FEMINIST CHARACTERISTICS AS BUFFERS
TO SUICIDE ATTITUDES AND IDEATION

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Kimberly Mikich Oney
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FEMINIST CHARACTERISTICS AS BUFFERS
TO SUICIDE ATTITUDES AND IDEATION

Kimberly Mikich Oney

Dissertation

Approved:

Advisor
Dr. James R. Rogers

Department Chair
Dr. Sajit Zachariah

Committee Member
Dr. Harold M. Foster

Dean of the College
Dr. Patricia A. Nelson

Committee Member
Dr. John E. Queener

Dean of the Graduate School
Dr. George R. Newkome

Committee Member
Dr. Karen R. Scheel

Date

Committee Member
Dr. Linda Mezydlo Subich

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ABSTRACT

The study of protective factors related to suicide has expanded in recent years and has yielded empirical support for the buffering quality against suicidality of several constructs, including religiosity and social support (Marion & Range, 2003a, b). The current study attempted to extend this line of research to explore the buffering quality of several other characteristics (including self-esteem, autonomy, spirituality, religiosity, social support) and to integrate a theoretical explanation that prior buffer research lacked. A total of 120 college-age women participated in the study. The full regression model that included hopelessness and the constellation of characteristics conceptually associated with feminist orientation (i.e. self-esteem, autonomy, religiosity/spirituality, and social support) was able to significantly predict suicide risk (as measured by a suicide ideation scale) in this sample of college women. However, feminist characteristics did not add to the variance in suicide risk above and beyond that which was accounted for by hopelessness, nor did the model predict suicide attitudes. The single order correlations yielded interesting findings and provided support for the mediating relationship of hopelessness between feminist characteristics and suicide opinions and risk.
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CHAPTER I
INTRODUCTION
Suicide Rates

*World Suicide Rates*

According to the World Health Organization (WHO), suicide occurred at an average rate of 16 individuals per 100,000 throughout the world in the year 2000 (http://www.who.int/mental_health/media/en/382.pdf). These data represent a 60% rise in death by suicide over the past 45 years and place suicide among the three leading causes of death among 15-44 year olds around the world. Not surprisingly the WHO, in its 2001 World Health Report, has deemed suicide a major health problem (WHO, 2001).

*Differences in rates based on group variables.* When these world suicide data are examined for patterns, certain trends are apparent. For example, rates of suicidal behavior tend to differ between groups based on nationality, as well as on demographic variables within nationality groupings. Differences in suicide rates between nationalities are evident in the discrepancy between rates in countries such as Mexico, with a rate of 3.4 per 100,000, as compared to the rate in the Russian Federation of 34.0 per 100,000 (Schmidtke, et al., 1999). The differences observed in suicide rates around the world suggest that socio-cultural variables, or variables associated with the experience of living within a culture, may be involved in the personal decision to engage in suicide. Little
research has been done, however, to clarify the role of socio-cultural factors in risk for suicide.

In addition to the differences seen in the data when countries are compared to one another, rates of suicide and suicidal behavior differ when groups within the same country of residence are compared. For example, when national data on suicide rates are examined for differences based on variables such as age and sex, patterns emerge between groups. Women, as a group, appear to engage in more non-fatal suicidal behavior than do men (Canetto & Sakinofsky, 1998), although their mortality rates are substantially lower than those of men in most countries. Figures from the World Health Organization suggest that the average ratio of nonfatal suicide acts in women to men (ages 15-24) is 1.5:1 and can reach up to 3:1 (Schmidtke, et al., 1999). However, these findings are not universal, as evidenced by rates of nonfatal suicidal behavior in men living in Finland and the state of Hawaii that exceed those of women from these respective places in the WHO data (Schmidtke, et al.). This difference is important to note in that it may indicate that the experience of being male or female in the socio-cultural contexts of Finland and Hawaii, for example, influence suicidality in a manner that differs from other sociocultural environments across the world.

Another important difference is the much-documented discrepant mortality rate between men and women. For example, International Association of Suicide Research data indicated that in all but four of the 32 countries sampled, men’s suicide rates were at least double those of women and that in countries such as the United States, Canada, and the United Kingdom the rates of suicide for men were greater than four times those of women (Schmidtke, et al., 1999). Likewise, when age differences in suicide and suicidal
behavior throughout the world are examined, patterns based on this variable also emerge. For instance, incidents of suicide have consistently risen in the elderly population (World Health Organization, n.d.) and data for the young adult population suggests that suicidal behavior remains a serious problem within this age group as well. Thus, the World Health Organization (2001) cited suicide as a leading cause of death among young adults aged fifteen to thirty-four and indicated that the data on suicide attempts may be up to twenty times higher than those of completed suicide for this age group. In all, it is clear that variables such as age and sex are associated with differential rates of suicide and suicidal behavior across the world.

United States’ Suicide Rates

Trends evidenced in the World Health Organization reports are consistent with those seen in the United States’ suicide rates. Suicide occurred at an average rate of 11 per 100,000 individuals in the United States in 2002 (American Association of Suicidology, n.d.). The American Association of Suicidology (AAS) reports suicide as the eleventh leading cause of death for individuals within the United States and reports that a total of 31,655 individuals died by suicide in the year 2002. Socio-cultural differences in rates of suicide and suicidal behavior in the United States are similar in some respects to those that are seen in the world suicide data. For example, rates for suicide and suicidal behavior in the United States between the sexes demonstrate that women engage in nonfatal suicidal behavior more often than do men, whereas men complete suicide more often than do women. More specifically, in the year 2001, 17.61 per 100,000 men died by suicide as compared to 4.1 per 100,000 women in the United States (National Center for Injury Prevention and Control, n.d.).
Although women engage in completed suicide far less often than do men in this country, variability exists within women’s rates of suicide based on age. The lowest rates evidenced in these data are seen in children and teenagers, although the National Center for Injury Prevention and Control (n.d.) reports that the rate of suicide in 15-19 year olds, overall, has increased from 5.9 to 11.1 per 100,000 from 1970-1994. In addition, they report suicide as the third leading cause of death for individuals aged 15-24 at this time. Rogers and Hanlon (1996) reported that the suicide rate for college students in the United States was approximately 6.5 per 100,000 students and estimated that roughly one third of students evidenced suicidal ideation with 4-15% attempting suicide. The authors added that the figures suggest a “substantial number of college students are engaging in suicidal behavior (p.13).” In a comprehensive study of big-ten college students, Silverman, et al. (1997) reported an even higher rate of 7.5 per 100,000 for college students in their sample. These studies present examples of age-related differences seen in the data on suicide and provide support for further research on this particularly vulnerable age group in order to clarify the variables involved in suicide and suicidal behavior for college students. Due to the information provided by these data overall, further research is warranted to examine the relationship between age group and suicidality with particular attention to groups in high risk categories such as those described above.

Differences in suicide rates are also evident in the United States when groups based on race are compared. For example, the National Center for Injury Prevention and Control (n.d.) reported that Caucasian males committed 72% of all suicides in the United States in the year 2000 and Westfeld, et al. (2000) reported that rates of suicide in African Americans are significantly lower that those of European Americans. Overall, African
American women have the lowest completed suicide rate of all major racial groups in the United States at the rate of 1.9 per 100,000 (Marion & Range, 2003a). Although some research has been initiated on the potential protective factors present in this group, such as that published by Marion and Range (2003a; 2003b), further research on protective or resiliency factors is needed.

This review of suicide rates across the world and within the United States suggests that suicide behaviors differ between cultures, even those that are defined by demographic variables within the same country. For example, it seems to be the case that the socio-cultural variable of race is related to risk for suicide in our culture, however, it is unclear why this difference exists. One may speculate that African-Americans, as a group, possess personal characteristics, such as resilience or religiosity, at a higher rate than do other groups, perhaps associated with surviving the experience of persistent oppression. However, research is needed to support these and other possible mechanisms for the low reported suicide rates in this cultural group. Similarly, women in the United States have lower suicide risk than men living in this country but the mechanism of this difference is also unclear and further research is needed to clarify the relations between the socio-cultural variable of gender and suicidality. Drawn from this review of suicide rates, race and gender are examples of socio-cultural variables that seem to affect suicidality in potentially protective ways.

Socio-Cultural Influences on Suicide Rates

The data provided by such agencies as the World Health Organization and the United States’ National Center for Injury Prevention and Control overwhelmingly suggest that differences in suicidal behavior between individuals exist based on such
variables as nationality, age, sex, and race. Social scientists often include such variables when examining socio-cultural factors in research and, in doing so, suggest that the experience of living within a cultural group has bearing on the psychological and social functioning of the members of that group. However, suicide research has largely focused on factors other than those related to the socio-cultural experiences of the individual. Most often this research has focused on the intrapersonal, pathological explanations of suicidal behavior, such as depression, hopelessness, and substance abuse, at the exclusion of exploring the influence of socio-cultural or meaning-based experiences (Canetto & Lester, 1995; Range & Leach, 1998; Rogers, 2003). Although more recent research has begun to explore such variables, as well as to identify some culturally-based protective factors related to reduced suicide risk, further research is needed (Kaslow, et al., 2002; Marion & Range, 2003a, b).

**Gender.** One socio-cultural factor that influences individual functioning in society and that merits further consideration in the suicide literature is gender. Whereas sex (a variable often reported in suicide literature) is often determined by biological differences between men and women, gender exists as a socio-cultural concept. Thus, the differential experiences of being men and women in all parts of the world, including the United States, are socially-constructed experiences that are time and culture-bound in nature. These experiences are, in part, a result of a gender role socialization process. Unger (1983-1984) provided the following explanation of gender as a socialization process:

“maleness and femaleness are viewed largely as social constructs that are confirmed by sex-characteristic styles of self-presentation and the differential distribution of women and men into different social statuses and maintained by
intrapsychic needs for self-consistency and the need to behave in a socially desirable manner (p.229).

Although biological sex differences have been noted in prior research, the influence of gender socialization on suicide behavior has only more recently been introduced by authors such as Canetto and Lester (1995). Sex differences in suicide rates, such as those described previously, have been reported in much of the suicide literature, but research has paid far less attention to the complexity of the concepts of sex and gender and has attributed much of the discrepancies in suicidal behavior to biological sex at the exclusion of gendering processes. Thus, the effect of such differential experiences of being men and women in a society on suicide behavior is yet unknown and largely unexplored.

Range and Leach (1998) contended that gender is a social construction that has an impact on suicide in many ways. The authors suggested that gendered differences may exist in the ways individuals express distress, experience learned helplessness, and seek treatment; factors that may affect suicidality between the genders. They also suggested that many of the sex differences that have been seen in prior research in suicidology may well be the product of gender role socialization, or social forces, that influence the individual rather than due solely to the effect of simply being born with male or female anatomies. Thus, research is needed to explore the many potential influences of the variable of gender on suicidality. These influences may be complex and difficult to study in a comprehensive manner but research in suicidology may benefit from studying smaller facets of the influence of gender on suicidality, so as to add to the research in the area of protective factors against suicide.
Development of the sense of self. One example of a gender-related variable that exerts influence on the individual is the development of a sense of self as a woman or man within a social context. This sense of identity may develop differently based on one’s sex, on the societal values, mores, and power dynamics associated with gender, as well as on other socio-cultural factors that influence identity. An example of an identity that may impact one’s sense of self is feminist identity. More specifically, feminist identity offers an alternative influence on identity for women by fostering an empowering and celebratory view of the female gender, in contrast to the traditional gender roles of male superiority and dominance as well as female powerlessness, passivity, and dependence that exist in this and other patriarchal cultures (Fossum, 1997).

Although feminist identity is just one example of a type of identity, or conceptualization of the self, research has demonstrated that feminist orientation is associated with such positive mental health constructs as self-esteem and autonomy (Carpenter & Johnson, 2001; Foss & Slaney, 1986; Worell & Worell, 1977). Specifically, the conceptualization of autonomy most associated with feminist orientation is one inclusive of interpersonal relatedness, as well as the classic independence that is often related to an autonomous style (Chodorow, 1978). In addition to being related to feminist identity, these constructs are also related in a protective manner to suicidality. For example, lower self esteem has been shown to relate to higher levels of suicide risk in in-patient samples (Palmer, Rysiew, & Koob, 2003; Beutrais, Joyce, & Mulder, 1999; Plutchik, Botsis, & Van Praag, 1995). Autonomy has also been found to relate to suicidality such that moderate levels of autonomy have been found to negatively correlate
with suicide risk (Raffes, 1999). Eckersley and Dear (2002) contended that an autonomous approach that includes interconnectedness, as the conceptualization of autonomy used in the current study does, may be advantageous for youth in protection against suicidality.

Thus, autonomy and self-esteem may be associated with healthy psychological functioning, such as the ability to buffer suicide thoughts and ideation, in much the same way as other socio-cultural characteristics, like religiosity and social support, have been found to do so (Marion & Range, 2003a,b). Religiosity or spirituality and social support are theoretically related to feminist orientation – an orientation that accentuates interconnectedness and the need for support. Thus, all characteristics mentioned above can be conceptualized as consistent with a feminist orientation and protective in nature.

Theoretical Mechanisms

Theory can assist in understanding the mechanisms involved in the hypothesized relationship between the constellation of characteristics consistent with feminist orientation and suicide attitudes and ideation. Feminist identity is one example of an identity, or system of meaning-making, for the self that is hypothesized to be healthy in nature due to its established relationship with the aforementioned variables of self-esteem and autonomy, as well as others that denote positive functioning (Moradi, Subich & Philips, 2002; Carpenter & Johnson, 2001; Worell & Worell, 1977). For example, feminist identity may serve as a protective factor against suicide attitudes and ideation by fostering a secure and anchored meaning base for one’s sense of self. The meaning base afforded by feminist identity may be explained by constructivist theories like the
Existential-Constructivist Model (EC) (Rogers, 2001). Based on this theory, feminist orientation is defined as one way an individual may create meaning for the construction of self that includes such positive characteristics as self-esteem, autonomy, the use of social support, and spirituality.

*New Research in the Area of Suicidology*

This line of research on protective characteristics against suicidality may inform the study of suicide by exploring gendered differences in suicidal behavior that result from constructing meaning and identity within a social context. It clearly differs from past suicide research that often only included sex differences as a side note to the intended findings and, as such, this study may answer a call in suicidology to examine sex and gender concepts that have been largely overlooked in much of the research (Canetto, 1997a, b).

Thus, the purpose of this study was to examine the relationships between the gendered experiences of self-constructions of meaning and suicide variables in a group of college-aged women. The specific characteristics of interest include those found to be associated with a feminist orientation in prior research, namely self-esteem and autonomy, as well as those theoretically associated with feminist orientation, such as spirituality and social support. One broad question that follows from this overview of the literature is whether a relationship exists between this cluster of characteristics and suicide thoughts and ideation. It may be the case that these characteristics serve as a protective shield against suicidality. If this relationship is found, the mechanism by which it exists may be explained by the Existential-Constructivist Model (Rogers, 2001). That is, a woman’s positive self-construction that manifests in higher self-esteem and
autonomy, and that affirms her use of spirituality and social support as coping strategies, may bolster a personal sense of meaning and may serve to protect the self against threats, even in the face of challenges that exist for women in this society. This would suggest an inverse relationship between these characteristics associated with feminist orientation and suicide thoughts and ideation.

This constellation of characteristics (i.e. self-esteem, autonomy, social support, and spirituality) is conceptualized as that which is consistent with feminist orientation but not inclusive of all elements of feminist identity, nor unique to feminist identity alone. It is, however, an example of components of an identity that may serve to protect against threats to self-constructions that invite suicide attitudes and ideation. The study of this particular constellation of characteristics adds to the literature in the area of suicidology in that it expands upon the known relations among separate characteristics (i.e. self esteem, autonomy, social support, and religiosity alone) and suicidality. The inclusion of theory in this study allows for the exploration of this constellation as an identity that may be protective in nature for some women. While the process of developing a feminist identity may include periods of anger, angst, and upheaval (Fischer & Good, 2004) and may, at some stages within its development, have differing relations with suicide thoughts and ideation, the use of this particular constellation of characteristics associated with feminist orientation is hypothesized to be most associated with an identity that has moved beyond early formative struggles to one that is positive and psychologically healthy. In studying this limited set of characteristics, additional information may be gleaned to more fully understand protective factors against suicide thoughts and ideation.
The study explored these characteristics associated with feminist orientation and their relationship to suicide thoughts and ideation were explored in an effort to add to the body of literature in suicide that is strength-based, as opposed to the preponderance of literature on pathogenic risk-factors related to suicidal behavior. Drawn from prior research in the areas of feminism and suicide buffers, or protective factors against suicidality, the premise of the current study was to conceptualize those characteristics associated with feminist orientation, such as self-esteem, autonomy, social support, and spirituality as protective factors against suicidality. The relationship between these constructs was explored in an effort to extend research in the areas of feminist orientation and suicidology, with specific attention to the protective factors against suicide thoughts and ideation.
Although suicide and suicidal behavior occur in both sexes in this country and around the world, suicide in women has been studied comparatively less than the act in men (Range & Leach, 1998). Widely disparate rates of suicide in the United States based on group differences (i.e., age, race, and sex) have been reported. However, the socio-cultural experience, as unique from the biologically-based differences noted in much of the research, has been neglected as a variable of study (Canetto & Lester, 1995). How the socio-cultural experiences of individuals influence suicidality is yet unknown and further research examining the role of socio-cultural variables as they relate to suicide is warranted (Range & Leach).

The current study adds to the developing body of research on the protective factors against suicidality in women as a socio-cultural group and expands beyond the common framework of research aimed at identifying risk factors of suicidality, as they are well documented (Westefeld, et al., 2000). Instead, the current study examines the influence of women’s positive identity as a protective factor against suicide attitudes and suicide risk. That is, the study examines those characteristics associated with feminist identity, such as self-esteem and autonomy, as well as those theoretically associated with feminist orientation (social support and spirituality) as they relate to attitudes and risk for suicide. This chapter begins with a review of the literature on gender and sex in suicide.
research, then explores the research on buffers to suicidality, next provides a theoretical grounding for the proposed research, and concludes with the specific research questions that were explored.

Gender and Sex in Suicide Research

The socio-cultural variable of gender and its relationship to sex differences in suicidality has been underexplored in the suicide literature (Canetto, 1997a, b; Canetto & Lester, 1995). It is yet unclear how the differential effects of being a male or female person in any given socio-cultural context relate to the decision to engage in suicidal behavior. Beyond reporting on differences in rates of suicide and suicidal behavior between groups based on biological sex, suicide research has, to some extent, ignored the study of the possible influence of gender and other cultural factors. Research on suicide has, instead, explored the phenomenon largely through the experiences of white, middle-aged men and with attention to a pathology-based perspective that identified risk factors associated mainly with white male individuals (Range & Leach, 1998). Attention to diverse groups based on socio-cultural characteristics and their experience of suicidality is needed to fully understand both the risk and protective factors that may be involved in the process beyond what is known from previous research.

Socio-Cultural Variables in Suicide Research

Several researchers have begun to challenge the zeitgeist of suicide research by offering alternative perspectives on both the reported suicide rates between genders and the phenomenon of suicide and non-fatal suicidal behavior in men and women (Canetto, 1997a; Canetto, 1997b; Canetto & Lester, 1995; Canetto & Sakinofsky, 1998). Canetto and Lester (1995) addressed gender-role socialization as a variable as they interpreted the
rates of suicide among different cultures around the world. The authors suggested that differences based on gender group social status were evident in the data. For example, female suicide occurred more frequently than male suicide across the world in nationality groups where women had much lower social status than men in the culture. It may be the case that this low social status had an effect on women’s decision to suicide due, for example, to the psychological effects of being significantly undervalued and oppressed in a systematic manner. This trend is not evident in the United States, however, as the suicide rate of Euro-American males, the dominant social status group, exceeds those of all other groups (Canetto & Lester). The authors reported that, at this time in the United States, death by suicide in men exceeds women regardless of time of data collection, age, ethnic origin, and relationship status. The differences seen in suicide rates when social status between the sexes is explored suggest that socially constructed factors, such as gender, may be differentially associated with suicidality. These seemingly inconsistent data do not clarify how gender is involved in suicidality, however, and further research is needed on this and other socio-cultural variables as they relate to suicidality.

