letofsky, and Lancee (1982) found survivors of suicide to be a highly stressed group with evidence suggesting a high risk for pathological grief reactions with extended unresolved mourning. As was stated by Cantor (1975), "The aim of postvention is to help the survivors to work through their feelings of grief which

invariably accompany a death" (p. 8).

Dunne, McIntosh, and Dunne-Maxim (1987) state that survivors of suicide have been lacking informal social supports for some time. Because of the stigma related to being a survivor of suicide, survivors tend to isolate themselves. In addition, according to Dunne, the survivors' friends, relatives, and neighbors are more likely to distance themselves because of their feelings of not knowing what to do or say. Dunne indicates "desperately needed solace has been sought and found by suicide survivors' reaching out to one another through mutual aid" (p. 222). In discussing the grieving process of a survivor of suicide, Dunne indicates survivors have a desperate need to understand the reasons for the choice made by a survivor's child, parent, spouse, sibling, or friend to abandon the survivor. It is Dunne's conviction that, at present, it appears that suicide survivor groups are reaching only the "tip of the iceberg" of the at-risk population of survivors.

Studies suggest there should be some form of mental health intervention (postvention) available to the survivors of suicide. Battle (1984) agrees that some type of mental health intervention should be available to the survivors. It is Ryneearson's (1986) contention that those who have experienced loss associated with unnatural dying should be treated as a separate research population. Wroblewski (1984) indicates there are problems unique to loss to suicide that necessitate a separate grief group for survivors. She

states that group members do not gasp or recoil when a survivor says his/her loved one killed himself/herself. Further, Wrobleski reports these survivors must face two specific problems associated with the loss: coping with the method of death and bewilderment. It is her belief that survivors need help and information as soon after the death as possible, and that survivors have "a tremendous need for ventilation of their feelings" (p. 177).

In discussing what counselors can do to help grieving people, Frantz (1984) suggests:

1. facilitate the release of their grief energy,
 2. reassure them that their feelings are normal,
- and
3. put them in touch with other grieving people.
- (p. 21)

In working with survivors of suicide, the contact with other grieving people is often accomplished through survivors groups. As Frantz (1984) reports, those in the group who are near the end of their grief and coping fairly well provide inspiration to the individual who has just become a survivor. Similarly, Wrobleski (1984) reports people in a survivors group who are "further along in their grief reassure new survivors that there is hope for overcoming their overwhelming preoccupation with the death" (p. 175). Those who have been in the group may forewarn the new survivors of problems they can expect later, thus lessening some of their fear of the future. According to

Tatelbaum (1984), a lack of knowledge about grief increases fear, despair, hopelessness, and helplessness when an individual experiences loss in his/her life. Johnson (1986), in discussing a program developed to help college students experiencing loss, reminds us we often "associate youth with merriment and perpetual adventure and forget that young people suffer the pain and disorganization characteristic of the grief process" (p. 467). According to O'Malley (1987), mutual support groups can do much to help survivors cope. The University of California-Berkeley began a support chapter, "Make Today Count," that helps bereaved students, including those who are survivors of suicide. The chapter director is quoted by O'Malley as follows:

We offer a place where a student can talk about the emotions that are woven into the issue about death. For many students, this is their first experience with death, and it's a shock. It's the first true reminder of mortality, and it becomes an emotional experience to realize death will also come to them. (p. 14)

It should be noted not all students in the group had lost fellow students; some had lost parents.

In describing an outreach program developed to address the needs of university housing residents where the deceased lived, Moats (1981) described several central themes discussed by survivors in small group sessions. These included: (a) expressing their feelings in response to

suicide; (b) questioning what prompted the suicide; (c) expecting grief to be displayed uniformly within the group; (d) wanting to get back to normal; (e) feeling a heightened sense of responsibility to recognize suicidal signs in the future; and (f) coping with their own needs in the wake of suicide.

Dunne et al. (1987), in reflecting on needs of survivors, state that continued neglect of the survivors' needs is unwarranted and unconscionable. Dunne emphasizes that "the benefits to present and future suicide survivors are potentially enormous and unquestionably long overdue" (p. 277).

Based on the findings in the literature, this study will determine the number of survivors of suicide in the student population at Austin Peay State University. The study will also give these survivors the opportunity to indicate their feelings related to the stigma associated with the suicide, the self-assumed guilt they may feel, feelings of blame they may be harboring, and concerns related to their locus of control. In addition, the survivor will be given the opportunity to indicate the importance of specific personal goals related to the suicide loss. The null hypothesis is that the Austin Peay State University student population does not have a sufficient number of survivors to form a group requiring specialized support such as counseling services. Results of the study will be submitted to the appropriate administrators at Austin Peay State University.

CHAPTER 3

Methodology

A questionnaire was developed as a survey tool in an attempt to determine the number of survivors of suicide in the Austin Peay State University student population and to assess their self-perceived needs and goals.

Austin Peay State University is a state supported, liberal arts university located in the southeastern region of the United States in Clarksville, Tennessee. In addition to the main campus, there is a degree granting regional campus located at the Fort Campbell, Kentucky, military base. Head count enrollment for the combined campuses for fall quarter 1987 totaled 5,122 with a full time equivalent (FTE) enrollment of 4,170.

Approximately 1100 students live in residence housing on the main campus. This housing includes family units as well as the more traditional residence halls. It was intended that all students enrolled at the main campus for the spring quarter, 1988, be mailed a questionnaire and given the opportunity to participate in the study.

A list and set of mailing labels for all students enrolled at the main campus of Austin Peay State University for spring quarter 1988 was requested from the Computer Center. There were 3,344 students enrolled, 3,226 of whom were included in the study population. One hundred seventeen students were eliminated because of non-valid addresses for mailing the questionnaire, or because of the

return of those questionnaires with non-deliverable addresses. In addition, the label addressed to the author was not included in the study for obvious reasons.

