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INTERPERSONAL ATTITUDES OF SUICIDAL INDIVIDUALS

by

Vicki Lee Nelson

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1975

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ABSTRACT

Interpersonal Attitudes of Suicidal Individuals

by

Vicki Lee Nelson, Master of Science

Utah State University, 1975

Major Professor: Dr. Elwin C. Nielsen
Department: Psychology

The purpose of this study was to see how suicidal individuals in therapy as compared to nonsuicidal individuals in therapy characteristically report their relations to other people in interpersonal interactions.

One hundred and nineteen individuals were referred to the study by his or her psychotherapist associated with the participating mental health centers in the Salt Lake City and Logan, Utah, vicinities. The following measures were administered to all individuals: the FIRO-B, Fundamental Interpersonal Relations Orientation-Behavior, two scales, Sociability and Tolerance, from the CPI, California Psychological Inventory, and a brief biographical questionnaire composed of age, sex, marital status, education, religion, and time in therapy.

A two-way analysis of variance with factors of suicide and marital status and a three-way analysis of variance with factors of suicide, sex, and religion were used to test the eight hypotheses. An additional test, the Scheffe', was also utilized on the data of hypothesis 3 when ANOVA indicated significant differences among the religious group means. The six scales of interpersonal

needs as obtained from the FIRO-B and the two CPI scales were correlated with age, highest education attained, and length of time in therapy using the Pearson Product-Moment Correlation.

It was found that no significant differences exist for suicidal and non-suicidal individuals with respect to expressed inclusion, wanted inclusion, expressed control, and wanted control, irregardless of sex and marital status. However, a significant difference at the .05% level of confidence was evident for religious affiliation regarding wanted control.

Two scales, wanted affection and sociability, showed differences between suicidal and nonsuicidal individuals at the .05% level and one more scale, tolerance, showed differences at the .01% level. These differences favored less social involvement, a lower tolerance level with others, and a greater need for affection from others for suicidal individuals as compared to nonsuicidal individuals.

Two interaction effects significant at the .05% level and the .01% level between suicide and sex were evident with respect to expressed affection and wanted affection. With regard to expressed affection, the results indicated that suicidal males express more affection than suicidal females while non-suicidal males express less affection than nonsuicidal females. In addition, with reference to wanted affection, suicidal individuals want affection more than nonsuicidal individuals and females want affection more than males. However, suicidal males wanted affection more than suicidal females, while nonsuicidal females wanted affection more than nonsuicidal males.

In examining the Pearson Product-Moment coefficients, no correlations surpassed .54; however, a slight correlation was apparent within the FIRO-B scales and the CPI scale, Sociability. Little or no relationships were evident for age, education, time in therapy, and the CPI scale, Tolerance.

Thus, the results indicated some differences among suicidal and non-suicidal individuals in therapy with respect to interpersonal need areas. These findings suggest and lend support to a relationship between self-destruction and social and personal needs.

(101 pages)

CHAPTER I

Introduction

The incidence of suicide attempts is becoming a great concern to this society. There is a definite need for a better understanding of suicidal phenomena and their underlying dynamics. Statistics concerning attempted suicides and committed suicides have been collected and are now widely available. Still, little is known about how the suicidal person wants others to behave towards him or her and what behaviors he or she expresses towards others along such dimensions as control, affection, and inclusion.

The present trend is to view suicide as an outcome of discordant interpersonal relationships, instead of the result of merely social factors on the one hand or psychological factors on the other (Beall, 1969). Suicide is seen not as a result of a singular intrapsychic cause, but as a final alternative to a very confused, frustrating, and anxiety provoking interpersonal environment (Karon, 1964). From this point of view, knowledge is needed to understand the interpersonal interactions of suicidal individuals, including their basic orientations in interpersonal relationships.

Alcon DeVries (1968) reviewed 378 articles to try to develop a model for the prediction of suicidal behavior. He sorted the variables he found into 36 main categories and classified them into three major groups: individual psychological, social relationships, and physical determinants. He did not

investigate the role each of the three categories plays in the suicidal person's interpersonal interactions.

Inquiries into the characteristic differences among people who attempted suicide have been made. Tuchman, Youngman, and Kreizman (1968) investigated to see if there were differences in general characteristics between single and multiple attempters. Their results indicated that the single and multiple attempters were extremely similar in basic sociological characteristics, such as age, sex, employment, status, and marital status; but these authors gathered no data on personality and personal interactions. Using a personality test, the Potential Suicide Personality Inventory (PSPI), DeVries (1968) attempted to differentiate the personality of the non-suicidal individual from the suicidal individual. He found that it was possible to do so, but he could not differentiate the various types of suicidal personalities, such as people who attempted suicide versus those who only threatened to attempt suicide.

Again with the use of a personality test, the MMPI, Farberow and DeVries (1967) found that the suicidal person was overly sensitive, restrained in forming friendships, and lacking in self-confidence and initiative. Their results suggest that the suicidal person is more likely to avoid people because of the fear of being hurt, but sometimes enjoys hurting other people. Along the same line, Halten (1964) found the suicidal person to be more emotionally unstable, hypersensitive to rejection, and more critical of the world around him. Halten's results suggested that there appear to be considerable

discrepancies between the way the suicidal individuals function and the way that they would prefer to function, more so than for nonsuicidal individuals. These discrepancies in the suicidal person's behavior often result in the breakdown in interpersonal relationships. Rushing (1969) came to the conclusion that the loss of social interaction, actual or threatened, is a consequence of the discrepancies in the way the suicidal individual behaves, and is then an antecedent of suicide.

More knowledge is needed to understand how the suicidal person wants others to behave towards him or her and how the suicidal person believes he behaves towards others. With knowledge of how the suicidal person thinks he relates to others along such dimensions as control, affection, and inclusion, it could be possible to determine whether a relationship exists between one's interpersonal needs and attempted suicide. The problem, then, is that even with the results of previous research, little is known about how the suicidal person (person who attempts suicide) characteristically reports how he or she relates to other people in interpersonal interactions.

CHAPTER II

Review of Literature

There have been six major areas of research dealing with individuals who have attempted or committed suicide: (1) theoretical approaches, (2) expectations in the life situation, (3) self-concept, (4) interpersonal interactions and attitudes, (5) thinking patterns and life orientations, and (6) suicidal potential. Research dealing with theoretical approaches has dealt with understanding and classifying self-destruction. Research on expectations in the life situation has focused on attitudes and expectations the individual has about his life style, while research on self-concept dealt with the suicidal person's attitudes about himself and others. Research on interpersonal interactions and attitudes has dealt with how suicidal individuals behave and feel in social settings, however research about thinking patterns and life orientations has dealt with characteristic ways the suicidal person thinks and how he views life and death. Finally, research on suicidal potential has focused on major overall characteristics to use in assessing the degree of a possible suicide.

Theoretical Approaches

There appear to be three broad theoretical approaches in the understanding of self-destruction. Tabachnick (1970) investigated the theoretical approach to "accident" research and suicide. He found the death instinct theory, theory of mental illness, and adaptational mishap theory to be most relevant to self-destruction. Concerning the adaptational mishap view, he

believed that man must learn to adapt his own needs, goals, and limitations to fit opportunities and aspects of the environment in which he lives. An individual may give up trying to adapt and may enter a period of hopelessness, passivity, and later be overwhelmed by the environment or he could try new behaviors in order to adapt more successfully to his environment.

Again in classifying suicidal phenomena, Schneidman (1968) found three major types of suicide. The first was egotic in which there is an intrapsychic debate and a dialogue with one-self concerning a dispute over a self imposed death. The second was dyadic--being related to deep unfulfilled needs, social in nature, and being an interpersonal event. The last was agenerotic which deals with aging, being alienated, lonely, and not belonging. Out of the basic approaches and classifications of self-destruction, this study deals with the adaptational mishap theory and the dydactic nature.

Expectations in the Life Situation

Earlier studies have revealed that the suicidal individual's expectations often do not realistically fit his life situation. Bosselman (1958) investigated the suicidal person's life style. His results indicated that suicide is a result of a high personal ambition, keen rivalry, discrepancies between opportunities and the meager results obtained in the end, along with resulting disappointment, guilt, and depression. Along the same line, Humphrey, Niswander, and Casey (1971) found that the person who attempts suicide feels that he is not able to attain a standard of living like his parents and reports a more negative attitude toward the future than those individuals contemplating

suicide. It seems that the suicidal person's expectations do not realistically fit his life style and the result is more negative feelings.

It has been found in earlier research that the suicidal person is more likely to exhibit more negative attitudes which in turn affect his outlook on the future. Ansel and McGee (1971) suggested that negative attitudes often stand in the way of desired changes and experiences, and this results in a dimmer outlook on the future for the individual. Along the same line, Megles and Weisz (1971) found that the more the individual thought about suicide, the more negative his outlook on the future became. Options for the future appeared more closed and the events of the more distant future were not likely to be considered. The suicidal individual becomes less aware of alternatives for the future and begins to feel as if he has no control over his own circumstances. As the future appears more closed for the individual, interpersonal needs tend not to be met because of the negative feelings and the more closed attitudes on the future.

The risk of suicide and withdrawal from one's life style have been investigated in earlier research. Waltzer's (1968) results indicated that as the risk of suicide increases, the person tends to partially withdraw from both the external and intrapsychic worlds. Waltzer found that this state of partial withdrawal helps the suicidal person to adapt to acute or chronic stress but also leads to feelings of strangeness and unreality.

Self-Concept

Another area of research has dealt with personal attitudes, self-concept, and general characteristics of the suicidal individual. Spatt and Weisbuch (1971) found that self-discontent, personal attitudes about oneself, dissatisfaction with family income and with one's job, especially with type of work, are highly associated with suicide. It was also shown that people who attempt suicide differ from normals by symptoms of personality illness or character neurosis, high anxiety level, lack of confidence, sense of guilt and worthlessness, dependency, unwillingness to venture, readiness to become fatigued, irritableness, discouragement, uncertainty about oneself, suspicion of others, general tenseness, and submissiveness (Alistaire and McCulloch, 1968). Along the same line, Halten (1964) found that the suicidal person was masochistic, alienated, and tended to be highly critical and intolerant of the world around him. Investigating this social intolerance, Gough (1951, 1952) found that social attitudes are organized and structured in definable and consistent ways. His results also indicated that the degree to which social participation is manifested and the ease to which the individual interacts with and adapts to others reflects the adequacy of a person's adjustment. Less tolerant individuals tended to be more anxious, less secure, more withdrawn and disinterested in social groups, have greater fears and doubts about their own talents and life prospects, less poised and confident, less at ease and relaxed socially, more cynical, and more distrustful of others.

Looking into general characteristics of high risk suicidal groups, Fawcett, Leff, and Bunney (1967) found four major characteristics: interpersonal incapacity, marital isolation, help negation, and distorted communication of dependency wishes. Added to these characteristics, Klugman and Litman (1965) characterized the suicidal individual as being severely constricted in his perceptions of himself and his difficulties, having a breakdown in coping abilities accompanied by feelings of collapse and helplessness, and being ambivalent about dying, living, and receiving help.