Canetto and Lester (1995) further discussed gender-role socialization as a variable of interest in United States suicide rates. For instance, the authors contended that the choice of suicide method differentially affects rates of mortality between the sexes in that women have historically tended to choose methods that are less lethal and violent and more amenable to medical intervention (e.g. poisoning) than those chosen by men (e.g. firearms). Thus, women may survive suicide attempts at a greater rate than men due to their choice in method. The authors also argued, however, that these findings do not provide direct evidence of a differential intent to die and may, instead, reflect a gender
role socialization process. For example, they contended that women in many cultures, including United States culture, may have less exposure to and experience with firearms, the most fatal choice of method in completed suicides, and may choose alternative methods than men based on familiarity, availability, or other idiosyncratic factors.

Canetto (1991) contended that overdose may exist as the leading choice of suicide method in women because women are more likely than men to attend medical appointments and receive prescribed medications. However, method of choice statistics in suicide have changed over time and seem to have become increasingly consistent between the sexes (Rogers, 1990). This gradual shift toward similarity in choice of method may be reflective of the socio-cultural changes occurring in the United States over the last several decades with respect to gender equality; however, no research has been conducted to support this conjecture. Overall, it may be the case that experiences centered on the socio-cultural context of being male or female in United States society, such as exposure to firearms or access to prescription medication, for example, affect the choice of method and, thus, potentially influence observed mortality rates. Being a male in this culture may increase the risk of mortality associated with suicidal behavior for now. However, as societal norms change, so too may the impact of socio-cultural variables such as gender on choice of method and suicide mortality.

In addition to the impact of gender on choice of method, cultural influences are implicated in other aspects of suicidal behavior. For example, Canetto (1997a) contended that individuals with more “conventional” gender identities, as defined as those women who adhere to stereotypical, traditional female gender roles, are more likely to follow the gendered scripts related to suicide. Thus, the ideas that women engage in nonfatal suicide
behavior as a “cry for help” and that men refrain from nonfatal suicide behavior but engage more often in the completed suicide act are examples of gendered differences in suicidality. Canetto hypothesized that gender identity and the adherence to societal norms of behavior may affect an individual’s likelihood of either attempting suicide (if the individual is a woman) or suiciding without prior attempts or threats (if the individual is a man). The gender difference in these norms may act as a protective factor for “conventional” women, in that these women may more often survive suicidal behavior. Conversely, “conventional” gender identities in men may pose an increased risk for men, as they may more often complete the suicide act to comply with a gendered script that exists in this culture (Canetto & Sakinofsky, 1998).

Additionally, gender identity appears to have some relationship with attitudes toward suicide. In a 2002 study by Dahlen and Canetto, respondents identified as more “androgynous” (having both highly masculine and highly feminine traits on the Personal Attributes Questionnaire (Spence & Helmreich, 1978), saw suicide as a less acceptable option when viewing vignettes designed to elicit attitudes toward suicidal individuals than individuals with either a highly “masculine” or highly “feminine” trait score. The authors reported that this finding was consistent with previous findings on the protective value of androgyny in suicide research as opposed to the limited coping responses evidenced by gender-differentiated persons (Clark, 1993; Conwell, Caine, & Olson, 1990; Duberstein, Conwell, & Caine, 1994). In their discussion of the results, the authors suggested that androgyny may be associated with greater cognitive and behavioral resourcefulness and flexibility, characteristics that made androgynous individuals in this study less vulnerable to accepting a suicidal decision.
Although conceptual problems exist with the concept of “androgyny,” as measured in this case by the Personal Attributes Questionnaire (Spence & Helmreich, 1978), the term was used by Dahlen and Canetto (2002) in what seemed to be an effort to divide individuals into groups based on their adherence to traditionally masculine or feminine traits. Androgynous persons in this study scored above the median on both scales measuring “Masculinity” and “Femininity,” whereas “undifferentiated” individuals scored below the median on both scales. Thus, the authors attempted to address the socio-cultural experience of being male or female and how it may ultimately affect attitudes toward suicide.

In Dahlen and Canetto’s (2002) study, main effects were found for sex (male or female) on agreement with the decision to suicide (F(1,401) = 21.39, p < .01) as well as acceptability of the decision to suicide (F(1,401) = 21.39, p < .01) such that women reported less agreement and less acceptability in the decision to suicide than did men in the sample. After participants were classified into groups of gender identity by a median split method (Spence & Helmreich, 1978), main effects were obtained for gender identity on Deluty’s (1988-1989) semantic differential scale. This scale consisted of seven dimensions: “wise-foolish,” “right-wrong,” “selfish-unselfish,” “weak-strong,” “brave-cowardly,” and “active-passive.” The main effects included those found for gender identity on “right-wrong,” such that androgynous respondents evaluated the suicide choice as more “wrong” (F(3,387) = 3.20, p < .05) than did those who scored below the median score on both masculine and feminine scales (undifferentiated) and more “foolish” (F(3,392) = 6.30, p < .01) than did those classified as either masculine or undifferentiated. Androgynous respondents also reported less agreement (F(3,397) =
3.29, \( p < .05 \) with the decision to suicide, found the decision less acceptable \((F(3,396) = 4.68, p < .01)\), and less deserving of sympathy \((F(3,396) = 3.30, p < .05)\) than those classified as undifferentiated.

Although problems exist with the study’s design, namely the use of vignettes with limited external validity, the reliance on androgyny as a measure of gender difference, and the use of the median split method that arbitrarily classifies respondents into groups, the value of the study is that it explores gender as a social construct. Interestingly, however, and in contrast to the main effects found on suicide attitudes for gender identity, fewer significant differences were found on the outcome variables for sex. It seems that sex, as a biological variable did not have identical relations with the outcome measure as the socially constructed variable of gender. This finding, although it needs replication, suggests that sex and gender identity relate to attitudes toward suicidality in different ways. Thus, based on the results of the study, it is unclear if attitudes toward suicide are more a function of biological sex or of the socio-cultural process of gender-identity development. What may be said, however, is that, in this sample of respondents, sex and gender identity were not related to attitudes toward the acceptability of suicide in a consistent manner.

Attention to such concepts as gender identity and “androgyny” represents growth from prior research in suicide that focused exclusively on the white male experience or that mentioned the sex of participants only as an afterthought in discussing results. The Dahlen and Canetto (2002) study attempted to explore the social construct of gender as it related to attitudes toward suicidality in men and women alike. The findings of this study are consistent with recent literature in suicidality that suggests that certain gender
variables are related to protection against suicidality (Canetto, 1991; Canetto, 1995; Canetto, 1997a; Canetto & Lester, 1995; Canetto & Sakinofsky, 1998). This literature moves away from a sole intrapsychic and pathology based perspective in suicidology toward an examination of the effects of social roles and gender-role socialization. Taken together, socio-cultural factors such as gender and gender identity are hypothesized to be associated with suicidality, yet have been relatively underexplored in research (Dahlen & Canetto, 2002).

Prior Explanations of Sex Differences in Suicidal Behaviors

In an effort to explain sex differences that have been reported in suicide and suicidal behavior, many scholars have limited their research efforts to intrapsychic and pathology-based explanations (Canetto, 1997a; Canetto & Sakinofsky, 1998). Diagnoses such as borderline personality disorder and major depressive disorder have been identified as risk factors for suicidal behavior that are particularly relevant to women, as rates for these disorders in the *Diagnostic and Statistical Manual of Mental Illness – Fourth Edition (DSM-IV)* (American Psychiatric Association, 1994) are unequally distributed across the sexes (Canetto & Sakinofsky). The rates for borderline personality disorder, for example, are significantly higher for women than for men, wherein, roughly 75% of individuals diagnosed with borderline personality disorder (BPD) are women.

Among the *DSM-IV* diagnostic features, which center on difficulties in interpersonal relating, is the experience of “recurrent suicidal behavior, gestures, or threats” (American Psychiatric Association, 1994, p. 654) for individuals with the diagnosis of BPD. Nonfatal suicide behavior rates have been reported as high as 69%-75% for individuals with this diagnosis (Linehan, 1999). Completed suicide occurs in
8%-10% of individuals with recurrent suicidal behavior who are diagnosed with this personality disorder (American Psychiatric Association). The suicidal or self-destructive acts exhibited by these individuals are often associated with interpersonal discord or relational instability and may be seen as attempts to demonstrate one’s emotional pain to others (Fine & Sansone, 1990). Thus, the case has been made that elevated rates of borderline personality disorder in women may impact the incidence of suicide behavior in women overall (Fine & Sansone). Explanations of suicidal behavior that focus solely on the diagnosis of borderline personality disorder, however, ignore the complex set of factors typically involved in the decision process including those related to the social construction of gender as mentioned previously.

This intrapsychic, pathogenic focus in suicide research is supported by the well-documented relationship between suicide and depression. Recurrent thoughts of death and/or suicide are DSM-IV diagnostic criteria for a major depressive episode and prevalence rates suggest that major depressive disorder is more common for women than men (American Psychiatric Association, 1994). Lifetime risk for this disorder varies from 10%-25% for women and 5%-12% for men (American Psychiatric Association). In both borderline personality disorder and major depressive disorder, women tend to be more affected and may, by virtue of having the diagnosis, possess an elevated risk for suicidality. Whether the risk for suicide is intensified by the co-occurrence of borderline personality disorder and a mood disorder is unclear and evidence suggesting such a relationship is mixed (Davis, Gunderson, & Myers, 1999).

Although the literature related to diagnostic classification and suicide behavior adds to the understanding of the phenomenon of suicide in women, additional
perspectives in the study of suicidality are also important. For example, the influence of environmental or socio-cultural factors on an individual’s decision to engage in suicidal behavior may be equally as important as the identification of intrapersonal risk factors. Thus, a conceptualization that is multifaceted in nature may avoid a pathology-based explanation of suicidal behavior that does not account for the complexity of the decision or the role of socio-cultural experiences of the individual. Unfortunately, however, suicidal women are often portrayed in popular culture as mentally unstable and their suicidality is more often associated with an intrapersonal characteristic (e.g. borderline personality disorder or pre-menstrual syndrome) as opposed to factors external to the self, such as environmental stressors (Canetto, 1997a). Suicide attempts in women are often described as impulsive and motivated by interpersonal difficulties, even when the evidence of the particular case suggests a thorough and deliberate decision to end one’s life (Canetto). Consistent with popular culture’s depiction of female and male suicidality, societal attitudes in the United States regarding suicide and suicidal behavior differ for the genders. Killing oneself is considered a less acceptable and less powerful act for women than men (Canetto). Women who commit suicide are considered less well adjusted than are men who kill themselves and are seen as more foolish and weaker, a finding that may be influenced by this pathogenic perspective in suicidology (Lewis & Shepeard, 1992; Deluty, 1998-1999).

Problems in Suicide Research

As suicide research begins to respond to the call to examine socio-cultural factors in research and theory, attention has been drawn to problems that exist in prior research. For example, much of the research on suicide has been conducted on white men living in
Western societies (Range & Leach, 1998). The inherent flaw in extrapolating the results of this research to diverse groups is the high risk of overgeneralizing the findings to groups that may vary from the original reference group. Additionally, much of the early research on suicide either disregarded the unique aspects of diverse groups (e.g. women) or attributed suicidality to intrapsychic explanations and studied it from that sole perspective (Lester, 1989; Range & Leach, 1998).

Range and Leach (1998) stated that a patriarchal perspective influences the topics, methods, and conclusions drawn from suicide research and they called for a change in the course of research in suicidology. A need for change is reiterated by researchers who have begun to explore the unique experiences of women and members of other diverse groups in the scientific inquiry of suicidology (Range & Leach; Lester, 1989).

Additionally, differences between the genders, as related to suicide and the socio-cultural factors that affect suicidality, are also seen as important areas for scientific inquiry. Several theorists have attempted to address gender as a socio-cultural factor in suicide research and theoretical literature (Canetto, 1997b; Canetto & Lester, 1995) and to divert attention from the earlier focus on pathology and intrapersonal dynamics involved in the decision to engage in suicidal behavior.

*Problems associated with research design.* Much of the prior research in suicidology was motivated by the need to identify risk-factors associated with suicidality. Westefeld and colleagues (2000) summarized much of the empirical research on suicide and identified many of the correlates of suicidal behavior for both sexes (albeit the majority of the research was conducted on white male samples) that have been supported
in the literature. Among those are such things as disturbed personality, depression, negative cognitions, adverse environments, substance abuse, hopelessness, helplessness, anxiety, loneliness, physical illness, and a history of suicidal behavior. In addition, the body of research on suicide in women has yielded correlational information regarding identified risk factors such as the presence of major depression, hopelessness, substance abuse, and interpersonal discord. Stark and Flitcraft (1991) reported that battered women, for example, were five times more likely to commit suicide than women who did not reside with violent men. Although important to the identification of individuals with heightened suicide risk, this predominant line of research in the field of suicidology overlooked the vast number of socio-cultural and meaning-based variables that may be associated with the decision to choose suicide as an option. For example, in an unpublished study of the effects of domestic violence on women’s contemplation of suicide, the World Health Organization reported a significant relationship between the two variables (WHO, 1997). These findings support the previously published contention that up to 80% of female suicide attempters cite an abusive relationship as a factor in their decision to commit suicide (Kaslow, et al., 2002). The same patterns were found for the effects of suffering sexual violence alone (Kaslow). Thus, it may be the case that contextual factors relate to suicidality, an alternative conceptualization to the intrapsychic research from the past. However, further research is needed to clarify the role of such socio-cultural factors.

Suicide research has been greatly influenced by its history of pathology-based research related to suicide risk indicators for predominantly white male individuals. Sex differences have been explored while socio-cultural contextual influences, such as
gender, have largely been overlooked in suicide research. This review of the literature on sex and gender in suicide research includes research suggestions from several predominant researchers in suicidology to include socio-cultural variables in research in an effort to more fully understand the effects of these variables.

Suicide Buffers

Of particular interest to the current study is the recent research on suicide “buffers” or socio-cultural factors that serve to protect individuals against suicidal ideation or behavior. The recent inclusion of the study of buffers represents a significant change in the course and content of suicide research. One earlier example of a change in the focus of suicide research came with the addition of a measure of reasons for living to the existing measures of suicide risk, the Reasons for Living Inventory (Linehan, et al., 1983) and, later, the College Students Reasons for Living Inventory (CSRLI; Westefeld, Cardin, & Deaton, 1992). The nature of these measures accentuated the protective aspects of reasons to live, even in the face of suicide contemplation, as opposed to the many suicide risk measures that existed in suicide assessment.

Among largely supportive psychometric evidence for both scales, in several studies of the CSRLI, trends in gender differences were found. For example, Westefeld, et al. (1996) reported that significant differences were found for the CSRLI total score and for several of the subscale scores when the responses of male college students were compared to female college students, such that women tended to endorse more reasons for living than did men ($F(1,227) = 8.6, p<.01$). Scheel (1999) found a similar effect in her sample of American Indian college students, as the author reported significant differences between the men and women in her college-age sample ($F(6,254) = 8.5,$
Women scored significantly higher than did men on the total CSRLI and on four of the six subscales. Thus, women reported more reasons for living than did men in this sample.

Westefeld, et al. contended that the differences may be related to women’s greater likelihood of seeking help or more internalized reasons to live. They added that their finding was consistent with the higher rates of completed suicide in men than women. Although these findings are logically consistent with the lessened suicide risk for women, overall, they do not elucidate the mechanism by which these differences occur. Thus, the question remains, why do women have more reasons for living than men? In the absence of theory, the results of these studies provoke more questions regarding the mechanism involved in buffering women students. The studies on the CSRLI, however, remain important to the increasing trend toward protective or buffering variables in suicidology.

Marion and Range (2003a) explored suicide buffers in a sample of college-aged, African-American women: a demographic group that is typically least likely to engage in suicidal behaviors when compared to other racial/ethnic groups of either sex. The authors contended that the presence of protective factors such as family support, certain attitudes about suicide itself, and religious problem-solving may have served to insulate the young women against suicidality. The authors used six measures as variables in this study in addition to demographic questions. The measures included the African American Acculturation Scale (Landrine & Klonoff, 1995), the Brief Reasons for Living scale (Ivanoff, Jang, Smyth, & Linehan, 1994), the Suicide Opinions Questionnaire – Acceptability Scale (Rogers & DeShon, 1992), the Religious Problem Solving Scale – Shortened Form (Pargament, et al., 1988), the Perceived Social Support from Family and
Perceived Social Support from Friends questionnaire (Procidano & Heller, 1983), and the Suicidal Ideation Scale (Rudd, 1989).

The authors reported that three factors were significantly related to scores on the Suicidal Ideation Scale after correcting for the large number of correlational analyses used in the design. Thus, family support, a view that suicide is unacceptable, and a collaborative religious problem-solving style (as characterized by collaborative problem-solving strategies that employ the dual influence of self and God) accounted for a significant and unique portion of the variance (17.6%) in suicidal ideation when taken together. Individuals whose scores reflected higher degrees of the three variables together were less likely to report the presence of suicidal thoughts and behaviors within the past year. The study did not find a significant relationship between racial identity, as measured by the African American Acculturation Scale (Landrine & Klonoff, 1995) and self-estimates of suicidality, but the authors called for further research on this relationship as their findings were inconsistent with the protective value of racial identity, such as adherence to Afrocentric religious beliefs, found in prior suicide research (Kimbrough, et al., 1996).

However compelling the Marion and Range (2003a) study is, it is not without limitation. Problems with the measurement of religion existed within the study as it was measured, in part, by self-report of participants’ sense of how religious they were and how often they attended church. As with any self-report measure, the women involved in this study may have been biased in their self-report of religiosity due to the influence of social desirability. Additionally, in limiting the definition of the variable ‘religiosity’ to the measurement of church attendance and self-report, the authors failed to recognize and
measure the potentially protective nature of spirituality, a construct that may, or may not, relate to religiosity or church attendance. Thus, the results of the study may demonstrate only the protective nature of self-reported religiosity or church attendance, but does not capture the notion of spirituality independent of church attendance. In addition, the study also lacked the theoretical grounding that would assist in the interpretation of the relationship between suicide buffers and suicidality, particularly in terms of the meaning participants may have ascribed to the buffers. In all, the study is an important addition to the research on suicide buffers in women but the interpretation of these results must be tempered by these research limitations.

In a second study by the same authors, religiosity as a protective factor in a sample of college-age women was replicated for all participants, African-American and Caucasian participants alike (Marion & Range, 2003b). This second study asked participants to imagine conditions of physical pain, terminal illness, or depression and to estimate the degree to which they would consider suicide as an option. Significant correlations were found between religiosity, as measured by self-report of religiosity on a 5-point Likert scale (1 = Not At All to 5 = Very), and the suicide measures (the Suicide Opinion Questionnaire (Domino, Moore, Westlake, & Gibson, 1982); the Semantic Differential Scales for Suicide (Droogas, et al., 1982); and the Opinions about Physician Assisted Suicide (Domino, Kempton, & Cavender, 1996-97). As hypothesized, when religiosity increased, the acceptability of suicide and physician-assisted suicide decreased. A MANCOVA revealed a significant main effect for the condition ($F(12,528) = 2.20, p = .01$) but no significant main effect for ethnicity (Caucasian or African-American) and no interaction effects for ethnicity and condition (physical pain, terminal
illness, or psychological pain) on the suicide measures. Post-hoc Tukey tests indicated that the depression condition differed significantly from the other three conditions (physical pain, terminal illness, and control) such that participants endorsed suicide as an option to a greater degree when they imagined depression over the other conditions. Thus, religiosity was protective for all women, regardless of race and despite differing experimental conditions. In addition, the imagined condition of depression related to differences in participants’ estimations of suicide as an option.

