A Comparative Study Examining The Awareness Of Suicide Between A.I.T. Humanities Students And Engineering Students

Submitted to Athlone Institute of Technology in partial fulfilment for the degree of Bachelor of Arts (Hons) in Applied Social Studies in Social Care

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Declaration

I declare that this project is presented in partial fulfilment of the requirements for the Degree of Bachelor of Arts (Honours) in Applied Social Studies in Social Care. It is entirely the work of the author and has not been submitted to any other university or higher education institution, or for any other academic award in this institute. Where use has been made of work of other people it has been fully acknowledged and fully referenced.

Signature ___________________________  Date_____________________________

Charlotte Fagan              24th November 2011
Dedicated to all those who lost their lives to suicide
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Abstract

The aim of this dissertation was to compare the awareness of suicide amongst engineering students and humanities students within Athlone Institute of Technology. The objectives were to evaluate the levels of experience and understanding of suicide amongst the sample groups and to examine the knowledge regarding issues surrounding it.

In order to facilitate this research, a quantitative research method was employed. Specifically designed questionnaires were administered evenly among twenty participants from two departments ie. ten engineering students and ten humanities students.

A significant difference was found regarding the quality of information offered from different sample groups. Inequitable awareness of support services emerged although the sample groups experience and knowledge of suicide was similar. The conclusion contains relevant recommendations.
Introduction

Suicide does not just impact upon the person who dies in this way; it can have devastating affects on families, friends and communities. It leaves questions forever unanswered and often causes feelings of guilt and blame. Not only does death by suicide issue a damaging energy upon communities, so too do thoughts of suicide and suicide attempts; which are only too frequent in this small nation. According to the American Foundation for Suicide Prevention (2011), almost one million people die by suicide worldwide each year. This is more than the world deaths from homicide and war jointly. Suicide is said to be a leading causes of death. Therefore it is a global public health problem.

The aim of this dissertation is to compare the awareness of suicide among engineering students and humanities students within Athlone Institute of Technology.

The objectives are:

1. To compare and contrast the experiences and understanding of suicide between Engineering students and Humanities students.

2. To examine the knowledge regarding issues surrounding suicide.

Chapter one is a critical review of literature surrounding suicide. It examines, in relation to suicide, attitudinal changes, religion, contemporary Ireland, preventative strategies, risk factors and statistics.

Chapter two explains the methodology used. It includes the method implemented for information gathering, an overview of participants, the procedure of information gathering, ethical considerations, limitations to the research and the method of analysis.

Chapter three illustrates results of the research. The main findings which emerged from the questionnaire are presented in relation to the research objectives. Chapter four is a discussion of the results; it also included a method evaluation and limitations to the research. Chapter five concludes the study with a summary, conclusion and recommendations.
Literature Review

2.0 Suicide

Suicide is, according to Diekstra (1994), a behaviour chosen by oneself with the intention of bringing about one’s own death in the shortest time (cited in: Smyth, Maclachlan, and Clare, 2003:10). The W.H.O.\(^1\) explains suicide as ‘the result of an act deliberately initiated and performed by a person in the full knowledge or expectation of outcome’ (World Health Organization, 2001:37). Although the W.H.O. appears to have the most widely recognised explanation of suicide its definition provides no flexibility for change in its meaning over time, nor does it mention the cultural or social factors involved in suicide.

2.1 Attitudinal changes

Suicide is not just a phenomenon of the 21st Century, according to Comer (1998) it dates back to the era of the Old Testament through the mention of King Saul’s death.

The meaning of suicide changes from culture to culture. In contrast to modern Western societies, Ancient Greeks reported suicide without any moral judgement. However, they did recognise acceptable and unacceptable motives. Romans held similar beliefs (O Connor & Sheehy, 2000; cited in Smyth et al, 2003:6).

Smyth et al. (2003:6) stated that suicide of a slave was viewed as irrational and selfish as it deprived society of a worker and the owner of his property. Comparably, suicide of a soldier was looked upon as a loss to the state (Spellissy 1996, cited in: Smyth et al, 2003:6).

In contrast, Kelleher (1996) exposed an acceptable form of suicide which was that of I.R.A. members who were imprisoned for activities in the ‘fight for freedom.’ They went on hunger strike and died (cited in: Smyth et al, 2003:21). This was self-starvation.

2.2 Religion

Religious beliefs impact societies’ behaviours and attitudes. Smyth et al. (2003) explain how

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\(^1\)W.H.O. World Health Organisation
in decades past, Ireland and other Western societies were strongly influenced by the Catholic Church. The church believed dying by suicide broke the commandment ‘thou shalt not kill’ and was therefore a mortal sin. People who died by suicide were denied funeral rites, and buried in unconsecrated grounds with unbaptised children. This response stigmatised families bereaved by suicide and created a taboo associated with suicide.

2.3 Contemporary Ireland

In recent years the Catholic Church altered its attitude towards suicide. It now observes suicidal persons as being of ‘unsound mind’ and ‘not capable of conscious sin’ (Smyth et al, 2003:9). While the church’s viewpoint is presently more sympathetic than in the past, it still labels people with suicidal thoughts as being mentally ill. ‘SafeTALK’, a successful suicide prevention programme, does not regard suicide as an illness. It views suicidal thoughts as ‘understandable’ but believes human beings “want to prevent understandable thoughts from becoming tragic actions” (Living Works, 2009:11)

The Ireland Funds recently assembled a meeting with The Samaritans, Aware and The National Suicide Research Foundation to determine why so many people believed their only option was to take their life. They revealed that individuals in Irish society struggle to adapt to societal changes. They recognised another impact of our modern society is that many young people are isolated in urban areas. They also discovered that job security is presently non-existent (The Ireland Funds, 2011). Cultural change has caused people to become unhinged from support services traditionally availed of through local communities, mainly the church, which have lost their importance. With societies modern preoccupation with materialistic possessions, Foster-Ryan and Monahan (2001) state the most negative and disturbing consequence is our belief that our busy schedule leaves no time for those in need.

