

Running Head: SUICIDE, ACCIDENTS, AND PARENTAL BLAME

Attributions and Tragic Death

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Note:

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Abstract

The purpose of this study was to measure differences of attributed parental blame when their 16 year old or 24 year old child either died from an automobile accident or a suicide. Participants consisted of IUSB college students (29 females and 11 males) from the introductory psychology course. Participants were given questions obtained from the Youth Suicide Scale (Calhoun, Selby, & Faulstich, 1980) and were recorded using a 5 point Likert scale. Results revealed no difference on blame, however, results revealed that participants believed the parents of the 24 year old child to be more psychologically disturbed than any other group ($M = 2.2$), $F(1,36) = 4.21$, $p < .05$. This may be a result of the present studies need for better construct validity, a need for knowledge of whether it was counterfactual thinking that revealed this result, or whether it was defensive attribution, or that attitudes towards psychological disturbance are changing.

Attributions and Tragic Death

On October 6, 2003 a Connecticut mother was convicted of a felony after her son Daniel committed suicide. It was stated that she had created an unhealthy and unsafe home environment that had put her child at risk (Santora, 2003, October 7). It was stated that this case was one of parental responsibility. Daniel Scruggs was 12 years old and he committed suicide on January 2, 2002 by hanging himself in his bedroom closet with one of his own neckties. Daniel had been the victim of bullying in school, and it was stated that the school had done nothing about it. The prosecutor stated that Daniel's mother's responsibility for her son's suicide was obvious and that she should have recognized the signs, and in doing so, she could have prevented this tragedy. This was the first case in Connecticut in which a parent was criminally charged with his or her own child's suicide (Santora, 2003, October 7). This causes concern for the future because now parents could possibly be held "responsible" for their child's suicide. This raises other questions as well, such as, at what age is the line to be drawn regarding parental responsibility for a son or a daughter's suicide? When juries are faced with a decision such as this, are there causes for concern about personal beliefs when jurors are attributing the level of blame toward the parents? What are the underlying conditions that will become the guidelines for attributing the causal responsibility of the parents in the suicide? Will these be the same as they are for accountability in regards to accidents, or will they be different?

Psychology is familiar with attribution theory, which states that humans have a tendency to look for perceivable explanations of behavior (Franken, 1998). When

thinking of attributions, is there more responsibility put on parents when looking at age factors compared between an accident and a suicide? A study by Garling and Garling (1987) addressed adults' explanations of children's accidents. Among those accidents listed, automobile accidents were included. The ages of the children ranged from 2 to 12 years old and the part of the study that included the car accidents had the parent as the driver of the vehicle, and the child as a passenger. Their findings stated that the parents and the children themselves were blamed more often when the death involved cases of poisonings, drownings, traffic accidents, and home fires than when the cause of death was a medical mistreatment or a disaster like a tornado. These cases in which other people were involved, or in which the environment was involved, were rated as a stronger cause, and seen as less controllable. Garling and Garling (1987) stated that people believed that the ability of one to prevent accidents such as these were less important. Any causes attributed toward the parents decreased along with the increase of the children's ages.

In the event of a child's suicide, many people believe that the parents should have recognized the possibility of suicide and perhaps done more to prevent it. Because of this associated stigma, the parents are found to receive a more negative impression from others in their reactions to the event, as opposed to the event of a death resulting from an illness (Calhoun, Selby, & Faulstich, 1980). The Calhoun, Selby, and Faulstich study (1980) used fictitious newspaper accounts of a child who died as a result of a suicide, or a child who died as a result of an illness. A replication of the Calhoun, Selby and Faulstich (1980) study, done by Range, McDonald, and Anderson (1987) also

showed a higher level of blame towards the parents when their child committed suicide. This study also showed that the parents and the child were rated as more psychologically disturbed, and that the parents were less liked by participants. The overall scores for the amount of tension felt towards the parents were higher, and participants also felt that it would be harder to feel any sympathy for the parents. Participants who agreed with the newspaper accounts in listing the cause of death, judged likeability and empathy felt towards the parents on an association with a longer expected grieving time. Those who disagreed with the newspapers listing of the cause of death expected the grieving period to be short (Range, McDonald, and Anderson, 1987). These findings suggest that more blame is put on the parents when the situation seemed controllable as opposed to an uncontrollable one. The fact that many people believe that everyone knows and understands all of the warning signs for suicide is a generalization. It is just like saying that everyone should know the warning signs before a traffic accident occurs. Many times, in both cases, people don't see it coming.