The cover letter (see Appendix A) and questionnaire (see Appendix B) were mailed on the day following an article in the university student newspaper, The All State (see Appendix C). A deadline of eight days for return of the completed questionnaire was given in the cover letter instructions. The bottom portion of the cover letter consisted of a form for requesting a copy of the results of the study. A single mass mailing was made utilizing Austin Peay State University post office boxes for those students with an assigned box. Those students who did not have a campus post office box were mailed the questionnaire by first class mail to the local address on file with the university. Completed questionnaires, as well as requests for a copy of the results, were returned to a designated campus post office box. Two hundred ninety-two completed questionnaires and 105 requests for results of the study were received by the deadline. This yielded a 9.05 percent return rate for the study.

The first six questions were constructed to gather demographic data including age range, gender, marital status, whether the student lived on or off campus, the number of credit hours in which the student was currently enrolled, and the total credit hours previously earned.

In question 7, the respondent was asked if anyone he/she

knew on campus ever mentioned they were experiencing thoughts or feelings that were suicidal, and question 8 asked if anyone he/she knew well had ever committed suicide. If the answer to question 8 was "yes," the student was asked to indicate his/her relationship to the deceased as the answer to question 9.

Question 10 was constructed to determine how long it had been since the suicide (less than one year, 1-3 years, 3-5 years, 5-10 years, 10-20 years, or more than 20 years).

Questions 11-40 were structured according to Rowlett's (1987) Suicide Grief Experience Inventory (SGEI) which was developed on the basis of Sanders, Mauger, and Strong's (1979) Grief Inventory Experience (GEI). These 30 questions were utilized to evaluate the student's feelings related to the stigma, guilt, blame, locus of control, and resolution of the bereavement related to the suicidal loss. Several of Rowlett's SGEI questions were included verbatim, but others were altered for specificity to this thesis. Because the questionnaire was not administered in a protected environment, and for the sake of brevity, not all SGEI questions were included in this questionnaire.

As was pointed out by Rowlett, social isolation and lack of communication, as perceived by the survivor, are closely related and thus were evaluated as self-perceived stigma associated with the suicidal loss. Questions 11, 13, 15, 17, 19, 20, 22, 24, 26, 30, 32, 36, 39, and 40 were included for this purpose.

Questions 14 and 21 were included to evaluate the respondent's understanding of the suicide. Guilt and blame were addressed in six questions: 12, 35, and 37 and 16, 34, and 38, respectively.

Self-perceived locus of control was studied based upon responses to questions 18, 23, 25, 27, 28, 29, and 31. Question 33 was included to examine the respondent's resolution of the suicidal bereavement.

The final eight questions (41-48) were included as possible personal goals for the survivor. These goals were designed by Rogers et al. (1982) as part of a survivors support program. For the purpose of this thesis, the respondent was asked to rate the importance of each goal on a scale of one to four, with one indicating very important and four indicating not important.

A space was provided at the bottom of the questionnaire for comments from the respondent. Comments related to the loss to suicide are included as Appendix D.

CHAPTER 4

Results

The findings of this study generally agree with those reported in the literature. The study population (N=292) returning the questionnaire consisted of 205 (70%) females and 85 (29%) males. Two respondents did not indicate gender.

One hundred sixty-three (56%) of the respondents were 18-24 years of age; seventy-four (25%) were 25-34 years of age; thirty-one (11%) were 35-44 years of age; seventeen (6%) were 45-54 years of age; six (2%) were 55-64 years of age; and one respondent was 65 years of age or older. This corresponds with the overall student population of Austin Peay State University where the majority of students are in the 18-24 years age range.

Three respondents did not indicate marital status. Of the remaining 289 respondents, the majority (57%) had never been married; 31% were married; 11% were divorced; and 1% were widowed. Ninety-four respondents (32%) lived on campus while 198 (68%) lived off campus. This result reflects the housing arrangements of the total student population of 3,344, approximately 1100 of whom live in university housing.

Thirty-five percent (102) of the participants answered affirmatively to the question, "Has anyone you know on this campus ever mentioned they were experiencing thoughts or feeling that were suicidal?" Over one-half of the

respondents (51%) indicated they have lost someone to suicide. As shown in Table 46, three survivors indicated they have experienced more than one loss, but did not give a specific number of losses; 17 indicated they had experienced two losses to suicide; four indicated they had experienced three losses to suicide; and one indicated he/she had experienced four losses to suicide. The relationship of the one lost to suicide ranged from acquaintance, neighbor, or co-worker to father/mother, girlfriend/boyfriend, or husband/wife. As might be expected on a university campus, the majority (59%) of the survivors indicated the deceased was a "friend."

The length of time since the suicide was reported by the survivors as 1 to 3 years (38%), less than a year (23%), 3 to 5 years (16%), 5 to 10 years (14%), 10 to 20 years (6%), and more than 20 years (3%).

Respondents were not given instructions based upon their response to question 10 (if they had experienced loss to suicide) as to whether or not they should answer questions 11-48. There were two reasons for this. First, the self-perceived stigma could be so great as to make it difficult for a student to indicate, even in an anonymous questionnaire, that he/she was a survivor. A person could conceivably answer "No" to having experienced a loss to suicide when in reality he/she had suffered such a loss and might want to answer the remaining questions. One respondent added a note when answering "Yes" that she was

"going to answer this survey as if my husband committed suicide." She added, "I'm honestly not sure. He was killed in a car accident. No autopsy." Second, it could be anticipated there might be those in the student population who had not experienced loss to suicide of someone close, but who felt strongly about the feelings and needs being addressed in the questionnaire. As is noted in Tables 8 through 37, there are questions where the total respondents exceed the 148 survivors. Similarly, questions 41-48, which were included to assess self-perceived goals, were answered by more respondents than the 148 survivors. It should be noted one respondent who answered "Yes" to being a survivor (question 10) did not complete the remainder of the questionnaire.

Self-perceived Feelings

Stigma. Response to those questions included to evaluate self-perceived stigma indicated 51% wished people would talk with them about the death, and 50% wished people would talk with them about the deceased. Thirty-five percent agreed (either slightly, moderately, or strongly) the only ones willing to talk to them about the death are other people who have lost someone to suicide. Fifteen percent agreed when people are talking about the death and the respondent walks into the room they stop talking, while 36% agreed people change the subject when he/she starts to talk about the suicide. Forty percent agreed people are uncomfortable talking to the respondent about suicide; 56%

agreed people seem uncomfortable when he/she starts to talk about the suicide; and 47% agreed they try not to talk about the death because they know it makes people uncomfortable. The majority (67%) agreed they feel people are uncomfortable when they cry.

