RELIGION AND COLLEGE SUICIDES: A DYNAMIC RELATION?

Charles Unkovic, Rudolph Adler, William Brown, Central Florida Univ.

INTRODUCTION Suicide is no respecter of religion, class or race. It strikes, as Graham Greene said "at the heart of the matter." Suicide is one way of dealing with frustration. But what are the frustrations and the compelling conditions? We are repulsed but fascinated by suicide. We tend to see as most tragic the suicides of very young people who stab, shoot, or hang themselves, or overdose with potent drugs, a phenomenon all too frequent on college campuses.

Suicidal tendencies among college students have long been under investigation, and several studies have sought causal relations in age, sex, stress, family background, national origin, and mental health. A study of Berkeley students found that older graduate students have a higher suicide rate, and there is a higher suicide rate among males, the unmarried, and the white students, compared to women, single, and non-white students. Religious differences did not seem to be a factor (Seiden 1966). At a New England state university, 50 percent of responding students had considered suicide, and 8 percent had actually attempted suicide. Contributing variables included more interpersonal conflict, role conflict, depression, confusion, and self-anger. Students who attempted suicide had considered it frequently in the past, and generally had made preparation for the attempt (Callender 1967).

Twice as many females attempt suicide, but more than twice as many males succeed in suicide, because males use more lethal methods. Successful suicide is considered more masculine, and attempted suicide is more feminine (Linehan 1971).

A comprehensive student lethality form of 34 items determines the potential lethality of college students' suicide threats. For this form, suicide causes for the general population are changed to a vocabulary suited to the college situation. Loss of job was equated to decline in grades; loss of a significant other was changed to the severing of a sex relationship, and a shift in financial status became a loss of support (Patterson 1974).

A study of Cornell and Harvard students found a suicide rate 50 percent higher than that of the general population. Reasons include break in family ties, need to form new identity, loss of an emotionally significant person, personal inadequacy, and fear of parental rejection. Suggested remedies included better mental health care, more student involvement in decisions, positive responses to the alienation factor in modern technological society, and a more relevant education (Miller 1975).

Very few of the suicide studies on college students have discussed religious influences, or compared among religious faiths, and those which considered religion found no measureable effects. Judaism, Catholicism, and Protestantism agree in their respect for human life and personality. Differences may occur in other areas related to suicide, such as closeness in family relations, ambition to succeed, attitude toward failure, and ability to absorb stress. There may also be variation in the intensity of faith, frequency of prayer and confession, and general involvement with religious practices. A Jewish Rabbi, a Catholic Sister, and a Protestant minister representing major religions on the college campus were asked to state their view on the subject of suicide.

JUDAISM ON SUICIDE

Judaism's aversion to suicide is based on its doctrine of the sanctity and value of human life, based on God's involvement in creation. Both soul and body belong to God. He gave life, and only He can take it away. By Jewish law, attempted suicide is
punishable by flogging (Maimonides). The exception to the rule is when suicide is attempted to avoid capture by the enemy, and the possibility of torture or forced desecration of God's name or Judaism, as in the historic case of Massadah, where an entire community carried out collective suicide to escape capture by Roman legions. And suicide may be acceptable when it is used as an atonement for sins (Talmud).

The Rabbis recognize the difference between suicide with premeditation by a sane person, and one of unsound mind or a minor. The deliberate and calculated suicide does not receive funeral honors. Suicides judged to have been mentally ill or incapable of judgment can receive the complete Jewish funeral service. Even where there are no rites for the departed, Jewish sages state that respect for the mourners must be shown. Therefore, modern Jews are inclined to give full honors in all suicide cases since it is difficult to distinguish where there was a sound mind, and what constitutes honor for the dead and respect for surviving relatives. The earlier custom of burying the suicide at the fence of the cemetery is largely ignored today.

When Chief Rabbi Goren of Israel was asked whether Jewish prisoners may commit suicide in fear of torture by the enemy, he said that such soldiers receive full honors, and would be treated as martyrs and heroes. A Harvard study of student suicide established that out of 34 cases, only 3 were Jewish, although 25 percent of the student body was Jewish (Blaire 1964). However, Israel's national suicide rate is about the same as that of the United States. In other areas of deviance, such as alcoholism, Jewish rates are lower (Unkovic & Adler 1975).

College students are of special interest not only because of their youth, but also because of the stresses of college life. We need to know how Jews compare with other religious groups, and whether there are reasons for differences among these groups. The more information we collect on causes of Jewish suicide, the more likely that we can correct the situation. As the Rabbis have said, "Whoever saves one life in Israel is considered as if he had saved an entire world." (Adler 1980)

A CATHOLIC VIEW OF SUICIDE

Catholics believe in the sanctity of life, and that life is to be cherished and admired as a marvel. They believe in eternal life, and that at death, life is changed, and not taken away. Life beyond the grave depends on how Catholics have lived here, and God rewards accordingly. God is the Author of life, and has final word on who will live or die. It is a moral duty to seek treatment when ill, depressed, or disabled. However, medical and scientific means need not be unusual or extraordinary, especially in the face of certain death.