In a study conducted with high school adolescents, it was found that few of them perceived that they had a chance of dying by suicide. Of the 1,098 participants, 3.6% said that they would definitely die by suicide, 3.2% were likely to die by suicide, and a predominant 79% perceived little or no risk at all (Greening & Stoppelbein, 2002). A question of honesty arises within this study because according to the American Association of Suicidology, among youth aged 15-24, suicide is ranked the 3rd leading cause of death with a rate of 9.9 for the year of 2001 (September, 26, 2003). One should consider that 444 of the participants attended public school, while 697 of the

participants attended a parochial school; therefore these numbers may not be generalized to all adolescents. Regardless of consideration in the difference of the type of school, some of the adolescents answered that they would definitely die by suicide, which is disturbing in itself because they perceived their chances as definite. Even though it was stated in this same study that not all suicides are preceded by self-destructive thoughts, it was noted, “a significant percentage of attempts and completions are preceded by suicidal thoughts” (Greening & Stoppelbein, 2002, p. 404). These thoughts may not be verbalized, making it harder for a parent to know of any intent from their child that they are going to commit suicide, therefore, making a situation as this an uncontrollable one.

In studies dealing with perceptions of adolescent participants, having a dysfunctional family and separated parents were predictors of those who were more prone and likely to commit suicide (Miller, King, Shain & Naylor, 1992; Gould, Shaffer, Fisher & Garfinkel, 1998). The number of divorced persons for the year 2000 was 19,881, for 2001 the number of divorced persons rose to 20,738, and for 2002 the number of divorced persons rose again to 20,955 (U.S. Census Bureau, 2003). With divorce rates rising, this should be an area of concern, since many children and adolescents are involved as well. In some cases, many children and adolescents only live within a one-parent home and may not even see the other parent on a regular basis, and some may not see them at all. How adults cope with these issues are imitated and learned by the children they are raising, and coping with major life-changing events can be an important part of how persons see their situation as functional or dysfunctional.

Individual differences, when dealing with the subject of attributions, consist of a wide range of perceptions.

When juries are faced with making the decision of how much responsibility is laid on the parents for being unable to control the suicide of their child, are there causes for concern about personal beliefs interfering with the judgments given? Personal beliefs have been shown to influence if one feels more negatively towards a suicide. In one study regarding suicidal attitudes, when there was a strong personal belief that suicide was caused by psychological disturbance, the suicide was viewed more negatively (Lester & Bean, 1992). Lester and Bean (1992) stated that one's peer group or culture might shape any personal negative attitudes towards suicide. The suggestion was that one tends to agree with the beliefs that are set by one's culture or peer groups, and "the belief that suicide has definite causes regardless of the type of cause" (p. 679).

In the opening story of Daniel's suicide, the jury involved believed that his mother held some responsibility for his final act, and she was held accountable for this (Santora, 2003, October 7). In interviews with some of the jurors, they believed that his unhealthy and unsafe home environment compounded with that of his school environment. This was due to the fact that the home was stated to be messy and therefore was considered an unhealthy and unsafe environment. Personal and cultural beliefs and conceptions of what is "messy" differ and the fact that this was mentioned throughout the newspaper article only shows that this was used in the decision of whether or not the mother was "responsible" for the suicide. There is no true way of knowing what the exact reasons were that Daniel decided to take his own life, because

he is no longer here to verify what these reasons were; the people of the jury can only assume what the reasons were.

With suicide, there are many different reasons why people decide to follow through with their plans. For men, ill health, marital difficulties, and psychological depression have been implicated, and for women, physical ill health, mental ill health, and depression have been implicated (Shneidman & Farberow, 1970). Jamison (1999) states that people who suffer from bipolar illness and depressive and manic-depressive illnesses are at a heightened risk to commit suicide. If an individual makes negative self-attributions, the self is seen as incompetent, dislikable, guilty, or inadequate (Baumeister, 1990). Unless people are able to know what the exact individual reasons are for suicide completions, there is no true basis that can be used to determine whether or not a parent should be held responsible.

Escape Theory has been studied with regards to suicide completion (Baumeister, 1990). Escape theory states “suicide may arise either because standards are unrealistically high or because events are unusually bad (or both)” (Baumeister, 1990, p. 91). Among attempted and completed suicide, it was noted that self-blame was the most common factor. If one internally attributes failures and setbacks, it could lead one to follow through with suicide. The level that one perceives his or her self-blame is an important concept in theories regarding suicide and accidents. If an individual perceives himself or herself to be more blameworthy of the situation, then this could lead to feelings of guilt and shame. These feelings, when internalized, could in turn lead to depression which also has an effect, when severe enough, on contemplations of suicide,

ideation and completion (Baumeister, 1990). This is not to suggest that all people who are suffering from depression will commit suicide, but if one turns all of the guilt and shame of their situation internally, they are at a greater risk (Baumeister, 1990).