Seventy percent of the respondents agreed people are willing to talk with them about the death, while 69% agreed people are willing to talk with them about the deceased. Fifty-nine percent agreed people seem embarrassed when they told how the respondent's loved one died. Fifteen percent agreed people treat them differently since the death, and 25% agreed they feel people are tired of hearing them express their grief.

Blame. Responses to those questions addressing blame reflect that 51% of the respondents agreed professionals involved with their loved one could have done more, while 44% of those responding agreed they feel anger at others who could have done more to prevent the suicide. Half (50%) of those responding agreed there was at least one other person who knew the deceased was suicidal and did not do anything to prevent the suicide.

Guilt. Five percent of the respondents agreed they felt people blame them for not doing something to stop the suicide, and 16% agreed if they had taken the deceased seriously they could have stopped the suicide. Thirty-five percent agreed they felt they could have done more to prevent the suicide.

Locus of Control. Responses utilized to assess locus of control concerns show 2% agreed they cannot stay in their home or room alone since the suicide. Ten percent agreed that since the death it seems other people are making decisions about what he/she should do while 4% agreed they have little control over their lives since the death. Twelve percent agreed they feel helpless, and 10% agreed they have become more dependent on others since the death. Thirty-seven percent agreed their life has been changed against their will, and 47% agreed that since the death they have become a different person.

Understanding the Suicide. In responses to the questions included to assess the survivor's understanding of suicide, the majority (63%) agreed the deceased was the only one responsible for his/her decision to die, while 35% agreed they felt they could have done more to prevent the suicide.

Resolution. Twenty-eight percent agreed they felt just as bad today as the day they learned about the suicide, regardless of the length of time since the suicide.

Personal Goals

Participants were given the opportunity to indicate the importance of specific personal goals in questions 41-48. Seventy-two percent of those answering question 48 rated just wanting to talk about the suicide as important (either slightly important, moderately important, or very important), while 89% of those answering question 43

indicated it was important for them to have a safe place to express their feelings. It was important to 93% of those responding to question 41 to understand and deal with people's reaction to the suicide. Getting factual information was rated as important by 87% of the respondents to question 45, and 88% of those responding to question 47 indicated they would like to get advice on practical and social concerns about suicide.

Getting the suicide in perspective was important to 85% of those responding to question 44, and 84% would like to deal with family problems caused by the suicide. A general goal of feeling better about myself was important to 89% of those responding to question 42.

CHAPTER 5

Discussion

This study attempted to determine the number of survivors of suicide in the student population at Austin Peay State University. It further attempted to assess their self-perceived needs and goals. The results do not support the null hypothesis. It was found that over half of the students responding to the survey are survivors of suicide, many of whom have specific needs and goals. Twenty-four of the survivors commented they have suffered more than one loss to suicide, and one survivor indicated he/she has suffered four losses to suicide.

There were students who responded to the questionnaire who do not consider themselves to be survivors of suicide, but who expressed an interest in better understanding suicide, especially in the student population. As one respondent stated, "Even though I have not personally been involved with suicide, I feel it's important that everyone understand suicide and know how to look for signs of suicidal tendencies, especially in adolescent teenagers." Another student commented, "This survey only deals with those who have known a person well who later committed suicide; when a student commits suicide it affects all students to some degree." It may have been on this basis that students who did not consider themselves to be survivors completed the demographic portion of the questionnaire as well as that portion dealing with goals and

needs. As one student stated, "If one of my own committed suicide I would need all the emotional help I could get. I would want/need someone to talk to, cry to, hear me express my grief and don't (sic) stop talking about death when I come into the room, help me to live with it until the pain lessens."

The majority of the respondents wish people would talk with them about the deceased as well as about the death. While the majority also stated they find people are willing to talk with them about both the deceased and the death, there were approximately one-third of those responding who felt the only ones willing to talk are other survivors. The majority of the respondents also felt that when they tell people how the friend or loved one died, people seem embarrassed and do not know what to say to them. Sixty students indicated they feel people are uncomfortable talking to them about suicide (even though people may be willing to talk), and 52 indicated that when they start talking about suicide people change the subject. Even though, as stated above, the majority wish people would talk with them, almost half of the respondents indicated they try not to talk about the death because they know it makes people uncomfortable. Twenty-five percent of those responding to the question indicated they feel others are tired of hearing about their grief. These answers reflect a population with feelings of stigma, whether actual or self-perceived. In addition, a smaller percentage of the

respondents indicated they feel people stop talking about the death when they walk into the room and that people treat them differently since the death. Again, whether actual or self-perceived, these individuals may be experiencing the stigma which is associated with having lost someone to suicide.

In investigating feelings of blame, half of those responding indicated there was at least one other person who knew the deceased was suicidal and did not do anything. The majority of those responding said they feel the professionals involved could have done more, and almost half of those responding indicated anger at others who could have done more to prevent the suicide. Anger also was expressed in comments made by those responding such as, "I was just angry she didn't come to see me and let me know she needed some help," and "I feel anger toward him now because he had a lot to live for and NOTHING is worth killing yourself over."

Not only was blame toward others indicated, there was self-blame (or guilt) suggested in the responses. While only seven respondents felt others blame them for not doing something to stop the suicide, 21 students felt if they had taken the deceased seriously they could have stopped the suicide. Even more significantly, 43 respondents felt they could have done more to prevent the suicide. Thus, even though some students may not feel others blame them, they blame themselves.

Over one-third of the students responding indicated their life has been changed against their will, and that since the death they have become a different person. Even though there could be argument of positive aspects or growth underlying both these statements related to locus of control, there were those who responded that since the suicide they cannot stay in their room alone, they have little control over their life, they have become more dependent on others, they feel helpless, and that others are making decisions about what they should do. These individuals may have specific needs related to their locus of control as a result of being a survivor of suicide.