One of the founding fathers of modern sociology, Émile Durkheim, through a highly regarded suicide study in the early 20th century, linked suicide rates to a person’s degree of integration and regulation in society (Spaulding and Simpson, 2002). Durkheim’s study is of particular significance in today’s society as it illustrates the impact of changing societal norms and values on people’s lives. Geoff Day, director of the National Office for Suicide Prevention, believes the economic downturn is responsible for the dramatic rise in suicide in the middle aged group, due to societal changes causing stress and pressure (H.S.E., 2010).
Durkheim’s study can assist in the understanding of suicidal thoughts individuals may face caused by changing circumstances.

2.4 The media

The mass media is directed to a vast audience therefore has the power to influence attitudes. The language used in tabloid newspapers is often quite disabling. The writers use terminology that tends to stereotype people with thoughts of suicide as people being ‘crazy,’ ‘mad,’ or a danger to society. It exclusively links mental illness with suicide. This may stigmatise both further.

Smyth et al. (2003) emphasised the subtle message broadcast that we prove ourselves by buying expensive items. ‘...You are as good as what you can buy...’ (Smyth et al. 2003:59). As countless Irish families do not have the finance to make luxury purchases such messages place extra pressure on already struggling families. This can cause further feelings of failure.

The media is however involved in heightening awareness through television campaigns which highlight services available for those who may feel suicidal. These campaigns may act as an opportunity in homes to talk about suicide and thus lessen the risk of such an event.

2.5 Preventative strategies

2.5.1 Campaigns

There is currently a growing awareness of suicide in Ireland. Campaigns such as Talk it out, let it out, sort it out which is funded by the H.S.E. and also television campaigns highlighting mental illnesses such as Aware which emphasises ‘You are not alone’ do tremendous work in promoting awareness. Such advertisements give the viewer an understanding of how an individual may be feeling. There are now various agencies to provide for people who are contemplating suicide. (Refer to Appendix 4)

2.5.2 Awareness programmes

Suicide can be prevented (Land, Ramsay, Tanney, and Kinzel, 2008:10). The best approach to prevent suicide is to create a suicide aware community. By de-stigmatising suicide people

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2 For more information go to www.letsomeoneknow.ie
will become more open to seek help. Until the introduction of the Criminal Law (Suicide) Act 1993, suicide was a criminal offence. For this reason the term ‘commit suicide’ was used as it was to commit an offence, which stigmatised suicide. Nowadays it is advised not to use this term as a person feeling suicidal is not necessarily a criminal (Ramsay, Tanney, Lang, and Kinzel, 2004).

Suicide intervention skills can be taught. Successful world renowned programmes, SafeTALK\textsuperscript{3} and Assist,\textsuperscript{4} created by LivingWorks provide basic information about signs of suicide risk along with initial helping steps (Ramsay et al., 2004:134). The Wellness Workshop is another training programme. Set up by ‘Suicide or Survive’ it raises awareness and teaches strategies to take control of one’s own mental health, ultimately reducing suicide.

2.5.3 Art therapy

Respected professor of the school of medicine and medical science, Kevin Malone, introduced a new preventative approach. After carrying out a scientific study with people who were bereaved by suicide, he, with the help of artist Séamus McGuinness, facilitated an art project. They used pictures and items associated with the people who died by suicide and turned it into an exhibition for the families to facilitate a discussion and express their loss (Duncan, 2010).

2.6 Risk Factors

There is extensive literature regarding risk factors. An effective campaign, Letsomeoneknow.ie, created a pack to educate people about their mental health. Included in it were suicide risk factors: repeatedly talking openly about suicide, talking indirectly about ‘wanting out’ or ‘ending it all’, and/or taking life threatening risks. (letsomeoneknow.ie, 2008) The Irish Association of Suicidology (2010) lists alcohol or substance abuse, depression, withdrawal from relationships, nature of modern society, significant grief or stress, previous suicide attempt or family history of suicide and giving away possessions as some general risk factors. The Ireland Fund (2011) emphasises the extreme risk of suicide for people with depression who abuse alcohol or illicit substances.

\textsuperscript{3} SafeTALK ‘suicide alertness for everyone’ and TALK refers to the steps one takes to help a person with thoughts of suicide; Tell, Ask, Listen, Keepsafe’ – 2 hour programme

\textsuperscript{4} Assist Applied Suicide Intervention Skills Training - 2 day programme
2.7 Statistics – Nationally & Internationally

Past figures are not reliable as deaths were hidden and not recorded as suicide where possible. The N.O.S.P.\(^5\) predicts some undetermined deaths could also be classified as suicide (National Office for Suicide Prevention, 2010). In 2009, Ireland witnessed a record high of a total 527 suicides. The C.S.O.\(^6\) provides data for 2010 showing a decrease by 8% to 486 suicides (Central Statistics Office, June 2011). The C.S.O. Vital Statistics First Quarter 2011 report illustrates deaths registered by cause; grouping ‘accidents, suicides and others’ together, it compares the first quarters of the years 2006, 2010 and 2011 with total deaths of 154, 357 and 358 respectively (Central Statistics Office, Sept. 2011).

