

THE INFLUENCE OF ETHICAL IDEOLOGIES ON ATTITUDES TOWARD SUICIDE

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Abstract— Attitudes toward suicide may influence the treatment content and outcomes. Hence, this study aimed to investigate how public attitudes toward suicide were influenced by (1) their degree of idealism; and (2) their degree of relativism. A questionnaire survey with Suicide Perception Scale and Ethic Position Questionnaire was carried out on 50 male and 50 female participants (aged 21 and above) from Klang Valley, Malaysia to obtain answer. The findings supported both hypotheses, indicated that (1) higher idealism is associated with lower level of acceptance toward suicide; and (2) higher relativism is associated with higher level of acceptance toward suicide. In sum, variations in public's attitude toward suicide were related to individual differences in personal ethical ideologies and moral philosophies.

Key words— Relativism, Idealism, Suicide.

I. INTRODUCTION

Suicide refers to “a self-inflicted death associated with some intrinsic or extrinsic evidence of intent to kill oneself (O’Carroll, Berman, Maris, Moscicki, Tanney, & Silverman, 1996).” Suicidal behavior refers to suicidal ideation, suicidal attempts, and voluntary death induced by suicide. Direct suicidal behaviors such as gunshot, hanging, slashing, jumping from building, or overdosing on medications, are more likely to result in immediate serious injury and death (Osgood, 1992). According to Bagley and Ramsay (1989), the attitudes of the members in a society toward suicide play an important role in determining the willingness of health care personnel and general public to get involved in a suicidal crisis or to save those who intentionally harm themselves. Also, these attitudes may influence the treatment content and outcomes. However, previous research indicated that these attitudes may vary across different cultures (i.e., Domino, 2005; Domino & Takahashi, 1991), religions (i.e. Mehmet, 2004; Sadrolsadat & Esfandabad, 2005) and gender (Canetto, 2008). Given that various factors may influence one’s perceptions on suicide; this study aimed to investigate the relationship between one’s ethical standpoints on Ethical Position Questionnaire (EPQ) and their perception on suicide.

A. Definition of Attitude towards Suicide

In the past, several researchers have developed different scales to measure one’s perception on suicide. For example, Suicide Opinion Questionnaire (SOQ) was developed by Domino and colleagues (1982) to examine this variable through 15 factors such as “acceptability, and normality, mental and moral illness, suicide as semi-serious, religion, risk, lethality, normality, irreversibility, demographic aspect, aging, motivation, impulsivity, getting even, individual aspects and sensation seeking” (Domino, Moore, Westlake, & Gibson, 1982). Following this, a set of eight clinical scales for the SOQ was developed by Domino, MacGregor, and Hannah (1988-89) that included the dimension of “mental illness, cry for help, right to die, religion, impulsivity, normality, moral evil and aggression”. However, this study

examined one’s attitude toward suicide by focusing on his level of acceptance, as well as his views on the right of an individual to commit suicide.

B. Predictors of Attitudes toward Suicide

A large body of studies has been done on researching the factors influencing one’s perception on suicide. Majority of them found that suicidal behaviors and suicidal rates have differed from one culture to another. For instance, Leenaars and Domino (1993) conducted a study on 206 adult participants from Windsor (n = 103) and Los Angeles (n = 103) equated in age, gender and occupational status found that there were significant differences between participants from these two countries in their attitudes towards suicide. Windsor participants showed significantly higher level of agreement on the “Right to die” scale of Suicide Opinion Questionnaire (SOQ) than their counterparts. They were more supportive of the views that every individual has his or her own right to kill himself. In addition, another study by Domino, Lin, and Chang (1995) compared the attitude towards suicide and conservatism held by 73 mainland Chinese (mean age 42.6) and 73 American adults (mean age 44.8) revealed that Chinese had lower agreement on the “right to die” scale of SOQ and higher score in the conservatism scale as compared to their counterparts.