Interpersonal Interactions and Attitudes

Earlier research has indicated that a person's interpersonal interactions and attitudes may play an important role in suicidal phenomena. Stengel (1967) investigated the complexity of motivations of suicide attempts. His results suggested that the suicidal individual subconsciously seeks life and human contact through suicidal acts. Also investigating this appeal function of suicide attempts, Wilkins (1967) found that suicidal phenomena involves reaching out to see if someone cares whether he lives or dies. In using self-destruction, the individual would be more likely to gain this assurance which was probably most difficult to obtain otherwise. Wilkins indicated that completed suicide is often a final straw for a large number of persons and can be seen as a consequence for the inability to elicit a helpful response from others.

Viewing suicide as a means of interpersonal communication, Flaigel (1966) found four distinct types of people who employed suicide as a means of communication. First, there were those who not only wanted to live but wanted

others to want them to live. Secondly, there were those who were impulsive and were attention seeking. Thirdly, there were those who continually shifted between life and death and may have indicated that they wanted to die. Finally, there were those who wanted to die and would give no advance warning of a suicide attempt. Thus, it appears that a suicidal act most often is a reaching out to others to ascertain the feeling of belonging.

Earlier research has indicated a number of differences in interpersonal interactions between suicidal and nonsuicidal individuals. For example, Breed (1967) compared the social interactions of suicidal and nonsuicidal individuals. His results indicated that the suicidal person has about one-half as many friends and participates less in social interactions. More interpersonal disruptions and a declining number of social interactions were apparent, which again suggests that the interpersonal needs of suicidal individuals are not being met. In addition, Farberow and DeVries (1967) found that the suicidal individual lacked the ability to mix well, finding it difficult to talk with people, and especially to start conversations. They tended to have great difficulty in thinking of the right things to say to others. Farberow and DeVries indicated that the suicidal person tended to avoid people because they disappointed him and because of his fear of being hurt by them.

Investigating the fear of rejection by others, Schrut (1968) inquired into the background and behavior of adolescent girls who attempted suicide. He found that the suicidal individuals were victims of chaotic, disrupted families, condemnation, and isolation. Rejection by a boyfriend, repeating

the initial rejection by the family often preceded a suicide attempt. Wold (1970) also found suicide to be a response to a threat or a break-up of an intense, symbiotic relationship or as a result of unstable relationships with other people. Along the same line, Yusin, Senay, and Nikira (1972) found crisis behavior involving suicide attempts or gestures to be frequently associated with the loss of a significant person, friend, parent, or sibling. Their results also indicated that if the suicidal individual had few or no friends, the reason most often was due to the fear of getting close to people. It was found most often that the parents were indifferent to the adolescent's problems. Evidence also showed that the unhappy, uninvolved group of adolescents wanted human relationships yet did not seem to have a sufficient number of them. In addition, Rushing (1967) found that suicide was often preceded by frequent or intense disruptions or loss of function in relations with others. Rushing indicated that discordant interpersonal relationships often are a factor in suicidal behavior and that the interpersonal needs of the suicidal individual are often not fulfilled.

Thus, it seems that because of the fear of social interactions, interaction losses, and interpersonal disruptions, the suicidal person's interpersonal needs are not being fulfilled. Concerning these interpersonal needs, Culbertson (1960) stated that every individual has three basic interpersonal needs: inclusion, control, and affection. It is these needs which can be readily assessed by the use of the Schutz' instrument the FIRO-B, i. e., Fundamental Interpersonal Relations Orientation--Behavior and the CPI, i. e.,

California Psychological Inventory. Discussion of the FIRO-B and CPI instruments and their uses in the present study are found later in this paper.

Thinking Patterns and Life Orientations

Several studies have investigated the thinking patterns and life orientation patterns of suicidal individuals. For example, Schneidman (1968) attempted to classify cognitive and logical styles of suicidal thinking patterns. His results indicated three major groups. The first was logical in which there were no gross aberrations in reasoning. The second was paliological, being of a psychotic nature. This type of thinking was delusional and revolved around primitive reasoning. The third type of thinking pattern was catalogical in which the individuals were victims of their own semantic errors and especially of their tendency towards dichotomous thinking. Inquiring into this dichotomous thinking pattern, Neuinger (1960, 1962) found that in suicidal prone individuals there was a tendency to fluctuate between two extremes, such as hope and frustration, life and death. His finding suggest that such individuals are highly rigid in thinking and use dichotomous categories.

Suicidal individuals tended to have disorganized thinking patterns also. In turn, this disorganization of thinking processes tended to disrupt interpersonal relationships, which then resulted in more negative feelings often interpreted as further rejection by the suicidal person (Rushing, 1969). Along with the disorganized thinking patterns, it was found that suicidal individuals are externally oriented. Williams and Nickels (1969) investigated the orientation patterns of suicidal individuals and accident prone individuals.

The results suggested that suicidal persons were more externally oriented. Suicidal persons often believe that their actions are determined by forces independent of their own behavior, such as fate, luck, and other people. Other results of the study of Williams and Nickels indicated that the actions of others have a great affect upon the suicidal person's behaviors, on his image of himself, and especially on the fulfillment of his interpersonal needs in interpersonal relationships.

Earlier research has found that attitudes towards life and death differ between suicidal and nonsuicidal individuals. Investigating the fear of death in suicidal persons, Lester (1967) found that suicidal students feared death less than nonsuicidal students and were more aware of and concerned with the manipulative aspects of death. Paralleling this idea, Neuringer (1968) found that there were great divergent attitudes towards life and death between suicidal and nonsuicidal individuals which may be a condition which makes the choice between life and death possible.

The manipulative aspects of death have been widely investigated in earlier research. For example, Karon (1964) found that suicide was often an aggressive act towards a significant figure in the patient's life or towards fantasies of significant figures of the past. Her results indicated that there often is a wish to hurt someone else, and that there is the belief that suicide will accomplish this end. Flaigel (1966) found that the most common problem resulting in a suicide was an extreme loss of a love object. Along with this idea, he also indicated that in young children, a suicidal act was a result of

poor treatment coupled with the desire to punish those who would grieve their death.

Thus, it does seem apparent that differences do exist in thinking patterns and life orientations between suicidal and nonsuicidal individuals, and in turn, this may be a valuable clue to suicidal phenomena.

Suicide Potential

Much research has dealt with the aspects of assessing the danger potential of suicidal phenomena. For example, Mentz (1961, p. 350) found 10 major areas of importance when inquiring into the danger of self-destruction.

The 10 major areas are as follows:

(1) conscious suicidal preoccupation, (2) dreams and fantasies concerning sleep, suicide, or death, (3) the intensity of stress and anxiety felt by the individual, (4) the individual's response to stress, (5) the nature of involvement in positive relationships with others, (6) the degree to which the individual realizes his own consequences of a successful suicide attempt, (7) the degree of impulsive behavior the individual tends to exhibit, (8) patterns of behavior and responses leading to increased suicidal danger, (9) the mood changes present, and (10) if previous hospitalization, the return to the previous environment and adjustment level.

In addition to these danger signs previously mentioned, Tabachnick (1970) also found that impulsiveness, a tendency toward action, a tendency to relieve anxiety through action, a recent loss or being slighted or offended by others were also important factors when assessing the degree of suicidal potential.

Farberow, Heilig, and Litman (1968) found the following characteristics to be useful in the evaluation of suicide potential: age and sex, suicidal plan,

stress level, symptoms, resources available, life style, communication aspects, reactions of significant others, and medical status.

Throughout the research, two major themes were prominent. Social factors involving communication with others and the involvement in positive relationships are key factors in suicidal acts. It can be seen that the adaptational mishap theory definitely has a strong bearing on suicidal phenomena and the potential for self-destruction.

Summary

In summary, the review of literature reveals that expectations in the life situation, self-concept, interpersonal interactions and attitudes, and thinking patterns and life orientations all play important roles in the dynamics of suicidal behavior. However, evidence is lacking as to how the suicidal person wants others to behave towards him or her and how the suicidal person believes he behaves towards others along such dimensions as control, affection, inclusion, tolerance, and sociability. There is evidence that his interpersonal thinking and behavior is deficient, and needs to be understood more completely. What the suicidal person characteristically wants and expresses in interpersonal interactions needs to be explored further. It is expected that the FIRO-B and the CPI instruments will provide useful data of this type.

Research Related to the FIRO-B and CPI Instruments

It appears that the interpersonal needs of suicidal individuals are not being fulfilled and also that suicidal individuals are greatly affected by the actions of others. The FIRO-B, Fundamental Interpersonal Relations

Orientations-Behavior, was used in this study which assessed how suicidal individuals act in interpersonal situations. This measure of a person's characteristic behavior toward other people has been utilized for various types of research in many fields. To mention a few FIRO-B studies related to therapy situations, Gard and Bendig (1964) investigated the personality dimensions among psychiatric groups; Gard (1964) looked into the personality orientations of clinical groups; and Medelsohn and Ranken (1969) and Gossner (1970) investigated client-counselor compatibility and treatment effectiveness and outcome of counseling.

The CPI, California Psychological Inventory, was the second instrument used in this study which assessed attitudes about interpersonal situations. This instrument has been widely used to assess interpersonal attitudes and adjustment. To mention a few CPI related studies, Nichols (1960) used the CPI to see if psychotherapy had a significant effect of change reflecting poise and interpersonal effectiveness comparing the therapy and control groups; Goodstein, Crites, Heilbrun, and Rempel (1961) investigated the psychological meaningful differences between three different types of clientele. Their results indicated that profile evaluations and shape did vary with adjustment status. Diddle (1958) employed the use of the CPI and its individual subsections to measure socioeconomic status, friendship, and leadership ability.

For more detailed information concerning these measures, refer to the data and instrumentation section.

CHAPTER III

Objectives

In light of the review of literature, it appears that the suicidal individual is hesitant about forming close interpersonal relationships, tends to be submissive, and less tolerable than others, and fearful of interactions with other people. With more knowledge of how the suicidal person thinks he relates with others, it could be possible to determine whether a relationship exists between interpersonal needs and attempted suicide. The purpose of this study is to see how suicidal persons in therapy, as compared to non-suicidal persons in therapy, characteristically report their relations to other people in interpersonal settings.

The objectives of the present study are as follows:

1. to see if nonsuicidal individuals express the need to include others in interactions more than do suicidal individuals.
2. to see if nonsuicidal individuals need to control others more than do suicidal individuals.
3. to see if nonsuicidal individuals want to be closer and more personal with others than do suicidal individuals.
4. to see if nonsuicidal individuals want to be included more in interactions than do suicidal individuals.
5. to see if nonsuicidal individuals want to be more controlled by others than do suicidal individuals.

6. to see if nonsuicidal individuals want others to be closer and more personal than do suicidal individuals.

7. to see if nonsuicidal individuals are more outgoing and more often seek out and enjoy social encounter than do suicidal individuals.