According to Bernstein and Nash (2008:475), some North European countries, China and Japan, are as high as 25 per 100,000 and countries such as Greece, Italy and Ireland, as low as 6 per 100,000. This could be due to stronger religious views against suicide. In the U.S. 31,000 people die by suicide every year. Among college students it is the second leading cause of death. About 10,000 attempt suicide and about 1,000 succeed (Bernstein and Nash, 2008:475).

2.8 Conclusion

From the C.S.O.’s Vital Statistics reports one could predict another rise in suicide rate for the year 2011. Although there is somewhat of a taboo surrounding suicide, it is gradually becoming less stigmatised. Through the use of campaigns and training programmes society is becoming less fearful of suicide and more aware of the issues concerned. Services are openly offered for anyone who wishes to avail of them. Cultural norms, values, religion and funding all impact on the level of awareness a society can reach.

\(^5\) N.O.S.P. National Office for Suicide Prevention
\(^6\) C.S.O. Central Statistics Office
Methodology

3.0 Introduction

As the aim of the research was to explore the awareness of suicide among students from two different disciplines within Athlone Institute of Technology, a practical approach was crucial.

This methodology chapter is divided into sections. Section 3.1 explains the method implemented to gather information. Section 3.2 gives an overview of the participants involved in the research. Section 3.3 focuses on the procedure of information gathering and 3.4 on ethical considerations. Section, 3.5, describes the limitations to the research. The final section, 3.6, explains how the findings were analysed.

3.1 Research Method

There are primary and secondary methods of research. Secondary methods were those implemented throughout the literature review that involved the reanalysing of information that had been used previously as part of a research study (Harvey, MacDonald and Hill 2000; cited in McDonald, 2006:37). Primary research involves the researcher collecting original data through observation, experiment, questionnaires and/or interviews (Sharp, Peters and Howard, 2006:139).

In order to formulate enough data regarding the awareness of suicide among students within A.I.T., it became evident that primary research must be undertaken. Immense consideration was given to the notion of acquiring primary data through quantitative or qualitative methods. Due to the sensitive nature of the topic the researcher originally swayed towards carrying out qualitative interviews. Qualitative methods seek to increase understanding through the researcher engaging personally with the participant (McDonald, 2006:37-43).

After considering many approaches, the researcher decided the most practical and appropriate method of research was quantitative; through questionnaire format (Refer to Appendix 3). According to Babbie (2008:25), quantitative data makes our observations more explicit. As the purpose of the research was to conduct a comparative study, it was important that the data could be statistically analysed. Investigating such a sensitive subject, the researcher suspected
participants in such a small community would be more open and honest on a questionnaire than if interviewed directly. Open and closed, multiple choice and filter questions were used in assembling the questionnaire. The questionnaire was practical as it was a fast method of collecting information and easy to analyse.

3.2 Participants

Since the aim of the study was of a comparative nature the researcher decided a balance of ten engineering students and ten humanities students randomly picked would suffice. The humanities participants ranged in ages from 21-49 years and were all in fourth year, whilst engineering participants ranged from 16-35 years and from first to third year. The participant sample groups consisted of two males and eight females from humanities and ten males from engineering.

3.3 Procedure

In preparing to undertake this research a draft questionnaire was prepared, pilot read and appropriate amendments made. Following this, permission was obtained from relevant lecturers through email and informal meetings to approach possible participants during lectures. The researcher felt if participants were to complete the questionnaire in busy locations they may present ‘socially desirable responses’.

Entrance to lectures enabled the researcher to make contact with students in a non-threatening manner, offer an explanation for the survey and information regarding the subject matter. A cover letter was provided to each participant rationalising the survey and notifying them that the data collected would be used solely for the purpose of this research (see Appendix 1).

3.4 Ethical considerations

Students were informed that utmost provision would be taken to ensure the strict confidentiality of participants’ anonymity and asked if they would consent to partake. Those who consented to participate signed a consent form (see Appendix 2). Moral judgements was
involved when wording the questions for the questionnaire to ensure it did not insult anyone or appear too intrusive and guaranteed the dignity of all involved whilst revealing relevant data. Contact details were provided at the back of the questionnaires to ensure access to college counselling services and external support agencies lest participants felt distressed due to the research topic.

3.5 Limitations

Clarification to the meaning of some answers would be advantageous and perhaps information could have been expanded had responses being further explored. One might hypothesise that some students felt uncomfortable completing the questionnaire in the presence of fellow students as the responses provided were less informative where questionnaires were completed within a group setting than compared with those completed in private. Due to the maximum permitted sample group being twenty, findings do not reflect the total student population at A.I.T.

3.6 Method of Analysis

Tukey’s (1977) exploratory data analysis approach was used in that the exploration of findings was predominantly through charts and the findings determined the analysis techniques. (Tukey 1977: cited in Saunders, Lewis, and Thornhill, 2007:420). Quantitative data can be divided into two distinct groups: categorical and quantifiable. The findings were mostly categorical. Categorical data cannot be measured numerically but it can be organised into categories according to the characteristics that describe or identify the variable, or it can be placed in rank order. (Saunders, Lewis, and Thornhill, 2007:409). Data found was mainly descriptive so the researcher counted the number of occurrences of variables in order to analysis the findings and subsequently illustrated them on charts. Some of the findings were quantifiable thus they were measured numerically as quantities. Findings were illustrated through a combination of text, charts and tables.
Results

4.0 Introduction

This chapter presents the main findings which emerged from the questionnaire administered to ten students from the departments of engineering and ten students from humanities (Refer to Appendix 5 for full results). The results will be outlined in relation to the research objectives.

