Lee, I-Ling (2010) *Self-destructive behaviour among Taiwanese young people.* PhD thesis.

http://theses.gla.ac.uk/2150/

Self-Destructive Behaviour Among

Taiwanese Young People

I-Ling Lee, B.Sc., M.Sc.

Thesis submitted for the Degree of Doctor of Philosophy

to the Department of Sociology, Anthropology

and Applied Social Sciences,

University of Glasgow.

August 2010

CONTENTS

ABSTRACT

This research aims to find out the factors as well as the mechanism of young people's self-destructive behaviour in Taiwan. The research employed a mixed methodology- both quantitative and qualitative research methods. In the quantitative study, a self-reported questionnaire survey was carried out to investigate the individual and social factors that affected suicidality and self-harm among young people (N= 1043) aged 14-18. In the qualitative study, 20 semi-structured in-depth interviews were conducted with professionals to find out the mechanism of self-destructive behaviour.

The results show that females are more vulnerable to self-destructive behaviours than males, but male suicide attempt is increasing. Self-destructive behaviour is shaped by a range of social, cultural and individual factors. General mental health and beliefs about death are the two individual factors that are highly related to young people's self-destructive behaviour. Better general health and positive belief about death indicate lower risk of self-destructive behaviour. Social factors such as family interaction, peer relationship, traditional value, economic optimism and social-political security are five important factors to affect young people's self-destructive behaviour. Close and supportive family interactions help reduce the risk of self-destructive behaviour. However, closer peer relationship may increase the likelihood of self-destructive behaviour because of copycat behaviour, imitation or altruistic behaviour. Holding more traditional values, young people may result in bearing many pressures during the current economic recession period.

Keywords: self-destructive behaviour, suicidality, self-harm, family interaction, traditional values, individualism, optimism, locus of control, general health, belief about death, economic optimism, social-political security.

ACKNOWLEDGEMENT

Author's Declaration

I declare that this thesis embodies the results of my own work, that it has been composed by myself and that it does not include work forming part of a thesis presented successfully for a degree in this or another University.

LIST OF FIGURES

LIST OF TABLES

CHAPTER ONE

Introduction

This research aims to investigate the self-destructive behaviour among young people in Taiwan. Both qualitative and quantitative methods have been adopted to explore the factors underlying self-destructive behaviour and their influence on mental well-being. The findings contribute to the understanding of self-destructive behaviour in Taiwan, particularly among teenagers aged 14 to 18 years. From the results of the research suggestions can also be made to policymakers and local authorities so that relevant intervention programmes can be devised in good time to help alleviate the impact of self-destructive behaviour.

According to the World Health Organization (1999), nearly one million people die from suicide each year (i.e., one suicide every 40 seconds worldwide). Annually, more and more attempted suicides are made, and the number of people who deliberately self-harm has increased even more. In many countries (e.g., Australia, New Zealand and the U.S.), suicide has become one of the leading causes of death among people aged 15 to 34 years old.

In Taiwan, the suicide rate has nearly tripled over the last ten years. Suicide has become the eighth leading cause of all death and the second leading cause of death among those aged 15 to 24 years (Department of Health, 2007). These statistical figures not only reflect the problems faced by youth, but also affirm that suicide has become an extremely important issue that has required a great deal of attention during the 21st century.

In Taiwan, suicides among young people of school age have always drawn the public's attention. This is because people wonder why suicide should occur at school age. Young people are the country's next generation and future labour force. Studying the issue of young people's suicide is important, not only because the suicide rate of young people is increasing, but also because they are young people full of potential. Their suicide is a significant loss to their family, society and the country as a whole. For this reason, the author aims to investigate why suicide occurs among young people, how young people perceive the concept of suicide, and which factors may trigger the occurrence of suicidal behaviour.

In this research, the author has only focused on youths aged 14 to18 for the following reasons. First, suicides among those of school age in Taiwan have drawn much attention and people are keen to investigate the issue. Second, the majority of suicide cases at school age in Taiwan are among youths aged over 14 years old. Third, from the age of 14, young people can face pressure from their educational environment, such as pressure connected to entrance exams (either for university or senior high school level[1]), pressure from 'cram' schools and/or additional training, and pressure from peers, parents and themselves.