It was interesting that while 63% of the respondents indicated the deceased was the only one responsible for his/her decision to die, 35% felt they could have done more to prevent the suicide. This would lead one to believe the respondents were not answering with an understanding of suicide, but with an emotion related to the suicide. Perhaps one respondent's statement is indicative of the mixed feelings related to understanding suicide. This survivor stated, "I logically realize there was little I could do, but emotionally I feel otherwise."

Resolution of the suicide was not found in responses from 43 respondents who indicated they feel just as bad today as the day they learned about the suicide. As one respondent commented, "No matter what length of time involved, I can see no reason for this stupid death."

Another student stated, "As long as I live I'll never forget the feeling I felt when I went to school the next morning and someone told me what had happened. The loss is far greater in this case than in a "normal" death. It by far has been the worst experience I have been through." A lack of resolution was evident in another student's statement, "I have lost others close to me but none can still cause the pain and tears that her memory brings."

Each of the eight goals was rated with some level of importance by the majority of those responding to questions 41-48. Seventy-two percent of those responding rated just talking about the suicide as important, and 86% said it was important to have a safe place to express their feelings. One respondent stated, "I have found my parents are not the best people to talk about it with because if I start crying or anything they think something is desperately wrong!!" In commenting on the possibility of a place students considered safe for expressing these feelings, one student commented, "Students worry about their image and are embarrassed to go into a counseling center."

It should be pointed out that 93% of those responding to the importance of understanding and dealing with people's reaction to the suicide indicated this would be important to them. Factual information, advice on practical and social concerns, family problems caused by the suicide, and getting the suicide in perspective were important goals to more than 80% of the respondents. Thus, not only were those goals

which deal with the emotional aspects of the grief process important, but also those goals dealing with the more factual or informational aspects were important.

The results of this study indicate that Austin Peay State University does have a student population of survivors of suicide who have specific needs and goals.

Self-perceived needs were evidenced relative to the stigma, guilt, blame, locus of control, understanding, and resolution of the bereavement related to being a survivor of suicide. In addition, the results reflect that there are those in the student population who do not consider themselves to be survivors of suicide, but who are concerned about suicide and would want to know more about suicide and the problems related to being a survivor of suicide. One survivor's comment, "Suicide has been accepted as a sad fact of life," and another's statement, "No one knows how to care" should be given consideration by this institution in its efforts to assist this ever increasing, high risk population of survivors of suicide.

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TABLES

Table 1

Age Range of Respondents*

Age Bracket	N	Percent
18-24 years of age	163	56%
25-34 years of age	74	25%
35-44 years of age	31	11%
45-54 years of age	17	6%
55-64 years of age	6	2%
65 or older	<u>1</u>	<u>less than 1%</u>
	292	101%

*Question #1

Table 2

Marital Status of Respondents*

Marital Status	N	Percent
Married	88	31%
Divorced	32	11%
Widowed	4	1%
Never Married	<u>165</u>	<u>57%</u>
	289	100%

Data were missing for 3 cases

*Question #3

Note: Totals greater or less than 100% are due to rounding.

Table 3

Living On/campus or Off/campus*

Location	N	Percent
On campus	94	32%
Off campus	<u>198</u>	<u>68%</u>
	292	100%

*Question #4

Table 4

Suicidal Thoughts or Feelings of Anyone You Know on Campus*

Yes/No	N	Percent
Yes	102	35%
No	<u>190</u>	<u>65%</u>
	292	100%

*Question #7

Table 5

Has Anyone You Knew Well Ever Committed Suicide*

Yes/No	N	Percent
Yes	148	51%
No	<u>144</u>	<u>49%</u>
	292	100%

*Question #8

Table 6

Relationship of Deceased to Respondent*

Relationship	N
Friend	87
Acquaintance	10
Cousin	9
Aunt/uncle	9
Mother/father	6
Niece/nephew	5
Sister/brother	4
Neighbor	3
Friend of sister/brother	2
Friend of daughter/son	2
Boyfriend/girlfriend	2
Co-worker	1
Friend's brother	1
Friend's father	1
Patient	1
Suitemate	1
Grandparent	1
Brother-in-law/sister-in-law	1
Husband/wife	1
Fiance/fiancee	<u>1</u>
	148

*Question #9

Table 7

Length of Time Since the Suicide*

Length of Time	N	Percent
Less than one year	34	23%
One to three years	56	38%
Three to five years	24	16%
Five to ten years	20	14%
Ten to twenty years	9	6%
More than twenty years	<u>5</u>	<u>3%</u>
	148	100%

*Question #10

Table 8

I Wish People Would Talk With Me About The Death*

Level of Agreement	N	Percent
Strongly agree	23	15%
Moderately agree	19	13% 51%
Slightly agree	35	23%
Slightly disagree	33	22%
Moderately disagree	21	14% 49%
Strongly disagree	<u>19</u>	<u>13%</u>
	150	100%

*Question #26 - Stigma

Table 9

I Wish People Would Talk With Me About The Deceased*

Level of Agreement	N	Percent	
Strongly agree	15	10%	
Moderately agree	17	12%	50%
Slightly agree	42	28%	
Slightly disagree	30	20%	
Moderately disagree	19	13%	50%
Strongly disagree	<u>25</u>	<u>17%</u>	
	148	100%	

*Question #32 - Stigma

Table 10

The Only People Willing to Talk With Me About The
Death Are Other People Who Have Lost Someone To Suicide*

Level of Agreement	N	Percent	
Strongly agree	7	5%	
Moderately agree	19	13%	35%
Slightly agree	25	17%	
Slightly disagree	27	18%	
Moderately disagree	27	18%	66%
Strongly disagree	<u>46</u>	<u>30%</u>	
	151	101%	

Table 11

When People Are Talking About The Death and I Walk
Into The Room, They Stop Talking*

Level of Agreement	N	Percent	
Strongly agree	4	3%	
Moderately agree	5	3%	15%
Slightly agree	14	9%	
Slightly disagree	18	12%	
Moderately disagree	18	12%	84%
Strongly disagree	<u>90</u>	<u>60%</u>	
	149	99%	