4.1 Objective 1: To compare and contrast the experiences and understanding of suicide amongst A.I.T. humanities and engineering students. (Questions 5-17, 21-23)

Table 4: Understanding of the term 'suicide'

<table>
<thead>
<tr>
<th>The term ‘suicide’.</th>
<th>Understanding</th>
<th>%</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanities students (N = 10)</td>
<td>Taking the easy way out</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Self killing or self destruction</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>To want to end one’s life</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Person is depressed and has thoughts of suicide</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Life is too difficult or due to mental illness, poor health etc person takes his/her own life</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Someone ending their own life</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>A person intentionally ends their own life</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Engineering students (N = 10)</td>
<td>No response</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Person is so depressed they see no option other than to take their own life</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Someone taking their own life</td>
<td>60</td>
<td>6</td>
</tr>
</tbody>
</table>
100% (n = 10) of humanities students surveyed believed suicide was a social concern, whereas only 80% (n = 8) of engineering students believed so, the other 20% (n = 2) did not agree. 70% (n = 7) of humanities students feel there is a social taboo surrounding suicide. Of engineering students, only 50% (n = 5) agree.

**Figure 2: The contrasting perceptions of worldwide mortality rates**

![Graph showing the contrast in perceptions of worldwide mortality rates between humanities and engineering students.]

**Figure 2: Humanities beliefs that lead an individual to contemplate or commit suicide**

![Bar chart illustrating the percentages of humanities students who believe in various beliefs leading to contemplation or committing suicide.]

<table>
<thead>
<tr>
<th>Belief</th>
<th>Humanities</th>
<th>Engineering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal humiliation due to bullying</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Seeing no other options</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Depression</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Stress</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Financial worries</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Stressful financial relationships</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Low self esteem</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Family situation</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Negativity from peer group</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Lacking self confidence</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Loss of confidence</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Economic factors</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Figure 3: Engineering beliefs that lead to an individual to contemplate or commit suicide

80% (n = 8) of humanities students and 50% (n = 5) of engineering students believe there are signs prior to someone dying by suicide, 30% (n = 3) of engineering students believes there are sometimes and the remaining 20% (n = 2) of both sample groups believe there not.

Figure 4: The contrasting perceptions of signs prior to a person taking their own life
40% (n = 4) of humanities students and 20% (n = 2) of engineering students believe people who die by suicide look for other options. 10% (n = 1) of engineering believe that they sometimes do. The remaining 60% (n = 6) of humanities and 70% (n = 7) of engineering believe they do not.

Q.23. How did the matter of suicide impact on your life and those of your family and friends?

Only 10% (n = 1) of engineering students answered this question. Of humanities students, 30% (n = 3) did not respond to this question. 10% (n = 1) were not sure how it affected their friends or family. 10% (n = 1) have never had any experience with it. The final 50% (n = 5) of humanities students gave the following responses:

- Has not impacted on my life yet, but could happen in the future.
- It’s a sad thing to talk about.
- Only ever vaguely discussed.
- Massive shock to the family and left everyone wondering why.
- Feelings of guilt and blame.
Figure 8: Perceptions of how person who died by suicide felt

![Bar chart showing perceptions of how person who died by suicide felt.]

- Humanities: N = 10
  - 60% for Not in their right mind
  - 40% for Lost all hope
  - 30% for Worthless

- Engineering: N = 10
  - 20% for Sad
  - 20% for Unhappy with themselves

Figure 10: Student participants bereaved by suicide

- 20% (n = 4) of all student participants were bereaved by suicide
  - 20% (n = 2) of Humanities students
    - 10% (n = 1) lost an immediate family member
    - 10% (n = 1) lost an extended family member
  - 20% (n = 2) of Engineering students
    - 10% (n = 1) lost a neighbour
    - 10% (n = 1) did not state relationship to the person lost by suicide
4.2 Objective 2: To examine the knowledge regarding issues surrounding suicide (Questions 18-20, 24-34)

Of the 20% (n = 2) of humanities students bereaved by suicide, 100% (n = 2) feel they have accepted the loss and rated how they feel they cope on a scale of 1-5 at 4 (1 being least healthy). Of the 20% (n = 2) of engineering students, 100% (n = 2) feel they have accepted the loss and rated how they feel they cope on the same scale at 3.

100% (n = 10) of engineering students never considered or attempted suicide. 40% (n = 4) of humanities students considered suicide while 60% (n = 6) did not. 25% (n = 1) of those who considered suicide also attempted it. The person expressed feeling hopeless, angry and empty at the time and explained how these could not be stopped. This person availed of counselling.

**Figure 11: Suicide considerations and attempts**

**Table 5: How humanities students would overcome feelings to avoid suicide**

<table>
<thead>
<tr>
<th>Humanities students’ responses</th>
<th>60%</th>
<th>(n = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk</td>
<td>60%</td>
<td>(n = 6)</td>
</tr>
<tr>
<td>Know others felt the same so you’re not alone</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Believe and know that no matter what situation you find yourself in someone somewhere is worse than you are</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Distraction</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Professional help</td>
<td>20%</td>
<td>(n = 2)</td>
</tr>
<tr>
<td>Develop coping skills</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Look at the bigger picture</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
</tbody>
</table>
Table 6: How engineering students would overcome feelings to avoid suicide

<table>
<thead>
<tr>
<th>Engineering students’ responses</th>
<th>10%</th>
<th>(n = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must always think there is someone else who is worse off than</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>I am and what I’m going through can be overcome</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Talk</td>
<td>40%</td>
<td>(n = 4)</td>
</tr>
<tr>
<td>No response</td>
<td>50%</td>
<td>(n = 5)</td>
</tr>
</tbody>
</table>

Only 20% (n = 2) of engineering students could identify support services available to people who may feel suicidal. They included the Samaritans and listening help lines.