In explaining these results, the authors discussed the potential impact of the conditions used in the design on their findings. They hypothesized that the young adult sample may have had difficulty imagining several of the conditions due to their inexperience with issues such as significant illness. The participants may have had less likelihood, overall, to endorse suicide as an option if they, as a group, had difficulty identifying with the conditions provided. The authors suggested that the sample may have been more able to identify with the experience of depression and, as such, their experiences with this condition may have influenced the results. Thus, the limitations of this study include the use of these internally valid vignettes that may have artificially influenced the responses and diminished the study’s generalizability and applicability to real life suicide contemplations. Additional limitations of the second Marion and Range (2003b) study include the self-report measurement of religiosity, at the exclusion of spirituality, and the use of college women as a sample. In both studies the generalizability of the findings to women in different groups is limited by the fact that results were drawn from samples of college-age women.
In addition to the Marion and Range studies, a group of authors contrasted suicide attempters with non-attempters in an effort to explore a large number of risk and protective factors for suicidal behavior in African American women (Kaslow et al., 2002). These factors included recent life events, childhood trauma, depression, hopelessness, alcohol/drug use, hope, self-efficacy, coping, social support, and spirituality. The responses of women who had engaged in non-fatal suicide behavior were compared to women who presented to an urban hospital trauma center for other reasons. The authors found that hopefulness, self-efficacy, coping skills, social support, and effectiveness in accessing supports were protective factors against suicide attempts in this sample of 200 low-income women. It is important to note, however, that all the women who were involved in the study after presenting to a trauma center had experienced interpersonal violence within the last year. Thus, the generalizability of these findings is limited by the sample characteristics as it is not known to what extent being a survivor of interpersonal violence influenced the responses of these women. Whether the results of this study are generalizable to groups of women in different socio-economic groups, racial groups, or to groups who are not survivors of interpersonal violence is unknown.

Recent research on protective factors, or buffers, related to suicidality, such as those mentioned above, infuse an alternative perspective into the study of suicide. There are several specific ways in which this line of research differs from prior research in this area. First, the Marion and Range (2003a, b) and Kaslow et al. (2002) studies deviated from the pathogenic perspective of much of the previous suicide research to examine factors that were hypothesized to insulate women against suicidality and, in doing so, emphasized the importance of this conceptual shift. Secondly, the authors were able to
explore the phenomenon of suicide in a socio-demographic group that is least at risk of suicide, African-American women. This represents a purposeful change from examining the phenomenon through the experiences of white males, the dominant and highest risk group that has informed much of what is known in suicide research. The authors also chose to focus on suicide in women. This choice in research design differed from a standard design of comparison based on sex and is consistent with the recommendations offered by feminist scholars to explore suicidality in women apart from the standard of the “male as norm” approach (Range & Leach, 1998).

However, the results of these important research studies are limited in several ways, beginning with the lack of generalizability of the findings to diverse groups. Additional concerns include the measurement of religiosity and the use of vignettes in the Marion and Range (2003a, b) studies rather than more externally valid methodology. Overall, the authors of these studies failed to include explicit theoretical considerations in the design and discussion of their research. In doing so, the authors provided valuable pieces of correlational information without respect to a larger theoretical overlay that may have assisted in more fully understanding the results. Thus, the question remains, “By what mechanisms do these factors protect?” As an alternative, research steeped in theoretical grounding may offer a more cohesive interpretation of these important research findings. One such underlying theoretical grounding may be provided by the Existential-Constructivist Model’s (Rogers, 2001) emphasis on the individual’s constructions of meaning as it relates to identity.
Theoretical Influences on the Current Study

Additional research in the area of suicide buffers may benefit from the inclusion of theory in design and analyses. One of the difficulties in the study of suicide, in general, has been the focus on identifying risk factors by correlational designs in research without attention to theory or the idiosyncratic meaning related to suicidal behavior (Rogers, 2003). Despite the preponderance of correlational data related to suicidality in both genders, much less research has moved to integrate theoretical conceptualization or to explore the meaning of suicidality that a theoretical perspective would allow (Lester, 1988; Rogers, 2001, 2003). Theoretical perspectives that have been included in the literature on suicidal behavior have often been integrated in a post-hoc manner or have not been supported prospectively by empirical research. This research bias has been addressed by leaders in the field of suicidology who have called for a paradigm shift that would emphasize theory-driven research in order to more systematically and cohesively understand the findings of previous studies as well as further the scientific utility of future suicide research (e.g. Rogers, 2003). A theory-driven perspective would allow for the scientific exploration of the meaning associated with the complicated process involved in deciding to engage in suicidal behavior.

The Existential-Constructivist Model as an Influence

One example of an effort to infuse the study of suicide with theoretical underpinnings is the theoretically-informed Existential-Constructivist Model (EC) of suicide (Rogers, 2001). This model incorporates such theoretical considerations as Yalom’s (1980) existential concerns regarding death, isolation, and meaninglessness, as well as Neimeyer and Mahoney’s (1995) critical constructivist approach that assumes the
realities of an individual’s social and physical environment place constraints on the individual’s construction of meaning in the world around him or her. The Existential-Constructivist Model suggests that the individual engages in a decision-making process in the face of stressors that may include a ruling out of suicide behavior and adherence to the original or altered construction of meaning. From an EC perspective, women with more conventional gender identities may respond to challenges to constructions of meaning in ways that differ from women with non-conventional gender identities, such as those with a feminist orientation.

The Existential-Constructivist Model (Rogers, 2001) offers theoretical grounding to future suicide research and a mechanism to explore the influence of socio-cultural variables on cognitive conceptualizations of self, others, and the world. Utilizing the theoretical grounding offered by the Existential-Constructivist Model, this study sought to further the empirical focus on the self-construction of meaning involved in suicidality. Utilization of the EC theory as an underpinning of this study also allowed for an organization of newer research findings that included strength-based perspectives, such as the study of suicide “buffers.”

*Self-construction of meaning.* It may be the case that protective factors ultimately relate to one’s self-construction or identity such that one’s sense of self is bolstered by adopting a meaning system that includes such things as religiosity or cultural identity, for example. Chandler and LaLonde (1998) offered a unique perspective on the concept of self-continuity as a possible meaning-oriented mechanism by which such things as protective factors can impact suicidality. The authors contend that:
The problem in understanding suicidal behaviors is not one of appreciating why it might occur to people to end their own lives, but rather why it is, given the likelihood that such impulses tend to be commonplace, that most people, most of the time, end up choosing life. The short answer, we have suggested, is that because it is constitutive of what it means to have or be a self to somehow count oneself as continuous in time, we end up showing appropriate care and concern for our own well-being precisely because we feel a commitment to the future self that we are en route to becoming (p.207).

Thus, the mechanism by which the protective factors found in the Marion and Range (2003a,b) and Kaslow, et al., (2002) studies actually serve to protect the women against the risk of suicide may involve a process of making meaning for oneself and corresponding valuing of the self, despite their existence in a socio-cultural context that systematically devalues minority individuals.

Marion and Range (2003a) themselves cited cultural immersion factors as one such identity mechanism by which African-American individuals reap the protection from factors such as Afrocentric beliefs. The authors cited a previous study in which African American college students who endorsed Afrocentric religious beliefs were less likely to report suicidal ideation that those who did not report such beliefs (Kimbrough, et al., 1996). Although the relationship between the racial identity component of the Marion and Range (2003a) study and self-estimates of suicidal ideation was not supported, the authors contended that the construct of identity deserves further consideration in suicide research due to these contradictory findings. The Existential-Constructivist Model (Rogers, 2001) previously discussed may suggest that adherence to Afrocentric beliefs, a
constructed system of meaning, may serve as a protection against challenges in much the same way as the present study hypothesizes characteristics associated with feminist orientation to protect women against oppressive cultural stressors.

In addition, Chandler and LaLonde’s (1998) perspective helps to explain the elevated risk of suicide in adolescence in that suicide within this age group may be associated with the ways in which young people construct and protect their sense of identity in a time of heightened developmental flux. That is, if an adolescent is able to anchor his or her constructions of self in valued social constructs, he or she may have an increased chance of moving through this stage of development with less suicide risk than others who have poorer self conceptualizations. Although these hypotheses have yet to be empirically supported, they offer a compelling perspective that integrates constructivism and suicidality. Chandler and LaLonde’s perspective is consistent with that offered by the World Health Organization’s (2001) hypothesis that the high rate of suicide in the young adult age group may be related to identity formation struggles. In all, it seems that self conceptualizations may factor into the process of suicidality but the relationship between the two variables is yet unclear. It may be the case that one’s sense of self in a socio-cultural context may impact the degree to which correlational protective factors, such as social support, for instance, are associated with suicide risk. These factors can be conceptualized as ways the individual constructs meaning in his or her world, and, as such, are explained in a cogent manner by the Existential-Constructivist Model.

Based upon the Existential-Constructivist Model (Rogers, 2001) and theoretical and empirical literatures related to feminism and suicide buffers, this study explores the positive, intrapersonal characteristics associated with a feminist orientation and
religion/spirituality and their relations to suicidality. This research extends the body of research on the EC theory, as it relates to suicide, as well as the research on suicide in young adult women. In an effort to explore the constructions of meaning that pertain directly to women in today’s society an understanding of feminism is necessary.

Feminist Literature as a Theoretical Influence

Feminist orientation is defined as a set of attitudes and values that are consistent with feminist ideology (e.g. commitment to equality, examination of power structures, political action) and negatively related to traditional beliefs in male dominance and female subordination (Fischer, et al., 2000). Historically, feminism first grew from the abolitionist struggle in the 1830’s, peaked during an era of social reform in the late 1800’s, and continues to exist as a movement of egalitarian philosophy in the twenty-first century (Taylor & Whittier, 1997). Modern feminism traces its roots to the social activism of the 1960’s and the need for collective advocacy for women’s rights (Taylor & Whittier). Theorists suggest that the development of feminist identity is a cyclical and fluid process in which a woman interacts with her social environment, challenges traditional beliefs, and emerges with a new awareness and corresponding set of values (Downing & Rousch, 1985).

Recent theoretical and empirical offerings in the area of identity development have included work in the area of feminist, racial/ethnic, and sexual identity development models (Downing & Rousch, 1985; Worthington, 2002; Mohr, 2002; Cross, 1971). A theoretical understanding of identity development, as it relates to feminist identity, is offered by Downing and Roush’s (1985) model and was well articulated by Fischer, et al. (2000) who stated:
The first stage, passive acceptance (PA), is characterized by an acceptance of traditional (White, North American) gender roles, the belief that traditional gender roles are advantageous, and the belief that men are superior to women. Stage two, revelation (REV), is preceded by one or several crises that result in a questioning of traditional gender roles, feelings of anger toward men, and dualistic thinking. Women in this stage may also feel guilt over ways that they may have contributed to their own oppression in the past. Embeddedness-emanation (EE) is the third stage and is marked by feelings of connectedness with other women, cautious interaction with men, and development of a more relativistic perspective. In the fourth stage, synthesis (SYN), a positive feminist identity is developed, and a “flexible truce” is made with the world. Women in this stage are able to transcend traditional gender roles and evaluate men on an individual basis. Active commitment (AC), the final stage, is characterized by a deep commitment to social change, and the belief that men are equal to, but not the same as, women (p. 15-16).

Moradi, Subich, and Phillips (2002) reviewed the empirical findings related to feminist identity development. Among those reviewed were findings that directly relate to protective factors against psychological distress, including the notion that as a woman passes through the stages and arrives at a latter stage in the process of development she also has less desire to weigh less, experiences less dissatisfaction with her body, and demonstrates a preference for women working together in a collaborative fashion. In contrast, women in Passive Acceptance have been reported to rate male artists more positively than female artists, prefer traditional gender roles that emphasize male
dominance and female submission, misperceive body figures, and endorse dissatisfaction with their own bodies. Thus, based on these results, as women progress in their feminist identity development they evidence increased acceptance of self and of women as a social group.

Another psychologically advantageous construct that has been found to be associated with feminist orientation is self-esteem. Carpenter and Johnson (2001) explored the relationship between feminist identity development and collective self-esteem, or self-esteem derived from one’s cultural group (in this case gender group) in a sample of 122 undergraduate students enrolled in women’s studies courses. The authors found that relationships existed as hypothesized between the stages of feminist identity development (PA, R, EE, S/AC), as measured by the Feminist Identity Development Scale (FIDS; Bargad & Hyde, 1991), and the four subscales of the Collective Self-Esteem Scale (CSE; Luhtanen & Crocker, 1992). The CSE is comprised of items intended to measure four aspects of collective self-esteem, constituting four subscales of collective self-esteem, wherein Membership CSE reflects an individual’s perceived worthiness as a member of the social group; Private CSE is the individual’s personal evaluation of the social group; Public CSE is the individual’s estimation of how others perceive the social group; and Identity CSE assesses the importance of the group to the individual’s self-concept. Regression analyses revealed that the latter stages of feminist identity development (R, EE, and S/AC) impacted all four types of collective self-esteem such that higher Revelation (R) scores were associated with lower gender CSE ($t = -3.87$, $p = .001$ (Membership); $t = -4.31$, $p = .001$ (Private); $t = -5.63$, $p = .001$ (Public), and higher Emanation-Embeddedness ($t = 2.26$, $p = .026$ (Membership); $t = 2.23$, $p = .028$,
(Public); $t = 2.96, p = .004$ (Identity) and Synthesis-Active Commitment ($t = 2.62, p = .010$ (Membership); $t = 4.03, p = .001$ (Private) subscale scores predicted higher scores on overall gender CSE.

In their discussion of the results, Carpenter and Johnson (2001) commented on the identified gains in collective self-esteem associated with the latter stages of feminist identity development in the sample of undergraduate women. They suggested that feminist identity, and corresponding collective self-esteem, may inoculate women against negative psychological experiences (i.e. depression) and the authors called for continued research in this area. The authors also acknowledged the limitation of the cross-sectional design of this study, as well as the limitations involved in sampling from a student population. Whether the results are generalizable to a broader population of women is unknown. The authors also recognized that the effects of feminist identity development on overall self-esteem were not explored. They suggested, however, that since generic self-esteem can be derived from many sources, including physical appearance, academic success, and interpersonal skills, as well as from gender collective self-esteem, the women in their study would have discounted the less “valuable” sources of self-esteem in favor of focusing on those personal or collective identities that provide the greatest self-enhancement, particularly after being asked to answer the questions while considering their gender group. Thus, the authors acknowledged that their focus on collective self-esteem was limited but did not believe it to have unduly influenced the overall estimation of attitudes toward self in this sample. They recommend that further research in the self-esteem area explore how divergent sources, such as those described above, contribute to one’s overall self-esteem. What remains from the results of this study, however, is a clear
relationship between feminist orientation and self-esteem, in this case, collective self-esteem.

The findings from the Carpenter and Johnson (2001) study are consistent with earlier findings on the relationship between feminism and certain mental health characteristics that have been supported by the broad literature on feminist identity and feminist values. Hjelle and Butterfield (1974), for example, found that undergraduate women identified by the Attitude Towards Women Scale (Spence & Helmreich, 1972) as those with liberal, profeminist attitudes scored higher than conservative women on 10 of the 12 scales of the Personal Orientation Inventory (POI; Shostrom, 1966). The profeminist women endorsed greater inner direction ($t = 3.61, p < .01$), time competence ($t = 3.74, p < .01$), existentiality ($t = 2.31, p < .05$), feeling reactivity ($t = 3.16, p < .01$), spontaneity ($t = 3.11, p < .01$), and capacity for intimate contact ($t = 2.21, p < .05$). Hjelle and Butterfield also found that profeminist women were significantly higher than conservative women in self-actualizing value ($t = 2.00, p < .05$), self-regard ($t = 2.87, p < .01$), and self-acceptance ($t = 2.33, p < .05$).

Weitz (1982), in another early piece of research in this area, found a relationship between participation in consciousness-raising feminist groups and self-esteem, as measured by the Eagly revision of the Janis-Field Self-Esteem Scale (Eagly, 1967), in a group of women. She reported that the mean level of self-esteem increased significantly in a group of 73 women after participation in consciousness-raising groups, with continuing members showing a higher increase in self-esteem over time than dropouts ($t(71) = 2.17, p < .05$). The authors regretted that their findings could not be compared to a control group of women who had signed up but not yet attended consciousness-raising
groups but, despite this limitation, maintained that the association between feminist groups and self-esteem had been supported by the study.

Foss and Slaney (1986) also explored the relationship between feminist attitudes and self-efficacy. The authors exposed a sample of 80 undergraduate women to a video intended to bolster perceived career options to determine if career decision-making self-efficacy and vocational self-efficacy could be influenced by such an intervention. The authors also examined the relationships between these self-efficacy constructs, as measured by the Career Decision Making Self-Efficacy Scale (CDMSES; Taylor & Betz, 1983) and the Vocational Self-Efficacy Scale (VSES; Betz & Hackett, 1981), and responses to the Attitudes Toward Women Scale (AWS; Spence, Helmreich, & Stapp, 1973), a measure of agreement with rights and roles of women in areas such as vocational, educational, intellectual, and social functioning. MANOVAs indicated relationships between scores on the AWS and both measures of self-efficacy ($F = 3.67, p < .05$ (VSES); $F = 5.84, p < .01$ (CDMSES)), such that higher scores on AWS, or more liberal attitudes toward women’s roles, endorsed more vocational and career decision-making self-efficacy than the women who scored moderate or low on the AWS scale. The authors reported that the effect of the video exposure improved career decision making self-efficacy for all women ($F = 5.84; p < .01$).

Foss and Slaney’s (1986) study is limited by the use of undergraduate students and may not be generalizable beyond that subset of women. The study does, however, provide a link between attitudes towards women’s roles in work, education, and society, in general, and self-efficacy in the areas of career decision-making and vocation. As such, the results of this study suggest that positive attitudes towards women’s roles relate to
self-efficacy in vocational areas, a construct associated with healthy psychological functioning.

The construct of autonomy has also been found to relate to feminist attitudes in women. In an historic piece of research in the area of feminist identity, Worell and Worell (1977) examined the relationship between attitudes toward the Women’s Liberation Movement and personality characteristics in a sample of 177 undergraduate men and women. Among the many findings of this landmark study, the authors found that Supporters of the Women’s Liberation Movement significantly differed from Opposers of the movement on Autonomy, as measured by the Personality Research Form (PRF; Jackson, 1965). The Supporters group tended to be more self-reliant, individualistic, and independent than the Opposers group, who tended to be more authoritarian, as also measured by the PRF.

This finding is consistent with the findings of Fowler and Van de Riet (1972). Fowler and Van de Riet asked four groups of women (self-identified feminists, university undergraduates, elderly non-institutionalized women, and elderly institutionalized women) to describe themselves by responding to an author-developed adjective checklist that consisted of various scales (Self-Confidence, Self-Control, Personal Adjustment, Achievement, Dominance, Endurance, Nurturance, Affiliation, Autonomy, Aggression, Succorance, and Deference). ANOVAs yielded significant differences between groups on the Autonomy scale \((F (3, 59) = 8.21, p < .01)\). Post-hoc Tukey tests showed that both the feminist and university women significantly exceeded the institutionalized elderly women group on Autonomy. Additionally, when the means of the feminist group were compared to normative means for the adjective checklist, the feminist group was
significantly more Autonomous ($t = 4.399$), Aggressive ($t = 4.880$), Dominant ($t = 2.956$), and Self-Confident ($t = 2.291$) than the normative group of women. The authors argued, based on the results of their study and consistent with the aims of the feminist movement, feminist women in this sample were more “self-actualized” than the other groups of women. As with much of this early research, however, the results of this correlational study do not reveal causal relationships between these attributes and women’s self-identification as feminists.