*Question #15 - Stigma

Table 12

When I Start To Talk About The Suicide, People
Change The Subject*

Level of Agreement	N	Percent	
Strongly agree	7	5%	
Moderately agree	16	11%	36%
Slightly agree	29	20%	
Slightly disagree	20	13%	
Moderately disagree	36	24%	65%
Strongly disagree	<u>41</u>	<u>28%</u>	
	149	101%	

*Question #19 - Stigma

Table 13

I Feel People Are Uncomfortable Talking To Me About Suicide*

Level of Agreement	N	Percent	
Strongly agree	11	7%	
Moderately agree	19	13%	40%
Slightly agree	30	20%	
Slightly disagree	25	17%	
Moderately disagree	37	24%	61%
Strongly disagree	<u>30</u>	<u>20%</u>	
	152	101%	

*Question #11 - Stigma

Table 14

When I Start To Talk About The Suicide, People Seem Uncomfortable*

Level of Agreement	N	Percent	
Strongly agree	16	11%	
Moderately agree	25	17%	56%
Slightly agree	41	28%	
Slightly disagree	24	16%	
Moderately disagree	16	11%	45%
Strongly disagree	<u>27</u>	<u>18%</u>	
	149	101%	

*Question #20 - Stigma

Table 15

I Try Not To Talk About The Death Because I Know It
Makes People Uncomfortable*

Level of Agreement	N	Percent	
Strongly agree	6	4%	
Moderately agree	24	16%	47%
Slightly agree	41	27%	
Slightly disagree	29	19%	
Moderately disagree	28	19%	53%
Strongly disagree	<u>23</u>	<u>15%</u>	
	151	100%	

*Question #39 - Stigma

Table 16

I Feel People Are Uncomfortable When I Cry*

Level of Agreement	N	Percent	
Strongly agree	24	16%	
Moderately agree	36	25%	67%
Slightly agree	38	26%	
Slightly disagree	14	10%	
Moderately disagree	18	12%	34%
Strongly disagree	<u>17</u>	<u>12%</u>	
	147	101%	

*Question #40 - Stigma

Table 17

I Find People Are Willing To Talk With Me About The Death*

Level of Agreement	N	Percent	
Strongly agree	23	15%	
Moderately agree	52	34%	70%
Slightly agree	32	21%	
Slightly disagree	18	12%	
Moderately disagree	16	11%	30%
Strongly disagree	<u>11</u>	<u>7%</u>	
	152	100%	

*Question #22 - Stigma

Table 18

I Find People Are Willing To Talk With Me About The Deceased*

Level of Agreement	N	Percent	
Strongly agree	33	22%	
Moderately agree	41	27%	69%
Slightly agree	30	20%	
Slightly disagree	15	10%	
Moderately disagree	19	13%	32%
Strongly disagree	<u>13</u>	<u>9%</u>	
	151	101%	

*Question #17 - Stigma

Table 19

When I Tell People How My Loved One/Friend Died They Seem Embarrassed And Don't Know What To Say*

Level of Agreement	N	Percent	
Strongly agree	18	12%	
Moderately agree	31	21%	59%
Slightly agree	39	26%	
Slightly disagree	19	13%	
Moderately disagree	20	13%	42%
Strongly disagree	<u>24</u>	<u>16%</u>	
	151	101%	

*Question #13 - Stigma

Table 20

People Treat Me Differently Since The Death*

Level of Agreement	N	Percent	
Strongly agree	4	3%	
Moderately agree	4	3%	15%
Slightly agree	14	9%	
Slightly disagree	15	10%	
Moderately disagree	29	19%	85%
Strongly disagree	<u>85</u>	<u>56%</u>	
	151	100%	

*Question #36 - Stigma

Table 21

I Feel Other People Are Tired of Hearing Me Express My Grief*

Level of Agreement	N	Percent	
Strongly agree	7	5%	
Moderately agree	10	7%	25%
Slightly agree	19	13%	
Slightly disagree	18	12%	
Moderately disagree	24	16%	75%
Strongly disagree	<u>68</u>	<u>47%</u>	
	146	100%	

*Question #30 - Stigma

Table 22

There Was At Least One Other Person Who Knew The
Deceased Was Suicidal And Didn't Do Anything*

Level of Agreement	N	Percent	
Strongly agree	31	21%	
Moderately agree	16	16%	50%
Slightly agree	20	13%	
Slightly disagree	14	9%	
Moderately disagree	16	11%	50%
Strongly disagree	<u>45</u>	<u>30%</u>	
	150	100%	

*Question #38 - Blame

Table 23

I Feel Angry At Others Who Could Have Done More
To Prevent The Suicide*

Level of Agreement	N	Percent	
Strongly agree	20	13%	
Moderately agree	25	17%	44%
Slightly agree	21	14%	
Slightly disagree	16	11%	
Moderately disagree	17	11%	57%
Strongly disagree	<u>53</u>	<u>35%</u>	
	152	101	

*Question #34 - Blame

Table 24

I Feel The Professionals Involved With My Loved One
Could Have Done More*

Level of Agreement	N	Percent	
Strongly agree	29	20%	
Moderately agree	27	19%	51%
Slightly agree	17	12%	
Slightly disagree	16	11%	
Moderately disagree	20	14%	49%
Strongly disagree	<u>35</u>	<u>24%</u>	
	144	100%	

*Question #16 - Blame

Table 25

I Feel People Blame Me For Not Doing Something To
Stop The Suicide*

Level of Agreement	N	Percent	
Strongly agree	1	1%	
Moderately agree	2	1%	5%
Slightly agree	4	3%	
Slightly disagree	7	5%	
Moderately disagree	18	12%	96%
Strongly disagree	<u>120</u>	<u>79%</u>	
	152	101%	

*Question #12 - Guilt

Table 26

If I Had Taken The Deceased Seriously, I Could Have
Stopped The Suicide*

Level of Agreement	N	Percent	
Strongly agree	4	3%	
Moderately agree	7	5%	16%
Slightly agree	12	8%	
Slightly disagree	14	9%	
Moderately disagree	23	15%	85%
Strongly disagree	<u>93</u>	<u>61%</u>	
	153	101	