8. to see if nonsuicidal individuals have fewer feelings of hostility, estrangement, and disbelief about others than do suicidal individuals.

Despite the knowledge obtained in the review of literature about the suicidal person's orientation in interpersonal relationships, it is still unclear as to how the suicidal individual acts in interpersonal situations. Because of this uncertainty, the null hypotheses were used in testing for the objectives of this study.

The hypotheses for this study are:

1. There will be no significant difference in mean scores on the FIRO-B scale measuring the need to include others in sound interactions for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

2. There will be no significant difference in mean scores on the FIRO-B scale measuring need to control others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

3. There will be no significant difference in mean scores on the FIRO-B scale measuring desire to express closeness and personal intimacy

with others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

4. There will be no significant difference in mean scores on the FIRO-B scale measuring the need to be included by others in sound interactions for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

5. There will be no significant difference in mean scores on the FIRO-B scale measuring the need to be controlled by others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

6. There will be no significant difference in mean scores on the FIRO-B scale measuring the need to want others to be close and personal for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

7. There will be no significant difference in mean scores on the CPI scale, sociability, measuring social involvement with others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

8. There will be no significant difference in mean scores on the CPI scale, tolerance, measuring feelings of hostility, estrangement, and disbeliefs with others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

CHAPTER IV

MethodologySample

The target population consisted of individuals in Utah who have attempted suicide and were presently in individual therapy in Logan, Salt Lake City, and Murray Jordan vicinities. The accessible population consisted of individuals who had attempted suicide within the past 2 months and who had been in therapy for no more than 2 months. The study sample consisted of 63 individuals who had made a suicide attempt within the past 2 months and 56 individuals also in therapy who had not attempted suicide.

Subjects were drawn from each of the four major mental health clinics, as follows:

Northern Utah Mental Health Center: seven suicidal, 10 nonsuicidal

Murray Jordan Rehabilitation Center: seven suicidal, nine nonsuicidal

Four Salt Lake City Mental Health Centers: 43 suicidal, 25 nonsuicidal

Granite Mental Health Center: six suicidal, 12 nonsuicidal

The differential numbers drawn from each of the clinics was a result of area populations and the availability of suicidal individuals receiving treatment in the various clinics.

Judgement of whether an individual was potentially suicidal was made by the psychologist, psychiatrist, or social worker who was the individual's therapist. Because of the confidentiality factor and the individual's emotional

stability, the ultimate selection of the suicidal individuals asked to complete the forms were left to the discretion of the individual's psychologist, psychiatrist, or social worker. Diagnosed suicidal individuals who were not psychotic, schizophrenic, or having severe thought disorders associated with the clinics were used in order to obtain the number of suicidal individuals needed.

The nonsuicidal individuals were selected by taking a random selection of clientele from each of the participating therapist's case load until the nonsuicidal group for each clinic was filled. This procedure resulted in a fairly good matching on sociological characteristics of the samples. Further matching was precluded by the difficulty of getting therapists to exert that much more care in selecting the control group. Using Chi Square, the composition of the sample was not significantly different in terms of the six biographical categories.

Descriptive sociological characteristics of the sample are indicated in Tables 1, 2, 3, 4, 5, and 6.

Design

Following the selection of the study sample, the suicidal group was compared with the nonsuicidal group on the six FIRO-B categories, the two CPI scales (sociability and tolerance), and the clinical history variables available on each subject. This procedure was used to see if suicidal individuals in therapy had different interpersonal needs than nonsuicidal individuals in therapy.

Table 1

Comparison of Suicidal and Nonsuicidal Persons on Sex

Sex	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
Males	26	46	18	29	37
Females	30	54	45	71	63

Table 2

Comparison of Suicidal and Nonsuicidal Persons on Age

Age	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
0-19	6	11	5	8	9
20-29	34	62	33	52	56
30-39	10	18	16	25	22
40-49	4	7	3	5	6
50-59	1	1	5	8	5
60-over	1	1	1	2	2

Table 3

Comparison of Suicidal and Nonsuicidal Persons on Education

Education	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
Elementary	0	0	0	0	0
Junior High	3	5	6	10	8
High School	24	43	24	38	40
Vocational	7	13	8	13	13
1 year college	6	11	4	6	8
2 years college	10	18	11	17	18
4 years college	4	6	5	8	7
Graduate work	2	4	4	6	5
Other	0	0	1	2	1

Table 4

Comparison of Suicidal or Nonsuicidal Persons on Marital Status

Marital Status	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
Single	19	34	18	29	31
Married	19	34	17	27	30
Divorced	12	22	19	30	26
Widowed	3	5	2	3	4
Separated	3	5	7	11	9

Table 5

Comparison of Suicidal and Nonsuicidal Persons on
Number of Therapy Sessions

Therapy Sessions	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
0 (initial intake)	22	29	20	32	35
1	3	5	5	8	7
2	2	4	1	2	3
3	3	5	2	3	4
4	7	13	9	14	13
5	3	5	3	5	5
6	2	4	1	2	3
7	3	5	1	2	3
8	11	20	21	32	27

Table 6

Comparison of Suicidal and Nonsuicidal Persons on Religious Affiliation

Religious Affiliation	Nonsuicidal		Suicidal		Total % of Sample
	No.	%	No.	%	
Catholic	7	12	6	10	11
LDS	28	50	35	56	53
Protestant	6	11	11	17	14
Other	15	27	11	17	22

It was recognized that there was a danger of spontaneous remission in some patients during the collection of the study data, in which case a patient might suddenly think that he was well as a result of cumulative effects of learning and environmental pressures and, thus, would respond to the questionnaire in a more positive way. The individual's perceptions of his interpersonal orientation at that time may therefore be altered for a temporary period of time, which in turn, would yield a more positive attitude toward relationships on the FIRO-B items and the CPI items. Such an occurrence would result in a false orientation pattern on the FIRO-B and CPI items, but it would be expected that a relatively systematic effect across all or most subjects would occur.

Different sociological characteristics which may have an effect on interpersonal needs were investigated with the use of the data provided from the brief history questionnaire. Other background characteristics which might have been helpful but are unaccounted for include: reasons for being in therapy, variations in home life situation; and for suicidal individuals, the different reasons for attempted suicide.

Analysis

With sufficient N's existing for the different religious groups, sexes, and marital statuses, characteristic interpersonal needs were determined by the use of analysis of variance. If the f-ratios were significant, a further analysis of differences between pairs of means would be carried out using a Scheffe' test.

A two-way analysis of variance was used to compare the mean scores of suicidal and nonsuicidal groups with different marital statuses with each of the six FIRO-B scales and the two CPI scales. A three-way analysis of variance was used to compare the mean scores of suicidal and nonsuicidal groups with sex and religious affiliation in each of the six FIRO-B scales and the two CPI scales.

The six scales of interpersonal needs as obtained from the FIRO-B and the two CPI scales were correlated with age, highest education attained, and the length of time in therapy using the Pearson Product Moment Correlation Coefficient. The analysis of the history questionnaire investigated the relationship of different sociological characteristics to interpersonal orientations and needs.

Data and Instrumentation

Each of the 119 individuals was given a brief letter of introduction concerning the purpose of the research. This was followed by the FIRO-B and the CPI scales. All forms were administered by the individual's therapist or the therapist's receptionist. The brief history questionnaire consisted of the following items: age, sex, religion, highest education attained, marital status, and length of time in therapy. All individuals were asked to complete the forms in the respective clinic just prior to their individual therapy session.

All of the data was collected within approximately a 6 month period of time. A brief meeting with each of the staffs of the various participating

clinics was arranged to provide specific instructions on the procedures for the collection of the data.

FIRO-B

The FIRO-B, i. e., the Fundamental Interpersonal Relations Oreintations-Behavior, has two primary purposes: (1) to measure how an individual acts in interpersonal interactions, and (2) to provide an instrument which facilitates prediction of interaction between people. The FIRO theory suggests that the interpersonal behavior of most individuals is determined by personal needs in three interpersonal areas called inclusion, control, and affection. Each of the three dimensions can be assessed at two different levels: (1) the behavior the individual believes he expresses towards others, and (2) the behaviors he wants others to express towards him.

The interpersonal dimensions can be defined as the following:

1. The interpersonal need for inclusion is the need to establish and maintain a satisfactory relationship with people with respect to interaction and association.
2. The interpersonal need for control is the need to establish and maintain satisfactory relationships with people with respect to power and control.
3. The interpersonal need for affection is the need to establish and maintain a satisfactory relationship with others with respect to love and affection.

The measurement of the three dimensions on the two levels leads to six scores: expressed inclusion, wanted inclusion, expressed control, wanted control, expressed affection, and wanted affection.

Reliability. The coefficient of internal consistency is the measure based on internal analysis of the data obtained on a single trial. This measure indicates the degree to which the items are homogeneous. Since the scales of the FIRO-B are all Guttman scales, reproducibility was used as the measure of internal consistency. The usual criterion for reproducibility is that 90% of all responses are predictable from knowledge of scale scores. If the items have a cumulative property, their unidimensionality is established. According to Guttman, reproducibility requires unidimensionality and also that the items occur in a certain order.

The FIRO-B scales were developed on about 1500 subjects. The subjects varied, owing to the evolution of the scales. Some scales were altered when proved unsatisfactory and then readministered with the unaltered scales. Subjects were mostly college age students with a small population of Air Force personnel. The reproducibility for all scales was very high and consistent over all samples. The reproducibility mean for all scales was .94. These reproducibility scores are the coefficients of internal consistency for the FIRO-B.

For the FIRO-B, the correlation between test scores and scores on the re-test after a lapse of time is a very important measure since interpersonal orientations are presumably stable traits. The FIRO-B was

administered to college students at 1 month intervals. Two unsatisfactory scales (e^a and w^a) were replaced with earlier versions of the same scales. These two were then given to a smaller sample of Harvard students with a 1 week interval. The mean coefficient of the six scales was .76, ranging from a high of .82 to a low of .71 with the sample consisting of approximately 125 subjects. In another study to evaluate the degree of stability of the FIRO-B scales, a group was tested, then divided into three approximately equal groups called high, medium, and low. It was found that 70% of the highs and lows remained in the same category upon re-test were half of the middle retained that status. The results indicated that upon re-test, there is only about a 10% chance of an individual's score on the FIRO-B items to jump from a high score to a low score or vice versa. Thus, even over time, the FIRO-B measure of interpersonal orientations is relatively stable.

To compute the reliability of the FIRO-B scales, the Kuder-Richardson Formula 21 was used. This formula generally yields a more conservative reliability coefficient than obtained by the use of other reliability methods available (Borg and Gall, 1973). Reliability coefficients for the six FIRO-B scales for both suicidal and nonsuicidal groups can be located on Table 7.