Besides, religion is another aspect that is associated with one’s perception on suicide. A study conducted by Mehmet (2004) on 206 adolescents undergoing religious education and 214 adolescents undergoing secular education revealed that those from religious communities were less likely to accept suicide as an option during times of personal crises as compared to those undergoing secular education. However, participants from religious group are more positive towards suicidal close friends than their secular counterparts. In addition, another study by Sadrolsadat & Esfandabad (2005) designed to compare attitudes towards suicide among 167 Swedish and 166 Persian high school students discovered that less Swedish adolescents held a belief in life after death and punishment after death than their Persian adolescents. Therefore, these Swedish adolescents expressed more liberal views towards suicide where Persian adolescents held that suicidal individuals should be punished.

To summarize, these studies found that one’s attitude towards suicide was influenced by various factors such as culture and religion. However, there is no study on how one’s level of acceptance towards suicidal behaviors is influenced by his or her individual system of ethics. Therefore, it is of interest to carry out the first research to examine the relationship between these two variables. Also, provided that many of these related researches were conducted in the western context, it would be interesting to carry out further exploration within the population of Malaysian.

C. Two-Dimensional Theory of Ethical Ideologies

Ethics refers to “standards of behavior that tell us how human beings ought to act in the many situations in which they find themselves as friends, parents, children, citizens, businesspeople, teachers, professionals and so on” (Sharp, 1898). Sharp suggested that an individual’s ethical system will determine his decision about another individual’s morality and conflicts may occur when there is variation in each individual’s ethical system. According to the two-dimensional theory of ethical ideologies, these individual differences in making moral decision depend on an individual’s degree of relativism (disobeying the fundamental moral principles) and idealism (concerned with quality of consequences) (Schlenker and Forsyth, 1977).

For example, low relativistic individuals rely on absolute moral rules and universal laws when making moral judgments. On the other hand, high relativists question the standards of fundamental moral principles and make judgments based on personal values and perspectives (Schlenker and Forsyth, 1977; Forsyth, 1980). Besides, those with higher idealistic orientation assume that “right” action can always lead to favorable outcomes and action that hurting others should always be avoided. By way of contrast, low idealists assume that good is often mixed with bad outcomes and harm is sometimes unavoidable to produce favorable outcomes (Schlenker and Forsyth, 1977; Forsyth, 1980). In sum, individuals with different level of idealism and relativism show variations in their decision making process under different moral situations.

D. Previous Studies on EPQ

Previous studies have provided support evidences on how different ideologies lead to individual variations in their views towards various contemporary moral issues such as assisted suicide, homosexuality and abortion. For instance, a study by Forsyth and colleagues (2001) on 216 undergraduate psychology students discovered the association between one’s endorsement of an ethic of caring and his or her degree of idealism and relativism of Ethic Position Questionnaire (EPQ). An ethic of caring refers to action that “promoting the welfare of others or preventing their harm; relieving the burdens, hurt, or suffering (physical or psychological) of others” (Lyons, 1983 in Forsyth, Nye, Kelley, 2001). Results indicated that those with high idealism score or low relativism score were the strongest endorses of an ethic of caring (Forsyth, Nye, & Kelley, 2001).

Besides, Singh and Forsyth (1989) conducted another study on 283 American students found that those who rely on absolute moral values (non-relativists) or endorsed highly idealistic ideologies were more likely to show negative attitudes toward proscribed forms of sexual behaviors (e.g., extramarital-sex or pre-marital sex). On the other hand, those who reject fundamental moral principles (relativism) or with low idealism tended to have higher level of acceptance on proscribed forms of sexual behaviors. In sum, the influence of one’s ethical ideologies on his or her moral judgments and actions across various contexts was proven in these studies.

E. The Present Study

Therefore, the present study aimed to investigate how public attitudes toward suicide were influenced by (1) their degree of idealism; and (2) their degree of relativism. Given the analyses of previous literature, it was suggested that individual with high idealism may perceive suicide as an

action that produces more harm than benefits to an individual, as well as to those who care about this individual. High idealists may believe that an individual with suicidal ideation can be treated and psychological services can be provided to stop them from committing suicide. Therefore, those with high idealism orientation may show lower level of acceptance toward suicide and express less agreement on the legalization of suicidal behaviors.