*Question #35 - Guilt

Table 27

I Feel I Could Have Done More To Prevent The Suicide*

Level of Agreement	N	Percent	
Strongly agree	10	7%	
Moderately agree	17	11%	35%
Slightly agree	26	17%	
Slightly disagree	16	11%	
Moderately disagree	23	15%	66%
Strongly disagree	<u>60</u>	<u>40%</u>	
	152	101%	

*Question #37 - Guilt

Table 28

Since The Death I Can't Stay In My Own Home (Or Room) Alone*

Level of Agreement	N	Percent	
Strongly agree	0	0%	
Moderately agree	2	1%	2%
Slightly agree	1	1%	
Slightly disagree	6	4%	
Moderately disagree	20	13%	98%
Strongly disagree	<u>121</u>	<u>81%</u>	
	150	100%	

*Question #27 - Locus of Control

Table 29

Since The Death, It Seems Other People Are Making
Decisions About What I Should Do*

Level of Agreement	N	Percent	
Strongly agree	3	2%	
Moderately agree	6	4%	10%
Slightly agree	6	4%	
Slightly disagree	6	4%	
Moderately disagree	25	17%	91%
Strongly disagree	<u>103</u>	<u>70%</u>	
	149	101%	

*Question #25 - Locus of Control

Table 30

Since The Death, I Have Little Control Over My Own Life*

Level of Agreement	N	Percent	
Strongly agree	2	1%	
Moderately agree	2	1%	4%
Slightly agree	3	2%	
Slightly disagree	1	1%	
Moderately disagree	12	8%	96%
Strongly disagree	<u>131</u>	<u>87%</u>	
	151	100%	

*Question #23 - Locus of Control

Table 31

Since The Death, I have Become More Dependent On Others*

Level of Agreement	N	Percent	
Strongly agree	0	0%	
Moderately agree	6	4%	10%
Slightly agree	9	6%	
Slightly disagree	6	4%	
Moderately disagree	23	15%	90%
Strongly disagree	<u>106</u>	<u>71%</u>	
	150	100%	

*Question #28 - Locus of Control

Table 32

I Feel Helpless*

Level of Agreement	N	Percent	
Strongly agree	4	3%	
Moderately agree	5	3%	12%
Slightly agree	9	6%	
Slightly disagree	9	6%	
Moderately disagree	19	13%	89%
Strongly disagree	<u>106</u>	<u>70%</u>	
	152	101%	

*Question #29 - Locus of Control

Table 33

Since The Death, I Have Become A Different Person*

Level of Agreement	N	Percent	
Strongly agree	15	10%	
Moderately agree	24	16%	47%
Slightly agree	31	21%	
Slightly disagree	14	9%	
Moderately disagree	19	13%	53%
Strongly disagree	<u>47</u>	<u>31%</u>	
	150	100%	

*Question #31 - Locus of Control

Table 34

I Feel My Life Has Been Changed Against My Will*

Level of Agreement	N	Percent	
Strongly agree	11	7%	
Moderately agree	21	14%	37%
Slightly agree	24	16%	
Slightly disagree	14	9%	
Moderately disagree	16	11%	63%
Strongly disagree	<u>65</u>	<u>43%</u>	
	151	100%	

*Question 18 - Locus of Control

Table 35

The Deceased Was The Only One Responsible For His/Her Decision To Die*

Level of Agreement	N	Percent	
Strongly agree	52	34%	
Moderately agree	28	18%	63%
Slightly agree	16	11%	
Slightly disagree	14	9%	
Moderately disagree	19	12%	37%
Strongly disagree	<u>24</u>	<u>16%</u>	
	153	100%	

*Question #21 - Understanding the Suicide

Table 36

I Feel I Could Have Done More To Prevent The Suicide*

Level of Agreement	N	Percent	
Strongly agree	10	7%	
Moderately agree	17	11%	35%
Slightly agree	26	17%	
Slightly disagree	16	11%	
Moderately disagree	23	15%	66%
Strongly disagree	<u>60</u>	<u>40%</u>	
	152	101%	

*Question #14 - Understanding the Suicide

Table 37

I Feel Just As Bad Today As The Day I Learned About The Suicide*

Level of Agreement	N	Percent	
Strongly agree	15	10%	
Moderately agree	14	9%	28%
Slightly agree	14	9%	
Slightly disagree	17	11%	
Moderately disagree	32	21%	62%
Strongly disagree	<u>61</u>	<u>40%</u>	
	153	100%	

*Question #33 - Resolution

Table 38

I Would Just Like To Talk About The Suicide*

Level of Importance	N	Percent	
Very important	36	21%	
Moderately important	28	17%	72%
Slightly important	54	33%	
Not important	<u>47</u>	<u>29%</u>	29%
	165	101%	

*Question #48 - Goals

Table 39

I Would Like To Have a Safe Place to Express My Feelings*

Level of Importance	N	Percent	
Very important	80	46%	
Moderately important	47	27%	89%
Slightly important	28	16%	
Not important	<u>20</u>	<u>11%</u>	11%
	175	100%	

*Question #43 - Goals

Table 40

I Would Like to Understand and Deal With People's
Reactions to the Suicide*

Level of Importance	N	Percent	
Very important	77	44%	
Moderately important	50	29%	93%
Slightly important	35	20%	
Not important	<u>12</u>	<u>7%</u>	7%
	174	100%	

*Question #41 - Goals

Table 41

I Would Like to Get Factual Information About Suicide
and Its Effects*

Level of Importance	N	Percent	
Very important	72	41%	
Moderately important	44	25%	87%
Slightly important	37	21%	
Not important	<u>22</u>	<u>13%</u>	13%
	175	100%	

*Question #45 - Goals

Table 42

I Would Like to Get Advice on Practical and Social
Concerns About Suicide*

Level of Importance	N	Percent	
Very important	55	32%	
Moderately important	55	32%	88%
Slightly important	41	24%	
Not important	<u>23</u>	<u>13%</u>	13%
	174	101%	