The Worell and Worell (1977) and Fowler and Van de Riet (1972) studies suggested that feminist women possessed personality characteristics that differentiated them from other groups of women and included an autonomous presentation. Similarly, in a study by Dempewolff (1974), autonomy was found to be associated with attitudes towards feminism in a sample of undergraduate male and female students. Individuals scoring on the extreme ends of the Feminism Scale (Dempewolff, 1972) responded to the Social Distance Scale (Triandis & Triandis, 1960), the Independence of Judgment Scale (Barron, 1963), and the Modernism II Scale (Kahl, 1968). The author contended that these scales measured different aspects of autonomy. For example, the author asserted that the Modernism scale captured self-efficacy as a major component of autonomy in that autonomous individuals are more “modern” than “traditional;” that the Social Distance Scale measured one’s security to view others as non-threatening and, as such, represented autonomous decision-making in relation to others as opposed to reliance on stereotypes; and that the Independence of Judgment Scale measured independence from peer pressure, a third aspect of autonomy. Analyses of variance indicated that the supporters of feminism’s scores on all measures of autonomy significantly differed from
low scorers on the Feminism Scale in the expected direction (all $ps < .001$). Thus, the findings of this study support those of earlier research on the relationship between feminist attitudes and autonomy.

In a qualitative study of feminists, Cherniss (1972) interviewed 12 Women’s Liberation supporters and 12 matched comparison group women. The 4 to 6 hour interviews ascertained, for example, what kind of individuals were attracted to the Women’s Liberation movement, what themes in their personal development were shared, and what consequences they experienced as a result of their involvement. Their responses were reviewed by the author and several additional researchers who found that the personality style of those attracted to the Women’s Liberation movement included traits such as: an active, outgoing approach to the world, high achievement striving, strong value of autonomy and independence, aggressiveness, and higher self-esteem than the comparison group. The author stated that certain traits were possessed by the feminist women that were not present in the comparison group women, namely autonomy, assertiveness, and a well-developed sense of self.

In Cherniss’s (1972) discussion of results he admitted that his support for the Women’s Liberation movement may have influenced his interpretation of the interviews but argued that the research team clarified their biases and attempted to address them throughout the process of interpretation. He acknowledged that the women in the supporters of Women’s Liberation group knew each other and suggested that this familiarity may have influenced the content of the study. However, Cherniss believed the results of the study to be valid despite these limitations. The value of this early piece of research is also in its qualitative design at a time when much of research was quantitative.
and correlational. Interestingly, and as outlined previously, both approaches yielded similar results and provided data to support the relationships between positive mental health characteristics and feminism.

*Feminist orientation as a construction of meaning and its relationship to suicide thoughts and ideation.* Research on the relationships between feminist orientation, values, or attitudes and psychological characteristics has spanned several decades and engendered a base of empirical support for the positive mental health benefits of feminism. Taken together, the studies outlined previously suggest that feminist orientation, values, or attitudes are consistently associated with the constructs of self-esteem and autonomy. These factors may be seen as protective buffers against the threats to self women may encounter in society and have independently been found to be negatively associated with suicide risk in previous research (Palmer, Rysiew, & Koob, 2003; Beautrais, Joyce, & Mulder, 1999; Plutchik, Botsis, & Van Praag, 1995; Raffes, 1999). Research that explores the effects of these variables, as well as those found in recent suicide buffer research (namely social support and religiosity/spirituality), on suicidality is warranted and may benefit from including self-esteem and autonomy, those variables that have been consistently represented as characteristics of feminist women across the reviewed literature, as variables of study. Although other attributes, such as vocational self-efficacy, assertiveness, and self-actualization have been found to be associated with feminism, none have been as consistently related to feminism in the reviewed research as self-esteem and autonomy. It may be the case that the increases in the conceptually broad constructs of self-esteem and autonomy capture that which has been found in these other variables.
The mechanism by which feminism may serve as a protective factor against threats to one’s self-constructions of meaning may be in its ability to strongly anchor a woman’s sense of self to pro-woman beliefs. That is, feminist orientation may be conceptualized as one way a woman may create meaning for self, understand others, and conceptualize the world that is affirming of her importance and worth. Feminist orientation, as a system of meaning, may allow a woman to align with a pro-woman base, as opposed to that which is offered to women in a patriarchal culture. It is in this alternative conceptualization of self, others, and worldview that women may reap protection against threats to their systems of meaning through higher self-esteem, autonomy, social support, and spirituality as coping tools, for example. Landrine and Klonoff (1997) offered an explanation of this process that was summarized in Fischer and Good’s (2004) review:

(F)eminist consciousness for women provides a cognitive framework for understanding their world, especially experiences of prejudice and discrimination from others. Feminists, they argued, have the tools to frame sexist discrimination they may experience as constitutionally unjust and based on their status as women: therefore, they may be somewhat protected from taking it personally when it occurs. In contrast, nonfeminists lack this schema and may be more likely to interpret sexist events in their lives as personal and reflecting some deficiency or repulsive aspect of themselves as individuals, which may then lead them to self-derision, contributing to psychological distress (p.437).

Thus, Landrine and Klonoff suggested that feminists would respond to discriminatory experiences in fundamentally different ways than non-feminists.
The present study utilizes the theoretical bases of Existential-Constructivism (Rogers, 2001) and feminism to explore the experience of women who possess such traits as those previously found to be associated with a feminist ideology. It is hypothesized that women who have greater self-esteem and autonomy for example, will experience less distress when confronted with a challenge to their system of meaning. In much the same way as Landrine and Klonoff (1997) described, these women may respond differently to challenges to their meaning-systems due to the cognitive framework offered by these positive mental health characteristics. Additionally, social support and spirituality, those characteristics found to be buffering in nature in prior research, are theoretically consistent with a feminist orientation and are explored as such in the current study. Thus, it is hypothesized that women who possess greater amounts of those positive mental health characteristics associated with a feminist orientation would exhibit less suicide risk and less positive attitudes toward suicide than those with less self-esteem, autonomy, social support, and spirituality/religiosity.

Although the present study is guided by the belief that feminist orientation is healthy and positive, as demonstrated in much of the prior research, alternative perspectives exist. One such alternative was provided by Stack, Wasserman, and Kposowa (1994) in a study that linked feminism to heightened suicidality. The authors hypothesized that religiosity and feminist beliefs might interact in an inverse manner as they relate to suicidality. They found that the most important predictors of “pro-suicide ideology” in women were religious attendance ($t = -20.28$, $p < .05$), education ($t = 14.20$, $p < .05$), and political views ($t = -7.63$, $p < .95$), followed by feminism ($t = 4.52$, $p < .05$). In this study, “pro-suicide ideology” was measured with the 4-item, author-
developed instrument that posed questions to respondents such as: “Do you think it is right for a person to end his or her own life if the person... has an incurable disease (Item #1), has gone bankrupt (Item #2), has dishonored his or her family (Item #3), or is tired of living and ready to die (Item #4).” These results suggest a positive relationship between feminism and suicide attitudes, as well as between education and suicide attitudes, such that as women endorsed more egalitarian responses to questions (e.g. “Do you agree or disagree with this statement: ‘Women should take care of running their homes and leave the running of the country up to men’?”) and reported higher levels of education, the likelihood of endorsing the acceptance of suicide as an option in others increased. The results, however, do not provide evidence of relations between the construct of feminism or education level to one’s own suicide consideration or an understanding of the attitudes toward acceptance of suicide as an option for oneself.

The Stack, et al. (1994) study must also be considered in light of its limitations, specifically the use archival data, use of the three-item measure of feminism (as opposed to the more valid and reliable measures used in other research on feminist attitudes), the use of an author-developed measure of suicide attitudes, and church attendance as the sole measure of religiosity with no attention to spirituality. Perhaps recognizing some of these limitations, the authors called for research that measures the relationship between feminism and suicidality directly.

Although the positive effects of feminist identity have been supported by much of the research reviewed, feminism itself is a construct that is nebulous and difficult to capture in measurement and definition. Liss, Hoffner, and Crawford (2000) discussed five types of feminism (liberal, radical, socialist, cultural, and womanist) and found that
‘typical’ feminists had higher scores on liberal, radical, socialist, and womanist scales as well as lower scores on conservatism, as measured by the Feminist Perspectives Scale (Henley, et al., 1998) than self-identified nonfeminists or women who did not know if they were feminists. Consistent with the literature in this area, the authors defined each type as follows: liberal feminism includes the beliefs that women and men are equal and should be able to make choices free of government control; radical feminism includes beliefs that women are oppressed by men and that women’s oppression serves as a model for other forms of oppression; socialist feminism includes the beliefs that sexism, class oppression, and racism are inseparable and reinforce one another; cultural feminism includes the beliefs that society should move toward an acceptance and appreciation of traditionally ‘feminine’ values and stresses the difference between men and women; and womanist feminism includes the beliefs that poverty, racism, and ethnocentrism are equally as problematic as sexism and advocates for the specific concerns of women of color.

Liss et al. (2000) contended that the measures of feminism typically used in research explore liberal feminism at the exclusion of other types of feminism that, according to the results of their study, are upheld in “typical feminists’” self-conceptualizations. While the measurement of feminism may be impacted by its focus on liberal feminism, the underlying philosophy of feminism remains a viable, albeit nebulous construct. The characteristics associated with feminist orientation (e.g. self-esteem, autonomy, use of social support, and spirituality) may better capture a woman’s more holistic sense of self than a measure of feminism constricted to liberal feminist
philosophy. The current study explores these characteristics as ones linked, both empirically and theoretically, to feminist orientation.

Theoretical considerations included in the current study are derived from the Existential Constructivist Model and feminist research that spans several decades. The positive constructs associated with feminism may serve as protective factors against threats and the current study seeks to explore this possibility.

Summary and Hypotheses

The aims of this study are to contribute to the growing body of research on suicide buffers, to attempt to answer the call for theory-driven research in this area, and to add to the body of literature on women and suicide. The study is constructed to address some of the limitations in prior research, particularly the limited focus on theory, through its grounding in the constructivist theory of the Existential Constructivist Model and feminist theory. Specifically, feminist orientation is conceptualized as a way women may construct meaning for themselves, a manifestation of the meaning-making described in the EC Model. The meaning-making involved includes a sense of self with increased self-esteem and autonomy, as well as greater use of social support and spirituality. The present study examines the relations between these characteristics as a constellation of characteristics related, both empirically and theoretically, to feminist orientation and suicidality.

It is hypothesized that greater degrees of self-esteem, autonomy, social support, and religion/spirituality will serve to protect against suicidality. This hypothesis reflects the overall research question: Are the characteristics associated with feminist orientation, such as self-esteem, autonomy, social support, and religiosity/spirituality protective in
nature against suicidality? Prior research on buffers of suicidality suggests that factors such as religious problem-solving and family support are protective against suicidality in African-American women but no research has examined whether the characteristics associated with feminist orientation are, likewise, protective against suicidality (Marion & Range, 2003a, b). Thus, the study will attempt to answer the following questions:

1) Do autonomy, self-esteem, social support, and religion/spirituality relate to feminist identity?

2) Do autonomy, self-esteem, social support, and religion/spirituality, as a constellation of characteristics, relate to attitudes toward suicide and suicide ideation?

3) Does the constellation of characteristics associated with feminist orientation account for variance above and beyond that which is accounted for by hopelessness in attitudes toward suicide?
CHAPTER III

METHODOLOGY

The method of exploring the current research questions are explicated below. The participants and procedures used are identified, the instruments are described, and the statistical hypotheses are presented.

Participants and Procedure

Participants

Participants were 120 college age women enrolled in the University of Akron at the time of the study. Maxwell (2004) argued that a 10:1 (sample size to predictor variables) rule of thumb offers “reasonable power (p.158)” to find a desired effect in multiple regression designs, while attempting to control for Types I and II error alike. This was particularly relevant to the current study since it was not focused on one specific predictor variable but rather on the effect of several variables. Additionally, Stevens (1992) suggested that roughly 20 participants per predictor variable would give ample power to predict a small effect ($d^2 = .25$). In order to control for multiple comparisons in the two multiple regression analyses that were employed, the current study utilized Steven’s suggested power rule of 20 participants per predictor variable. With six predictor variables, a minimum of 120 participants were required.
Procedure

Participants were introduced to the study and were asked to participate in the study by one of two methods (see Appendix A). One method utilized in this research was solicitation of a sorority group’s involvement and administration of the study at a sorority chapter house. The second method was solicitation of subjects at the University of Akron’s student union. This involved the advertisement of the study with a posted flyer and administration of the questionnaire in group settings at the student union. In both methods, participants were provided an informed consent form for participation in the study (see Appendix B). Questionnaires were distributed following the collection of a signed consent form. No identifying information was included in the questionnaire packet. Questionnaires were presented in one of three orders to control for order effects. The participants completed the questionnaires and placed the completed questionnaires into a provided envelope. Participants turned their envelopes in to the examiner and were offered a disclosure form (see Appendix C) that provided them with contact information for the examiner, the examiner’s advisor, and contact information for support services. Participants were also paid five dollars at the completion of the questionnaire, a financial incentive that was advertised to elicit participation in the study.

Instruments

The current study drew from prior research in the broad area of suicidology, as well as from the more specific areas of suicide buffers and feminist orientation research in selecting instruments to measure the relevant constructs. This section reviews the instruments and provides background information related to each instrument.
Feminist Characteristics

Autonomy Scale (AS). Bekker (1993) developed the AS to integrate feminist psychoanalytic theory of female identity development, as based in interpersonal relatedness (e.g. Chodorow, 1978), with the classical concept of autonomy, the capacity to feel and behave independently (see Appendix D). The scale was rationally constructed by the author and items were designed to measure independence as well as positive “self-in-relation” characteristics. Participants are asked to respond to items on a 7-point Likert-type scale by indicating how well the item fits with their self-conceptualization from 1 = absolutely does not fit to 7 = completely fitting me.

The original 50 rationally-derived items were reduced to 42 after the author subjected the scale to principal components analyses with oblique rotation. The three components that emerged were labeled Self-awareness, Sensitivity to Others, and Capacity for Managing New Situations and explained 32 percent of the total variance (Bekker, 1993). The variances explained by the three components were 18.0, 7.6, and 5.1 percent, respectively. Bekker reported internal consistency reliability estimates for the total AS to be .89, with .85, .81, and .80 for each of the respective subscales (Self-awareness, Sensitivity to Others, and Capacity for Managing New Situations).

Thus, the AS allows for the assessment of autonomy along three analytically derived dimensions. The Self-awareness subscale assesses awareness of and capacity to express personal opinions and needs without undue influence from others. The Sensitivity to Others subscale measures awareness of and compliance with the feelings and wishes of others. The Capacity to Manage New Situations subscale is an indicator of comfort,
flexibility, and openness to new situations. Scores are summed within each subscale and across the subscales to form a total score.

Bekker (personal communication, 01/05) noted that the most recent revision to the Autonomy scale is a 30-item measure with more specific response categories (i.e. 1 = disagree, 2 = disagree a little, 3 = agree and disagree, 4 = agree a little, and 5 = agree). This revision is a result of the earlier studies (Bekker, 1993) and is intended to measure the same three components as were measured by the longer scale. The items which were eliminated in this most recent revision were those that related the least to their respective component. The author made this revision to eliminate the redundancy in the measure and to more parsimoniously measure the construct. The total score derived from this revision was used in the current study.

Bekker (1993) provided construct validity evidence for the AS as it related in the expected direction to measures of social desirability, using the Personality Research Form (Jackson, 1967), and personality, using the Five Personality Factors Test (Elshout & Akkerman, 1975), the Adjective Checklist (Gough & Heilbrun, 1983), the Amsterdam Biographical Questionnaire (Wilde, 1963) and the Personality Research Form (Jackson, 1967). Thus, satisfactory reliability and validity evidence has been found for the AS. Because of its greater reliability, the total score on the AS was used in the current study to measure the feminist characteristic, autonomy.

*Rosenberg Self-Esteem Scale.* The Rosenberg Self-Esteem Scale (RSE) was designed by Rosenberg (1965) and is one of the most commonly utilized measures of unidimensional self esteem in social science research (Gray-Little, Williams, & Hancock, 1997; Rosenberg, 1989) (see Appendix E). Participants rate items on a 4-point Likert-
type scale ranging from 1 = *strongly disagree* to 4 = *strongly agree*. Higher scores on the RSE reflect greater self-esteem, however, no cutoff score exists that identifies low or high levels of self-esteem. Typical items include: “I take a positive attitude towards myself.” Rosenberg (1965) reported that the RSE related in expected directions with other measures of psychological functioning such as peer-group ratings, depression, and psychophysiological indicators. Silber and Tippett (1965) found test-retest reliability to be .85 over a two-week interval.

Additional psychometric support for the RSE was provided by several recent studies. Whiteside-Mansell and Corwyn (2003) reported that the mean RSE item scores for their sample of 414 adolescents and 900 adults were 2.5 to 3.2 (adolescents) and 2.4 to 3.2 (adults). The authors reported that no serious problems with skewness (all variables with values < .9) or kurtosis (all variables with values < 1.2) were found. Reliability coefficients (Cronbach’s alpha) for adolescents (.81) and adults (.83) were similar. In addition, the factor structure was examined by multiple group mean and covariance structures analysis (MACS) and the hypothesized structure of one factor was supported (CFI = .96 and SRMR = .06). The single-factor solution replicated prior research (e.g. Gray-Little, et al., 1997; Robins, Hendin, & Trzesniewski, 2001).

Robins, Hendin and Trzesniewski (2001) provided construct validity evidence for the RSE using an author-developed single-item measure of self-esteem. These measures were found to be highly correlated ($r = .75$). The authors also reported correlations between the RSE and 37 variables, many significantly correlated in the expected direction (all at $p < .01$), after controlling for multiple comparisons. For example, the RSE was significantly related to self-evaluations of academic ability ($r = .24$), NEO
Extraversion (Costa & McCrae, 1992; \( r = .41 \)), and positive affect, as measured by the Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988; \( r = .56 \)). Taken together, the RSE has demonstrated adequate reliability and validity in prior research and was used in the current study to measure self-esteem, the second measured feminist characteristic.

*Religious Beliefs and Spirituality.* Miller and Thorensen (2003) discussed the scientific study of religion and spirituality and defined these affiliated constructs as follows:

In one sense, religion is an institutional (and thus primarily material) phenomenon. Though often centrally concerned with spirituality, religions are social entities or institutions, and unlike spirituality, they are defined by their boundaries. Religions are differentiated by particular beliefs and practices, requirements of membership, and modes of social organization. What is spiritual or transcendent may be a central interest and focus, but religions are also characterized by other nonspiritual concerns and goals (e.g. cultural, economic, political, social). Thus, religion can be seen as fundamentally a social phenomenon, whereas spirituality (like health and personality) is usually understood at the level of the individual within specific contexts (p. 27-28).

The authors suggest that religion and spirituality are distinct constructs and they were examined as such in the present study to correct for this oversight in related research (e.g. Marion & Range, 2003a, b). To this end, the following instruments were utilized:

*Religious Commitment Inventory-10 (RCI-10).* In an effort to more efficiently measure the construct of religion a group of authors developed the Religious
Commitment Inventory-10 (Worthington, et al., 2003) (see Appendix H), based on the Religious Commitment Inventory-17 (McCullough, et al., 1997). This measure was designed to measure religious commitment, or the degree to which individuals adhere to their religious values and utilize them in daily life. The RCI-10 consists of 10 items that participants rate on a Likert-type scale such that 1 = not at all true of me, 2 = somewhat true of me, 3 = moderately true of me, 4 = mostly true of me, or 5 = totally true of me. The authors designed and implemented a total of six studies in the development and validation of the measure, with a total of nearly 2,000 college student participants in all. The results of their efforts are summarized in the paragraphs that follow.

The authors reported that the underlying factor structure of the RCI-17 consists of two factors (Worthington, et al., 2003) based on a principal-axis factor analysis: Factor 1 (eigenvalue = 6.20), consisted of 6 items and accounted for 62.0% of the common variance, and Factor 2 (eigenvalue = 1.01), consisted of 4 items and accounted for 10.1% of the common variance. The factors were identified by the authors as Intrapersonal Religious Commitment (Factor 1) and Interpersonal Religious Commitment (Factor 2). These two factors comprise the RCI-10. Coefficient alphas for the new measure and subscales were .93 for the full scale, .92 for Intrapersonal Religious Commitment, and .87 for Interpersonal Religious Commitment. The two subscales were intercorrelated ($r = .72$, $p < .001$) and test-retest reliability coefficients were .87, .86, and .83 for the RCI-10 total, Intrapersonal Religious Commitment, and Interpersonal Religious Commitment, respectively, over a three-week interval.