Validity. The concurrent validity of the FIRO-B was evaluated by correlating the test scores with measures of concurrent criterion performances or status. The studies presented in The Interpersonal Underworld (Schutz, 1966), attempted to demonstrate differences on the basis of the measuring instrument between already existing groups or individuals with already known

Table 7

Reliability Coefficients of the FIRO-B

	Inclusion		Control		Affection	
	S	NS	S	NS	S	NS
Expressed	.61	.60	.67	.64	.73	.61
Wanted	.74	.78	.64	.71	.68	.69

attitudes. These studies investigated the FIRO-B and political attitudes, the FIRO-B and occupational choice, and the FIRO-B and conformity. Predicted relationships in most cases were significant at the .05 level or better.

To explore what is called "construct concurrent validity" (Schutz, 1966) the relation of childhood interpersonal atmosphere to the FIRO-B was investigated. It was found that there is a positive covariation between reports made by an adult of his child relations with his parents and his present behavior in the areas of inclusion, control, and affection.

To explore what is called "construct predictive validity" (Schutz, 1966) the relation between the FIRO-B interpersonal orientation scores and the specific dyadic relations in a fraternity were investigated. The results were obtained by computing the percent of people choosing a person with similar scores on the FIRO-B as a first choice for a roommate. Living with another individual usually involves a high interchange in all of the need areas. Longer and closer relationships tend to be affectional while shorter relationships are more concentrated with control and inclusion (Schutz, 1966).

Four types of compatibility were used: originator (the degree to which an individual expresses a preference for initiating and not receiving in a relationship), reciprocal (the degree to which members in a dyad reciprocally satisfy each other's behavior preferences), interchange (mutual expression of a given need), and by need area (relations among interpersonal need areas rather than within need areas). Each of the four were broken down into the three categories of inclusion, control, and affection. The results indicated that several types of compatibility on the three dimensions were very important factors involved in roommate choice. Significant relations at the .05 or better were found for the following dimensions: originator: inclusion, control, and affection; Reciprocal: affection; Need areas: control and affection; and overall total compatibility. It seems likely that a person would choose someone for a roommate with whom he is compatible in all three need areas. The results did indicate that there was a tendency to select for a roommate students with whom compatibility did exist in all three areas.

California Psychological Inventory

The California Psychological Inventory is intended for diagnosis and evaluation of individuals, with an emphasis upon interpersonal behavior and dispositions relevant to social interaction. The CPI was created to measure two major goals in personality assessment. The first goal was to develop descriptive concepts which possess broad personal and social relevance; using characteristics of the personality applicable to human behavior and related to favorable and positive aspects of the personality. The second goal

was to devise brief, accurate, and dependable subscales for the identification and measurement of interpersonal variables.

The CPI consists of a total of 18 scales, each covering one important facet of interpersonal psychology. The scales are then grouped into four major categories. Sociability and tolerance were the scales chosen for this study.

Sociability (Sy), consisting of 36 items, was selected from the class one category measuring poise, ascendancy, self-assurance, and interpersonal adequacy. High scorers on this scale can be described as follows: "Males: clever, confident, interests wide, logical, mature, outgoing, reasonable, resourceful, self-confident, sociable. Females: aggressive, confident, dominant, energetic, flirtatious, intelligent, interests wide, outgoing, sociable, talkative." The descriptions given for low scorers are as follows: "Males: awkward, bitter, cold, complaining, confused, hard-hearted, interests narrow, quitting, shallow, unkind. Females: courteous, inhibited, meek, modest, guilt, retiring, shy, timid, unassuming, withdrawn."

Tolerance (To), consisting of 32 items, was selected from the class two category measuring socialization, maturity, responsibility, and intra-personal structuring of values. High scorers may be characterized as follows: "Males: forgiving, generous, good-natured, independent, informal, pleasant, reasonable, soft-hearted, thoughtful, unselfish. Females: calm, efficient, insightful, leisurely, logical, mature responsible, self-controlled, tactful, understanding." Characteristic of low scorers were these: "Males: affected, cold, egotistical, fussy, hard-hearted, self-centered, shallow, thankless,

whiny, fault finding. Females: arrogant, autocratic, bitter, defensive, distrustful, hard-hearted, infantile, resentful, restless, sarcastic."

Reliability. Two reliability studies using the test-re-test method are available concerning the CPI. The first of these, two high school junior classes took the CPI in the fall of 1952 and again a year later when seniors. In the second study, 200 male prisoners took the test twice with a lapse of 7 to 21 days between testings. In this particular study, questions were read aloud to half of the subjects on the first administration and they read questions silently to themselves the second time; for the other half, the procedure was reversed. No measurable differences resulted from the oral administration.

Test-re-test correlations were as follows: Sociability: H. S. females .71, H. S. males .68, Prison males .84; Tolerance: H. S. females .61, H. S. males .71, Prison males .87.

To compute the reliability of the sample of this study, the Pearson Product-moment correlation coefficient was used. Using the total sample of 119 individuals, scores on odd and even items for Sy and To scales for each of the questionnaires were computed for both suicidal and nonsuicidal groups. The correlation was corrected using the Spearman Brown Prophecy Formula. Correlation coefficients for the CPI scales can be located on Table 8.

Validity. Sociability: (a) in five high school classes, the principals were asked to nominate the "most" and "least" participant students. The Sy scale results for the samples obtained were as follows:

Table 8
Reliability Coefficients of the CPI

	Suicidal	Nonsuicidal
Sociability	.89	.70
Tolerance	.85	.92

subsample	N	M	S. D.
1. socially active males	52	25.40	4.70
2. socially inactive males	52	20.96	5.61
		Diff. = 4.41	
		C. R. = 4.37	
		P < .01	
3. socially active females	51	25.43	4.31
4. socially inactive females	51	17.86	4.71
		Diff. = 7.57	
		C. R. = 8.47	
		P < .01	

(b) In additional high schools, principals nominated the students believed to be most popular. Sy results for these students in comparison with unselected students were as follows:

Subsample	N	M	S. D.
1. most popular boys	90	24	5.75
2. unselected boys	3,572	21.45	5.44
		Diff. = 2.55	
		C. R. = 4.16	
		P < .01	
3. most popular girls	87	26.08	3.99
4. unselected girls	4,056	21.42	5.73
		Diff. = 4.66	
		C. R. = 10.66	
		P < .01	

Tolerance: (a) In a sample of 100 military officers, To correlated -.46 with the California F (fascism: authoritarian personality) scale.

(b) In a sample of 152 adult males, To correlated + .34 with the Chicago Inventory of Social Beliefs (a measure of fair mindedness and humanitarian values).

(c) In a sample of 419 college students, To correlated -.48 with the California F scale.

CHAPTER V

Results

The purpose of this study was to see how suicidal persons in therapy as compared to nonsuicidal persons in therapy characteristically report their relations to other people.

The results will be discussed by examining each of the eight individual hypotheses separately.

Hypothesis Number 1: Expressed Inclusion

There will be no significant difference in mean scores on the FIRO-B scale measuring the need to include others in interactions for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

The data in Tables 9 and 13 indicate that significant differences do not exist at the .05 level of confidence between mean scores for suicidal and nonsuicidal individuals, irregardless of sex, religion, and marital status; therefore, the null hypothesis is not rejected. The data disclose that no evidence exists to indicate a difference in the need to include others in sound interactions for suicidal and nonsuicidal individuals in therapy, regardless of sex, religion, and marital status.

Table 9

Summary of Analysis of Variance for Variable 1, Expressed Inclusion,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	5.49		
s/ns	1	1.51	.27	N. S.
Sex	1	14.44	2.58	N. S.
Religion	3	8.85	1.58	N. S.
AxB	1	1.69	.30	N. S.
AxC	3	2.95	.53	N. S.
BxC	3	9.43	1.69	N. S.
AxBxC	3	6.03	1.08	N. S.
Error	103	5.59		

Table 10

Adjusted Means for Variable 1, Expressed Inclusion,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	2.93	3.59	3.26
Nonsuicidal	2.91	4.25	3.58
Combined	2.92	3.92	

Table 11

Adjusted Means for Variable 1, Expressed Inclusion,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	4.22	3.89	3.35	1.57	3.26
Nonsuicidal	4.06	3.95	2.97	3.34	3.58
Combined	4.14	3.92	3.16	2.46	

Table 12

Adjusted Means for Variable 1, Expressed Inclusion,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	2.89	4.17	2.97	1.65	2.92
Females	5.39	3.67	3.35	3.26	3.92
Combined	4.14	3.92	3.16	2.46	

Table 13

Summary of the Two-Way Analysis of Variance for Variable 1,
Expressed Inclusion

Source	df	M. S.	F	Significance
Total	118	5.50		
s/ns	1	.24	.04	N. S.
Marital Status	4	.34	.06	N. S.
AxB	4	6.32	1.11	N. S.
Error	109	5.69		

Table 14

Adjusted Means for Variable 1, Expressed Inclusion,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	3.90	3.01	2.85	3.48	4.18	3.48
Nonsuicidal	2.99	4.09	3.68	3.36	2.67	3.36
Combined	3.44	3.55	3.27	3.42	3.42	

The adjusted means are located on Tables 10, 11, 12, and 14 for the treatment groups concerning Expressed Inclusion.

Hypothesis Number 2: Expressed Control

There will be no significant difference in mean scores on the FIRO-B scale measuring the need to control others for individuals in therapy who have attempted suicide and for individuals who have not attempted suicide.

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

Referring to Tables 15 and 19, significant differences do not exist at the .05 level of confidence between mean scores for suicidal and nonsuicidal individuals; therefore, the null hypothesis is accepted. The results show that no evidence exists to indicate a difference in the need to control others for suicidal and nonsuicidal individuals in therapy, irregardless of sex, religion, and marital status.

Tables 16, 17, 18, and 20 consist of the adjusted means for the treatment groups concerning Expressed Control.

Hypothesis Number 3: Expressed Affection

There will be no significant difference in mean scores on the FIRO-B scale measuring desire to express closeness and personal intimacy with others, for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

Table 15

Summary of Analysis of Variance for Variable 2, Expressed Control,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	5.94		
s/ns	1	5.14	.89	N. S.
Sex	1	5.57	.97	N. S.
Religion	3	3.59	.63	N. S.
AxB	1	11.71	2.04	N. S.
AxC	3	7.41	1.29	N. S.
BxC	3	3.19	.55	N. S.
AxBxC	3	7.02	1.22	N. S.
Error	103	5.75		

Table 16

Adjusted Means for Variable 2, Expressed Control,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	2.48	1.33	2.08
Nonsuicidal	2.54	2.81	2.68
Combined	2.69	2.07	

Table 17

Adjusted Means for Variable 2, Expressed Control,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	.88	2.71	2.01	2.73	2.08
Nonsuicidal	2.38	2.21	3.93	2.18	2.18
Combined	1.63	2.45	2.97	2.46	

Table 18

Adjusted Means for Variable 2, Expressed Control,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	1.38	3.18	3.38	2.81	2.69
Females	1.88	1.74	2.55	2.11	2.07
Combined	1.63	2.45	2.97	2.46	

Table 19
 Summary of the Two-Way Analysis of Variance for Variable 2,
 Expressed Control

Source	df	M. S.	F	Significance
Total	118	5.95		
s/ns	1	8.44	1.34	N. S.
Marital Status	4	2.54	.41	N. S.
AxB	4	6.32	1.11	N. S.
Error	109	6.26		

Table 20
 Adjusted Means for Variable 2, Expressed Control,
 in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	2.01	2.82	2.44	2.02	.80	2.02
Nonsuicidal	2.65	2.96	2.79	2.74	2.57	2.74
Combined	2.32	2.89	2.62	2.38	1.68	

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

The data in Tables 21 and 25 indicate that significant differences do not exist at the .05 level of confidence between mean scores for suicidal and nonsuicidal individuals, irregardless of religion and marital status; therefore, the null hypothesis is accepted. However, a significant interaction effect was found to be significant at the .05 level of confidence for suicidal and non-suicidal individuals and sex: males and females. The data on Table 22 reveal that suicidal males express more affection than suicidal females while non-suicidal males express less affection than nonsuicidal females.