Engineering students (100% n = 10) were unaware of campaign titles/names. Campaigns recognised by humanities students included Assist (20%, n = 2), Feeling Low, Let Someone Know (10%, n = 1), Mental Health Week (10%, n = 1), Safe Talk (10%, n = 1) and the final 10% (n = 1) was not aware of campaign names.

Engineering students had no further comments to add. Humanities students commented:

- If we just talked about it – we can beat it.
- More funds should be made available by the government to promote suicide awareness and people of today should go to Church and have the fear of God.
- People need to realise that the downfall of a man or woman is not the end of his or her life.

4.3 Summary of results

Humanities and engineering students identify similar ideas as to why suicide is a social concern. However, it is evident that humanities students’ are more aware of professional services in the prevention of suicide than engineering students. Engineering students’ responses were more closed than humanities. Humanities students appeared more empathetic towards suicide than engineering students. Finally, humanities students have been impacted more directly than engineering students.
5.0 Introduction

The aim of the research was to explore the awareness of suicide among students from the departments of engineering and humanities. The discussion is drawn in respect of the objectives, which include a comparison of participants’ experiences and understanding of suicide (5.1.1) and an examination of their knowledge regarding issues surrounding suicide (5.1.2). This chapter also includes an evaluation of method (5.2) and the research limitations (5.3).

5.1 Discussion of findings

5.1.1 Experiences and understanding of suicide between sample groups

The attitudes and understanding towards suicide varies between humanities students and engineering students and indeed within the individual sample groups. This is evident throughout the findings. The majority of engineering students (80% n = 8) described the term ‘suicide’ in a factual context: *someone ending their own life and killing themselves*. Whereas the humanities students offered many explanations which were mostly compassionate. They used expressions such as *for whatever reason deciding to take their own life*, and *depressed and have thoughts of suicide*. The overall findings illustrate more open attitudes towards suicide by humanities students than engineering students. Engineering students’ responses were less qualitative than humanities. All humanities students were willing to participate in a suicide awareness programme whilst only 50% (n = 5) of engineering students would partake, albeit 80% (n = 8) of them believe it is a social concern. This means that at least three engineering students recognise suicide as a social concern yet given the opportunity to help combat the problem disinclined. One might assume that engineering students desire no responsibility for overcoming the problem of suicide and are closed to the subject. Suicide is recognised as a social concern by 90% (n = 18) of participants. This is interesting as only 20% (n = 4) of participants assumed suicide to cause more deaths than war or homicide, which is supported by statistical research (American Foundation for Suicide Prevention, 2011). Therefore the question arises, would societies make greater effort to combat suicide if fully aware of the extent of this worldwide epidemic?

For a country that only decriminalised suicide in recent years, the social tolerance is overwhelming. One humanities participant commented that suicide had not impacted his/her
life ‘YET’, and went on to say ‘but it could happen in the future’. Perhaps the issues of suicide should be tackled now, instead of waiting for yet another person to die. Another humanities participant response to a question was that suicide is a taboo with older generations but in younger ones it is becoming more normal. This is worryingly, becoming more normal. Is this the understanding attitude being taught to humanities students? Is suicide ‘normal’? If so why the social concern? Although increasing in the older generation, the suicide rate is still much higher at the younger end of the scale than with older generations (Central Statistics Office, Sept. 2011). This could be partially attributed to the Catholic Church losing its influence over younger generations. Findings show that many young people do not listen to what the church preach. ‘People coming from a Catholic family are almost scared because they are told it’s a sin to commit suicide punishable by denial to heaven.’ Hence, the church may work as a preventative strategy for older generations but less for younger one.

5.1.2 Knowledge regarding issues surrounding suicide

The themes that surfaced throughout the survey due to the risk of suicide included: financial worries, withdrawn, hopelessness and alone, and pressure and stress. Durkheim’s 1897 study recognised that suicide rates are linked to a person’s degree of integration and regulation in society (Spaulding, and Simpson, 2002). Similarly, 40% (n = 8) of both sample groups identified withdrawn or detached from society as a sign prior to a person taking his/her own life. The Ireland Funds (2011) supported this belief, in attempting to determine the reasons for the high suicide rate they contributed young people living in isolation and cultural change separating people from traditional support services as risk factors. The Ireland Funds and Geoff Day, director of the N.O.S.P.¹, both recognised financial worries as a risk factor for suicide through the economic downturn and lack of job security (The Ireland Funds, 2011: H.S.E., 2010). Although both sample groups recognised a wide range of factors contributing to suicide risk, and the humanities group demonstrated a better knowledge of issues surrounding suicide, shockingly, humanities still had 40% (n = 4) of participants consider suicide and 10% (n = 1) attempt it, whilst engineering had none.

With reference to social taboo, 10% (n = 1) of engineering participants feel that ‘you must be careful who you talk about it [suicide] with because most people have been affected by it’. Although this is in a sense caring for others, it is healthier to talk openly about the topic
(Land, Ramsay, Tanney, and Kinzel, 2008). This way if someone was affected by suicide an opportunity would arise allowing them to express their feelings and consequently diminish the taboo. The importance of openly discussing suicide was however recognised by the majority of participants to reduce suicides.

