

Original Research  
**Reasons for Committing Suicide  
in South Korean University Students**

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**Abstract:** A study of 249 South Korean university students found that estimates of the likelihood that they might commit suicide in response to stressful life events was predicted by age, sex and attitudes toward life and death. Attitudes toward the body, attachment to their traditional culture and attachment style played a limited or nonsignificant role.

**Keywords:** suicide, reasons, South Korea, students

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Youth suicide is a growing problem around the world. According to the World Health Organization (<http://www.who.int>) suicide in youths (those aged 15-24) is a leading cause of death in South Korea. In 2006, the suicide rates for those aged 15-24 were 9.7 and 8.8 per 100,000 per year for men and women, respectively, in South Korea but, by 2009, these rates had risen to 16.1 and 14.9, respectively (<http://www.kostat.go.kr>, Accessed February 10, 2011). Youth suicide rates have, therefore, increased dramatically in recent years, and the increasing number of youth suicides challenges society both in terms of understanding the cause and developing strategies for responding to this serious public health problem.

Agnew (1998) used data from the General Social Surveys in the United States to test a social-psychological model for the approval of suicide. He found that the strongest predictors of the approval of suicide were education, political liberalism and religion, measures that Agnew thought assessed social learning and social control factors. The experience of stressful life events played only a minimal role in predicting approval of suicide. In contrast to data from the General Social Surveys, the

present study explored the role of psychological variables in predicting approval of suicide.

Durkheim's (1897) theoretical model proposed that integration with others is a preventive factor for suicide, and this has been widely supported by research findings. Those who die by suicide experience a weakened sense of belonging and a tendency to withdraw from others prior to their deaths. Most of these studies have focused exclusively on connectivity to contemporary groups or persons. Very little research has been conducted on the association of suicidality and ties to cultural traditions. Although individuals are affected by existing social relationships, bonds to one's own lineage and cultural legacy may also be important in protecting people from acting on suicidal impulses. The degree to which people adapt to the new culture (enculturation) may also play a role in suicidal behavior (Walker, Wingate, Obasi & Joiner, 2008).

Orbach, et al. (1991, 2006) explored two sets of attitudes for their association with suicidal behavior. Suicide involves a physical attack on the body, and Orbach, et al. (2006) argued that making such an attack might depend on the individual's attitudes and feelings toward the body. Suicidal individuals should have more negative feelings and attitudes toward their body, and having such negative feelings and attitudes might facilitate suicidal actions. They found that Israeli adolescents who had attempted suicide had more negative attitudes toward

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their body than did nonsuicidal adolescents. Lamis, et al. (2010) found that suicidal proneness was related to body attitudes in a sample of American university students.

Orbach, et al. (1991) argued that engaging in suicidal behavior might depend upon the individual's attitudes toward life and death. Rather than relying on simple measures of the fear of death, they devised a multi-attitude scale which distinguished between attraction to and repulsion from both life and death, giving them four subscales. They found that scores on these four subscales distinguished between three groups of adolescents: high school students, adolescents who had made a suicide attempt or who had suicidal ideation, and adolescent psychiatric patients who were not suicidal.

Attachment style has also been found to be associated with suicidality in adolescents and young adults. For example, Zeyrek, et al. (2009) found that suicidal risk was associated with unhealthy attachment styles (preoccupied and fearful versus secure) in a sample of Turkish undergraduate students.

The present study, therefore, explored the association of approval of suicide (for oneself and for others) with attachment to cultural traditions, attitudes toward life and death, attitudes toward the body and attachment style in a large sample of Korean undergraduate students.

## Method

### Subjects

The subjects were 249 students at a university in South Korea. There were 182 females, 66 males and one unknown; 79 (32%) were Protestant, 30 (12%) Buddhist, 20 (8%) Catholic and 114 (47%) with no religion; 78% said that they were middle class. Their mean age was 21.8 yr. (SD = 1.9), with a range of 18-29.

### Questionnaire

The students completed a questionnaire containing the following scales.

(1) The Multi-Attitude Suicide Tendency Scale (Orbach, et al., 1991) is a 30-item scale answered on a 5-point Likert-scale from 1 strongly disagree to 5 strongly agree, which measures attraction and repulsion by life and death. Scores on the scale differentiate suicidal from nonsuicidal groups and suicidal ideators from attempted suicides. It has four subscales: attraction to life (e.g., "I enjoy many things in life"), attraction to death (e.g., "Death can be a state of rest and calm"), repulsion by life (e.g., "No one really loves me") and repulsion by death (e.g., "Death frightens me more than anything else").