Thus, the data indicate that no evidence exists to reveal a difference in the desire to express closeness and personal intimacy with others for suicidal and nonsuicidal individuals in therapy regardless of religion and marital status; however, a difference does exist for suicidal males and females and nonsuicidal males and females.

The adjusted means are located on Tables 22, 23, 24, and 26 for the treatment groups concerning Expressed Affection.

Hypothesis Number 4: Wanted Inclusion

There will be no significant difference in mean scores on the FIRO-B scale measuring the need to be included by others in sound interactions for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

Table 21

Summary of Analysis of Variance for Variable 3, Expressed Affection,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	6.1		
s/ns	1	1.59	.27	N. S.
Sex	1	.36	.06	N. S.
Religion	3	5.00	.85	N. S.
AxB	1	15.03	4.23	.05*
AxC	3	6.91	1.17	N. S.
BxC	3	7.73	1.31	N. S.
AxBxC	3	15.72	2.65	N. S.
Error	103	5.92		

*Significant at the .05 level (1, 120 df: 3.92; 3, 120: 2.68)

**Significant at the .01 level (1, 120 df: 6.85; 3, 120: 3.95)

Table 22
Adjusted Means for Variable 3, Expressed Affection,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	3.45	2.29	2.89
Nonsuicidal	2.47	3.93	3.20
Combined	2.96	3.11	

Table 23
Adjusted Means for Variable 3, Expressed Affection,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	3.51	3.40	3.51	1.06	2.89
Nonsuicidal	3.84	2.70	3.06	3.19	3.20
Combined	3.67	3.05	3.28	2.13	

Table 24
Adjusted Means for Variable 3, Expressed Affection,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	4.42	3.38	2.51	1.51	2.96
Females	2.92	2.72	4.06	2.75	3.11
Combined	3.67	3.05	3.28	2.13	

Table 25
 Summary of the Two-Way Analysis of Variance for Variable 3,
 Expressed Affection

Source	df	M. S.	F	Significance
Total	118	6.10		
s/ns	1	.02	.01	N. S.
Marital Status	4	3.76	.60	N. S.
AxB	4	5.59	.89	N. S.
Error	109	6.26		

Table 26
 Adjusted Means for Variable 3, Expressed Affection,
 in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	2.78	2.55	1.98	3.05	4.90	3.05
Nonsuicidal	2.27	2.59	3.56	3.02	3.65	3.02
Combined	2.52	2.57	2.77	3.03	4.28	

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

The data in Tables 27 and 31 reveal that significant differences do not exist at the .05 level of confidence between mean scores for suicidal and non-suicidal individuals, irregardless of sex, religion, and marital status; therefore, the null hypothesis is accepted. The results show that no evidence exists to indicate a difference in the need to be included by others in sound interactions for suicidal and nonsuicidal individuals in therapy, regardless of sex, religion, and marital status.

Tables 28, 29, 30, and 32 reveal the adjusted means for the treatment groups dealing with Wanted Inclusion.

Hypothesis Number 5: Wanted Control

There will be no significant difference in mean scores on the FIRO-B scale measuring the need to be controlled by others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status. In addition to using the analysis of variance, the Scheffe' method of multiple comparisons was computed to determine significant differences between means for religious subgroups.

Table 27

Summary of Analysis of Variance for Variable 4, Wanted Inclusion,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	11.77		
s/ns	1	2.51	.21	N. S.
Sex	1	17.93	1.46	N. S.
Religion	3	6.59	.54	N. S.
AxB	1	10.08	.82	N. S.
AxC	3	7.18	.59	N. S.
BxC	3	19.37	1.58	N. S.
AxBxC	3	8.83	.72	N. S.
Error	103	12.28		

Table 28

Adjusted Means for Variable 4, Wanted Inclusion,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	2.73	3.01	2.87
Nonsuicidal	2.31	4.25	3.28
Combined	2.52	3.63	

Table 29

Adjusted Means for Variable 4, Wanted Inclusion,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	2.44	4.15	3.25	1.64	2.87
Nonsuicidal	3.61	3.34	2.84	3.35	3.28
Combined	3.02	3.74	3.04	2.49	

Table 30

Adjusted Means for Variable 4, Wanted Inclusion,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	3.02	4.15	1.19	1.72	2.52
Females	3.02	3.33	4.90	3.26	3.36
Combined	3.02	3.74	3.04	2.49	

Table 31

Summary of the Two-Way Analysis of Variance for Variable 4,
Wanted Inclusion

Source	df	M. S.	F	Significance
Total	118	11.77		
s/ns	1	4.40	.35	N. S.
Marital Status	4	2.87	.23	N. S.
AxB	4	5.01	.40	N. S.
Error	109	12.45		

Table 32

Adjusted Means for Variable 4, Wanted Inclusion,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	3.57	3.07	3.02	3.34	3.68	3.34
Nonsuicidal	3.18	2.76	4.13	2.81	1.17	2.81
Combined	3.38	2.92	3.58	3.08	2.43	

The data in Tables 33 and 37 indicate that significant differences do not exist at the .05 level of confidence between mean scores for suicidal and nonsuicidal individuals, irregardless of sex, religion, and marital status; therefore, the null hypothesis is accepted. The results show that no evidence exists to indicate a difference in the need to be controlled by others for suicidal and nonsuicidal individuals in therapy, regardless of sex, religion, and marital status.

However, significant differences at the .05 level of confidence between mean scores for religious affiliation are evident. In analyzing the religious factors in Tables 35 and 36, one notes that Protestant individuals want the most control, then LDS, Catholic, and Other with the least desire to want control. Using the Scheffe' test with $f .05$, $df: 3, 120: 2.68^*$; and $f .01$, $df: 3, 120: 3.95^*$, significant differences exist for Catholic and Protestant (2.81^*), Other and LDS (4.74^{**}), and Other and Protestant (6.70^{**}). No significant differences exist for the following subgroups: Catholic and LDS, Catholic and Other, Protestant and LDS.

The adjusted means are presented in Tables 34, 35, 36, and 38 for the treatment groups concerning Wanted Control.

Hypothesis Number 6: Wanted Affection

There will be no significant difference in mean scores on the FIRO-B scale measuring the need to want others to be close and personal for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

Table 33

Summary of Analysis of Variance for Variable 5, Wanted Control,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	8.71		
s/ns	1	10.45	1.28	N. S.
Sex	1	24.73	3.04	N. S.
Religion	3	24.43	3.00	.05*
AxB	1	.82	.1	N. S.
AxC	3	16.79	2.06	N. S.
BxC	3	3.53	.43	N. S.
AxBxC	3	2.19	.27	N. S.
Error	103	8.14		

*Significant at the .05 level (1,120 df: 3.92; 3,120: 2.68)

**Significant at the .01 level (1,120 df: 6.85; 3,120: 3.95)

Table 34

Adjusted Means for Variable 5, Wanted Control,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	4.52	5.59	5.05
Nonsuicidal	3.44	4.98	4.21
Combined	3.98	5.28	

Table 35

Adjusted Means for Variable 5, Wanted Control,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	5.88	5.62	6.44	2.27	5.05
Nonsuicidal	1.88	4.67	6.18	4.12	4.21
Combined	3.88	5.15	6.31	3.20	

Table 36

Adjusted Means for Variable 5, Wanted Control,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	3.46	4.78	5.88	1.81	3.98
Females	4.29	5.51	6.74	4.59	5.28
Combined	3.88	5.15	6.31	3.20	

Table 37

Summary of the Two-Way Analysis of Variance for Variable 5,
Wanted Control

Source	df	M. S.	F	Significance
Total	118	8.71		
s/ns	1	19.45	2.20	N. S.
Marital Status	4	4.26	.48	N. S.
AxB	4	3.75	.42	N. S.
Error	109	8.86		

Figure 19. Raga Malhar.

Table 38

Adjusted Means for Variable 5, Wanted Control,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	5.53	5.03	5.14	5.18	5.02	5.18
Nonsuicidal	4.43	4.74	2.96	4.08	4.18	4.08
Combined	4.98	4.89	4.05	4.63	4.60	

The data in Tables 39 and 43 indicate that significant differences exist at the .05 level of confidence between mean scores for suicidal and nonsuicidal individuals, irregardless of religion and marital status; therefore, the null hypothesis is rejected. In addition, significant differences at the .05 level of confidence were found for sex (Table 39). The data on Table 39 also indicate that a significant interaction effect exists at the .01 level of confidence for suicidal and nonsuicidal individuals and sex: males and females. The results show that suicidal individuals want affection more than nonsuicidal individuals and that females want affection more than males. However, suicidal males want affection more than suicidal females; while nonsuicidal females want affection more than nonsuicidal males.

Thus, the results disclose that evidence exists to indicate a difference in the need to want others to be close and personal for suicidal and nonsuicidal individuals and for males and females, regardless of religion and marital status.

The adjusted means are provided on Tables 40, 41, 42 and 44 for the treatment groups concerning Wanted Affection.