Internal attributions have also been used in explaining the reasons for other causes of death such as accidents (Kouabenan, Medina, Gilibert & Bouzon, 2001). Bulman and Wortman (1977) conducted a study with accident victims, and found that when the situation was something that they perceived could have been avoided, they tended to blame themselves more. Shaw and McMartin (1977) found that in severe car accidents, blaming the driver increased when participants believed the situation was one they did not see themselves as being in. A decrease in responsibility occurred only when both situational and personal relevance were high, meaning that the participants could have seen themselves in a similar situation. In studies such as these, it has been found that many participants may exhibit defensive attribution, a term coined by Shaver in 1970 (Bulman & Wortman, 1977; Kouabenan, Medina, Gilibert & Bouzon, 2001). Defensive attribution states that people will make choices based on self-protection. If they can perceive themselves in the situation, they may attribute less blame to the actor and more blame on another factor. This attribution bias increased when the severity of the accident increased (Kouabenan, Medina, Gilibert & Bouzon, 2001). Therefore, in studies that involve the measurement of perceived blame, one must consider this as a threat to the study in general.

Moyano-Diaz (1997) conducted a study on traffic violation behaviors, and the causal attribution for accidents in Chile. Causal attributions in this study included

relative responses to the driver on the grounds that the driver was drunk, if the driver was irresponsible and reckless, the stress of the driver, or if the driver was inexperienced or aggressive. He found that variables such as sex, age, and type of the driver affected the type of causal attribution. Moyano-Diaz (1997) states that adults attribute the causes of accidents more toward the driver of the vehicle, and that young people feel it is difficult to avoid such infractions such as drinking and driving, speeding, tailgating, and reckless passing.

With these findings in mind, what are the underlying conditions that will be influential in deciding whether or not a parent should be held responsible for a child's suicide? Will these be the same as they are for accountability in regards to accidents, or will they be different? The legal system has a predetermined conception of what "negligence" means when accidental harm was done (Karlovac & Darley, 1988). This negligence law uses the distinction that it is not necessarily the severity of the outcome, but whether or not the outcome was foreseeable. The legal system therefore suggests that the accident should be weighted on how the situation appeared to the perpetrator before the accident had occurred (Karlovac & Darley, 1988). If this is the set of standards that will be used in determining the amount of blame parents should be accounted for when they are put on trial for their child's suicide, it could have devastating effects. Since it has been shown that many people believe that parents are able to recognize the signs of suicide, which is not always the case, many parents could be held liable for something that was not, in fact, foreseeable. The circumstances of each situation are different in that a family may not be negligent, yet their child can still

commit suicide, and they could be held responsible. The negligence law is set up for an accidental harm that was done to another, which can happen in a variety of situations, including traffic accidents. The determinants for accountability for a suicide would have to be set up totally different, and since sex and age play a role in determining causal attributions, this would be a sensitive and very difficult task to accomplish.

In both a suicide and a death resulting from a traffic accident, a family does experience grief for the loss of the person who was once in their lives. McIntosh (1993) reviewed literature on grief, comparing those who had a family member die by suicide, an accident, or a natural death. Grief differed on the levels of blame, stigmatizing events, and the feeling as if they could have prevented their death for the suicide survivors, but generally only a few differences were found between the groups.

Differences found among accident survivors, and survivors of a natural death, were that among accident survivors the death did not feel real, and that of becoming upset during the yearly anniversary date. A natural death may be easier to accept, since many times there may be some sort of indication of the possibility, and the family may have time to prepare for the known upcoming event. In traffic accidents and suicides, the end results of death may be harder to accept; due to the relevance that there may be no warning signs before the event occurs.

The loss of a loved one can be a traumatic event in a family's life. It becomes even harder when that death is a suicide, regardless of the age of the victim. Stigmas associated with suicide, and the belief that a family had an ability to see a warning in order to prevent the act of suicide of their loved one will have effects on the family for a

very long time. When a family loses a member due to an accident that seemed beyond their control or unpreventable, they are not burdened with the stigma that they should have seen it coming. The issue remains the same for both events; no one really sees it coming. The present study attempted to find if any of these stigmas are changing, or if they are continuing to stay the same. The hypothesis was stated that participants would attribute more parental blame for a minor who commits suicide and attribute less parental blame for an adult child involved in an automobile accident.