**Table 1. The reasons for committing suicide.**

	Suicide:	
	Self	Others
Become severely disabled	3.10	3.45
Incurable disease	3.05	3.23
Responsible for someone's death	2.79	2.95
Old and crippled	2.75	3.02
Loved one died	2.67	2.91
Suffer severe chronic pain	2.61	2.74
Admitted to a mental hospital	2.44	2.67
Become very poor	2.29	2.55
Family disputes	2.24	2.35
Family in heavy debt	2.21	2.48
Parents have to arrange a dowry	2.17	2.30
Cannot have children	2.15	2.33
Having a disabled child	2.15	2.38
Have no freedom in marital choice	2.03	2.18
Could not find a life companion	2.02	2.19
Left alone by partner	1.99	2.13
Do not achieve academic qualifications	1.97	2.05
Become unemployed	1.95	2.13

Respondents were asked under what circumstances would they (or people in general) would commit suicide. A high score indicates a higher likelihood. The possible responses ranged from 5 (definitely yes) to 1 (definitely no). The reasons have been rearranged in order of likelihood for oneself committing suicide.

(2) A scale to measure how connected to their culture the respondents felt. This scale was devised for the present study and consisted of 14 items answered on 5-point Likert-scale from 1 strongly disagree to 5 strongly agree. Typical items were "I feel I have a close affinity with my ancestors" and "I participate actively in ancestral rites or religious services held in remembrance of my ancestors."

(3) Adult attachment was measured using a scale devised by Brennan, Clark and Shaver (1998) which has two 18-item subscales assessing avoidance (e.g., "I get uncomfortable when a romantic partner wants to be very close") and anxiety (e.g., "I worry about being abandoned"), answered on a 7-point Likert-type from 1 (disagree strongly) to 7 (agree strongly).

(4) The Body Investment Scale (Orbach & Mikulincer, 1998) has 24 items scored on 5-point Likert-scale from 1 strongly disagree to 5 strongly agree. The scale measures bodily love versus bodily rejection, and research (reviewed above) has found that bodily rejection was positively associated with suicidal tendencies. The scale has four subscales: body image (e.g., "I am satisfied with my appearance"), body touch (e.g., "I don't like it when people touch me" - reversed), body care (e.g., "I like to pamper my body") and body protection (e.g., "I am not afraid to engage in dangerous activities" - reversed).

**Table 2: Correlational and regression analysis**

	Mean score	SD	Cronbach alpha	Correlations		Multiple regressions (beta coefficients)	
				suicide:		suicide:	
				others	self	others	self
Age				0.13 *	0.15 *	0.20 ** a	0.25 *** a
Sex				-0.16 *	-0.17 **	-0.13 a	-0.24 ** a
<b>Body Investment Scale:</b>							
Image	20.3	4.1	0.79	-0.23 ***	-0.26 ***	-0.06	-0.12
Touch	19.6	3.7	0.68	-0.14 *	-0.09	0.01	0.02
Care	22.5	2.6	0.41	-0.08	0.01	0.03	0.08
Protection	22.2	3.0	0.40	-0.07	-0.03	-0.10	-0.05
<b>Attitudes to life and death:</b>							
Attraction to life	26.7	3.6	0.77	-0.23 ***	-0.31 ***	-0.22 ** a	-0.29 *** a
Repulsion by life	16.4	4.0	0.74	0.16 *	0.15 *	-0.08	-0.06
Attraction to death	17.9	4.5	0.69	0.14 *	0.14 *	0.02	-0.01
Repulsion by death	21.3	7.8	0.92	0.16	0.25 ***	0.06	0.17 * a
<b>Enculturation:</b>							
	42.4	5.4	0.64	-0.11	-0.11	0.09	0.07
<b>Adult attachment:</b>							
Anxiety	69.9	17.1	0.89	0.25 ***	0.15 *	0.20 * a	0.03
Avoidance	59.6	14.2	0.85	0.11	0.06	0.03	-0.07
<b>R</b>						0.43	0.49
<b>Kerkhof &amp; Nathawat Scale:</b>							
Others	46.1	13.3	0.93				
Self	42.2	14.5	0.94				

\* two-tailed p < .05; \*\* two-tailed p < .01; \*\*\* two-tailed p < .001; <sup>a</sup> significant in a backward multiple regression.

**Table 3: The correlation matrix for all variables.**

	Age	Sex	AL	RL	AD	RD	Attachement to culture	Attachement style		Body investment			
								Anxiety	Avoidance	image	touch	care	protect
Age	-	-	-	-	-	-	-	-	-	-	-	-	-
Sex (male=1; female=0)	.73 *	-	-	-	-	-	-	-	-	-	-	-	-
<b>Attitudes to life and death</b>													
Attraction to life AL	-.02	.08	-	-	-	-	-	-	-	-	-	-	-
Repulsion by life RL	.02	-.05	-.43 *	-	-	-	-	-	-	-	-	-	-
Attract to death AD	-.07	-.19	-.21 *	.46 *	-	-	-	-	-	-	-	-	-
Repuls by death RD	.08	-.02	-.18 *	.37 *	.24 *	-	-	-	-	-	-	-	-
<b>Attachment to traditional culture</b>	.02	.04	.34**	-.27 *	-.18 *	-.07	-	-	-	-	-	-	-
<b>Adult attachment:</b>													
Anxiety	-.04	-.16 *	-.27 *	.43 *	.19 *	.22 *	-.18 *	-	-	-	-	-	-
Avoidance	.10	-.08	-.30 *	.37 *	.15 *	.13 *	-.10	.11	-	-	-	-	-
<b>Body Investment Scale:</b>													
Image	.08	.20 *	.42 *	-.37 *	-.19 *	-.18 *	.24 *	-.36 *	-.19 *	-	-	-	-
Touch	-.09	.04	.28 *	-.29 *	-.14 *	-.18 *	.10	-.07	-.46 *	.21 *	-	-	-
Care	.02	.06	.22 *	-.10	-.03	.08	.14 *	-.15 *	-.20 *	.11	.24 *	-	-
Protection	-.02	-.02	-.01	-.17 *	-.14 *	-.04	.03	.03	-.19 *	.19 *	.11	.19 *	-
<b>Kerkhof &amp; Nathawat Scale:</b>													
Self	.15 *	-.17 *	-.31 *	.15 *	.14 *	.25 *	-.11	.15 *	.06	-.26 *	-.09	.01	-.03
Others	.13 *	-.16	-.23 *	.16 *	.14 *	.16 *	-.11	.25 *	.11	-.23	-.14 *	-.08	-.07