In addition, the RCI-10 demonstrated good validity evidence as the scale scores related in the expected manner with, for example, a self-rated spirituality item ($r = .58$).
and frequency of attendance to religious activities ($r = .70$). Additional validity support was interpreted by the authors based on a comparison of the RCI-10 means between African-American, Asian-American, and Caucasians. Results indicated that African-Americans scored significantly higher on the RCI-10 than the other groups which did not differ from each other. This finding was interpreted to provide additional validity support for the instrument, as the authors contended that theoretical differences among the cultural groups (i.e. dominant religious preferences) would logically allow for differing relationships between ethnicity and the RCI-10. Thus, the differing mean scores were believed by the authors to suggest distinct differences in religiosity between the cultural groups, consistent with their expectations of such groups.

Worthington, et al. (2003) reported in Study 2 that internal consistency reliability estimates continued to be strong (.96 for full scale, .94 for Intrapersonal Religious Commitment, and .92 for Interpersonal Religious Commitment). Further validity support was also interpreted based on the findings that the RCI-10 total score was related in the expected direction with self-estimates of religiosity, reactions of revenge and empathy, and with religious service attendance. A test-retest reliability estimate for the full scale was high ($r = .84$) at a 5 month retest. Confirmatory factor analysis supported the findings of Study 1 such that a two-factor model provided a good fit for the data (NFI = .96, NNFI = .96, CFI = .97, $\chi^2 (34) = 111.90, p < .01$).

Worthington, et al. (2003) examined the use of the RCI-10 with groups of diverse religious beliefs in an effort to address the limitation of other measures of religiosity that largely focus on Christianity. Internal consistency reliability estimates ranged from .92 to .98 for the specific religious groups studied (Buddhists, Christians, Hindus, Muslims, and
nonreligious). ANOVAs compared the groups’ scores on the measure and found significant differences such that the nonreligious group scored lower than the other groups. Both the Christian and Muslim groups scored significantly higher than the Buddhist group on the RCI-10, but did not significantly differ from one another. In their discussion of the results, the authors contended that the RCI-10 has been found to be reasonably reliable and valid for all groups included in their diverse sample but stated that it seems to be particularly useful for Christians.

The RCI-10 was used in the current study to ascertain the religious commitment of participants. Due to the highly intercorrelated nature of the subscales, and according to the authors’ recommendations, only the full-scale score of the RCI-10 was utilized in the analyses to measure the religiosity of participants.

The Spiritual Meaning Scale (SMS). The SMS (Mascaro, Rosen, & Morey, 2004) is a 14-item scale designed to measure the extent to which an individual believes that her or his life has a purpose or meaning (see Appendix I). The authors were influenced by existentialism and sought to measure spiritual meaning as opposed to religiosity (the participation in an organized system of beliefs) or personal meaning (the view that one’s individual life has meaning or purpose). Spiritual meaning is hypothesized to transcend personal meaning, as spiritual meaning pertains to the individual’s perception of him or herself as a participant in a life force that provides meaning beyond individual meaning (Mascaro, et al., 2004). The resulting rationally-constructed scale utilizes a Likert format for participants’ responses ranging from 1 = I totally disagree to 5 = I totally agree. The authors reported a coefficient alpha of .89 in their development study of this measure.
The validation study for the SMS yielded additional reliability and initial validity support for the scale (Mascaro, et al., 2004). The authors reported a coefficient alpha of .89 for the validation study sample. Principal components analysis provided a one-component solution as hypothesized, accounting for 41% of the variance. Convergent validity was supported by the SMS’s significant relationships in the expected direction with other measures of meaning. For example, the SMS was found to significantly relate ($r = .49, p < .001$) to the Life Regard Index-framework subscale (Battista & Almond, 1973) and ($r = .67, p < .001$) to the Personal Meaning Profile (Wong, 1998). Responses on the SMS were not significantly influenced by social desirability ($r = .01, p > .05$) using the Marlowe-Crowne Social Desirability scale (MCSD; Crown & Marlow, 1964). Significant relationships between the SMS and a measure of hope (Herth Hope Scale; Herth, 1991) and depression (Personality Assessment Inventory; Morey, 1999) were found in the expected directions. Taken together, the SMS appears to have reasonable psychometric evidenced and was used in the current study to measure spirituality as a construct independent of religiosity.

The Perceived Social Support from Family and Perceived Social Support from Friends Questionnaire (PSS-Fa and PSS-Fr). Marion and Range (2003a,b) utilized the PPS-Fa and PPS-Fr (Procidano & Heller, 1983) questionnaire in their recent studies on suicide buffers (see Appendix J). The PSS-Fa and PSS-Fr will also be used in the present study to measure social support. The questionnaire consists of 20 declarative statements intended to measure the respondents’ appraisal of their social support; specifically, the extent to which an individual believes that her/his needs for support, information, and
feedback are fulfilled. Responses vary from 1 = yes to 2 = no, and don’t know as unscored, with higher scores indicating more support.

Reliability of the PSS-Fa and PSS-Fr has been reported to be .88 and .90, respectively (Procidano & Heller, 1983). A factor analyses demonstrated that each scale was composed of a single factor, as hypothesized by the authors. Additionally, construct validity support was provided as the PSS-Fa and PSS-Fr related in the expected direction to a measure of psychological distress, such that both the PSS-Fa and the PSS-Fr related negatively to psychological distress with correlations of -.27 (p < .01), and -.29 (p < .01), respectively.

Additional psychometric support for the PSS-Fa and PSS-Fr was reported by Lyons, Perrotta, and Hancher-Kvam’s (1988). Internal consistency reliability estimates for the two scales in their study ranged from .84 (for the PSS-Fr in a diabetic sample) to .92 (for the PSS-Fa in a college sample and for the PSS-Fr in a chronic-psychiatric sample). Thus, the scales demonstrated adequate internal consistency across varied samples. No relationship between either scale and age was found and the PSS-Fa did not differ between the genders but women scored significantly higher than men on the PSS-Fr. Additionally, Lyons et al. found that college students perceived greater social support from friends than did chronic-psychiatric patients, providing further construct-related validity support.

The Marion and Range (2003a) study utilized the PSS-Fa and PSS-Fr and found strong to moderate internal consistency reliability estimates for the measure (α = .92, and .86, respectively). Taken together, the reviewed research provides reasonable reliability and validity evidence for the PSS-Fa and PSS-Fr in support of their use in the current
research. The scales were utilized as measures of social support in much the same way as Marion and Range (2003a) did in their initial study of suicide buffers. It was important to include this construct in the current study to determine if the relationships found between social support and suicide attitudes in the Marion and Range studies were replicable and if, taken together with self-esteem, autonomy, and spirituality/religiosity, this particular constellation of characteristics which is consistent with feminist orientation, had a relationship to suicide attitudes and ideation.

Feminist Identity

Feminist Identity Composite. Fischer, et al. (2000) created a composite measure of feminist identity development, the Feminist Identity Composite (FIC), consistent with Downing and Rousch’s (1985) model of feminist identity development. As opposed to earlier measures of feminist identity development, which were both rationally-constructed and composed of factorially-derived subscales, the FIC was created by selecting items from prior measures of feminist identity development. The final names for the newly developed subscales were consistent with Downing and Rousch’s (1985) theory and are as follows: Passive Acceptance (PA), Revelation (R), Embeddedness-Emanation (EE), Synthesis (S), and Active Commitment (AC). The FIC consists of 33 items rated by participants on a 5-point Likert-type scale ranging from 1 = strongly agree to 5 = strongly disagree. Higher scores on each subscale indicate characteristics consistent with that particular stage.

The Fischer et al. (2000) study involved the development of the FIC as well as a validation study of the measure. In Study 1, the authors reported internal consistency reliability estimates for the scales as follows: .75 (PA), .80 (R), .84 (EE), .68 (S), and .77
The FIC’s 5-factor solution accounted for 36% of the total variance in the data obtained from a sample of 191 women participants. The validation study (Study 2) indicated moderate internal consistency estimates for all subscales (.74 (PA), .75 (R), .86 (EE), .71 (S), and .81 (AC)) as well as validity evidence for the newly developed measure. Convergent validity was evidenced by the FIC’s predicted relationships with a measure of ego identity (Objective Measure of Ego Identity Status (OMEIS-R); Adams, Bennion, & Huh, 1989), a measure of perceptions of sexist events (Schedule of Sexist Events (SSE); Klonoff & Landrine, 1995), and with an author-developed one-item measure of involvement in women’s organizations. Discriminant validity evidence was found as the FIC’s subscales and a measure of social desirability (Balanced Inventory of Desirable Responding (BIDR); Paulhus, 1994) related weakly or not at all to each other (r = -.16 to .13). Lastly, a confirmatory factor analysis performed in the validation study supported the original five-factor structure ($\chi^2$ to df ratio = 1.94 ($\chi^2$ (44) = 85.24, p < .001), GFI = .96, NNFI = .95, CFI = .96, RMSR = .046).

Fischer et al. (2000) reported intercorrelations between the five subscales of the FIC ranging from -.27 to .43. The highest positive correlations were found between AC and EE (r = .43) and between AC and SYN (r = .34). Conversely, the highest negative correlations were found between those stages conceptually opposing: PA and AC (r = -.27) and PA and SYN (r = -.24). The interrelated nature of the scales found in this study is consistent with the nature of the feminist identity development model offered by Downing and Rousch (1985). Feminist identity development has been conceptualized by the original authors as a fluid and cyclical process in which an individual moves through the stages. Hansen (2002) responded to the empirical evidence for intercorrelations
among the scales that are sometimes lower for adjacent scales than for nonadjacent scales by reiterating the theory. She indicated that:

(R)esults…may be attributed to the fact that three of the five stages are clearly dynamic in their descriptions: R, EE, and AC. Women are doing things – be it seeing the world differently in R, finding their place in EE, or initiating social change in AC. In contrast, Passive Acceptance (PA) and S are both much more static, and the associated descriptions delineate how women are in the world – either denying gender-based oppression and discrimination (PA) or living with a positive self-concept despite experiences of sexism (S) (p.89).

Thus, the empirical results are consistent with the underlying theory.

The aforementioned findings supported the reliability and validity of the FIC. This measure is used in the current study as a means of correlating the characteristics hypothesized to be associated with feminist identity to feminist identity development, thus providing support for the validity of these relationships. Scores for each participant along the five stages of feminist identity development are utilized in the current research, as opposed to limiting a participant’s identity to one particular stage in which she scores the highest. This use of the measure is consistent with the recommendations offered by Moradi and Subich (2002), wherein the authors stated that feminist identity development measures should not be used to assign women to stages but rather to provide a continuous score on the subscales to assess women’s attitudes. The relationship between the FIC and the independent variables conceptually related to feminism (i.e. autonomy, self-esteem, social support, and religiosity/spirituality) was explored in order to provide validity evidence to support the interpretation of the results.
Hopelessness

Beck, et al. (1993) reported that hopelessness was 1.3 times more important than depression for explaining suicidal ideation based on their analysis of data from a sample of 1,306 patients with mood disorders and 488 individuals without mood symptoms. Because of the empirical strength of hopelessness, this variable was included to see if the buffers would account for variance above and beyond that which is accounted for by hopelessness. Thus, the current study utilized hopelessness as an independent variable empirically shown to be associated with heightened suicide risk.

*Hopeless Depression Symptom Questionnaire (HDSQ).* Metalsky and Joiner (1991) created the HDSQ to measure Abramson, Metalsky, and Alloy’s (1989) hypothesized construct of hopeless depression (see Appendix G). The 32-item self-report scale measures each symptom of hopeless depression with a cluster of four items, comprising eight subscales. Each subscale measures a different symptom of hopeless depression: Motivational Deficit (items 1 - 4), Interpersonal Dependency (items 5 - 8), Psychomotor Retardation (items 9 – 12), Anergia (items 13 – 16), Apathy/Anhedonia (items 17 – 20), Insomnia (items 21 – 24), Difficulty in Concentration/Brooding (items 25 – 28), and Suicidality (items 29 – 32). Scores on each item range from 0 to 3 and, for a given subscale, from 0 to 12, with higher scores reflecting greater severity of the associated symptom. A full scale HDSQ score is also obtained.

Metalsky and Joiner (1997) reported an alpha coefficient for the full scale HDSQ of .93, with subscale alpha coefficients as follows: Motivational Deficit = .70, Dependency = .72, Psychomotor Retardation = .86, Anergia = .86, Apathy/Anhedonia = .75, Insomnia = .81, Difficulty in Concentration/Brooding = .80, and Suicidality = .86.
The authors also reported on the validity merits of the measure in the 1997 validation study. The HDSQ related in the expected direction with scores on a measure of negative life events (Negative Life Events Questionnaire; Saxe & Abramson, 1987) and with a measure of subjective distress and positive affect (Positive Affect Negative Affect Schedule; Watson, Clark, & Tellegen, 1988). Based on the high reliability of the total score ($\alpha = .93$) and due to the authors’ contention that the HDSQ measures one latent construct, the current study used the HDSQ total score as an independent variable to ascertain the degree to which participants endorse hopelessness.

**Suicidality**

*The Suicide Ideation Scale (SIS).* Rudd (1988) developed a 10-item scale to measure the severity or intensity of suicidal ideation by self-report (see Appendix K). Respondents’ indicate “how often you have felt (that way) during the past week, including today” to items such as: “I have been thinking of ways to kill myself.” Responses are scored on a Likert-type scale from $1 = \text{never or none of the time}$ to $5 = \text{always or a great many times}$ and are summed to a total score, with higher scores reflecting greater suicide ideation. Rudd (1989) described the scale items as intended to represent a continuum of suicidal ideation, ranging from covert suicidal thoughts to overt ideation and/or suicide attempts.

Rudd (1989) reported adequate internal consistency reliability for the SIS (coefficient alpha = .86 to .90) with item-total correlations ranges from .49 to .78. The SIS correlated with a measure of depression at .55 (the Center for Epidemiologic Studies Depression Scale; Radloff, 1977) and hopelessness at .49 (the Beck Hopelessness Scale; Beck, Weissman, Lester, & Trexler, 1974). Additionally, criterion-related validity
evidence was reported such that the mean SIS score for suicide attempters was higher than that for other subjects.

The SIS was utilized in the current study to measure suicide ideation. This dependent variable was one of two suicide measures utilized in the study and the only measure of behavioral risk. Rudd (1989) reported that 43.7% of his college-student participants evidenced suicide ideation during the previous year by their responses to the SIS. This finding illustrates the importance of researching suicidality in the college student population.

The Suicide Opinion Questionnaire. The Suicide Opinion Questionnaire – Acceptability subscale (SOQ-A; Rogers & DeShon, 1992) was utilized in the current study to ascertain participants’ opinions, or attitudes, about suicide in much the same manner as was used in the Marion and Range (2003a) study (see Appendix L). This attitude measure consists of items such as: “Suicide is the only escape from life’s problems.” Participants rate their responses on a 5-point Likert scale (1 = strongly agree to 5 = strongly disagree) such that higher scores reflect a more positive attitude towards suicide. The original SOQ (Domino, Moore, Westlake, & Gibson, 1982) was introduced as a structured interview and contained items on religion, minority status, mental illness, suicide ideation, epidemiology, recidivism, personality, environmental variables. This structured interview was later presented in a questionnaire that consisted of 100 items with a total of eight clinical scales. The SOQ-A is one of the five clinical scales that emerged as a factor in Rogers and DeShon’s study. A representative item from this scale is: “People with incurable diseases should be allowed to commit suicide in a dignified manner.” The additional subscales are entitled: Perceived Factual Knowledge, Social
Disintegration, Personal Defect, and Emotional Perturbation and all were derived from factor analysis of the original scale (Rogers & DeShon).

The SOQ-A has been used in several studies (Maine, Shute, & Martin, 2001; Marion & Range, 2003) and high to moderate internal consistency reliability estimates (α = .89, α = .88, respectively) have been reported. Marion and Range reported that the SOQ-A correlated with the total SOQ at .89 and suggested that the administration of the SOQ-A as a separate scale yields similar results as administering it as part of the entire, 100-item SOQ. Additionally, Rogers and DeShon (1992; 1995) found the Acceptability subscale to be the most robust factor in their 5-factor model of the SOQ, supporting its use in the current study to measure attitudes toward suicide.

**Research Hypotheses**

Correlational analyses were used to explore the relations between variables theoretically related to feminist identity and scores on the measure of feminist identity. Multiple regression analyses were used to identify those variables predictive of suicide attitudes and suicide risk at a .05 level of significance, when controlling for hopelessness.

Specific hypotheses to be tested include:

1. Higher degrees of autonomy, self-esteem, social support, and spirituality/religiosity will be significantly positively related to higher degrees of feminist identity, providing support for the interpretation of those variables as feminist-related characteristics.

2. The constellation of characteristics associated with feminist orientation (autonomy, self-esteem, social support, and spirituality/religiosity) will
account for a significant amount of variance in predicting attitudes toward suicide above and beyond that which is accounted for by hopelessness.

3. The constellation of characteristics associated with feminist orientation (autonomy, self-esteem, social support, and spirituality/religiosity) will account for a significant amount of variance in predicting suicide ideation above and beyond that which is accounted for by hopelessness.

Exploratory Analyses

1. Given the identified issues related to the measurement of religiosity and spirituality, the study will explore how the Religious Commitment Inventory and the Spiritual Meaning Scale relate to each other and to other variables in the study.
CHAPTER IV

RESULTS

Descriptive Statistics

A total of 120 participants completed the survey. Ninety-one (76%) were solicited at the Student Union, 26 (22%) participated at their sorority chapter house, and three (2%) participated in the Arts and Sciences building. The current sample was asked to self-report demographic information including age, race/ethnicity, sexual orientation, year in education, and major area of study. Answers were converted into numerical data for analysis. A summary of the demographic variables is presented in Table 1.

Procedures

The intercorrelations, means, standard deviations, and internal consistency reliability estimates are presented in Table 2. Alpha coefficients for the measures ranged from .62 (Autonomy Scale – Comfort in New Situations subscale) to .96 (Religious Commitment Inventory) with one exception. The internal consistency reliability estimate for the total score of the Autonomy Scale was .40 and, due to the relatively low alpha, the subscales of this measure (Self-Awareness, Sensitivity to Others, and Comfort in New Situations) were utilized in the subsequent analyses. The internal consistency reliabilities for these subscales were .66, .63, and .62, respectively.

Frequency tables indicated a very low incidence of missing data (2.32% across items). Therefore, mean values were calculated for missing data for individual
Table 1

Demographic Information (N = 120)

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Table 2

Means, Standard Deviations, and Intercorrelations for Research Measures

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Note: N = 120

Significant correlations at the .05 level (Bonferroni correction α = .0004) are indicated with an asterisk (*).

HDQ = Hopelessness Depression Questionnaire; RCI = Religious Commitment Inventory; RSE = Rosenberg Self Esteem Scale; SMS = Spiritual Meaning Scale; PSS-FA = Perceived Social Support – Family Scale; PSS-FR = Perceived Social Support – Friends Scale; AS_SA = Autonomy Scale – Self Awareness subscale; AS_SO = Autonomy Scale – Sensitivity to Others subscale; AS_CNS = Autonomy Scale – Comfort in New Situations subscale; FIC_PA = Feminist Identity Composite – Passive Acceptance factor; FIC_R = Feminist Identity Composite – Revelation factor; FIC_EE = Feminist Identity Composite – Embeddedness-Emanation factor; FIC_S = Feminist Identity Composite – Synthesis factor; FIC_AC = Feminist Identity Composite – Active Commitment factor; SIS = Suicide Ideation Scale; SOQ = Suicide Opinions Questionnaire
respondents and all 120 cases were included in subsequent analyses. A visual inspection of the correlation matrix with the full sample compared to the reduced sample (when cases were deleted due to missing data points) suggested minimal change in the correlations, thus the corrected full sample was utilized for the analyses.