On the other hand, those with high relativism are more likely to value one’s own personal perspectives than obeying to universal laws when making judgment on this issue. From their point of view, stopping an individual from committing suicide is a violation of human right and believes that everyone should be given freedom to end their own life. Thus, high relativism is associated with more positive attitudes toward suicide and more agreement on legalization of suicidal behaviors. By way of contrast, low relativists showed greater preferences to conform to universal laws or fundamental moral principles, and thus, was predicted to have lower level of acceptance toward suicide.

Hence, two hypotheses were investigated in this study: (1) the higher one’s level of idealism, the lower his or her level of acceptance toward suicide; and (2) the higher one’s level of relativism, the higher his or her level of acceptance toward suicide.

II. METHOD

A. Participant

This study randomly recruited 100 participants (50 males and 50 females) from Klang Valley, Malaysia. As shown in Table 1, all the participants were from the different racial groups, which includes Malays (2%), Chinese (77%), Indians (15%) and others (6%). 39 participants are currently working whereas another 61 participants are student. Their ages ranged from 21 to 64, with a mean of 29.13 and standard deviation 11.13. No compensation was provided for these participants.

Table 1. Frequency Table for Participants

Race	Male	Female	Total
Malay	1	1	2
Chinese	36	41	77
Indian	9	6	15
Others	4	2	6
Total	50	50	100

B. Procedures

A single survey was used to obtain information from the participants. They were approached by the researchers and were given a brief explanation about the aims of the study. Also, participants were given consent that all of their personal details and information will be kept confidential.

Following this, different sets of questionnaires, attached with returned consent form, were administered to all participants. The questionnaires consisted of three sections. The first section contained seven demographic questions which obtained information on age, gender, race, religion, highest education level, current working condition, and occupation. The second section included the Suicide Perception Scale and that was followed by Ethics Personality Questionnaire (EPQ).

C. Instruments

1) *Suicide Perception Scale*

The Suicide Perception Scale is a self-developed questionnaire to measure the participants' level of acceptance toward suicide and to measure their responses on whether suicide should be legalized. It is a 10-items instrument which each item consists of 3 options: 1 = no; 2 = don't know; and 3 = yes. As shown in Appendix, these items include, "Should suicide be made legal and not prosecutable by law?" or "Should people in prison for attempting suicide?" This scale was easily scored by summing individual item scores for the total, representing one's level of acceptance toward suicide. However, there is no reliability and validity for this scale.

2) *Ethics Personality Questionnaire (EPQ) - Forsyth (1980)*

EPQ was developed to measure an individual's level of idealism and one's rejection of fundamental moral principles in favor of relativism. Although the original scale was a 9-point scale, the version used here was only a 5-point scale, ranging from 1 = disagree strongly to 5 = agree strongly. This scale contained a series of 20 attitudes statements, with 10 on idealism dimension and another 10 on relativism dimension. Participants were asked to indicate their level of agreement with items on idealism subscale such as "One should never psychologically or physically harm another person" and "Risks to another should never be tolerated, irrespective of how small the risks might be." On the other hand, the Relativism subscale comprised of items such as "What is ethical varies from one situation and society to another" and "Different types of morality cannot be compared as to "rightness." The EPQ was easily scored by summing individual item mean scores for the total of each subscale and these two subscale scores can then be used to categorize individuals into different ethical ideologies.

III. RESULTS

A. *Relationship between Variables*

Correlation between Perception on Suicide and Level of Idealism on EPQ

To discover whether a relationship existed between one's degree of idealism on EPQ and his or her perception on suicide, a bivariate correlation was conducted. As shown in table 2, there was a significant negative relationship between two variables, with $r = -0.303$, $p < 0.01$. This result supported our first hypothesis, in which the higher an individual's score on idealism scale of EPQ, the lower their level of acceptance towards suicide.