Hypothesis Number 7: Sociability

There will be no significant difference in mean scores on the CPI scale, Sociability, measuring social involvement with others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

Table 39

Summary of Analysis of Variance for Variable 6, Wanted Affection,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	6.33		
s/ns	1	20.96	4.37	.05*
Sex	1	26.44	5.51	.05*
Religion	3	7.78	1.62	N. S.
AxB	1	70.43	14.68	.01**
AxC	3	9.36	1.95	N. S.
BxC	3	1.21	.25	N. S.
AxBxC	3	3.92	.82	N. S.
Error	103	4.80		

*Significant at the .05 level (1,120 df: 3.92; 3,120: 2.68)

**Significant at the .01 level (1,120 df: 6.85; 3,120: 3.95)

Table 40

Adjusted Means for Variable 6, Wanted Affection,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	6.03	5.18	5.60
Nonsuicidal	2.64	6.18	4.41
Combined	4.34	5.68	

Table 41

Adjusted Means for Variable 6, Wanted Affection,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	4.72	6.47	7.10	4.14	5.60
Nonsuicidal	4.35	4.89	3.65	4.76	4.41
Combined	4.53	5.68	5.37	4.45	

Table 42

Adjusted Means for Variable 6, Wanted Affection,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	4.09	5.20	4.35	3.70	4.34
Females	4.97	6.15	6.40	5.21	5.68
Combined	4.53	5.68	5.37	4.45	

Table 43

Summary of the Two-Way Analysis of Variance for Variable 6,
Wanted Affection

Source	df	M. S.	F	Significance
Total	118	6.33		
s/ns	1	33.02	5.14	.05*
Marital Status	4	1.32	.21	N. S.
AxB	4	.82	.13	N. S.
Error	109	6.42		

*Significant at the .05 level (1, 120 df: 3.72; 4, 120 df: 2.45)

Table 44

Adjusted Means for Variable 6, Wanted Affection,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	5.65	5.91	5.30	5.73	6.05	5.73
Nonsuicidal	4.42	4.84	4.42	4.29	3.48	4.29
Combined	5.03	5.38	4.86	5.01	4.76	

The hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

The results are shown in Tables 45 and 49. A significant difference exists at the .05 level of confidence between mean scores for suicidal and non-suicidal individuals, irregardless of sex, religion, and marital status. Thus, the null hypothesis is rejected. The results indicate that suicidal individuals tend to be less socially involved than nonsuicidal individuals, and that sex, religion, and marital status do not affect these results.

One may conclude that different levels of social involvement exist for suicidal and nonsuicidal individuals in therapy, irregardless of sex, religion, and marital status.

The adjusted means are provided in Tables 46, 47, 48, and 50 for the treatment groups concerning Sociability.

Hypothesis Number 8: Tolerance

There will be no significant difference in mean scores on the CPI scale, Tolerance, measuring feelings of hostility, estrangement, and disbeliefs with others for individuals in therapy who have attempted suicide and for individuals in therapy who have not attempted suicide.

This hypothesis was tested by a three-way analysis of variance with suicide, sex, and religion and a two-way analysis of variance with suicide and marital status.

Table 45

Summary of Analysis of Variance for Variable 7, Sociability,
in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	37.02		
s/ns	1	155.67	4.54	.05*
Sex	1	.73	.02	N. S.
Religion	3	11.50	.34	N. S.
AxB	1	97.89	2.85	N. S.
AxC	3	3.30	.10	N. S.
BxC	3	18.60	.54	N. S.
AxBxC	3	43.83	1.28	N. S.
Error	103	34.30		

*Significant at the .05 level (1, 120 df: 3.92; 3, 120 df: 2.68)

**Significant at the .01 level (1, 120 df: 6.85; 3, 120 df: 3.95)

Table 46

Adjusted Means for Variable 7, Sociability,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	19.14	16.33	17.74
Nonsuicidal	19.82	22.18	21.00
Combined	19.48	19.26	

Table 47

Adjusted Means for Variable 7, Sociability,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	19.21	17.94	17.21	16.61	17.74
Nonsuicidal	21.21	21.78	21.36	19.66	21.00
Combined	20.21	19.86	19.28	18.13	

Table 48

Adjusted Means for Variable 7, Sociability,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	18.79	20.83	19.96	18.35	19.48
Females	21.62	18.89	18.61	17.92	19.26
Combined	20.21	19.86	19.28	18.13	

Table 49

Summary of the Two-way Analysis of Variance for Variable 7,
Sociability

Source	df	M. S.	F	Significance
Total	118	37.02		
s/ns	1	158.74	4.56	.05*
Marital Status	4	9.64	.28	N. S.
AxB	4	17.42	.50	N. S.
Error	109	34.82		

*Significant at the .05 level (1, 120 df: 3.92; 4, 120 df: 2.45)

**Significant at the .05 level (1, 120 df: 6.85; 4, 120 df: 3.48)

Table 50

Adjusted Means for Variable 7, Sociability,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	17.16	15.97	16.54	17.79	21.50	17.79
Nonsuicidal	19.79	21.37	21.60	20.95	21.03	20.95
Combined	18.48	18.67	19.07	19.37	21.26	

Referring to Tables 51 and 55 one can see that a significant difference exists at the 1% level between mean scores for suicidal and nonsuicidal individuals, irregardless of sex, religion, and marital status. Therefore, the null hypothesis is rejected. Examination of the data reveals that suicidal persons tend to have more feelings of hostility, estrangement, and more disbeliefs with others than nonsuicidal individuals.

Thus, evidence exists to indicate different levels of tolerance for suicidal and nonsuicidal individuals in therapy, irregardless of sex, religion, and marital status.

The adjusted means are provided on Tables 52, 53, 54, and 56 for the treatment groups concerning Tolerance.

Pearson Product-Moment Correlations

Additional information was provided from the Pearson Product-Moment Correlation among age, education, time in therapy and the eight dependent variables: the six FIRO-B scales and the two CPI scales. The correlation coefficients can be located on Table 57.

While no correlations surpassed .54, a correlation is apparent within the FIRO-B scales and the CPI scale, Sociability. However, very low coefficients are evident for age, education, time in therapy, and the CPI scale, Tolerance, which indicate little or no relationship with the other scales and variables present in the study.

Table 51
 Summary of Analysis of Variance for Variable 8, Tolerance,
 in Relation to Suicide, Sex, and Religion

Source	df	M. S.	F	Significance
Total	118	41.32		
s/ns	1	248.7	7.06	.01**
Sex	1	2.85	.08	N. S.
Religion	3	7.58	.22	N. S.
AxB	1	103.28	2.94	N. S.
AxC	3	6.48	.18	N. S.
BxC	3	64.30	1.83	N. S.
AxBxC	3	44.52	1.26	N. S.
Error	103	35.21		

*Significant at the .05 level (1, 120 df: 3.92; 3, 120: 2.68)

**Significant at the .01 level (1, 120 df: 6.85; 3, 120: 3.95)

Table 52

Adjusted Means for Variable 8, Tolerance,
in Relation to Sex and Suicide

	Males	Females	Comb.
Suicidal	15.96	13.75	14.85
Nonsuicidal	17.43	21.53	18.98
Combined	16.70	17.14	

Table 53

Adjusted Means for Variable 8, Tolerance,
in Relation to Suicide and Religion

	Cath.	LDS	Prot.	Other	Comb.
Suicidal	16.30	14.88	13.01	15.20	14.85
Nonsuicidal	18.80	19.69	18.70	18.73	18.98
Combined	17.55	17.28	15.87	16.96	

Table 54

Adjusted Means for Variable 8, Tolerance,
in Relation to Sex and Religion

	Cath.	LDS	Prot.	Other	Comb.
Males	17.38	15.31	14.80	19.30	16.70
Females	17.71	19.26	16.95	14.63	17.14
Combined	17.55	17.28	15.87	16.96	

Table 55

Summary of the Two-Way Analysis of Variance for Variable 8,
Tolerance

Source	df	M. S.	F	Significance
Total	118	41.32		
s/ns	1	334.44	8.78	.01**
Marital Status	4	.55	.02	N. S.
AxB	4	27.25	.71	N. S.
Error	109	38.11		

*Significant at the .05 level (1, 120 df: 3.92; 4, 120 df: 2.45)

**Significant at the .01 level (1, 120 df: 6.85; 4, 120 df: 3.48)

Table 56

Adjusted Means for Variable 8, Tolerance,
in Relation to Suicide and Marital Status

	Single	Marr.	Div.	Wid.	Sep.	Comb.
Suicidal	14.77	13.52	15.78	14.63	14.45	14.63
Nonsuicidal	19.20	20.41	17.56	19.20	19.64	19.20
Combined	16.99	16.97	16.67	16.92	17.04	

Table 57

Pearson Product-Moment Correlation Coefficients for Age, Education, Time in Therapy,
the Six FIRO-B Scales and the Two CPI Scales

	Age	Educ.	T. T.	EI	EC	EA	WI	WC	WA	SY	TO
Age		.01	.17	-.06	-.03	.04	-.15	.03	.02	-.01	.06
Education			.03	.06	.11	.02	-.05	-.02	.06	.21*	.36**
Time in Therapy				-.04	-.10	-.02	.08	.07	.13	-.07	-.02
Expressed Inclusion					.31*	.54**	.53**	-.14	.32**	.51**	.18
Expressed Control						.15	.31**	-.24*	.08	.28**	-.02
Expressed Affection							.49**	-.11	.42**	.43**	.21*
Wanted Inclusion								-.14	.50**	.35**	.04
Wanted Control									.17	-.35**	-.15
Wanted Affection										.18	.07
Sociability											.54**
Tolerance											1.

*Significant at the .05 level (.195)

**Significant at the .01 level (.254)

CHAPTER VI

Discussion

The major objective of this study was to see how suicidal individuals in therapy as compared to nonsuicidal individuals in therapy characteristically report their relations to other people in interpersonal interactions.

The results will be discussed in respect to: (1) The Hypotheses, (2) Summary and Conclusions, (3) Limitations, and (4) Recommendations.

The Hypotheses

No significant differences were found to exist for suicidal and non-suicidal individuals regarding expressed inclusion and wanted inclusion. In examining the adjusted means, it can be noted that the mean scores for the need to include others in interactions and the need to be included by others in interactions are below the mean average (5 and 6) as suggested by Schutz (1966). Although not significant, the tendency suggested by these findings is substantiated by earlier research (Breed, 1967) concerning the fear of interpersonal interactions for suicidal individuals. The results also lend support to Gough (1952) who suggested that the adjustment level of an individual can be reflected in interpersonal adequacy. In addition, one may surmise that a person who is uncomfortable with others may be uncomfortable with a great many facets of himself. In speculating, these factors may be a partial explanation for the low scores for the nonsuicidal individuals. Thus, it can be concluded that both suicidal and nonsuicidal persons in therapy express less desire

than normative groups to include others in interactions and have less desire to be included by others in interactions.

Although significant differences between suicidal and nonsuicidal individuals were not found for the FIRO-B scales, expressed inclusion and wanted inclusion, a significant difference was evident for the CPI scale, sociability, since suicidal individuals tended to be lower on the scale than the nonsuicidal individuals. While all three scales indicated the suicidal person to be less socially involved, this was not the case for the nonsuicidal person. A trend to be more social was indicated from the CPI scale while less social characteristics were derived from the two FIRO-B scales. In speculating, this difference may be reflected in the divergent reliability coefficients obtained. The sample of nonsuicidal individuals was drawn from a much larger available population. Thus, a wider variety of individuals may have been selected. Also, the FIRO-B seems to be a more difficult test to take which might reflect the individual's knowledge, skills, and judgement.

The results obtained from the sociability scale suggest that the suicidal individual tends to be less socially involved than the nonsuicidal individual. This finding suggests and lends support to earlier findings related to the suicidal person and interpersonal interactions. One may surmise that the fear of rejection and the feelings of inadequacy in social situations may be important factors in interpersonal contacts.