Method

Participants

Participants consisted of 40 IUSB college freshman obtained from the introductory psychology course. They were recruited by means of a voluntary sign up sheet that was made available to them. The sample was comprised of 29 females and 11 males. Their compensation for participation consisted of enrichment points credit in their class.

Materials

The scenarios were written by the researcher to reflect variation in cause of death, and age of a child at the time of death (see Appendix A). The scenarios involved the adolescent or the adult as the driver of the vehicle, and the outcome only resulted in the death of the driver, no one else was involved in the accident. The scenarios that were used in the Calhoun, Selby, & Faulstich (1980) study, and the replicated Range, McDonald, & Anderson (1987) study both involved fictitious newspaper scenarios that did not include any events that lead up to the deaths. The scenarios involved in the present study were also fictitious, but included a description of the events that lead up to the suicide, or the accident. This decision is an effort to try to control for defensive attribution. Counterfactual thinking, as stated in Williams, Lees-Haley, & Price (1996), is “the tendency to mentally undo negative outcomes by imagining how events might have been better or worse” (p. 2100). In the present study, it made more sense to use a scenario that may promote counterfactual thinking rather than create defensive attribution, since the intension is to measure the level of blame attributed to parents.

A 5-point Likert scale was used to measure the responses of the participants (see Appendix B). The questions in this measure were obtained from the Youth Suicide Scale (Calhoun, Selby, & Faulstich, 1980; Range, McDonald, & Anderson, 1987) and included items related to the psychological disturbance of the victim and the parents before the death, whether or not the parents seemed likeable and if one would be comfortable around them, if the parents shared any blame in the death, if sympathy and empathy were felt for the parents, and a final question of how long the parents were expected to grieve after the death (see Appendix B).

Procedure

Participants were first given an informed consent form, and then they were given one of the four questionnaire packets. Participants were randomly assigned to receive one of the four scenarios. Participants were instructed to read the scenario and to answer the questions as honestly as they could. They were told that there were no right or wrong answers, and to answer what they believed. After the packet was turned back in, each participant received a debriefing statement telling him or her what the study was about. Included on the debriefing statement was a suicide and crisis prevention hotline number in case a participant would need it.

Results

The purpose of this research was to measure the level of blame attributed toward the parents for the death of their child, varying age of the child and the cause of death. Questions regarding whether or not participants would be comfortable around the parents, would feel sympathy for the parents, and likeableness of the parents were

combined and revealed an alpha of .74 in the reliability analysis. Univariate analyses of variance were conducted with age of the victim and cause of death as the independent variables, and psychological disturbance of the parents as the dependent variable. When the victim's age was 24 and the cause of death was an accident, participants attributed more psychological disturbance to the parents of the victim ($M = 2.2$), $F(1, 36) = 4.21$, $p < .05$ than when the victim was 24 years old and committed suicide ($M = 1.5$), when the victim was 16 years old and committed suicide ($M = 1.9$), or was 16 years old and was involved in an accident ($M = 1.6$). Variations between the group's means can be seen by referring to Appendix C, Figure 1.

Univariate analyses of variance were then conducted on each of the other questions, with age of the victim and cause of death as the independent variables, but did not reflect any significant effects (see Table 1, Appendix D). Variations between the group's means of the dependent variable of blame towards the parents can be seen by referring to Appendix C, Figure 2.

Discussion

The hypothesis was that participants would attribute more parental blame in the case of a minor who committed suicide, and less parental blame in the case of an adult child involved in an automobile accident. Although there were no differences that reached significance between the groups regarding blame of the parent, likeableness of the parents, psychological disturbance of the victim before the death, and the amount of grieving time expected of the parents, there were slight differences among the group means. However, the results did find a significant difference between the groups on

how the participants attributed psychological disturbance of the parents before the death.

The parents were rated as being more psychologically disturbed when the child was an adult and was involved in an accident and rated as being less psychologically disturbed when the child was an adult and committed suicide, which is opposite of the findings of past research. Previous literature has found, in the event of a suicide, the parents and the child were rated as more psychologically disturbed, and the parents were less liked by participants (Range, McDonald, & Anderson, 1987). The present study's findings suggest that the parents of the adult child involved in an accident were seen as more psychologically disturbed than any other group, but revealed no difference in likeability. Other literature has found that parents are considered more blameworthy for the death of their child when the situation was something that is considered controllable, such as an accident (Garling and Garling, 1987). The present study found no difference. These results suggest that attitudes may be changing with regards to psychological disturbance. It may be that participants liked the parents more because of sympathy felt regarding the loss of a young child.