Preliminary Analysis

Table 2 provides the correlations between all measures but outstanding or unexpected relations are highlighted in this section. For example, the subscales of the Autonomy Scale intercorrelated in an unexpected manner after Bonferonni correction such that the Sensitivity to Others subscale negatively related to the other subscales. Specifically, the Sensitivity to Others and Self-Awareness subscales correlated -.32 ($p < .05$) and Sensitivity to Others and Comfort in New Situations subscales correlated -.44 ($p < .05$). However, consistent with expectation and prior research, the Self-Awareness and Comfort in New Situations subscales were positively correlated (.39, $p < .05$). Thus, the Sensitivity to Others subscale seems to relate in a counter-theoretical manner to the other subscales of the Autonomy Scale. These results may explain the poor performance of the Autonomy Scale in terms of internal consistency reliability. The Suicide Ideation Scale related to all other independent variables in the expected direction. This pattern of relations is contrary to what would be expected theoretically and will be discussed later.

The subscales reflecting stages 1 through 5 of the Feminist Identity Composite (Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment) had alpha coefficients that ranged from .68 (Embeddedness-Emanation) to .82 (Passive Acceptance and Synthesis). Subscale intercorrelations ranged from -.05 to .65 ($p < .01$). These intercorrelations were dissimilar to those previously reported for the
Feminist Identity Composite and some were higher than expected. For example, Fischer et al. (2000) reported intercorrelations ranging from -.27 to .43.

The subscales of the Feminist Identity Composite correlated in the expected theoretical manner, such that conceptually dissimilar stages had negative relations. For example, the initial stage (Passive Acceptance) in feminist identity development related negatively to the final stage (Active Commitment) in development (-.37, \( p < .01 \), uncorrected). This finding is consistent with that found in prior research (Fischer et al., 2000).

Interestingly and contrary to expectation based on the contention that suicide measures should relate to one another, the two suicide measures in this study, the Suicide Ideation Scale and the Suicide Opinion Questionnaire – Acceptability Scale did not relate in a statistically significant manner (.06, \( p > .05 \)). Thus, suicide risk and attitudes regarding the acceptability of suicide did not relate for this sample of college women.

**Tests of the Statistical Hypotheses**

The following section presents the results of the tests of statistical hypotheses. The first hypothesis stated that higher degrees of autonomy, self-esteem, social support, religiosity, and spirituality are significantly and positively related to higher degrees of feminist identity. A correlational analysis was utilized to examine these relations. All of the observed correlations were small (all \( \leq .28 \)) and cannot provide substantial validity evidence for the relations between the hypothesized feminist constructs and feminist identity, despite the fact that several of the relations between feminist identity and these constructs were statistically significant. These relations will be explicated in the paragraphs that follow.
Consistent with the contention that feminist identity is protective in nature in the same way as religiosity has been found to be in prior research, the Religious Commitment Inventory and the Feminist Identity Composite subscale Embeddedness-Emanation related in a positive manner (.16, $p < .05$, uncorrected). The final stage of feminist identity, Active Commitment, correlated .20 ($p < .05$) and .28 ($p < .01$) with the measures of religiosity and spirituality, respectively. These correlations indicate that feminist identity related in the expected direction with these constructs and, as such, provide partial support for the hypothesized relations between feminist identity and religiosity and spirituality in the current study. However, that religiosity and Passive Acceptance related in a significant manner (.20, $p < .05$) suggests that the theoretically opposite identity to a developed feminist identity (as theorized in the Passive Acceptance stage) also related to religiosity in the current sample. It is important to note, however, that these relations were significant only when the correlations were left uncorrected for multiple comparisons. Thus, these relations must be interpreted cautiously.

Similarly, when uncorrected correlational relations are examined, differences are seen between the stages of feminist identity development. In the Passive Acceptance stage, as measured by the FIC’s Passive Acceptance subscale, relations were found with social support from family (.25, $p < .01$) and comfort with new situations, a subscale of the Autonomy Scale (-.22, $p < .01$). The middle stages of the FIC related in expected directions with several of the variables and provided evidence for the tumultuous nature of these stages of development (Fischer & Good, 2004). For example, FIC’s Revelation stage related in a positive manner with the attitudinal measure of suicidality, the Suicide
Opinion Questionnaire-Acceptability Scale (.20, p < .05) while Embeddedness-Emanation related negatively to self-esteem (-.24, p < .01).

The correlational information demonstrated a pattern of relations between those characteristics hypothesized to be associated with feminism and feminist identity that is, overall, inconsistent and weaker than expected. These relations may have been compromised in the current study by problems with the measurement of feminist identity; problems that are underscored by examining the internal consistency reliability estimates for the FIC subscales (ranging from .62 to .82) and by the range of the intercorrelations between the subscales (-.05 to .65). These intercorrelations differ from the intercorrelations found in prior research that ranged from -.27 to .43 (Fischer et al., 2000) and suggest that some of the subscales may have been measuring similar constructs that, theoretically, should be relatively distinct from one another. Although Downing and Rousch’s (1985) theory has been interpreted as cyclical and fluid in nature (thus accounting for the interrelatedness of the subscales), some of the intercorrelations found in the current study are higher than those found in prior research. It may be the case that some of the subscales in the current sample were related to such an extent that they were measuring the same construct instead of conceptually distinct, albeit interrelated, constructs.

The single-order relations between feminist characteristics and the dependent variables are important to mention despite the weak relations found between feminist characteristics and feminist identity. Specifically, significant uncorrected negative relations at p < .05 were found between suicide ideation and self-esteem (-.43), spirituality (-.20), social support from family (-.31), social support from friends (-.26),
and two components of autonomy, Self Awareness (-.31) and Comfort in New Situations (-.25). Negative relations were also found between suicide opinions and religiosity (-.18), self-esteem (-.15), and spirituality (-.23). The interpretations of these relations will be discussed later.

The second hypothesis stated that scores on the measures of feminist characteristics (i.e. self-esteem, autonomy, religiosity, spirituality, social support) would account for a significant (p < .05) amount of the variance in scores on the Suicide Ideation Scale (Rudd, 1988) above and beyond that accounted for by hopelessness. The effect of feminist characteristics, while controlling for hopelessness on scores on the Suicide Ideation Scale was tested using a two-step linear hierarchical regression. Regression results indicated that the overall model significantly predicted suicide ideation (F(9,110) = 7.62, p < .001). In step one of the regression equation the impact of hopelessness on suicide ideation was tested and found to be significant (F = .338, p < .001; see Table 3). The second step of the regression indicated that, while controlling for hopelessness, feminist characteristics did not account for a statistically significant amount of additional variance in scores on the Suicide Ideation Scale (R^2 = .048, p = .384).

Table 3

<table>
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<th>ΔR^2</th>
<th>ΔF</th>
<th>p</th>
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<td>.048</td>
<td>1.07</td>
<td>p = .384</td>
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</table>


In the second hierarchical linear regression, the effects of feminist characteristics on scores on the Suicide Opinions Questionnaire – Acceptability Scale while controlling for the effects of hopelessness were examined. Regression results indicated that the overall model did not significantly predict opinions about the acceptability of suicide (F(1,118) = 1.24, p = .28).

It is interesting to note, however, that several of the feminist characteristics significantly related in the expected direction to hopelessness. Religiosity (-.61, p < .05), social support from family (-.30, p < .05), the self-awareness component of autonomy (-.31, p < .05), and the comfort with new situations component of autonomy (-.41, p < .05) all related in the expected direction to hopelessness. Thus, it may be the case that these feminist characteristics serve as buffers to hopelessness which, in turn, has a proximal relationship with suicide risk. In other words, the relationship between these feminist characteristics and suicidality may be mediated by hopelessness.

*Exploratory Analyses*

Given the problems previously discussed regarding the measurement of religiosity and the exclusion of the measurement of spirituality in prior suicide buffer research, the relations between the Religious Commitment Inventory and the Spiritual Meaning Scale were explored in the current study. Results of the correlational analyses suggest that the Religious Commitment Inventory and the Spiritual Meaning Scale relate in a significant, albeit modest manner (.29, p < .01, uncorrected). This finding suggests that religiosity and spirituality have a relatively small common variance. Thus, they seem to be interrelated yet distinct constructs.
Relations with feminist identity. When the uncorrected correlations of the two scales of Religious Commitment Inventory and Spiritual Meaning Scale with the Feminist Identity Composite are examined, differences are noted. Statistically significant, albeit smaller relations between the Religious Commitment Inventory and the first stage, Passive Acceptance (.20, \( p < .05 \)), the third stage, Embeddedness-Emanation (.16, \( p < .05 \)), and the final stage, Active Commitment (.20, \( p < .05 \)) were found. Religiosity, it seems, related in a fluctuating manner with the developmental stages of feminist identity.

In contrast, the Spiritual Meaning Scale related with the total score of the Feminist Identity Composite at .17 \( (p < .05) \) and with the latter two stages of feminist identity, Synthesis (.16, \( p < .05 \)) and Active Commitment (.28, \( p < .01 \)). The strongest relationship found between the Spiritual Meaning Scale and the stages of feminist identity was at the final stage, Active Commitment and spirituality seemed to have related in an increasing manner through the stages of feminist identity development.

Relations with the dependent measures. Although the Religious Commitment Inventory related in the expected direction with the Suicide Opinion Questionnaire (-.18, \( p < .05 \), uncorrected), it did not relate to the Suicide Ideation Scale (-.14, \( p > .05 \), uncorrected). At the same time, the Spiritual Meaning Scale related to both measures of suicidality in the expected direction (-.20, \( p < .05 \), uncorrected) with the Suicide Ideation Scale and -.23 \( (p < .01 \), uncorrected) with the Suicide Opinion Questionnaire – Acceptability Scale).
CHAPTER V
DISCUSSION

The study of protective factors related to suicide has expanded in recent years and has yielded empirical support for the buffering quality against suicidality of several constructs, including religiosity and social support (Marion & Range, 2003a, b). The current study attempted to extend this line of research to explore the buffering quality of several other characteristics and to integrate a theoretical explanation that prior buffer research lacked. The full regression model that included hopelessness and the constellation of characteristics conceptually associated with feminist orientation (i.e. self-esteem, autonomy, religiosity/spirituality, and social support) was able to significantly predict suicide risk (as measured by a suicide ideation scale) in this sample of college women. However, feminist characteristics did not add to the variance in suicide risk above and beyond that which was accounted for by hopelessness, nor did the model predict suicide attitudes. The single order correlations yielded interesting findings and provided support for the mediating relationship of hopelessness between feminist characteristics and suicide opinions and risk. This chapter examines the results of the analyses of all hypotheses, discusses potential difficulties encountered in the current study, provides a theoretical understanding of the results, and highlights the importance of the present study.
Results of Hypotheses

Feminist Identity and Characteristics Associated with Feminism

The relationships between feminist identity development, as measured in this study by the Feminist Identity Composite (Fischer, et al., 2000), and those characteristics theoretically and empirically associated with feminism (i.e. self-esteem, autonomy, religiosity, spirituality, and social support) were explored in the present study as the initial hypothesis. The results indicated that the stages of feminist identity and some of the hypothesized feminist constructs (i.e. autonomy, religiosity, spirituality, and social support) are related in a theoretically consistent, yet limited manner. In effect, the strongest support for the relations between these constructs was seen for feminist identity and religiosity and spirituality. For example, feminist identity positively related to religiosity and spirituality such that as an individual progresses through the stages of feminist identity her spirituality increases, with the strongest relationship being seen at the final stage of feminist identity. Women in the final stage of feminist identity development are said to possess a deep commitment to social change, having been through earlier stages of crises and dysphoria associated with the process of coming to terms with their status as women in society (Downing & Rousch, 1985). It may be the case that women in latter stages of feminist identity have sufficiently resolved their internal conflict and, in doing so, have more time and attention to devote to other facets of life, including spirituality. Having worked through the conflict of earlier stages of feminist identity development, these women adhere to the belief that life has a purpose or meaning to a greater degree than they may have in earlier stages of feminist identity. Thus, their constructions of meaning may be firmly set by the time they reach the latter
stages of feminist identity development, consistent with the meaning-making process described in such constructivist theories as the Existential Constructivist Model (EC) (Rogers, 2001).

The relationships seen between religiosity and feminist identity, however, are less clear. As one moves through the stages of feminist identity, it appears that one’s religiosity may vary, as the highest correlations were seen in the first, third, and final stages of feminist identity development. In effect, the relationship between the first stage of feminist identity development and religiosity suggests that religiosity is related to a non-feminist identity in this study as much as it is related to a feminist identity (as seen in stages 3 and 5). It is unclear why this variable relationship pattern between the stages of feminist identity development and religiosity existed in the current study. It may be the case that women in the first, third, and final stages of feminist identity development are more apt to affiliate with groups of like-minded others that may be found in religious groups. Women in stage 1 (Passive Acceptance) and in stage 3 (Embeddedness-Emanation) may endorse religious beliefs that are consistent with their overall worldview based on either relatively unexamined, traditional beliefs (Stage 1) or those that have sprung from the internal crisis involved in stage 3. Those women in stage 3 may find support in the connectedness to other women afforded by religious affiliation. Lastly, women in the final stage of feminist identity development may have resolved some of the earlier issues that challenged their prior beliefs about such things as religion and may have a renewed relationship with religiosity from, perhaps, a different perspective. These relationships, however, are speculative and require additional research before they can be assumed to be valid interpretations of the existing data.
The middle stages of feminist identity development seem to have related to the other variables of study in such a manner that supports the conflictual, tumultuous nature of these middle stages purported in theoretical literature (Fischer & Good, 2004). That stages 3 (Revelation) and 4 (Embeddedness-Emanation) related to more positive attitudes toward the acceptability of suicide, hopelessness, and lower self-esteem may support the contention that women in the middle stages of feminist identity development are involved in a personal struggle that manifests in some psychological distress.

Although some of the theoretically-related constructs were found to be associated with feminist identity in the present study, others did not relate in the expected manner. For example, feminist identity did not relate to social support from friends or family. It did not relate in a positive manner with self-esteem at any of the stages of development. Similarly, only the fourth stage (Synthesis) related to two of the three subscales of the Autonomy Scale. No other relations were found between feminist identity and autonomy.

It is difficult to determine the cause of the inconsistent relations found between feminist identity and those characteristics hypothesized to be related to feminist identity. Perhaps this sample of college students exhibited feminist ideologies that were inconsistent with those in the prior research that linked such beliefs to autonomy, self-esteem, and social support (Carpenter & Johnson, 2001; Hjelle & Butterfield, 1974; Weitz, 1982; Worrell & Worrell, 1977; Fowler & Van de Riet, 1972; Cherniss, 1972). Much of the prior research on the relations between feminism and self-esteem and autonomy, for example, utilized different and, at times, limited methods of identifying feminist orientation or feminist identity in the subjects, while the current study used a relatively new measure of feminist identity, the Feminist Identity Composite (Fischer et
al., 2000) based on the Downing and Roush (1985) model. Thus, the feminist ideologies that prior studies explored may have been qualitatively different than that which the Feminist Identity Composite measured in the current study.

Despite the empirical and theoretical literature linking feminist identity, orientation and values to self-esteem, autonomy, and social support (Carpenter & Johnson, 2001; Hjelle & Butterfield, 1974; Weitz, 1982; Worrell & Worrell, 1977; Fowler & Van de Riet, 1972; Cherniss, 1972), the relations observed in the current study were not consistent with prior research. Several reasons for these findings must be considered before accepting the assumption that these constructs do not relate to feminist orientation in the current sample. These reasons include measurement concerns and theoretical problems with the concept of feminist identity.

Measurement Concerns. First, the measurement of feminist identity has been and continues to be a problem that did not evade the current study. As feminist authors and critics of these measures have argued, the Feminist Identity Composite (FIC), like other measures of feminist identity development, is limited to measuring liberal feminist ideology and excludes alternative feminist ideologies (Liss et al., 2000). As the results of the current study suggest, the FIC is also not without psychometric problems. For example, unlike the more moderate intercorrelations found in previous research on the FIC (i.e. Fischer et al., 2000), the intercorrelations found in the current study were substantially different from those found in Fischer et al. (-.27 to .43). Like the Fischer et al. study, however, relations between the subscales were conceptually consistent with the theory. For example, the initial stage in feminist identity development related negatively to the final stage in development (-.37, p < .01, uncorrected). As with the Fischer et al.
study, moderate internal consistency reliability estimates were found for the subscales. Overall, these measurement issues suggest that the measurement of feminist identity development is imperfect and that the findings may be limited to one feminist ideology rather than an inclusive and broad ideological perspective.

A second concern regarding measurement issues involves the performance of the Autonomy Scale (Bekker, 1993) in the present study. Although Bekker designed the measure to include positive “self-in-relation” characteristics with the more traditional aspects of autonomy (i.e. independence, comfort in new situations, etc.), the interpersonal relatedness aspect of autonomy appeared to be inconsistently related to the other autonomy factors (self-awareness and comfort in new situations) and was positively correlated with suicide ideation in this sample of college women. Overall, the Autonomy Scale did not perform as expected in the current study, as internal consistently reliability estimates were considerably lower than found in Bekker’s (1993) study and ranged only from .62 to .66 for the subscales, as compared to .80 to .85 in Bekker’s research. Additionally, negative relations between the scale measuring inter-relatedness (Sensitivity to Others) and the other subscales were found in the current study. These observed correlations are inconsistent with the underlying theory and cast doubt on the psychometric integrity of the Autonomy Scale in general.

The psychometric issues associated with the measures of feminist identity development and autonomy may obfuscate the real relationships that may exist between feminist values, orientation, or beliefs and the constructs, such as autonomy, that have been found in prior research to relate to feminist orientation. These measurement concerns must be considered as the results of the study are interpreted.
Theoretical problems with feminist identity development. Scholars have argued that feminist identity is a difficult model to assess with linear instrumentation. Recent literature exposed the circularity and fluidity of the existing model of feminist identity development that is not accounted for by existing measures such as the Feminist Identity Composite (Moradi & Subich, 2002). Hansen (2002) contended that a woman may cycle and recycle through the stages of feminist identity development and may not linearly progress through the stages as succinctly as the measures suggest. Thus, the existing measures of feminist identity development may be limited by their linear, stage-oriented construction and may not comprehensively assess the developmental process as it is suggested in theoretical literature.

Another theoretical difficulty lies in Liss et al.’s (2000) argument that the measures of feminist identity development typically used in research explore liberal feminism at the exclusion of other types of feminism, such as radical, socialist, cultural and womanist). Liss et al. have suggested that other feminist orientations are not accounted for by measures like the FIC and, as such, these valid components of feminist ideology are not measured by current instrumentation. It may be the case that the characteristics associated with feminist orientation (e.g. self-esteem, autonomy, use of social support, and spirituality) may better capture a woman’s more holistic sense of feminist orientation than a measure of feminism constricted to liberal feminist philosophy. Thus, these theoretical problems may limit the validity of the interpretation of the scores on the Feminist Identity Composite as being reflective of a comprehensive feminist identity or orientation.
The small to moderate correlations found in the current study between feminist identity and those constructs theoretically related to feminism in prior research do not provide ample support for the initial hypothesis of study. Additional research is needed to determine the actual relations between the constructs of feminist identity development and self-esteem, social support, and autonomy that may exist once the measurement problems have been resolved. However, prior research has found that feminism or feminist orientation, as opposed to feminist identity development, has been associated with these constructs. Thus, this constellation of characteristics will continue to be referred to as feminist characteristics.