In examining the tolerance levels of the suicidal and nonsuicidal individuals, significant differences were apparent. The results indicated that

suicidal individuals tend to be much less tolerant than nonsuicidal individuals. The suicidal person has more feelings of hostility, estrangement, and disbeliefs with others. This trend may then reflect the difficulty in interpersonal relationships as a result of the more cynical and critical attitudes of the suicidal individual. This finding is supported by the earlier research of Halten (1964) and Farberow and DeVries (1967).

No significant differences were found to exist for suicidal and nonsuicidal individuals in terms of expressed control and wanted control.

It should be noted that the mean scores for the need to control others are consistently below the mean average as suggested by Schutz (1966) for both suicidal and nonsuicidal groups. A trend to express little control over others may be showing here. This finding replicates the research of Alistaire and McCulloch (1968) in which submissiveness is a key characteristic in the interpersonal relationships of suicidal individuals. The results suggest that submissiveness may also be a characteristic of nonsuicidal individuals seeking help through therapy. The suicidal person may be seeking control over his life but ends up losing (possible death) in order to win. The nonsuicidal person having not reached the act of resignation and helplessness may be seeking a way to gain more control with an aid of another person through therapy.

In analyzing the data for the need to want control from others, the suicidal mean scores were slightly higher as compared to the mean scores for the nonsuicidal group. The mean scores for both groups were also close to the mean average as suggested by Schutz (1966). Because of these slight

differences, one can only speculate that the suicidal individual may be seeking direction in his or her life through the desire for control from others. One may also suspect that the external orientation of the suicidal person may be reflected in the need to want more control from others and the tendency to express little control over others.

Without regard to the suicidal and nonsuicidal dichotomy, further analysis of the scale, Wanted Control, showed a significant difference for the different religious affiliations. Differences were found to be significant for the following groups: Catholic and Protestant, Other and Protestant, and Other and LDS. One may infer that the variations in the need to be controlled by others may be reflected in the religious structure or lack of structure evident in the religious organizations and beliefs. One might also wonder if choice of religion is in part determined by the need for control.

Testing indicated that expressed affection and especially Wanted Affection may be key factors in the dynamics of self-destruction.

It is most interesting to note that the suicidal males express more affection than suicidal females; while nonsuicidal males express less affection than nonsuicidal females. The results suggest that the nonsuicidal female is more affectionate but the suicidal female tends to be more withdrawn with feelings of hopelessness, while the self-destructive tendencies in the male, tend to elicit his need for affection. From this trend, one might speculate about the desperateness and need for closeness with others reflected in a suicide attempt for a male. Thus, the need for others to be close and personal may

parallel the need to express more affection. This finding lends support to earlier research which views suicide as a futile reaching out process.

In addition, it was found that suicidal persons want affection more than nonsuicidal persons and that females want affections more than males. However, suicidal males want affection more than suicidal females; while nonsuicidal females want affection more than nonsuicidal males. Once again in viewing suicide as a futile attempt to reach out to others and in taking into account the different ratios of attempted suicide for males and females (one to three), the greater need for affection evident for the suicidal individual and the suicidal male especially, may reflect the use of self-destruction as a desperate means to gain the assurance that someone cares. One wonders whether at this critical time in the person's life, superficial social relationships and group interactions may not provide the intimate caring that the individual needs. One might also wonder if superficial relationships might even enhance existing self-doubts in that opinions of others can only contribute to one's own self-acceptance if the individual believes that others see him as he really is. The individual may try to seek indirect self-acceptance through manipulating the image he presents to others, but it seems apparent that a close interpersonal relationship is of most importance during the suicidal crisis.

While the majority of the Pearson Product-Moment correlation coefficients were very low, a few interesting trends are worthy of comment.

While age may be a critical factor in assessing potential suicide (Farberow, Heilig, and Litman, 1968), little or no relationship to interpersonal needs was evident in the present study. Although the study sample did reflect the crisis ages for attempted suicide (under 35 years of age), it did not reflect differences in interpersonal need states.

Also, there appeared to be little or no relationship of time in therapy to different interpersonal needs. This finding lends support to earlier research. For example, Selkin and Morris (1971) found that 1 month after the suicide attempter was in the emergency room, the suicidal individual felt better, less depressed, and experienced less stress, but his or her actual roles and role relationships revealed little change. Thus, the findings of the present study lend support to the notion that interpersonal needs, roles, and relationships do not change within the first few months after a serious suicide attempt even if the individual entered therapy.

Summary and Conclusions

The purpose of this study was to see how suicidal individuals in therapy as compared to nonsuicidal individuals in therapy characteristically report their relations to other people in interpersonal interactions.

One hundred and nineteen individuals were referred to the study by his or her psychotherapist associated with the participating mental health centers in the Salt Lake City and Logan, Utah, vicinities. The following measures were administered to all individuals: the FIRO-B, Fundamental Interpersonal Relations Orientation-Behavior; two scales, Sociability and

Tolerance, from the California Psychological Inventory, and a brief biographical questionnaire composed of age, sex, marital status, education, religion, and time in therapy.

A two-way analysis of variance with factors of suicide and marital status and a three-way analysis of variance with factors of suicide, sex, and religion were used to test the eight hypotheses. An additional test, the Scheffe, was also utilized on the data of hypothesis 3 when ANOVA indicated significant differences among the religious group means. The six scales of interpersonal needs as obtained from the FIRO-B and the two CPI scales were correlated with age, highest education attained, and length of time in therapy using the Pearson Product-Moment Correlation.

It was found that no significant differences exist for suicidal and non-suicidal individuals in respect to expressed inclusion, wanted inclusion, expressed control, and wanted control, irregardless of sex and marital status. However, a significant difference at the .05% level of confidence was evident for religious affiliation regarding wanted control. It was found that variations in the need to be controlled by others may be reflected in the religious structure or lack of structure evident in the religious organization and beliefs.

Two scales, Wanted Affection on the FIRO-B and Sociability on the CPI, showed differences between suicidal and nonsuicidal individuals at the .05% level and one more scale, tolerance, showed differences at the .01% level. These differences favored less social involvement, a lower tolerance

level with others, and a greater need for affection from others for suicidal individuals as compared to nonsuicidal individuals.

Two interaction effects significant at the .05% level and the .01% level between suicide and sex were evident with respect to expressed affection and wanted affection. With regard to expressed affection, the results indicated that suicidal males express more affection than suicidal females while nonsuicidal males express less affection than nonsuicidal females. In addition, with reference to wanted affection, suicidal individuals want affection more than nonsuicidal individuals and females want affection more than males. However, suicidal males want affection more than suicidal females; while nonsuicidal females want affection more than nonsuicidal males.

In examining the Pearson Product-Moment coefficients, no correlations surpassed .54; however, a slight correlation was apparent within the FIRO-B scales and the CPI scale, Sociability. Little or no relationships were evident for age, education, time in therapy, and the CPI scale, Tolerance.

Thus, the results indicated some differences among suicidal and nonsuicidal individuals in therapy with respect to interpersonal need areas. These findings suggest and lend some support to the expectation of a positive relationship between a person's self-destruction tendencies and his or her social and personal needs.

Limitations

The majority of the reliability coefficients obtained on the FIRO-B tended to be quite low, ranging between 60 and 78. When examining the data,

these low coefficients should be kept in mind as a possible influence in the results.

There is a possibility of a biased sample. Unfortunately, not being readily accessible to the Sale Lake City area, it was difficult to monitor the procedures and the progress as often as it seemed needed. There seemed to be little that the researcher could do to correct the situation. The researcher called the centers regularly and attended the staff meetings when thought necessary to increase interest and motivation on the part of the therapists. Thus, the researcher learned that constant, personal supervision was essential in working with many mental health centers in collecting the research data. The researcher might also add that one should not rely on the OK from the board of directors to gain and expect cooperation from the respective staff. It would be recommended that each therapist be contacted individually to obtain feedback about the study. The researcher would also advise anyone to think twice before entering into a research project of the nature undertaken for the present study due to the difficulty in obtaining this type of data.

Because of the different levels of cooperation and/or involvement in the study between the various participating clinics, it was difficult to equate the subjects from each clinic. At the same time, it was not possible to analyze the data by each clinic separately due to the relatively small sample and limited number of subjects from some clinics.

Recommendations

It is recommended that the role of affection be investigated further in relation to self-destruction. As the reliability coefficients of the FIRO-B were not impressive, another instrument should probably be used which might be more sensitive to measurable affection.

It is also suggested that future research examine more closely the underlying dynamics of suicide attempts by males. One could investigate affectional orientation and self-destructive tendencies. One might also study persons who merely think about suicide as compared with those who have attempted suicide.

REFERENCES

- Alistaire, Philip E., & McCulloch, J. W. Psychological features of persons of attempted suicide. British Journal of Psychiatry, 1968, 114 (515), 1299-1300.
- Ansel, Edward L., & McGee, Richard K. Attitudes towards suicide attemptors. Bulletin of Suicidology, National Institute of Mental Health, No. 8, Fall 1971, 22-28.
- Beall, Lynnette. The dynamics of suicide: A review of the literature, 1897-1965. Bulletin of Suicidology, National Institute of Mental Health, March 1969, 2-16.
- Borg, Walter R., & Gall, Meredith D. Educational research: An introduction. New York: David McKay Co., 1973.
- Bosselman, B. C. Self-destruction: A study of suicidal impulse. Springfield, Ill.: Charles C. Thomas, 1958.
- Breed, W. Suicide and loss of social interaction. In E. Schneidman (Ed.). Essays on self-destruction. New York: McGraw and Hill, 1967.
- Culbertson, J. A. Administrative relationships. New Jersey: Prentice-Hall, 1960.
- DeVries, A. G. A potential suicide personality inventory. Psychological Reports, 1966, 18, 731-738.
- DeVries, A. G. Definition of suicidal behavior. Psychological Abstracts, 1968, 22, 1093-1098.
- DeVries, A. G. Methodological problems in the identification of suicidal behaviors by means of two personality inventories. Dissertation Abstracts, 1964, 24 (12), 5541.
- DeVries, A. G. Model for the prediction of suicidal behavior. Psychological Reports, 1968, 22, 1285-1302.
- Dublin, L. I. Suicide: A sociological and statistical study. New York: The Ronald Press Co., 1963.