Correlation between Perception on Suicide and Level of Idealism on EPQ

To discover whether a relationship existed between one's degree of relativism on EPQ and his or her perception on suicide, a bivariate correlation was conducted. As shown in table 2, there was a significant positive relationship between two variables, with $r = -0.277$, $p < 0.01$. This result supported our second hypothesis, showing that higher score on relativism scale of EPQ was linked to higher level of acceptance towards suicide.

Table 2. Correlation Matrix Depicting Relationship between Relativism and Idealism with Acceptance towards Suicide

Relativism	.296**
Idealism	- .303**
Acceptance toward Suicide	
** $p < .01$	

IV. DISCUSSION

This study aimed to investigate how one's level of acceptance toward suicide was influenced by their level of idealism and relativism in EPQ. Results of analysis are supportive of our first hypothesis, showing that there was a significant negative correlation between one's degree of idealism and his or her attitude toward suicide, with a low margin of unknown error. This indicates that the increases in idealism are associated with decreases in one's level of acceptance toward suicide. Individual with high idealism tends to make their judgment and actions based on the responsibility and consequences to other individuals (Forsyth, 1980). As shown in previous studies, high idealists were the strongest endorsers of an ethic of caring (Forsyth, Nye, Kelley, 2001) and expressed more negative attitudes toward proscribed forms of sexual behaviors (Forsyth and Singh, 1989). In a similar vein, suicidal behavior that inflicts harms to one and others is correspond to a strong violation of this ethic, and thus, linked to lower acceptance of this act among idealistic individuals.

Also, our second hypothesis was supported, showing that high relativism is associated with higher level of acceptance toward suicide. As consistent with previous research (e.g., Forsyth, Nye, Kelley, 2001; Forsyth and Singh, 1989), individuals who hold strongly to fundamental ethical rules such as "Thou shalt not lie", showed more negative responses toward suicide. On the other hand, those who challenged universal laws (high relativism) tended to view suicide as an acceptable behavior and should be legalized. They were more likely to respect one's wish to commit suicide and believe that everyone should have the right to end their own life. This finding has provided supportive evidence on the tendency of high relativists to endorse more permissive attitudes toward various contemporary moral issues such as pre-marital sex, extra-marital sex or suicide (Forsyth and Singh, 1989).

While this study provided a deep insight into the relationships between one's ethical standpoint on EPQ and his or her level of acceptance towards suicidal behaviors, it still faced with several limitations. Firstly, there is no test-retest reliability and validity to confirm the accuracy of the measure in this study. Second, the questionnaire was designed in the only one version – English version. Hence, this may cause bias in result obtained as participants from poor English background were not be able to clearly understand some of the questions. Besides, this study was limited to participants in urban area such as Kuala Lumpur and Selangor only. Also, majority of them are from young adult group, which age 25 years old and below. Hence, the participants in this study were not representative of the population in Malaysia.

In contrast, the strengths of our study included using survey method, which was easy to conduct, cheap, and fast. We were also able to carry out appropriate analysis on our

data, which yielded sufficient information. Large sample size of participants (n=100) was also the strength of this study. However, further research might do better by recruiting a wider age-range group of population from different states in Malaysia. In addition, questionnaire should be written in three main languages used in Malaysia, which is Malay, English and Chinese. Also, a more valid and reliable questionnaire should be adopted to enhance the accuracy of the measure of this study. Finally, several other factors such as age, education level, or socioeconomic status of the participants should be taken into account to examine if these factors mediate the influence of one's ethical standpoint on his or her attitude towards suicide.

In sum, this study found that high relativism is associated with high level of acceptance toward suicide and high agreement on the legalization of suicide. On the other hand, high idealism is associated with less positive attitude toward suicide and less agreement on the legalization of suicide. Therefore, these findings suggested that variations in public's attitude toward suicide were related to individual differences in ethical ideologies and moral philosophies. To conclude, this pilot study is important as it provides a base for further research regarding the influence of one's individual system of ethics on his judgment about other contemporary moral issues such as euthanasia, needle exchange program or abortion in Malaysia.

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