5.2 Evaluation of method
The method of quantitative research chosen was positive in that it allowed for a larger sample group than a qualitative method. This meant that the results would be more accurate for the overall student population, and it also eliminated a lot of ethical issues that would have arose if conducting interviews on such a personal and sensitive topic. However, had a qualitative approach been adopted, clarification on responses would have been possible and this would have allowed a more in depth analysis. As the subject matter was so personal and the responses were unpredictable the questions were mostly open ended, this meant the categorising of data was extremely time consuming and the analysis quite difficult. In future research the questions will be organised into categories and coded for analysis prior to conducting the survey.

5.3 Limitations to the research
Some engineering participants’ questionnaires completed in class were deemed invalid due to illegibility. For this reason a number of engineering students who were relaxing in a quiet location in the engineering building were approached and they completed the survey. It is felt that group pressure may have biased their responses.

There was limit of modern literature in texts therefore much information was gathered through website and newspaper articles. The most cultivated theory on suicide is that of Durkheim’s which is over a century old. Since then there have been dramatic societal changes. It was difficult to find reliable sources that explored the impact of such changes.
6.1 Summary

Both engineering and humanities can identify a great number of the signs of suicide and the risk factors, but humanities participants can identify much more supports available than engineering participants. More humanities participants view suicide as a social concern than engineering participants. A recurring theme from both sample groups throughout the survey is the need for suicide to be more openly discussed. Financial worries, stress and pressure are identified most frequently as an issue relating to suicide. Humanities students articulated thoughts and expressed emotional feelings more than engineering students who were more suppressed in their responses.

6.2 Conclusion

From the findings of this survey one might speculate that the engineering students were far less expressive than the humanities students. Ergo, it seems that people who are drawn to the logical areas of study are less able to process sensitive thoughts and emotions and to express them outwardly. In opposition to this, humanities students may seem to have a better comprehension of suicide as they could identify their thoughts and realise what steps to take to keep safe. It would appear that A.I.T. students’ attitudes are remarkably understanding towards suicide but still fear talking about it.

6.3 Recommendations

The author feels that by creating an over empathic culture in a community, suicide could become more prominent in that community. Therefore it may benefit the A.I.T. community to create a culture where people talk about suicide and their feelings, and by making everyone aware of supports and services available to help the many people affected by such thoughts. The author recommends a further study be carried out on humanities students to expose the reasons for such high percentages of people considering suicide. The counselling services should be made aware of the findings and requested to perhaps run Wellness Workshops\(^7\) to tackle the problem. Support services could focus on individuals who are unable to articulate emotions in their minds in order to process and except feelings. If students cannot express feelings and emotions problems can escalate.

---

\(^7\) Wellness Workshops are presently being run around Ireland to teach people how to mind their mental health in a bid to reduce suicides.
Reference List


Duncan, P. (2010, Sept. 8th). Suicide rate higher than official figures. The Irish Times.


letsomeoneknow.ie. (2008). Free: talk it out, let it out, sort it out. letsomeoneknow.ie.


Appendix 1: Cover letter

To whom it may concern,

My name is Charlotte Fagan. I am a 4th year student in BA (Honours) in Applied Social Studies in Social Care. As part of my course I am required to undertake a research project.

The study I am carrying out is in relation to suicide awareness among students from different disciplines within A.I.T.

I would greatly appreciate if you would complete a questionnaire in order to facilitate my research. Participation is on a voluntary basis. All information gathered will be used solely for the purpose of this research and students will be anonymous.

Each student is required to sign a consent form before completing the questionnaire. Consent forms will not be attached to questionnaires in order to preserve anonymity. You may withdraw from the study at any time.

I am happy to answer any questions you may have in relation to the study.

Thank you for your time.

_________________________
Charlotte Fagan
Appendix 2: Consent form

I, ______________________________ (STUDENTS’ NAME), voluntarily consent to participate in the Suicide Awareness Questionnaire being carried out by Charlotte Fagan as part of her research project in partial fulfilment of a BA (Honours) in Applied Social Studies in Social Care award.

I have been informed of the purpose of the survey and I am aware that I can withdraw from it at any time. The questionnaire is confidential and information I offer may NOT be linked to me.

Signed: ________________________ (Students’ name)

Date: __________________________
Appendix 3: Questionnaire

Confidential Suicide Awareness Questionnaire

(Please tick all relevant boxes, and answer all questions fully)

1. Are you? Male □ Female □

2. Are you aged?
   - 16-20 □
   - 21-25 □
   - 26-30 □
   - 31-35 □
   - 36-40 □
   - 41-49 □
   - 50+ □

3. What year of study are you in?
   1<sup>st</sup> □ 4<sup>th</sup> □
   2<sup>nd</sup> □ Postgraduate □
   3<sup>rd</sup> □ Other □
   Please specify: ____________________________________________________________

4. Are you studying?
   Engineering □
   Social Care □
Please specify course title: _____________________________________________________

5. What is your understanding of the term ‘suicide’?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. Do you consider suicide to be a social concern?  Yes □  No □
If yes, why?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

7. Do you feel there is a social taboo surrounding suicide?  Yes □  No □
If you answered ‘yes’, why?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

8. Which do you believe cause more deaths?
Road Accidents □  Suicide □

9. In your opinion, please rank the following in the order of mortality rates worldwide. (1 being the highest rate, 3 being the lowest)
Suicide □  Homicide □  War □

10. What do you think are the factors that lead an individual to contemplate or commit suicide?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

11. Do you believe there are any signs prior to someone committing suicide?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

12. In your opinion, what supports and information are in place to support an individual with suicidal tendencies?
_____________________________________________________________________
13. Would you be willing to take part in a suicide awareness programme?  
Yes □ No □

14. Are you aware of any suicide awareness programmes?  
Yes □ No □
If you answered ‘yes’, please name it/them: _______________________________