A reconsideration of the present study's method includes the scenarios that were used. The design included a description of the events that lead up to the suicide, or the accident, trying to promote counterfactual thinking in an effort to control for defensive attribution. The results suggest that the participants may have been defensive when attributing blame towards the parents, perhaps because they could see themselves in the situation, or perhaps the results could have reflected knowledge obtained from the

introductory psychology course they were in at the time of the study. Some participants also may have known what the study was about, since earlier participants received a debriefing statement when they completed the study.

This study does have limitations. One limitation includes the questions that were asked on the questionnaire. Only one question was asked for every construct. If there were multiple questions asked for each construct, it would have improved construct validity, and the results may have revealed a greater difference and may have been more reliable. If the questionnaire would have asked questions regarding whether or not the participants could imagine a different outcome, or if they could see themselves in a similar situation, then analysis could have found if the results were due to counterfactual thinking or defensive attribution. Another limitation involves the sample for the study which consisted of only 40 participants. If there would have been a bigger sample, the study could have been more generalizable to the larger population. The sample also consisted of more female than male participants. If the ratio of male to female participants were more similar, results may have been different.

Future research should consider using multiple questions for each construct to be analyzed; this would help to ensure that the results are more reliable. Future research should also consider finding whether it is counterfactual thinking or defensive attribution that is the greater determinant for persons who are making attributions towards others regarding suicide and automobile accidents. Although there are studies that have been done on these issues, more needs to be done specifically with the combination of suicide and automobile accidents and attributions made toward the

parents and the victim. A larger sample size, of the general public consisting of more diverse participants in age, sex, and race is also recommended for future research on this subject. It is also recommended that future research seeks to find if attitudes towards psychological disturbance are changing and if mental illness is becoming more acceptable.

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Appendix A

Scenario 1

Julia was sixteen years old and was working in a restaurant. One particular evening, she was having difficulty at work. The customers all seemed hostile and unforgiving. She was trying to do everything she could to make everyone happy, which seemed impossible, and this led to frustration. Everything that could have possibly gone wrong did, and to make matters worse, she had received notice from her boss that several of the customers had complained about her “attitude”. This led to an argument between herself and her boss in which she ended up being fired.

Julia was very upset and she decided to call her parents to come and get her because she didn’t feel as if she could drive home at the time. Over the phone her parents told her that the whole situation was ridiculous and they told her that they both felt that since her car was already at work, that it would be best if Julia just took a few minutes to calm down and drive herself home. They refused to come and pick her up. Julia thought about her parents’ decision as she jumped into her car with tears rolling down her face.

As she was driving, she was only getting angrier. She was so preoccupied with the events during her disastrous day that she found herself pushing her foot down harder on the gas and was driving faster, and recklessly. As she was driving down the road she thought to herself that being this upset was not worth it. Julia lost control of her car and she collided with a tree head on. The car was mangled, and Julia died instantly.

Scenario 2

Julia was sixteen years old and was working in a restaurant. One particular evening, she was having difficulty at work. The customers all seemed hostile and unforgiving. She was trying to do everything she could to make everyone happy, which seemed impossible, and this led to frustration. Everything that could have possibly gone wrong did, and to make matters worse, she had received notice from her boss that several customers had complained about her “attitude”. This led to an argument between herself and her boss in which she ended up fired.

Julia was very upset and decided to call her parents to come and get her because she didn't feel as if she could drive home at the time. Over the phone her parents told her that the whole situation was ridiculous and they told her that they both felt that since her car was already at work, that it would be best if Julia just took a few minutes to calm down and drive herself home. They refused to come and pick her up. Julia thought about her parents' decision as she jumped into her car with tears rolling down her face.

As she was driving, she was only getting angrier. She was so preoccupied with the events during her disastrous day that she found herself pushing her food down harder on the gas and was driving faster, and recklessly. As she was driving down the road she thought to herself that no one cared about her anyway. As she came upon a curve that was very sharp, she decided that life wasn't worth living anymore. Julia decided to commit suicide and she collided with a tree head on. The car was mangled, and Julia died instantly.

Scenario 3 is the same as scenario 1, and scenario 4 is the same as scenario 2, except with the change of the age, which was twenty-four years old.