**Feminist Characteristics as Buffers to Suicide Ideation and Suicide Attitudes**

*Individual characteristics’ relations to suicide ideation.* As hypothesized, some of the characteristics associated with feminism related to the dependent variable, suicide ideation, in the present study in a significant manner when correlational relationships are examined. However, the relations among the separate feminist constructs and the dependent measures provide mixed evidence for these independent relationships. For example, although most of the constructs, such as self-esteem, spirituality, social support, and two of the components of autonomy (Self-Awareness and Comfort in New Situations) related negatively to suicide ideation, the third component of autonomy (Sensitivity to Others) positively related to suicide risk. As discussed previously, this aspect of autonomy seems to exist as a risk factor for suicide in the current study.

Becker (1993) included items in the Autonomy Scale to intentionally capture healthy interrelatedness as a component of autonomy that would be consistent with Chodorow’s (1978) work on the value of interpersonal relatedness for women. The
author contended that the Sensitivity to Others subscale measures awareness of and compliance with the feelings and wishes of others. When the items are examined, however, the subscale may unintentionally measure more dependent and psychologically unhealthy aspects of interrelatedness. For example, the subscale includes items such as: “I can hardly bear it when people are angry with me” and “I feel a strong need for other people’s advice and guidance.” It may be due to this unintentional bias of the Sensitivity to Others subscale that, in the context of the present study, this component did not relate to reduced suicide risk. Quite conversely, this subscale was related to increased suicide risk. This component of the Autonomy Scale may be conceptualized as a risk factor for suicide risk in the current research, rather than a buffer to risk.

Individual characteristics’ relations to suicide attitudes. As seen in the independent relationships, the greater the religiosity, spirituality, and self-esteem a woman reports, the less favorable attitudes toward suicide as an option she endorses. As the EC theory would contend, these characteristics may enhance a woman’s sense of security in her existing conceptualization when it is faced with challenges. Several of the other constructs associated with feminism, however, did not relate to suicide attitudes in the present study. For example, neither social support nor autonomy related to suicide attitudes. As Marion and Range (2003a, b) contended in interpreting the results of their study, these results may be limited by the ability of college students to assume the role of a depressed person. Conversely, it may, in fact, represent the real, nonsignificant relationship between these constructs and attitudes toward suicide. The participants in this study seemed to have widely divergent attitudes toward the acceptability of suicide that were as varied, perhaps, as their beliefs about any number of social issues. Although
attitudes toward suicide have been found to relate to suicide risk in prior research, this relationship was not supported in the current study. Thus, attitudes about the acceptability of suicide and actual suicide risk do not appear to be related for this sample of college age women.

*Prediction of suicide risk and suicide attitudes.* The results of the present study indicate that those characteristics empirically or theoretically related to feminism in this study (i.e. self-esteem, autonomy, religiosity, spirituality, and social support) relate to suicide risk only as a component of the full prediction model when hopelessness is included. This finding is not surprising, as hopelessness is a variable well known as predictive of suicidality (Beck et al., 1993). As was seen in the regression analyses, hopelessness remains the largest predictor of suicide risk in the present sample and explained the greatest proportion of variance in suicide risk. Contrary to hypothesis, the constellation of characteristics did not contribute a significant amount of variance in suicide risk above and beyond that which was accounted for by hopelessness.

Neither hopelessness nor the constellation of feminist characteristics predicted a significant amount of variance in attitudes toward suicide in this sample of college women. This may have been a reflection of the measure utilized to assess opinions about suicide. As Marion and Range (2003b) contended, the young adult sample utilized in their study may have had difficulty imaging the condition of depression that was used as a stimulus in the Suicide Opinions Questionnaire – Acceptability Scale. The participants may have had difficulty taking the imagined perspective of a depressed person and answering the items accordingly. This same problem may have existed in the present research, as the sample characteristics are similar to that of the Marion and Range study.
Thus, the nonsignificant relations between opinions about suicide and the independent variables may be reflective of this overall problem with the measurement of suicide opinions.

On the other hand, it may be the case that this group of college women did not evidence opinions about suicide that had any consistent and significant relationship to the constructs of study. Their opinions about suicide varied widely, and seemed to reflect a diversity of attitudes toward the acceptability of suicide such that women in a middle stage of feminist identity development (Embeddedness-Emanation) had positive attitudes toward suicide and those with greater spirituality, religiosity, and self esteem had more negative or unaccepting attitudes toward suicide. It is difficult to determine, however, if these relations suggest an increased suicide risk for the individual, as the items also seem to capture perceived acceptability of suicide as an option for others. If this latter explanation is involved in these relationships, it may be interpreted that women in the middle stages of feminist identity development have an increased ability to empathize with others, thus influencing their attitudes toward the acceptability of suicide for others in crisis. In all, the hypothesis that feminist characteristics would contribute to the prediction of suicide attitudes was not supported by the findings of the current study.

Interestingly, however, feminist characteristics significantly related in the expected direction to hopelessness and, likewise, hopelessness to suicide risk. Specifically, religiosity, social support from family, and autonomy all related in the expected direction to hopelessness. Thus, it may be the case that these feminist characteristics serve as buffers to hopelessness which, in turn, has a proximal relationship with suicide risk. This finding is important in that it suggests that a woman’s risk for
suicide is lessened if she possesses certain characteristics that directly affect her level of hope. As the EC model would suggest, these characteristics may bolster a woman’s healthy self-construction and protect her against consideration of suicide as an option when faced with challenges.

Discussion of the Exploratory Analyses

Given the problems previously discussed regarding the measurement of religiosity and the exclusion of the measurement of spirituality in prior suicide buffer research, the relations between the Religious Commitment Inventory and the Spiritual Meaning Scale were explored in the current study. Results suggest that the Religious Commitment Inventory and the Spiritual Meaning Scale relate in a significant, albeit modest manner and have a relatively small common variance. Thus, they seem to be interrelated yet distinct constructs.

Religiosity has been utilized as a construct in prior research in suicidology and in the broader psychological literature and seems to be intended to reflect inclusive aspects of a relationship with a higher power (i.e. Marion & Range, 2003a, b). However, research has typically failed to distinguish between religiosity, which is defined as adherence to structured religious doctrine and social affiliation, and spirituality, which suggests an individual’s personal and self-defined beliefs that may or may not correspond to religious doctrine. As the results of the present study suggest, religiosity and spirituality are clearly not identical constructs. These constructs are related but distinct and have different relations with other constructs of study, namely feminist identity and suicide risk. These findings support the need for research to distinguish between religiosity and spirituality and to include alternative measures that allow for the assessment of both of these
important aspects of personal belief systems. Additionally, prior research on suicide buffers has examined the buffering quality of religiosity but has largely ignored the protective nature of spirituality. The current research yields support for spirituality as a suicide buffer.

Theoretical Explanations of the Findings

Although the Existential Constructivist model has been mentioned throughout this chapter as the results of the current study have been discussed, this section provides an explicit examination of the role this theory has in explaining the results.

*Existential-Constructivism as a Theoretical Explanation*

The process of meaning-making, or of constructing a set of beliefs about self, worldview, and others, is integral to the Existential-Constructivist model. The EC model offers a structure to understand the influence of identity on suicidal thoughts and ideation and is utilized as a means to understand the findings of the present study. In short, the model suggests that individuals create meaning in an otherwise meaningless existence and that this meaning-making process can serve as a protection against suicide. Ideologies regarding the self, worldview, and others manifest in meaningful systems of values and beliefs that may include such things as religiosity, for example, or, in the case of the current study, those other characteristics associated with a feminist orientation.

The Existential-Constructivist model contends that when these constructions are threatened to a degree that an individual feels is significant, the individual has several options available to him or her to manage these threats to his or her constructions of meaning. The individual may engage in a decision-making process that involves choosing between increased adherence to the belief system, abandonment of the belief system, or a
third option of suicide, if the other options have failed and the threat to his or her system of meaning remains significant. Based on this theory, feminist orientation was defined as one way an individual creates meaning for the construction of self that includes such positive characteristics as self-esteem, autonomy, the use of social support, religiosity, and spirituality. Thus, the theory would suggest that as the presence of these characteristics increases in the individual, the risk for developing pro-suicide attitudes and ideation as responses to challenges to one’s construction of self, others, or worldview would decrease.

*Explaining the results with the EC model.* The independent relations between the suicide measures and characteristics associated with feminism (i.e. self-esteem, autonomy, social support, religiosity, and spirituality) support one part of EC’s theoretical contention; that these independent characteristics are negatively related to suicide attitudes and/or risk. Thus, as these independent characteristics increased, suicide attitudes and/or risk decreased in the current study. Additionally, these feminist characteristics related to hopelessness, and hopelessness to suicide risk in a manner that supports a mediation model. However, the constellation of feminist characteristics taken together did not significantly predict suicide attitudes or risk beyond that which was accounted for by hopelessness.

Seemingly, the prediction of suicide attitudes and suicide risk is not enhanced by the presence of feminist characteristics in the present study, as the EC model would suggest. Since suicide is characterized by the EC model as a decision made after several alternatives have failed (namely, adhering more steadfastly to one’s original construction of meaning or altering the construction of meaning), it may be the case that suicidality
may not reflect a predictable decision-making process but, rather, the suicidal individual may quickly shift from viewing suicide as unacceptable, for example, to viewing suicide as the sole remaining option to escape an existential crisis after all other attempts to rectify the crisis have failed.

Due to the problems encountered in the present study, as well as in many other studies in feminist research, it is difficult to assess whether women in latter stages of feminist identity ultimately have more buffers to suicide as an option when faced with crisis. This is due to the problems previously discussed in the measurement of feminist identity development. With improved measurement of feminist identity development, this theoretical contention may be tested. What may be seen from the results of this study is that a conflictual period exists in the middle stages of feminist identity development. This period is characterized by re-evaluation of existing constructions of meaning. The EC model offers an understanding of this difficult process and may explain the increased pro-suicide attitudes and lowered self-esteem associated with the middle stages as byproducts of the evaluative process these individuals are undergoing. The EC model may suggest that individuals in the middle stages of feminist identity development are actively engaged in the decision-making processes of retaining or altering existing constructions of meaning. More positive attitudes toward suicide at this time in the developmental process may result from the difficulties encountered in altering constructions of meaning about the self, others, and worldview. As these women progress past the intermediate stages of identity development, suicide attitudes may become less positive. The EC model allows for the possibility that women in the latter stages of feminist identity development are experiencing less of the decision-making stressors regarding their
construction of meaning regarding the self as a woman and, as such, have less positive suicide attitudes, perhaps due to the resolution of the struggle to formulate a feminist identity. In essence, their construction of a healthy, positive, pro-woman sense of self may prohibit them from holding pro-suicide attitudes. Thus, that suicide is not seen as an option in the latter stages of feminist identity development is consistent with the EC theory and hypotheses of the study.

Summary

Suicide remains a significant social problem across the world and in the United States. Women engage in suicide far less often than men in this country and possess what appears to be buffering traits that protect them from suicide. Prior research in the area of suicidology has explored the constructs of religiosity and social support as buffers to suicide (Marion & Range, 2003a, b) and this line of inquiry continues to grow in the field. The importance of the current study lies in its contribution to research on buffers to suicide. The findings suggest that individual traits such as self-esteem, autonomy, social support, religiosity, and spirituality are protective in nature against suicide ideation and/or suicide risk. The study also suggests that feminist characteristics may buffer against hopelessness, which, in turn, may protect against suicide risk. In addition, interesting findings emerged when the relations between religiosity and spirituality were examined, namely the distinction between such constructs. The current research failed to provide evidence for several of the research hypotheses, however, and has suggested the need for additional research to clarify issues that emerged in the current research. These will be described below.
Implications for Research

Given the increased interest and scientific inquiry in the area of suicide buffers, the results of this study yield both a contribution to this line of inquiry and additional research questions that may be the focus of future buffer research. These questions include whether these characteristics found to be buffering in this sample of college women will be found to be protective for women of other demographic groups of women as well as men. These research questions would clarify whether feminist characteristics are protective in nature for different groups of individuals, based on variables such as gender, age, racial/ethnic group, religious group, or sexual orientation, or are limited in their protective potential to this group of college women.

Further inquiry into the differences between suicide risk and suicide attitudes is also warranted, as they did not relate as expected in the current study. For example, research designed to explore the relations between individuals’ attitudes related to suicide as an option for self or others and their present suicide risk may clarify this seemingly unrelated relationship between suicide attitudes and suicide risk in the present study.

Further research is also warranted on the measurement of feminist identity development and autonomy. Researchers have argued the inherent flaws of the current measures of feminist identity development and the results of this study support their contentions. Although research has sought to address these concerns and has resulted in the development of psychometrically improved scales, additional research may yield a measure that more clearly captures the fluidity of feminist identity development and includes alternative conceptualizations of feminist orientation, such as womanist identity, for example. Additionally, research in the area of feminist identity development may
include exploration of the relations between feminist identity and autonomy, self-esteem, and social support to clarify the findings of the present study. Whether feminist identity development relates to these constructs that have previously been empirically connected to feminist orientation is a question that may be directly explored in future research.

Similarly, the results of the current study suggest that Bekker’s Autonomy Scale may not adequately capture the inter-connected elements of autonomy that the author attempted to include in the measure. Although the notion of an alternative definition of autonomy for women that includes a ‘self in relation to others’ component is compelling, the current instrumentation does not seem to adequately capture this element of autonomy. Indeed, as the results of this study suggest, the Sensitivity to Others subscale of the Autonomy Scale seems to capture an aspect of autonomy that threatens the protective quality of autonomy against suicidality and may, instead, be seen as a risk factor. Future research needs to examine the construct validity of this subscale of autonomy and clarify the discrepancy between the construct it was intended to measure versus the construct it may actually measure.

Additionally, social science research may benefit from distinguishing between religiosity and spirituality in a more formalized manner than seen in some past research (i.e. Marion & Range, 2003a, b). The results of the current study support the contention that they are distinct, albeit inter-related, constructs. Thus, researchers intending to include these constructs in research are encouraged to explicitly identify what they intend to measure, what their instrumentation of choice purports to measure, and what, if any, aspects of religiosity or spirituality they may be overlooking in their research design.
Lastly, the current research supports the thrust of strength-based, theoretically-driven research in the field of suicidology and psychology in general. Continued research that explores what is healthy for individuals, as opposed to that which is seen as a risk factor for psychological dysfunction (i.e. suicide) is warranted. The current research also serves as an example of an alternative research perspective within suicidology. Wherein much of the past research in this area has been focused on risk-factor research on predominately white, middle-aged men, the current study intentionally reconstructed the outdated suicide research template to study protective socio-cultural factors against suicide in women. As such, the study answered a call within the field of suicidology and may inspire additional research in this important line of inquiry, thus more comprehensively understanding what protects an individual from considering suicide as an option.

Implications for Practice

Therapists whose tasks are to assess and counsel women who present to counseling with suicide risk factors (i.e. depression, substance use, hopelessness, etc.) may particularly benefit from the results of this study. Specifically, practitioners may benefit from ascertaining the degree to which women possess the characteristics found to be protective in nature such as self-esteem, autonomy, religiosity, spirituality, and social support in an effort to assess the risk of suicidality in any given individual. Secondly, practitioners may include the development or enhancement of such characteristics as part of the treatment goals in working with women. In doing so, women may ultimately benefit by decreased suicide risk and increased positive mental health functioning.
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APPENDICES
APPENDIX A

TRANSCRIPT OF INTRODUCTION TO THE STUDY AND INSTRUCTIONS

Hello. I’m Kim Oney, a doctoral student in counseling psychology and I am currently working on my dissertation research. Your professor has allowed me to attend your class today and to ask for your participation in a brief study of your attitudes. Your participation in this questionnaire-based study is completely voluntary and is not connected to your grade in this course in any way. I would greatly appreciate your participation, however, and it will take only 20 minutes to complete the questionnaires.

If you would like to participate in the study please remain in your seat. You will first receive an Informed Consent form which you will complete as I read it aloud. I will collect the Informed Consent form and will then provide you with a questionnaire packet. Instructions will be inside the packet and it is important that you read the instructions thoroughly and complete all parts of the study. Your responses to this part of the study are completely anonymous.

At the conclusion of your participation, please place the questionnaires into the packet and hand the packet to me. You will be provided a Debriefing form that identifies resources for you to contact if any part of this study has caused you to be uncomfortable or in distress.

Again, thank you for your participation in the study.
APPENDIX B

INFORMED CONSENT FORM

You are invited to participate in a study being conducted by Kim Oney, a doctoral level student from the College of Education, Department of Counseling, University of Akron, Akron, OH.

The project focuses on your attitudes, values, and beliefs about various social issues. The researcher is specifically interested in seeing how your attitudes, values, and beliefs affect your psychological health.

If you decide to participate, you will be asked to take part in a survey today in this classroom setting. The questionnaires which you will complete will take you approximately 20 minutes to fill out.

Participation in this project is completely voluntary. If you do not want to participate in the project, you may withdraw at any time.

Your confidentiality will be protected throughout the study. Any data obtained from you will be kept confidential and will not be viewed by anyone but my advisor and myself. All materials will be retained in a locked cabinet and no identifying information will be on your questionnaire packet.

The risks to participating in this study are minimal. At times, answering questions regarding your attitudes, values, and beliefs may make you uncomfortable. I am available throughout the study today if any discomfort arises in you that you wish to discuss with me. I will also provide you with contact information for myself, my advisor, and area supports at the end of the study.

The benefits of the study include possible insight into your values, attitudes, and beliefs and the knowledge that you have been a part of valuable psychological research.

If you have any questions about the research project, you can call me at 330.535.8181 or my advisor at 330.972.8635.

The University of Akron Institutional Review Board for the Protection of Human Subjects has approved this project. For more information about your rights as a human
research participant, please contact Ms. Sharon McWhorter, Associate Director, Research Services at 330-972-7666 or 1-888-232-8790 (toll-free).

Thanks for your participation.

I consent to participate in this project:

__________________________________  ________________

Name        Date
APPENDIX C
DEBRIEFING FORM

The study you have participated in is designed to assess the relationship between several personal characteristics (e.g. self-esteem, autonomy, hopelessness, social support, religiosity, and spirituality) and risk for self-harm.

If, as a result of participating in this study, you feel distressed or upset it is important that you contact one of the following resources to discuss your feelings:

Local Support Hotline (330) 434-9144
24-hour National Toll-Free Suicide Hotline 1-800-SUICIDE
University of Akron Clinic for Individual and Family Therapy (330) 972-6822
University of Akron Counseling, Testing and Career Center (330) 972-7082

If you would like further information about the research in which you just participated or want to discuss your participation, please contact the researcher. I can be reached at the number listed below. Alternatively, you may contact the primary research advisor at the number listed below. Again, thank you for your participation.

Kim Oney, MA (330) 535-8181
Jim Rogers, PhD (330) 972-7777
This questionnaire consists of 30 statements. Please read each item carefully and indicate the number that best describes how well the statement fits with how you currently view yourself.