*Question #47 - Goals

Table 43

I Would Like To Get The Suicide In Perspective*

Level of Importance	N	Percent	
Very important	53	32%	
Moderately important	44	27%	85%
Slightly important	42	26%	
Not important	<u>25</u>	<u>15%</u>	15%
	164	100%	

*Question #44 - Goals

Table 44

I Would Like To Deal With Family Problems Caused By The Suicide*

Level of Importance	N	Percent	
Very important	68	39%	
Moderately important	46	26%	84%
Slightly important	33	19%	
Not important	<u>27</u>	<u>16%</u>	16%
	174	100%	

*Question #46 - Goals

Table 45

I Would Like To Feel Better About Myself*

Level of Importance	N	Percent	
Very important	72	41%	
Moderately important	49	28%	89%
Slightly important	35	20%	
Not important	<u>18</u>	<u>10%</u>	10%
	174	99%	

*Question #42 - Goals

Table 46

Multiple Losses to Suicide

Number of Losses to Suicide	Survivors
More than one, but no total given	3
Two losses to suicide	17
Three losses to suicide	4
Four losses to suicide	1

APPENDIX A

April 13, 1988

Dear Student:

The purpose of this study is to determine the incidence of APSU students who may have lost someone to suicide, and to determine the needs of these survivors in dealing with such a loss. Enclosed you will find a questionnaire which you are asked to complete as honestly and completely as possible. Please understand that your participation is totally VOLUNTARY, this survey is ANONYMOUS, and that CONFIDENTIALITY IS GUARANTEED. This study is part of the research required for my Master's thesis. The information collected will be reported only as group data with possible recommendations to the University concerning services needed. Some of the questions may sound personal, but this information is both vital and necessary.

In order for this study to be valid I need as many completed surveys as possible and I need them as soon as possible. I would, therefore, sincerely appreciate your assistance with this study. I would be glad to answer any questions you may have concerning the study. It is my desire that the study will result in Austin Peay being better able to meet the needs of those in the student population who have suffered a loss through suicide.

Please complete and return the survey to me at APSU Box 6715 by no later than April 22, 1988. Thank you again for your cooperation.

Sincerely,

Hester Crews
Graduate Student

If you would like to receive a copy of the results of this study, please complete this form, detach it, and mail it separately from the survey form to APSU Box 6715.

Name _____

APSU Box or Address _____

APPENDIX B

please complete this form and return to APSU Box 6715.

1. My age range:
☐ 18-24; ☐ 25-34; ☐ 35-44; ☐ 45-54; ☐ 55-64; ☐ 65 or older
2. ☐ Male ☐ Female
3. ☐ Married; ☐ Divorced; ☐ Widowed; ☐ Never Married
4. ☐ I live on campus; ☐ I live off campus.
5. Number of credit hours I am enrolled this quarter _____.
6. Number of credit hours I have previously earned _____.
7. Has anyone you know on this campus ever mentioned they were experiencing thoughts or feelings that were suicidal? ☐ Yes; ☐ No.
8. Has anyone you knew well ever committed suicide? ☐ Yes; ☐ No.
9. If you answered yes to #8, what was your relationship to this individual?

10. How long has it been since the suicide?
☐ less than one year; ☐ 1-3 years; ☐ 3-5 years; ☐ 5-10 years;
☐ 10-20 years; ☐ more than 20 years.

Circle the number next to the word which best describes your feelings since the suicide:

11. I feel people are uncomfortable talking to me about suicide.
 1 (strongly disagree) 2 (moderately disagree) 3 (slightly disagree) 4 (slightly agree) 5 (moderately agree) 6 (strongly agree)
12. I feel people blame me for not doing something to stop the suicide.
 1 (strongly disagree) 2 (moderately disagree) 3 (slightly disagree) 4 (slightly agree) 5 (moderately agree) 6 (strongly agree)
13. When I tell people how my loved one/friend died they seem embarrassed and don't know what to say.
 1 (strongly disagree) 2 (moderately disagree) 3 (slightly disagree) 4 (slightly agree) 5 (moderately agree) 6 (strongly agree)
14. I feel I could have done more to prevent the suicide.
 1 (strongly disagree) 2 (moderately disagree) 3 (slightly disagree) 4 (slightly agree) 5 (moderately agree) 6 (strongly agree)

15. When people are talking about the death and I walk into the room, they stop talking.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
16. I feel the professionals involved with my loved one/friend could have done more.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
17. I find people are willing to talk with me about the deceased.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
18. I feel my life has been changed against my will.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
19. When I start to talk about the suicide, people change the subject.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
20. When I start to talk about the suicide, people seem uncomfortable.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
21. I feel the deceased was the only one who was responsible for his/her decision to die.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
22. I find people are willing to talk with me about the death.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
23. Since the death, I have little control over my own life.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
24. The only people who seem willing to talk with me about the death are other people who have lost someone to suicide.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
25. Since the death, it seems other people are making decisions about what I should do.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
26. I wish people would talk with me about the death.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|

27. Since the death, I can't stay in my own home (or room) alone.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
28. Since the death I have become more dependent on others.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
29. I feel helpless.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
30. I feel other people are tired of hearing me express my grief.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
31. Since the death, I have become a different person.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
32. I wish people would talk with me about the deceased.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
33. I feel just as bad today as the day I learned about the suicide.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
34. I feel angry at others who could have done more to prevent the suicide.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
35. If I had taken the deceased seriously, I could have stopped the suicide.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
36. People treat me differently since the death.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
37. I feel I could have done more to prevent the suicide.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
38. There was at least one other person who knew the deceased was suicidal and didn't do anything.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|

39. I try not to talk about the death because I know it makes people uncomfortable.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
40. I feel people are uncomfortable when I cry.
- | | | | | | |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|
| 1 (strongly disagree) | 2 (moderately disagree) | 3 (slightly disagree) | 4 (slightly agree) | 5 (moderately agree) | 6 (strongly agree) |
|-----------------------|-------------------------|-----------------------|--------------------|----------------------|--------------------|

Circle the number next to the word which best describes how important each goal is to you:

41. I would like to understand and deal with people's reactions to the suicide.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

42. I would like to feel better about myself.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

43. I would like to have a safe place to express my feelings.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

44. I would like to get the suicide in perspective.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

45. I would like to get factual information about suicide and its effects.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

46. I would like to deal with family problems caused by the suicide.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

47. I would like to get advice on practical and social concerns about suicide.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

48. I would just like to talk about the suicide.

1 (very important)	2 (moderately important)	3 (slightly important)	4 (not important)
--------------------	--------------------------	------------------------	-------------------

Other comments: _____

Thank you for your participation. Please return to APSU Box 6715 no later than April 22.