Appendix B

1.) Before the death, how psychologically disturbed was Julia?

1	2	3	4	5
Not likely		Moderately		Very

2.) Before the death, how psychologically disturbed were the parents?

1	2	3	4	5
Not likely		Moderately		Very

3.) Do Julia's parents appear to be likeable?

1	2	3	4	5
Not likely		Moderately		Very

4.) Do Julia's parents share any blame for her death?

1	2	3	4	5
None		Moderate		Very much

5.) If you met Julia's parents would you feel comfortable around them?

1	2	3	4	5
Not likely		Moderately		Very

6.) Do you feel any sympathy for Julia's parents?

1	2	3	4	5
None		Moderate		Very much

7.) Do you think you would like Julia's parents?

1	2	3	4	5
Not likely		Moderately		Very much

8.) How long do you think that Julia's parents will grieve?

Appendix C

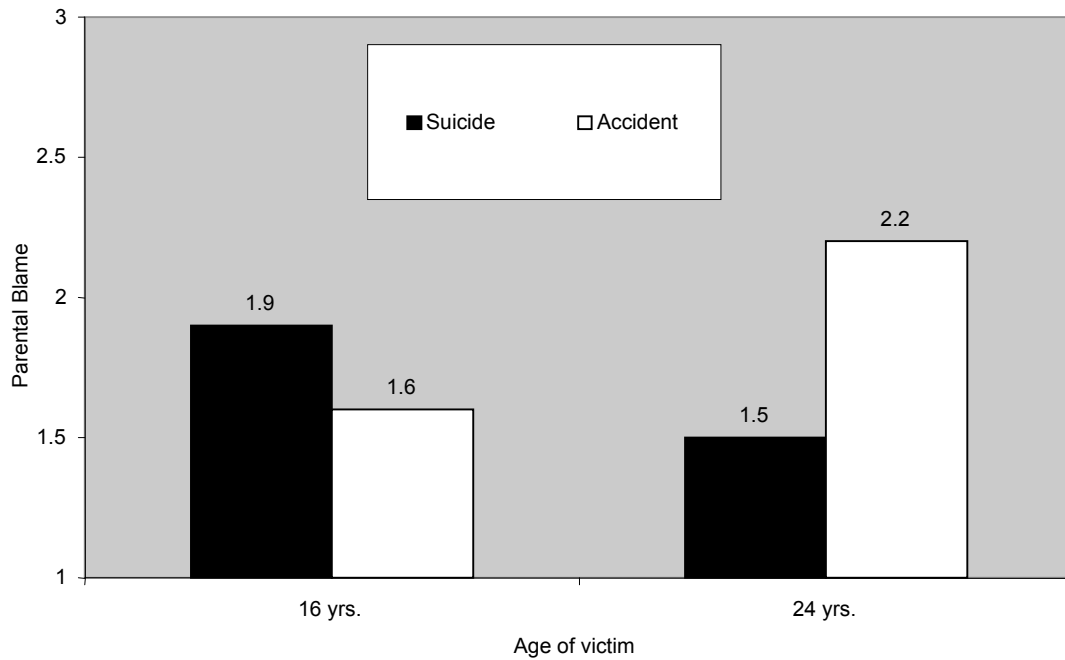


Figure 1. Mean differences between all four groups of participants for attributing how psychologically disturbed the victims parents were before the death. The group who read the scenario of the 24 year old who was involved in an accident ($M = 2.2$), $F(1, 36) = 4.21$, $p < .05$ differed significantly from the group who read the scenario of the 16 year old who was involved in an accident, the group who read the scenario of the 16 year old who committed suicide, and the group who read the scenario of the 24 year old who committed suicide.



Figure 2. Mean differences between all four groups of participants for attributing blame towards the parents for the victims death. These means show no significant difference.

Appendix D

Table 1

Group Means of Dependent Variables

Dependent variable	Age / Type of death	Mean	Standard deviation
Likeable parents	16 / Suicide	3.32	.79
	16 / Accident	3.00	1.0
	24 / Suicide	2.72	.55
	24 / Accident	3.07	.56
Psychological disturbance of the victim	16 / Suicide	4.90	.31
	16 / Accident	4.40	.69
	24 / Suicide	4.10	1.6
	24 / Accident	4.70	.48
Expected grieving time of the parents	16 / Suicide	4.40	1.2
	16 / Accident	3.90	1.4
	24 / Suicide	4.10	1.1
	24 / Accident	3.90	1.5