\* two-tailed p < .05 or better

(5) 18 circumstances in which people might commit suicide and the same 18 circumstances for why the respondent might commit suicide, answered on a 5-point Likert scale ranging from 5 definitely yes to 1 definitely no. These circumstances were taken from the suicide attitude scale devised by Kerkhof and Nathawat (1989) for a study of the reasons for committing suicide in India and the Netherlands. The responses of the students are shown in Table 1 where it can be seen that an incurable disease and being severely disabled were rated as the most likely reasons for committing suicide, both for oneself and for others. Suicide proneness was measured by the summing the scores for all 18 items. For the present sample, scores on the reasons why oneself might commit suicide were strongly associated with scores on the reason why others might commit suicide (Pearson  $r = 0.76$ , two-tailed  $p < .001$ ).

Mean scores (and standard deviations) of the scale scores for the present sample, together with Cronbach alpha coefficients, measuring the inter-item reliability of the scales, are shown in Table 2.

## Results

Correlations between suicide proneness (the circumstances under which they themselves or others might commit suicide) and other variables were similar whether the person was the self or others. Suicide proneness (in which the higher the score, the more suicide prone the respondent is) was associated with age and sex (Table 2). Older respondents obtained a higher score for suicide proneness (Pearson  $r = 0.15$ , two-tailed  $p < .05$ ), indicating a stronger endorsement for the reasons for committing suicide. Men were less suicide prone ( $r = -0.17$ ,  $p < .01$ ).

Suicide proneness was most consistently associated with attitudes toward life and death (see Table 2). Suicide proneness was negatively associated with attraction to life ( $r = -0.31$ ,  $p < .001$ ) and positively associated with repulsion by life and attraction to death ( $r_s = 0.15$  and  $0.14$ , respectively,  $p < .05$ ). Surprisingly, suicide proneness was also positively associated with repulsion by death ( $r = 0.25$ ,  $p < .001$ ).

Attachment to one's culture was not associated with suicide proneness ( $r = -0.11$ ), and only anxiety (and not avoidance) of social relationships was associated with endorsement of the reasons for committing suicide ( $r = 0.15$ ). Of the body attitudes, only body image (but not body care, body protection or touch/comfort) was associated with suicide proneness ( $r = -0.26$ ,  $p < .001$ ) indicating that suicide proneness was associated with a more negative body image.

The results of multiple and backward regression analyses are also shown in Table 2. Attraction to life scores predicted suicide proneness

for both the self and others in the full and backward regressions, along with age and sex.

Because sex was significantly associated with some of the variables, the results were examined separately for the women and the men. The results were similar for both sexes, with age, attraction to life and repulsion by death being the strongest correlates of suicide proneness for both sexes.

## Discussion

The present study of university students in South Korea found that age, sex and attitudes toward life and death were the strongest and most consistent correlates and predictors of estimates of the likelihood of oneself and of others committing suicide. Attitudes toward the body, connection to their traditional culture, and attachment style played a limited or nonexistent role.

The suicidality of the respondents in the sample was not assessed directly. They were asked to think hypothetically about the possibility of committing suicide and it is, therefore, reasonable that their general attitudes toward life and death play a role in their thinking. It would be of interest in future research to see whether the correlates and predictors of suicidal ideation and suicidal acts (attempted suicide) were similar to those found in the present study, or whether, attitudes toward the body, attachment to their traditional culture and attachment style might play a stronger role in predicting suicidal behavior (as opposed to attitudes toward suicide).

The role of age and sex was strong in the present study, with older students and female students rating themselves and others as more likely to commit suicide under stressful life events. The sex difference was unexpected since men have a slightly higher suicide rate than women in South Korea. However, this was a study of attitudes toward suicide, and so the sex difference may resemble the sex difference in non-fatal suicidal behavior, which is more common in women than in men. The age range of the students was limited (only 18 to 29), but the results suggest that the older students do find life experiences more stressful and so, hypothetically, view suicide in reaction to stressful life events as a little more likely. Further research on the role of stress and suicidality in Korean university students throughout their college years would be of great interest.

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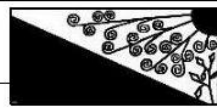
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