APPENDIX C

INSIDE

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INSIDE

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 into action
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the AllState



Wednesday, April 13, 1988

Volume LVIII

Number 21

Austin Peay State University, Clarksville, TN 37044

Survey of suicide survivors being distributed to gain students' views

By **LORI MARTIN**

A survey dealing with survivors of suicide will be distributed tomorrow by Hester Crews in association with the psychology graduate program.

Crews identifies survivors of suicide as "someone who has lost a friend, relative, or someone close to suicide."

According to her proposal, these survivors are a group in need of strong support. The survey should determine the needs on Austin Peay's campus.

Crews says, "There is a part of the population that is hurting because of the stigma still associated with suicide."

Students are urged to return the survey even if they have no experience with suicide. The survey is necessary for completion of Crews' master's thesis and a large number of returns are necessary for the survey's validity.

Specific questions should be directed to Hester Crews at 648-7341.

APPENDIX D

Comments Made By Respondents Related to Loss to Suicide

(Notes in parentheses added by author for clarification.)

1. I wish I knew then what I know now. I wish often that I had known the signals and recognized the covert pleas of my friend. I'll never know if I could have made a difference...Probably in many respects I'm more angry in this hurt toward the victim who left her own set of victims behind.
2. I was just very angry she didn't come to see me and let me know she needed some help.
3. No matter the length of time involved, I can see no reason for this stupid death. All I see is that small happy boy that spent time at our house. It all seems so senseless. I still get very apprehensive in a group of happy talking people...and I have to get up and go for a while. Not that he would be in that group, but he should be in some group laughing and talking "young people" talk. I miss him.
4. This survey only deals with those who have known a person well who later committed suicide; when a student commits suicide I think it affects all students to some degree.
5. ...No one knows how to care.
6. ...I logically realize that there was little I could do, but emotionally I feel otherwise.
7. ...I have found my parents are not the best people

to talk about it with because if I start crying or anything they think something is desperately wrong!! My closest friends have been wonderful!

8. My father did not let anyone know what he was thinking.
9. Two suicides in my family, both parents...
10. ...I tried to cover up my grief by being supportive and helpful to the others.
11. I am really more concerned about how the suicide affected my brother and what can be done to help him. (NOTE: Loss was brother's girlfriend.)
12. (In discussing a second friend's attempt, one respondent stated:) It's such a terrifying experience.
13. My friends and I who knew him talked for several days about our feelings afterward.
14. The suicide was a 20-year old, confused young man whose parents didn't care for him--he had no positive role model and had no true friends...
15. Suicide has been accepted as a sad fact of life.
16. I don't view suicide as a means for resolution of any problems.
17. The victim of this suicide didn't show signs of being suicidal/or maybe nobody noticed. There are a lot of questions left unanswered. Any kind of help or assistance people can get can't be harmful. It could save a life.

18. I feel anger toward him now because he had a lot to live for and NOTHING is worth killing yourself over! (NOTE: Loss was "close friend.")
19. No one knew the deceased was suicidal. The notice of her death was shocking. She was 19.
20. The friend I lost had a diagnosed problem only he, his family and doctor know of--except me.
21. The friend that committed suicide did not tell anyone or talk about it...
22. Even though I have not personally been involved with suicide, I feel it's important that everyone understand suicide and know how to look for signs of suicidal tendencies, especially in adolescent teenagers.
23. When a person takes their own life, it's their choice. I don't think others should be blamed! Everyone has choices. Suicide is not the answer; it causes more heartache and pain.
24. My greatest concern now: how to help my brother and sister-in-law deal with what happened.
My biggest regret: that I was not closer to my nephew so that I could have possibly done something to prevent his suicide.
25. Suicide is something that is preventable, but the person who commits it is the sole responsible party.
26. I'm dealing with his death mainly by not thinking about it. (NOTE: Loss was boyfriend.)

27. I felt I understood her reasons for committing suicide (medical) and felt strange not being able to get as upset as everyone else in the family seemed to be at the idea of suicide.
28. I have never personally known someone who has committed suicide, but the word still makes me feel uneasy.
29. I just want to forget it!!! But that's impossible, the doctor keeps bringing it up.
30. It was a long time ago. We don't talk about it much anymore... My uncle should shoulder a lot of the blame. (NOTE: Loss was aunt.)
31. ...Students worry about their image and are embarrassed to go into a counseling center...
32. My friends were very important and close to me but they chose the chicken shit way out of life. It is a lot harder to live than it is to die.
33. My reaction to my sister's suicide was to block it out of my mind and act as though it hadn't happened. I would not have appreciated others trying to "help me through my grief"... (NOTE: Loss was over 20 years ago.)
34. ...I have lost others close to me but none can still cause the pain and tears that her memory brings.
35. I did not feel bad about _____'s suicide; I only wish he had not taken another with him. I am glad he's dead--he caused a lot of misery in the lives of

those around him.

36. I've lost three distant friends to suicide...If one of my own committed suicide I would need all the emotional help I could get. I would want/need some one to talk to, cry to, hear me express my grief and don't stop talking about death when I come into the room, help me to live with it until the pain lessens.
37. ...As long as I live I'll never forget the feeling I felt when I went to school the next morning and someone told me what had happened. The loss is far greater in this case than in a "normal" death. It by far has been the worst experience I have been through.
38. I would like to attend some type of meeting for this matter.
39. ...it hurts when people feel it's the only solution.
40. ...I had to overcome the pain I felt by myself and it's hard. Some people do need help because it is very hard to deal with.
41. When a suicide occurs without prior indications (at least to me) one feels impotent, sad at the waste, wants to support survivors. Living goes on.