15. How do you feel about people who contemplate suicide?  
- They are selfish □
- They are mentally ill □
- It is an impulse reaction to something trivial □
- They don’t really want to die but see no option □
- They are depressed □
- They see no hope □
- They are doing it for their mistakes □
- They don’t think it through properly □
- Other, please state: ____________________________________________

16. Have you lost anyone through the means of suicide?  
Yes □ No □
(If no, please skip to question 21)
17. If yes, was the person/s?
   • An immediate family member □
   • An extended family member □
   • A Friend □
   • A colleague □
   • A neighbour □
   • Other □
   Please state: ___________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

18. Do you feel you have accepted the loss? 
   Yes □  No □
   If you answered ‘no’, please elaborate on your answer: ____________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

19. How well do you feel you have coped with the loss?
   Please rate it on a scale of 1 – 5, 1 being unhealthy, 5 being healthy
   1  2  3  4  5

20. From the following list of supports, please rate 1-7 in order of preference, to help you cope with your loss.
   • Counselling ___
   • Talking to friends ___
   • Going for a walk ___
   • Alcohol use ___
   • Substance use ___
   • Joining a club ___
21. Do you think people who die by suicide looked for other options?

Yes □ No □

If yes, please state efforts:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

22. How do you think they felt?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

23. How did the matter of suicide impact on your life and those of your family and friends’?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

24. Did you ever consider suicide?

Yes □ No □

If yes, why?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

25. Did you ever attempt suicide?

Yes □ No □

If yes, why and please describe how you felt at that time:

_____________________________________________________________________

26. If yes, what supports did you avail of? ____________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

27. Has anything changed in your life that altered how you think/feel now?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

28. What would you do to help overcome such feelings and avoid suicide?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

29. Do you know of any support services available to people who may feel suicidal?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

30. Do you believe Irish society has changed its attitude towards suicide in recent years?

Yes □ No □

If so, in what way?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

31. Do you believe suicide has only become a problem in Ireland in recent years?

Yes □ No □
32. How do you think the Catholic Church’s position on suicide impacts society?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

33. How do the media influence attitudes towards suicide, in your opinion?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

34. Are you aware of any campaigns to promote suicide awareness? Yes □ No □
Which campaign: _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

35. If you have any other comments you wish to add, please do so.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you very much for participating in this survey.

Due to the sensitive nature of this questionnaire, if you feel affected by any of these questions, please find the following numbers and contact details for relevant support groups

Samaritans 1850 60 90 90 www.samaritans.org
Console 1800 20 18 90 www.console.ie
AWARE 1890 30 33 02 www.aware.ie
GROW 1890 47 44 74 www.grow.ie

Also for the counselling services in the college contact
College Chaplain: Fr. Shay 087 2402514
Student Union Welfare Officer: Daniel Coulter 086 0219385
# Appendix 4: Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samaritans</td>
<td>1850 60 90 90</td>
<td><a href="http://www.samaritans.org">www.samaritans.org</a></td>
</tr>
<tr>
<td>Console</td>
<td>1800 20 18 90</td>
<td><a href="http://www.console.ie">www.console.ie</a></td>
</tr>
<tr>
<td>AWARE</td>
<td>1890 30 33 02</td>
<td><a href="http://www.aware.ie">www.aware.ie</a></td>
</tr>
<tr>
<td>GROW</td>
<td>1890 47 44 74</td>
<td><a href="http://www.grow.ie">www.grow.ie</a></td>
</tr>
<tr>
<td>Suicide or Survive</td>
<td></td>
<td><a href="http://www.suicideorsurvive.ie">www.suicideorsurvive.ie</a></td>
</tr>
<tr>
<td>1 life</td>
<td></td>
<td><a href="http://www.1life.ie">www.1life.ie</a></td>
</tr>
<tr>
<td>SoSad Ireland</td>
<td></td>
<td><a href="http://www.sosadireland.ie">www.sosadireland.ie</a></td>
</tr>
<tr>
<td>Irish Association of Suicidology</td>
<td></td>
<td><a href="http://www.ias.ie">www.ias.ie</a></td>
</tr>
<tr>
<td>National Suicide Bereavement Support Network</td>
<td><a href="http://www.nsbsn.org">www.nsbsn.org</a></td>
<td></td>
</tr>
<tr>
<td>3ts (Turning the Tide on Suicide)</td>
<td></td>
<td><a href="http://www.3ts.ie">www.3ts.ie</a></td>
</tr>
<tr>
<td>National Suicide Research Foundation</td>
<td></td>
<td><a href="http://www.nsrfr.ie">www.nsrfr.ie</a></td>
</tr>
<tr>
<td>National Office for Suicide Prevention</td>
<td></td>
<td><a href="http://www.nsrg.ie">www.nsrg.ie</a></td>
</tr>
<tr>
<td>Stamp Out Suicide</td>
<td></td>
<td><a href="http://www.livinglinks.ie">www.livinglinks.ie</a></td>
</tr>
</tbody>
</table>
Appendix 5:

Results

4.0 Introduction

This section presents the results which emerged from the questionnaire (Refer to Appendix 3) administered to ten students from the departments of engineering and ten students from humanities. The results will now be outlined in relation to the research objectives.

Demographic factors (Questions 1-4)

Humanities students ranged in ages from 21-49 years, whilst engineering students ranged from 16-35 years. While engineering students ranged from 1st to 3rd year, humanities students were all in 4th year of study. The participant sample groups consisted of 2 males and 8 females from the humanities department and 10 males from the engineering department.