- Farberow, N. L., & DeVries, A. G. An item differentiation analysis of MMPI's of suicidal neuropsychiatric hospital patients. Psychological Reports, 1967, 20, 607-617.
- Farberow, N. L., Heilig, S. M., & Litman, R. E. Techniques in crisis intervention: A training manual. Los Angeles, Ca.: Suicide Prevention Center Inc., 1968.
- Farberow, N. L., & Schneidman, E. S. The cry for help. New York: McGraw and Hill, 1961.
- Frederick, C. J., & Logue, L. Dealing with the crisis of suicide. Public affairs pamphlet, No. 406A, Public Affairs Committee, Inc., May 1973.
- Gard, John G. Interpersonal orientations in clinical groups. Journal of Abnormal and Social Psychology, N 64, 69, 516-521.
- Gard, John G., & Bendig, A. W. A factor analytic study of Eysenck's and Schutz's personality dimensions among psychiatric groups. Journal of Consulting Psychology, Je 64, 28, 252-258.
- Gibbs, J. P. Suicide. In R. Merton & R. Nisbet (Eds.) Contemporary social problems (Rev. Ed.). New York: Harcourt, Brace and World, 1971, 304-305.
- Goodstein, L. D., Crites, J. O., Heilbrun, Jr., A. G., & Rempel, P. P. The use of the CPI in a university counseling service. Journal of Consulting Psychology, 1961, 8, 147-153.
- Gossner, Suzanne M. Relationships between patient-therapist compatibility and treatment effectiveness. Journal of Consulting and Clinical Psychology, Je 70, 34, 408-414.
- Gough, H. G. An interpreter's syllabus for the California Psychological Inventory. Palo Alto, Ca.: Consulting Psychologists Press, Inc., 1968.
- Gough, H. G. Predicting social participation. Journal of Social Psychology, 1952, 35, 227-233.
- Gough, H. G. Studies of social intolerance: I. Some psychological and sociological correlates of anti-semanticism. Journal of Social Psychology, 1951, 33, 237-246.

- Gough, H. G. Studies of social intolerance: II. A personality scale for anti-semanticism. Journal of Social Psychology, 1951, 33, 247-256.
- Gough, H. G. Studies of social intolerance: III. Relationships of the PR scale to other variables. Journal of Social Psychology, 1951, 33, 257-262.
- Gough, H. G. Studies of social intolerance: IV. Related social attitudes. Journal of Social Psychology, 1951, 33, 263-269.
- Halten, J. V. The precipitating role of discordant interpersonal relationships in suicidal behavior. Dissertation Abstracts, 1964, 25 (2), 1335-1336.
- Humphrey, John A., Niswander, Donald G., & Casey, Thomas A. Comparison of suicidal thinkers and attempters: Interim findings. Disease of the Nervous System, Dec. 1971, 32 (12), 825-830.
- Karon, B. P. Suicidal tendency as the wish to hurt someone else and resulting treatment technique. Journal of Individual Psychology, 1964, 20 (2), 206-212.
- Lester, David. Fear of death of suicidal persons. Psychological Reports, 1967, 20, 1077-1078.
- Litman, Robert E. Experiences in suicide prevention center. Skandia International Symposia, Sept. 1971, 29-30.
- McCulloch, J. W., & Philip, A. S. Social factors associated with attempted suicide. British Journal of Psychiatric Social Work, 1967, 9 (1), 30-36.
- Melges, Frederick T., & Weisz, Alfred E. Personal future and suicidal ideation. Journal of Nervous and Mental Diseases, Oct. 1971, 153 (4), 244-250.
- Mendelsohn, Gerald A., & Ranken, Neil O. Client-counselor compatibility and the outcome of counseling. Journal of Abnormal Psychology, Ap 69, 74 (2), 157-163.
- Neuringer, C. An exploratory study of suicidal thinking. Dissertation Abstracts, 1960, 21, 1257.
- Neuringer, C. Methodological problems in suicide research. Journal of Consulting Psychology, 1962, 26 (3), 273-278.

- Neuringer, C. Rigid thinking in suicidal individuals. Journal of Consulting Psychology, 1964, 28 (1), 54-58.
- Nichols, R. C., & Beck, K. W. Factors of psychotherapy change. Journal of Consulting Psychology, 1960, 24, 388-399.
- Prevention of Suicide. Public Health Papers. World Health Organization, Geneva, 1968.
- Rachlis, David. Suicide and loss of adjustment in the aging. Bulletin of Suicidology, National Institute of Mental Health, Fall 1970, 7, 23-26.
- Rushing, W. A. Deviance, interpersonal relations and suicide. Human Relations, 1969, 22 (1), 61-76.
- Rushing, W. A. Deviant behavior and social process. Chicago: Rand McNally Co., 1968.
- Rushing, W. A. Individual behavior and suicide. In J. P. Gibbs (Ed.). Suicide. New York: Harper and Row, 1967.
- Schneidman, E. S., Farberow, N. L., & Meninger, K. A. Clues to suicide. New York: McGraw and Hill, 1957.
- Schutz, William C. The interpersonal underworld. Palo Alto, Ca.: Science and Behavior Books, 1966.
- Selkin, James, & Morris, Joline. Some behavioral factors which influence the recovery rate of suicide attempters. Bulletin of Suicidology, National Institute of Mental Health, Fall 1971, 8, 29-38.
- Siddle, G. The CPI and certain sociological personal factors. Journal of Educational Psychology, 1958, 49, 144-149.
- Spatt, Lee, & Weisbuch, Jonathon B. Clinical and social predictors of repeated attempted suicide: A multi-variant analysis. British Journal of Psychiatry, Nov. 1971, 119 (552), 515-521.
- Suicide: The will to die. National Institute of Blue Shield Plans, 1973.
- Tuchman, J., Youngman, W. F., & Kreigman, G. Multiple suicide attempts. Community Mental Health Journal, 1968, 4 (2), 164-170.

- Waltzer, Herbert. Depersonalization and self-destruction. American Journal of Psychiatry, 1968, 125 (3), 399-401.
- Wilkins, J. Suicidal behavior. American Social Review, 1967, 32, 286-298.
- Williams, C. B., & Nickels, J. B. Internal and external control related to accident and suicide proneness. Journal of Consulting and Clinical Psychiatry, 1969, 33 (4), 485-494.
- Yusin, Alvin, Senay, Ruth, & Nikera, Kazuo. Adolescents in crisis: Evaluation of questionnaire. American Journal of Psychiatry, Nov. 1972, 129 (5), 574-577.

APPENDIX



DEPARTMENT OF
PSYCHOLOGY
UMC 28

Dear Client:

The attached questionnaires are concerned with interpersonal needs of different individuals. The study is being carried out within the Salt Lake City and Logan vicinities by a Masters student in counseling psychology at Utah State University. The project is specifically concerned with the way different individuals interact with other people. The results of this study will help to provide information about how different types of people act in social situations and in turn, this information hopefully could be used to improve therapy.

Please do not put your name on the forms. All participants in the study will be anonymous. It will be appreciated if you would complete the brief history questionnaire and the questionnaire form which follows prior to your therapy session. Do keep in mind that there are no right or wrong answers. Please answer the questions as you actually behave instead of how you think a person should behave. Some items are similar to others but each item is different so please answer each one. Thank you very much for your cooperation.

Sincerely,

Vicki Lee Nelson

Vicki Lee Nelson
Graduate Student in Counseling

Number _____

Date: _____

Sex: _____ Female _____ Male

Age: _____

Current Marital Status: _____ Single
_____ Married
_____ Divorced
_____ Widowed
_____ Separated

Highest Education Attained: _____ Elementary
_____ Junior High
_____ High School
_____ Vocational or Technical Program
_____ 1 Year of College
_____ 2 Years of College
_____ 4 Years of College
_____ Graduate Work
_____ Other

Religion: _____ Catholic
_____ LDS
_____ Protestant
_____ Other

Length of Time in Therapy: _____ Months

_____ Number of Therapy Sessions

Please circle True (T) or False (F) as the statements pertain to you.

- T F I like parties and socials.
- T F I seem to be about as capable and smart as most others around me.
- T F I have strange and peculiar thoughts.
- T F Usually I would prefer to work with women.
- T F As a child I used to be able to go to my parents with my problems.
- T F I can be friendly with people who do things I consider wrong.
- T F Most people make friends because friends are likely to be useful to them.
- T F A windstorm terrifies me.
- T F I have had very peculiar and strange experiences.
- T F I often feel as though I have done something wrong or wicked.
- T F I was a slow learner in school.
- T F It is hard for me to act natural when I am with new people.
- T F I refuse to play some games because I am not good at them.
- T F I feel that I have often been punished without cause.
- T F I like to read about history.
- T F I am a good mixer.
- T F In school I found it very hard to talk before the class.
- T F I don't blame anyone for trying to grab all he can get in this world.
- T F It is all right to get around the law if you don't actually break it.
- T F I frequently notice my hands shake when I try to do something.
- T F Most people are honest chiefly through fear of being caught.
- T F I feel sure that there is only one true religion.
- T F It is very hard for me to tell anyone about myself.
- T F It makes my uncomfortable to put on a stunt at a party even when others are doing the same sort of thing.
- T F I have no fear of water.
- T F With things going as they are, it's pretty hard to keep up hope of amounting to something.
- T F I think most people would lie to get ahead.
- T F The future is too uncertain for a person to make serious plans.
- T F I do not have a great fear of snakes.
- T F I like poetry.
- T F I do not dread seeing a doctor about a sickness or injury.
- T F I would like to wear expensive clothes.
- T F When in a group of people, I usually do what others want rather than make suggestions.
- T F I like to read about science.
- T F Sometimes I feel as if I must injure either myself or someone else.
- T F Most people inwardly dislike putting themselves out to help other people.
- T F I have had more than my share of things to worry about.

- T F I have a tendency to give up easily when I meet difficult problems.
- T F I am not likely to speak to people until they speak to me.
- T F Once and a while I laugh at a dirty joke.
- T F I should like to belong to several clubs and lodges.
- T F I like to be the center of attention.
- T F Once a week or oftener I feel suddenly hot all over without apparent cause.
- T F I commonly wonder what hidden reason another person may have for doing something nice for me.
- T F At times I have worn myself out by undertaking too much.
- T F I love to go to dances.
- T F I have no dread of going into a room by myself where other people have already gathered and are talking.
- T F A person needs to "show off" a little now and then.
- T F I usually feel nervous and ill at ease at a formal dance or party.
- T F I have often found people jealous of my good ideas, just because they had not thought of them first.
- T F I liked school.
- T F If given a chance, I would make a good leader of people.
- T F When in a group of people, I have trouble of thinking of the right things to talk about.
- T F People pretend to care more about one another than they really do.
- T F Several times a week I feel as if something dreadful is about to happen.
- T F It makes me feel like a failure when I hear of the success of someone I know well.
- T F I seem to do things that I regret more often than other people do.
- T F I have often met people who were supposed to be experts who were no better than I.
- T F I am quite often not in on the gossip and talk of the group I belong to.
- T F When a man is with a woman, he is usually thinking about things related to her sex.
- T F A man who provides temptation by leaving valuable property unprotected is about as much to blame for its theft as the one who steals it.
- T F I enjoy social gatherings just to be with people.
- T F I have at one time or another in my life tried my hand at writing poetry.
- T F Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.
- T F I am bothered by people outside, on street cars, in stores, etc., watching me.

VITA

Vicki Lee Nelson

Candidate for the Degree of

Master of Science

Thesis: Interpersonal Attitudes of Suicidal Individuals

Major Field: Psychology

Biographical Information:

Personal Data: Born at Niles, Michigan, January 31, 1951,
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