Life was given by God, and we cannot end it at will. We must obey the Commandment: "Thou shalt not kill." We must endure the trials of life, patiently, if possible, until release comes from God. The Christian faith teaches that no life is meaningless or valueless. Suicide is often the result of hypertension or depression or other abnormal mental states. We cannot pass judgment on the person who would take his own life. It does cause us to examine our Christian charity to see if we have neglected or excluded others from our care and concern, or from adequate social contacts. (Scully 1980)

A PROTESTANT VIEW OF SUICIDE

Accounts of suicide in the Old and New Testaments of the Bible are recorded simply as historical facts (Doman 1974). Editorial remarks in other sources see suicide as cowardice or as a sin against God as Creator. St Augustine and St. Thomas Aquinas set the stage for punishment of suicide. By the 1790's, John Wesley called for an English law that would publicly
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desecrate the bodies of suicides, commoner and noble alike. A study of Protestant clergy ecumenically in 1973 revealed that those considered conservative or moderately conservative in theology were inclined to agree with St. Thomas. Those considered moderately liberal and liberal in theological views opposed the Thomasitic ideas. Pastors in pastoral or clinical counseling were highly opposed to Thomasitic views, and were more inclined to resources of a theology of hope for persons anticipated as suicidal.

Key issues for Protestant theology center around concepts that life is good, and that the taking of life is a sin; that the ultimate concern for the person is the highest manifestation of incarnation. When one sees the environment as extremely hopeless, it is often seen as the community responsibility to reaffirm the God-promises and to witness divine intention. Failing this, suicide often creates guilt in the community. A third issue is the person's right to die as is stressed in confrontation with a terminal illness, such as cancer. Theologically, it may be possible to affirm the right to die as the ultimate assumption of individual responsibility. These theological dimensions vary with the type of suicide and environmental issues apparent in each case. The Protestant view includes a spectrum of thought, from personal sin, to corporate guilt, to individual prerogative. (Webb 1980)

RESEARCH FINDINGS

In 1978, 130 questionnaires were mailed to directors of religious foundations on college campuses in the United States. These included B'Nai Brith Hillel foundations and regional offices of the National Institute of Campus Ministries. They supplied information on Jewish, Protestant, and Catholic suicides. A total of 46 agencies responded, and 19 centers described incidents of suicide or attempted suicide. Four stated that they had no knowledge of suicides, and 22 campus centers said there had been no suicides since January 1975. In the remaining 20 responses, there were 35 cases of suicide attempts reported, in which 21 were unsuccessful, though many had made multiple attempts. The total of 60 attempted or successful suicides are shown in Table 1. Only 3 women among 31 suicide attempts were successful, as compared to 11 successful cases of 31 men attempting suicide. Most of the suicide cases were full-time students living on campus. Nearly all of those classified as religious were single students. There were 9 Jews, 8 Catholics, and 6 Protestants, among the total of 60 cases. Of these students, 14 were only minimally active in religion, and 8 were moderately active. Only one of the suicide cases reported strong religious ties. In this case, with two suicide attempts, a Catholic female had disgraced herself and alienated herself from her family, and suffered from guilt and a poor self-image.

### TABLE 1: SEX EFFECT ON COLLEGE STUDENT SUICIDE

<table>
<thead>
<tr>
<th>Sex of Student</th>
<th>Suicide: Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempted</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>Actual</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>31</td>
</tr>
</tbody>
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\[ \Phi = .33; \chi^2 = 6.88; p = .01 \]

The two principal reasons attributed to the suicide incidents were academic problems, 14 cases; and disgraced self, 13 cases. There were no significant differences based on sex. Some respondents noted that information on suicidal attempts is usually suppressed, and that these reported incidents, like most deviant behaviors, underestimate the true incidence of suicidal behavior. It is acknowledged that suicides are often unrecognized, or are reported as accidents, partially to protect the survivors from humiliation.
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RECOMMENDATIONS Directors of the campus religious foundations recommend:
1) Increase attempts to seek out troubled youth, rather than wait until they ask for help.
2) Work toward a higher quality of family life, and help youth to feel that they are a main part of the family.
3) Involve youth in more community and college affairs, so they may establish varied social ties.
4) Improve preventive alcohol and drug abuse programs for youth.
5) Encourage and assist youth to develop spiritual selves. A spiritual reserve can carry them through perilous, depressed times.
6) Train more people to recognize and respond to the symptoms of suicidal tendencies among youth.
7) Counsel freshmen about the academic and social pressures which they should anticipate during the college years.

Respondents also stressed an acute need to address the social problem of college-age suicide systematically. Stressful situations and uncertainty are rampant in today's college population. The uncertain job market, graduate school admission quotas, a lack of permanent social ties, soaring divorce rates, loss or weakening of religious belief and meaning for life, traditional norms being in transition -- are some of the societal ills which contribute to suicidal tendencies. Young people need a buffer to insulate them when exposed to such situations.

CONCLUSIONS Despite denunciation of suicidal behavior by major religious faiths, the incidents continue. Social, economic, familial, political, and religious changes have their greatest impact on the youth of society. For students who lose hope in the future, and are caught in personal conflicts which bring on stress and failure, suicidal considerations loom as one alternative, at least for the moment.

The challenge of colleges to coordinate efforts to reach those who most need personal attention must be recognized. Mobilization of forces to meet the changed needs of college youth must go forward. The first step is to recognize that life-threatening problems exist for some college students. We must find ways to help them. A small part of the college population desperately needs help.

We suggest a study of student suicidal tendencies at various types of colleges, to explore more effective ways to prevent suicidal incidents, and to communicate with students when they first enter their depressed state. How can we get students to seek help early? What do those who attempt or seriously consider suicide have to suggest? Systematic information from the student's perspective is crucial if we are to learn how to reach them before they attempt or commit suicide.

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