1=disagree    2 = disagree a little   3 =agree and disagree   4 =agree a little     5=agree

1. I often find it difficult to determine what I really want.    _____
2. Usually I can dismiss another person’s misery from my mind.      _____
3. If I have things my own way against the will of others, I usually get very restless.    _____
4. I hate detachment.                                                 _____
5. I find it hard to start new activities on my own.        _____
6. I often don’t know what my opinion is.                        _____
7. I am seldom occupied with the feelings and experiences of others.  _____
8. I easily put aside other people’s comments.                   _____
9. Usually it is very clear to me what I like most.              _____
10. If I disagree with others, I make that very plain.            _____
11. I am rarely occupied with other people’s view of me.          _____
12. I easily come to grips with a new problem on my own.          _____
13. If I imagine myself having to say goodbye to a beloved person, I feel broken-hearted in advance. _____
14. If it were up to me, I would spend most of my time in familiar surroundings. _____
15. If I am asked what I want, I mostly know the answer immediately. _____
16. I am seldom inclined to ask other people’s advice.           _____
17. I often go deeply into other people’s feelings.             _____
18. I need a lot of time to get accustomed to a new environment. _____
19. I often wonder what other people think of me.                _____
20. When I make important decisions about my life,               _____
    I leave other people’s wishes and opinions out of consideration. _____
21. I can hardly bear it when other people are angry with me.     _____
22. Hearing the opinions of other people often makes me change my mind. _____
23. I am a very adventurous type.                                _____
24. Somebody else’s experiences leave a strong mark on my own moods. _____
25. I feel a strong need for other people’s advice and guidance. _____
26. If I do something that bothers other people, I can easily dismiss that from my mind. _____
27. I quickly feel at ease in new situations. _____
28. I often long for love and warmth. _____
29. I can easily back out of things that people who are important to me want me to do. _____
30. I have outspoken opinions on most subjects. _____
Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

1. On the whole, I am satisfied with myself. SA A D SD
2. At times, I think I am no good at all. SA A D SD
3. I feel that I have a number of good qualities. SA A D SD
4. I am able to do things as well as most other people. SA A D SD
5. I feel I do not have much to be proud of. SA A D SD
6. I certainly feel useless at times. SA A D SD
7. I feel that I’m a person of worth, at least on an equal plane with others. SA A D SD
8. I wish I could have more respect for myself. SA A D SD
9. All in all, I am inclined to feel that I am a failure. SA A D SD
10. I take a positive attitude toward myself. SA A D SD
APPENDIX F

FEMINIST IDENTITY COMPOSITE (FISCHER, ET AL., 2000)

Please answer the following questions by circling the number that best reflects your beliefs:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I am very committed to a cause that I believe contributes to a more fair and just world for all people. 1 2 3 4 5
2. Men receive many advantages in society and because of this are against equality for women. 1 2 3 4 5
3. I want to work to improve women’s status. 1 2 3 4 5
4. I like being a traditional female. 1 2 3 4 5
5. I am very interested in women musicians. 1 2 3 4 5
6. I never realized until recently that I have experienced oppression and discrimination as a woman in society. 1 2 3 4 5
7. I am willing to make certain sacrifices to effect change in this society in order to create a nonsexist, peaceful place where all people have equal opportunities. 1 2 3 4 5
8. I think that men and women had it better in the 1950s when married women were housewives and their husbands supported them. 1 2 3 4 5
9. I feel like I’ve been duped into believing society’s perceptions of me as a woman. 1 2 3 4 5
10. I am very interested in women’s studies. 1 2 3 4 5
11. It is very satisfying to me to be able to use my talents and skills in my work in the women’s movement. 1 2 3 4 5
12. My female friends are like me in that we are all angry at men and the ways we have been treated as women. 1 2 3 4 5
13. If I were married to a man and my husband was offered a job in another state, it would be my obligation to move in support of his career. 1 2 3 4 5
14. I care very deeply about men and women having equal opportunities in all respects. 1 2 3 4 5

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15. In my interactions with men, I am always looking for ways I may be discriminated against because I am female.
16. I choose my “causes” carefully to work for greater equality of all people.
17. I think that most women will feel most fulfilled by being a wife and a mother.
18. Regretfully, I can see ways in which I have perpetuated sexist attitudes in the past.
19. I feel that I am a very powerful and effective spokesperson for the women’s issues I am concerned with right now.
20. I am very interested in women writers.
21. On some level, my motivation for almost every activity I engage in is my desire for an egalitarian world.
22. I think it’s lucky that women aren’t expected to do some of the more dangerous jobs that men are expected to do, like construction work or race car driving.
23. I don’t see much point in questioning the general expectation that men should be masculine and women should be feminine.
24. I owe it not only to women but to all people to work for greater opportunity and equality for all.
25. I am very interested in women artists.
26. One thing I especially like about being a woman is that men will offer me their seat on a crowded bus or open doors for me because I am a woman.
27. I feel like I have blended my female attributes with my unique personal qualities.
28. I am proud to be a competent woman.
29. I have incorporated what is female and feminine into my own unique personality.
30. I enjoy the pride and self-assurance that comes from being a strong female.
31. As I have grown in my beliefs I have realized that it is more important to value women as individuals than as members of a larger group of women.
32. Gradually, I am beginning to see just how sexist society really is.
33. I feel angry when I think about the way I am treated by men and boys.
APPENDIX G

HOPELESSNESS DEPRESSION SYMPTOM QUESTIONNAIRE (METALSKY & JOINER, 1997)

On this questionnaire are groups of statements. Please read all of the statements in a given group. Then pick out the one statement in each group which describes you best for the past **TWO WEEKS**. If several statements in the group seem to apply equally well, choose the higher number. Do not choose more than one number for a give group of statements. **BE SURE TO READ ALL OF THE STATEMENTS IN EACH GROUP BEFORE MAKING YOUR CHOICE.**

1. 0 = I have not stopped trying to get what I want.  
   1 = I have stopped trying to get what I want in some situations.  
   2 = I have stopping trying to get what I want in most situations.  
   3 = I have stopped trying to get what I want in all situations.

2. 0 = I am not passive when it comes to getting what I want these days.  
   1 = In some situations I’m passive when it comes to getting what I want these days.  
   2 = In most situations I’m passive when it comes to getting what I want these days.  
   3 = In all situations I’m passive when it comes to getting what I want these days.

3. 0 = I have not given up trying to accomplish what’s important to me.  
   1 = I have given up trying to accomplish some things that are important to me.  
   2 = I have given up trying to accomplish most things that are important to me.  
   3 = I have given up trying to accomplish all things that are important to me.

4. 0 = My motivation to get things done is as good as usual.  
   1 = In some situations my motivation to get things done is lower than usual.  
   2 = In most situations my motivation to get things done is lower than usual.  
   3 = In all situations my motivation to get things done is lower than usual.

5. 0 = I need little or no support from other people.  
   1 = I need some support from other people.  
   2 = I need a lot of support from other people.  
   3 = I need total support from other people.
6. 0 = I don’t rely on other people to do things for me.
   1 = Sometimes I rely on other people to do things for me.
   2 = Most of the time I rely on other people to do things for me.
   3 = All of the time I rely on other people to do things for me.

7. 0 = These days I am not overly dependent on other people.
    1 = Sometimes these days I am overly dependent on other people.
    2 = Most of the time these days I am overly dependent on other people.
    3 = These days I am always overly dependent on other people.

8. 0 = I am not a burden to other people.
    1 = I am a burden to other people sometimes.
    2 = I am a burden to other people most of the time.
    3 = I am a burden to other people all of the time.

9. 0 = I am not doing things in “slow motion” these days.
    1 = Sometimes I do things in “slow motion” these days.
    2 = Most of the time I do things in “slow motion” these days.
    3 = I always do things in “slow motion” these days.

10. 0 = I do not walk around like a zombie these days.
     1 = Sometimes I walk around like a zombie these days.
     2 = Most of the time I walk around like a zombie these days.
     3 = I always walk around like a zombie these days.

11. 0 = My speech is not slowed down.
     1 = My speech is somewhat slowed down.
     2 = My speech is very slowed down.
     3 = My speech is extremely slowed down.

12. 0 = My thoughts are not slowed down.
     1 = My thoughts are somewhat slowed down.
     2 = My thoughts are very slowed down.
     3 = My thoughts are extremely slowed down.
13. 0 = My energy is not lower than usual. 
1 = My energy is somewhat lower than usual. 
2 = My energy is much lower than usual. 
3 = My energy is extremely lower than usual.

14. 0 = I can get things done as well as usual. 
1 = In some situations I can’t get things done as well as usual. 
2 = In most situations I can’t get things done as well as usual. 
3 = In all situations I can’t get things done as well as usual.

15. 0 = I have as much energy as usual. 
1 = In some situations I have less energy than usual. 
2 = In most situations I have less energy than usual. 
3 = In all situations I have less energy than usual.

16. 0 = I do not get tired our more easily than usual. 
1 = In some situations I get tired out more easily than usual. 
2 = In most situations I get tired out more easily than usual. 
3 = In all situations I get tired out more easily than usual.

17. 0 = I enjoy things as much as usual. 
1 = In some situations I don’t enjoy things as much as usual. 
2 = In most situations I don’t enjoy things as much as usual. 
3 = In all situations I don’t enjoy things as much as usual.

18. 0 = When doing things I normally enjoy (e.g. work; being with people) I have as much fun as usual. 
1 = When doing things I normally enjoy (e.g. work; being with people) I have somewhat less fun than usual. 
2 = When doing things I normally enjoy (e.g. work; being with people) I have much less fun than usual. 
3 = When doing things I normally enjoy (e.g. work; being with people) I don’t have fun at all anymore.

19. 0 = When it comes to things in life that count, I am as interested as usual. 
1 = When it comes to things in life that count, I am somewhat less interested than usual. 
2 = When it comes to the things in life that count, I am much less interested than usual. 
3 = When it comes to the things in life that count, I don’t have any interest at all.
20. 0 = I enjoy sex as much as usual.
    1 = I enjoy sex somewhat less than usual.
    2 = I enjoy sex much less than usual.
    3 = I do not enjoy sex at all anymore.

21. 0 = I do not have trouble falling asleep.
    1 = It takes me somewhat longer to fall asleep than usual (i.e. up to one hour longer).
    2 = It takes me much longer to fall asleep than usual (i.e. up to two hours longer).
    3 = It takes me substantially longer to fall asleep than usual (i.e. more than two hours longer).

22. 0 = I do not have trouble sleeping through the night.
    1 = Sometimes I have trouble sleeping through the night.
    2 = Most of the time I have trouble sleeping through the night.
    3 = I always have trouble sleeping through the night.

23. 0 = I do not wake up early in the morning and have trouble falling back to sleep.
    1 = Sometimes I wake up early in the morning and have trouble falling back to sleep.
    2 = Most of the time I wake up early in the morning and have trouble falling back to sleep.
    3 = I always wake up early in the morning and have trouble falling back to sleep.

24. 0 = I can fall asleep as well as usual.
    1 = Sometimes I have trouble falling asleep.
    2 = Most of the time I have trouble falling asleep.
    3 = I always have trouble falling asleep.

25. 0 = My concentration is as good as usual.
    1 = My concentration is somewhat less focused than usual.
    2 = My concentration is much less focused than usual.
    3 = I can hardly concentrate at all anymore.

26. 0 = I can concentrate as well as usual.
    1 = In some situations I can not concentrate as well as usual.
    2 = In most situations I can not concentrate as well as usual.
    3 = In all situations I can not concentrate as well as usual.
27. 0 = I do not brood about unpleasant events these days.  
    1 = Sometimes I brood about unpleasant events these days.  
    2 = Most of the time I brood about unpleasant events these days.  
    3 = I always brood about unpleasant events these days.  

28. 0 = I am not distracted by unpleasant thoughts.  
    1 = In some situations I am distracted by unpleasant thoughts.  
    2 = In most situations I am distracted by unpleasant thoughts.  
    3 = In all situations I am distracted by unpleasant thoughts.  

29. 0 = I do not have thoughts of killing myself  
    1 = Sometimes I have thoughts of killing myself.  
    2 = Most of the time I have thoughts of killing myself.  
    3 = I always have thoughts of killing myself.  

30. 0 = I am not having thoughts about suicide.  
    1 = I am having thoughts about suicide but have not formulated any plans.  
    2 = I am having thoughts about suicide and am considering possible ways of doing it.  
    3 = I am having thoughts about suicide and have formulated a definite plan.  

31. 0 = I am not having thoughts about suicide.  
    1 = I am having thoughts about suicide but have these thoughts completely under my control.  
    2 = I am having thoughts about suicide but have these thoughts somewhat under my control.  
    3 = I am having thoughts about suicide and have little or no control over these thoughts.  

32. 0 = I am not having impulses to kill myself  
    1 = In some situations I have impulses to kill myself  
    2 = In most situations I have impulses to kill myself.  
    3 = In all situations I have impulses to kill myself.
APPENDIX H

RELIGIOUS COMMITMENT INVENTORY – 10 (WORTHINGTON, ET AL., 2003)

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

<table>
<thead>
<tr>
<th>Not at all true of me</th>
<th>Somewhat true of me</th>
<th>Moderately true of me</th>
<th>Mostly true of me</th>
<th>Totally true of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I often read books and magazines about my faith. 1 2 3 4 5
2. I make financial contributions to my religious organization. 1 2 3 4 5
3. I spend time trying to grow in understanding of my faith. 1 2 3 4 5
4. Religion is especially important to me because it answers many questions about the meaning of life. 1 2 3 4 5
5. My religious beliefs lie behind my whole approach to life. 1 2 3 4 5
6. I enjoy spending time with others of my religious affiliation. 1 2 3 4 5
7. Religious beliefs influence all my dealings in life. 1 2 3 4 5
8. It is important to me to spend periods of time in private religious thought and reflection. 1 2 3 4 5
9. I enjoy working in the activities of my religious affiliation. 1 2 3 4 5
10. I keep well informed about my local religious group and have some influence in its decisions. 1 2 3 4 5
APPENDIX I

SPIRITUAL MEANING SCALE (MASCARO, ROSEN, & MOREY, 2004)

This questionnaire consists of 14 statements. Please read each item carefully and circle the number that best reflects your agreement or disagreement with the statement. Please remember to circle only one number for each statement.

1 = Totally agree
2 = Partially agree
3 = I’m in-between
4 = Partially disagree
5 = Totally disagree

1. There is no particular reason why I exist.  1----2----3----4----5
2. We are each meant to make our own special contribution to the world.  1----2----3----4----5
3. I was meant to actualize my potential.  1----2----3----4----5
4. Life is inherently meaningful. 1----2----3----4----5
5. I will never have a spiritual bond with anyone.  1----2----3----4----5
6. When I look deep within my heart, I see a life I am compelled to pursue.  1----2----3----4----5
7. My life is meaningful. 1----2----3----4----5
8. In performing certain tasks, I can feel something higher or transcendent working through me.  1----2----3----4----5
9. Our flawed and often horrific behavior indicates that there is little or no meaning inherent in our existence.  1----2----3----4----5
10. I find meaning even in my mistakes and sins.  1----2----3----4----5
11. I see a special purpose for myself in this world.

12. There are certain activities, jobs, or services to which I feel called.

13. There is no reason or meaning underlying human existence.

14. We are participating in something larger and greater than any of us.
APPENDIX J

PERCEIVED SOCIAL SUPPORT FROM FAMILY AND PERCEIVED SOCIAL SUPPORT FROM FRIENDS SCALE (PROCIDANO & HELLER, 1983)

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don’t Know. Please circle the answer you choose for each item.

1. My friends give me the moral support I need.
2. Most other people are closer to their friends than I am.
4. Certain friends come to me when they have problems or need advice.
5. I rely on my friends for emotional support.
6. If I felt that one or more of my friends were upset with me, I’d just keep it to myself.
7. I feel that I’m on the fringe in my circle of friends.
8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.
9. My friends and I are very open about what we think about things.
10. My friends are sensitive to my personal needs.
11. My friends come to me for emotional support.
12. My friends are good at helping me solve problems.
13. I have a deep sharing relationship with a number of friends.
14. My friends get good ideas about how to do things or make things from me.
15. When I confide in friends, if makes me feel uncomfortable.
16. My friends seek me out for companionship.
17. I think that my friends feel that I’m good at helping them solve problems.
18. I don’t have a relationship with a friend that is as intimate as other people’s relationships with friends.
19. I’ve recently gotten a good idea about how to do something from a friend.
20. I wish my friends were much different.
The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No, Don’t Know. Please circle the answer you choose for each item.

Yes  No  Don’t know  1. My family gives me the moral support I need.
Yes  No  Don’t know  2. I get good ideas about how to do things or make things from my family.
Yes  No  Don’t know  3. Most other people are closer to their family than I am.
Yes  No  Don’t know  4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.
Yes  No  Don’t know  5. My family enjoys hearing about what I think.
Yes  No  Don’t know  6. Members of my family share many of my interests.
Yes  No  Don’t know  7. Certain members of my family come to me when they have problems or need advice.
Yes  No  Don’t know  8. I rely on my family for emotional support.
Yes  No  Don’t know  9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.
Yes  No  Don’t know 10. My family and I are very open about what we think about things.
Yes  No  Don’t know 11. My family is sensitive to my personal needs.
Yes  No  Don’t know 12. Members of my family come to me for emotional support.
Yes  No  Don’t know 13. Members of my family are good at helping me solve problems.
Yes  No  Don’t know 14. I have a deep sharing relationship with a number of members of my family.
Yes  No  Don’t know 15. Members of my family get good ideas about how to do things or make things from me.
Yes  No  Don’t know 16. When I confide in members of my family, it makes me uncomfortable.
Yes  No  Don’t know 17. Members of my family seek me out for companionship.
Yes  No  Don’t know 18. I think that my family feels that I’m good at helping them solve problems.
Yes  No  Don’t know 19. I don’t have a relationship with a member of my family that is as close as other people’s relationships with family members.
Yes  No  Don’t know 20. I wish my family were much different.
APPENDIX K

SUICIDE IDEATION SCALE (RUDD, 1988)

This questionnaire consists of 10 statements. Please read each carefully and then circle the number for each item that best describes the way you have felt over the past week, including today. Be sure to circle only one number for each item.

1 = Never  2 = Infrequently  3 = Sometimes  4 = Frequently  5 = Always

1. I have been thinking of ways to kill myself.
2. I have told someone I want to kill myself.
3. I believe my life will end in suicide.
4. I have made attempts to kill myself.
5. I feel life just isn’t worth living.
6. Life is so bad I feel like giving up.
7. I just wish my life would end.
8. It would be better for everyone involved if I were to die.
9. I feel there is no solution to my problems other than taking my own life.
10. I have come close to taking my own life.
APPENDIX L

SUICIDE OPINIONS QUESTIONNAIRE – ACCEPTABILITY SCALE (SOQ-A; DOMINO, MOORE, WESTLAKE, & GIBSON, 1982)

**Directions:** This is not a test, but a survey of your opinions; there are no right or wrong answers, only your honest opinion counts. For each item indicate whether you:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Remember, imagine that you have **SEVERE DEPRESSION CAUSING WITHDRAWAL FROM ALL FAMILY AND FRIENDS**. Please respond to the following questions as if you had **SEVER DEPRESSION CAUSING WITHDRAWAL FROM ALL FAMILY AND FRIENDS**.

_____ 1. People with incurable diseases should be allowed to commit suicide in a dignified manner.
_____ 2. Suicide is an acceptable means to end an incurable illness.
_____ 3. Suicide is acceptable for aged and infirm patients.
_____ 4. In times of war, for a captured soldier to commit suicide is an act of heroism.
_____ 5. There may be situations where the only reasonable resolution is suicide.
_____ 6. Suicide is a normal behavior.
_____ 7. Sometimes suicide is the only escape from life’s problems.
_____ 8. If someone wants to commit suicide, it is their business and we should not interfere.
_____ 9. We should have “suicide clinics” where people who want to die could do so in a painless and private manner.
_____ 10. Passive suicide, such as an overdose of sleeping pills, is more acceptable than a violent suicide such as by gunshot.
_____ 11. Some people are better off dead.
Ms. Mikich Oney:

Your protocol entitled "Feminist Characteristics as Buffers..." (#20050406-2) has been approved and the approval letter is in the mail to you.

**THE APPROVAL WILL EXPIRE May 25, 2006.**

If at that time you intend to renew the project, an application for continuing review **must be in our office and approved by the expiration date.** **There is no grace period.**

- If changes are made to the protocol before the expiration date, you must submit an application for continuing review for IRB approval of the modifications. (Present only the form which is in current use. * Old forms will not be accepted.)
- When the project is completed, you must submit a final report form to complete the IRB file. (Present only the form which is current use. Old forms will not be accepted.)

*Please see: [http://www3.uakron.edu/orssp/public_html/i_human.htm](http://www3.uakron.edu/orssp/public_html/i_human.htm)*

You may send the form to Research Services and Sponsored Programs +2102. Please call if you have questions. Thank you.

Mary Samartgedes, IRB Secretary

The University of Akron

Office of Research Services & Sponsored Programs

225 S. Main St., 284 Polsky Building

Akron, Ohio 44325-2102

Phone 330-972-7666

Fax 330-972-6281