4.1 Objective 1: To compare and contrast the experiences and understanding of suicide amongst A.I.T. humanities and engineering students. (Questions 5-17, 21-23)

40% (n = 8) of both sample groups believed road accidents caused more deaths than suicide, the remaining 60% (n = 12) believed the opposite.

Figure 6: Willingness to take part in a suicide awareness programme
40% (n = 4) of humanities students and 20% (n = 2) of engineering students believe people who die by suicide look for other options. 10% (n = 1) of engineering believe that they sometimes do. The remaining 60% (n = 6) of humanities and 70% (n = 7) of engineering believe they do not.

20% (n = 2) of humanities students and 20% (n = 2) of engineering students were bereaved by suicide. 10% (n = 1) of humanities students lost an immediate family member to suicide, the other 10% (n = 1) lost an extended family member. 10% (n = 1) of the engineering students lost a neighbour to suicide and 10% (n = 1) did not state the relationship they had to the person who they lost by suicide.
4.2 Objective 2: To examine the knowledge regarding issues surrounding suicide (Questions 18-20, 24-34)

Question 20 asked students to rate a number of options 1-7 in order of preference to help cope with their loss. The 20% (n = 2) of humanities students answered incorrectly.

Table 7: Rated preference of coping mechanisms

<table>
<thead>
<tr>
<th>10% (n = 10) of engineering students answered:</th>
<th>10% (n = 10) of engineering students answered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Talking to friends</td>
<td>1  Talking to friends</td>
</tr>
<tr>
<td>2  Alcohol use</td>
<td>2  Joining a club</td>
</tr>
<tr>
<td>3  Substance use</td>
<td>3  Going for a walk</td>
</tr>
<tr>
<td>4  Joining a club</td>
<td>4  Counselling</td>
</tr>
<tr>
<td>5  Going for a walk</td>
<td>5  Alcohol use</td>
</tr>
<tr>
<td>6  Counselling</td>
<td>6  Substance use</td>
</tr>
</tbody>
</table>

20% (n = 2) of engineering students identified the Samaritans and listening help lines as support services available to people who may feel suicidal. 50% (n = 5) of engineering students did not respond to this question and 30% (n = 3) stated that they did not know of any support services available.

Table 8: Support services identified by humanities students

<table>
<thead>
<tr>
<th>Support services identified by humanities students</th>
<th>30%</th>
<th>(n = 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Family and friends</td>
<td>20%</td>
<td>(n = 2)</td>
</tr>
<tr>
<td>Samaritans</td>
<td>20%</td>
<td>(n = 2)</td>
</tr>
<tr>
<td>Console</td>
<td>20%</td>
<td>(n = 2)</td>
</tr>
<tr>
<td>Help lines</td>
<td>20%</td>
<td>(n = 2)</td>
</tr>
<tr>
<td>Preventions courses</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>Medical help</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
<tr>
<td>H.S.E. Support Services</td>
<td>10%</td>
<td>(n = 1)</td>
</tr>
</tbody>
</table>
Figure 12: Belief that Irish society has changed its attitude towards suicide in recent years

Figure 13: Perceptions whether suicide has become a problem in recent years
Table 9: How the Catholic Church impacts society

<table>
<thead>
<tr>
<th>Engineering students</th>
<th>Percentage</th>
<th>Humanities students</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Church is narrow minded</td>
<td>10% (n = 1)</td>
<td>People do not listen to what the church say, power has decreased</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td>Church cast a shadow over it and people now see it as shameful to the family</td>
<td>10% (n = 1)</td>
<td>Frown upon it</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td>Does not help</td>
<td>10% (n = 1)</td>
<td>God hats suicide</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td>People coming from a Catholic family are almost scared because they are told it’s a sin to commit suicide punishable by denial to heaven</td>
<td>10% (n = 1)</td>
<td>Impacts older generations, they see it as selfish and a sin</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td>It helps as it talks about it and educates people about it</td>
<td>10% (n = 1)</td>
<td>Causes feelings of guilt -difficult for families who lost people through suicide</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td>It helps</td>
<td>10% (n = 1)</td>
<td>Encourages to believe in something, they are not alone, pray, someone is watching over you</td>
<td>10% (n = 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In the past it hid suicide thus caused a taboo against it</td>
<td>10% (n = 1)</td>
</tr>
</tbody>
</table>

Q33. How the media influences attitudes towards suicide:

*Engineering students commented:*

The media makes people aware (20% n = 2), talk openly (20% n = 2), gives advice regarding how to help a person at risk (10% n = 1), and provides information (10% n = 1). Others believe it does not influence attitudes (10% n = 1), unhelpful (10% n = 1), glorifies the act (10% n = 1), make it *seem like no big deal* (10% n = 1).

*Humanities students commented:*

50% (n = 5) believe it heightens awareness through talking about the issue and exposure within television programmes. 40% (n = 4) believe it is unhelpful, facts used are incorrect, stories are sensationalised and labelling words are used which is disabiling society. 10% (n = 1) feel it avoids suicide, through this adding to the taboo. 10% (n = 1) state it has a strong influence over people.
Engineering students (100% n = 10) were unaware of campaign titles/names. Campaigns recognised by humanities students included Assist (20%, n = 2), Feeling Low, Let Someone Know (10%, n = 1), Mental Health Week (10%, n = 1), Safe Talk (10%, n = 1) and the final 10% (n = 1) was not aware of campaign names.

Q35. Engineering students had no further comments to add. Humanities students commented:

- If we just talked about it – we can beat it.
- More funds should be made available by the government to promote suicide awareness and people of today should go to Church and have the fear of God.
- People need to realise that the downfall of a man or woman is not the end of his or her life.

\(^1\)N.O.S.P. – National Office for Suicide Prevention