Chapter One will first introduce the concept of suicide and self-harm. As researchers from different disciplines have diverse interpretations of suicide, a clear and concise definition of suicide is crucial to this research. It will also serve as a theoretical framework for the development of the studies in this research. The author will also introduce the characteristics of Taiwan, including Taiwan's social context, Confucian culture, and the social and economic change that has taken place after the World

---

[1] High school education in Taiwan is composed of junior high school (ages 13-15) and senior high school (ages 16-18). After junior high school, students have to sit an official exam to gain entrance to senior high school. After senior high school, students have to sit another official exam to gain entrance to university.

War II. The Chapter will then progress to introduce the development of suicide trend and suicide researches in the last decade. The final section will present research aims and the structure of this thesis.

Defining self-destructive behaviour

For many years, suicide has been a topic of great interest among a number of disciplines. The broad and common definition of suicide is people deliberately killing themselves. Interestingly, however, scholars from heterogeneous disciplines have different interpretations of suicide.

From a sociological perspective, Durkheim (1952) has claimed that "*the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result*" (p. 110). From a psychological perspective, Shneidman (1985) has stated that suicide is a self-induced annihilation and conscious behaviour. In psychiatry, suicide is seen as an unusual psycho and behavioural phenomenon; suicide is defined as conscious bodily harm undertaken so as to end life (Tseng & Hsu, 1994). Broadly speaking, these definitions convey the message that suicide is a conscious behaviour and that the individuals who exhibit suicidal behaviour know that the result of their behaviour will be death. However, these definitions may not be clear enough if they do not consider the intention to die. For example, a man throws himself into a fire to save his brother, resulting in death. He consciously knows that his action may result in his death, but he still does it and dies. Using the above definition, without considering the intention, this could be interpreted as suicidal behaviour. However, it is not actually suicide because his intention is not to die.

Douglas (1967) has argued that the definition of suicide should incorporate the

intention to die. Pojman (1992) argues that suicide occurs when people intentionally kill themselves without the instigation of others. That is, suicide is a proactive action coupled with the intention to die. Suicide is the act of killing oneself intentionally. In the Cambridge Advanced Dictionary suicide is defined as the act of killing oneself intentionally. In the above example, the man throws himself into a fire to save his brother. It can not be classed as suicidal behaviour or suicide; rather his death should be classified as accidental death. Thus, the author thinks that it is important to include intention in the definition of suicide. By considering the intention to die, suicidal behaviour can be clearly defined and not mixed up with accidental death or other forms of death.

In view of the above, this research regards suicide as an intention to die and behaviour that leads to the termination of life. Individuals who commit suicide are basically intention-driven. These individuals are aware of the consequence of their behaviour, namely death. Nevertheless, the outcome of suicidal behaviour may vary. Generally speaking, although the intention of suicide is death, the outcome of suicidal behaviour may not be death.

Research into suicide has tried different terms to describe failed suicide. However, the nomenclatures of such acts still remain inconsistent and sometimes confusing (O'Carroll et al., 1996). For example, people who would conduct deliberate self-harm were often regarded as those who had attempted suicide but had not succeeded. However, as the number of people attempting suicide has increased over the last few decades, researchers have found that, in reality, not everyone who self-harms has an intention to die (Spandler, 1996); although there is recognition of a greatly increased risk of suicide among such individuals (Suominen et al., 2004). Some researchers favour the term 'attempted suicide', as it recognizes the high risk

of suicide among people who self-harm. This term is more commonly used in North America, as is 'deliberate self-harm' which indicates bodily harm without suicidal intent. The terms 'deliberate self-harm' as used in the UK (Hawton et al., 1996; Hawton et al., 2000; Hawton et al., 2002) and 'parasuicide' as used by the World Health Organization/European Study on Parasuicide (Schmidtke et al., 1996) include all suicide methods, and avoid ascribing intent rather than implying a lack of intent.

Some scholars use a broader definition of self-harm which includes lethal behaviour and strong suicidal intention. However, the author believes a clear and separated classification is required. To be specific, attempted suicide and self-harm should be regarded as two different behaviours, as the intention (nature) underlying both behaviours may not be necessarily the same.

In this research, the term 'suicide attempt' is used to indicate a failed act that had the intention to terminate the person's life. The term 'self-harm' is used to describe a self-inflicted injury but with no intention to terminate the person's life. In addition, this research also uses 'self-destructive behaviour' to describe self-harm and different suicide related thinking and behaviour[2] (e.g., suicide ideation, suicide plan, suicide attempt). Suicide ideation indicates that the individual had the idea of killing himself/herself but never acted on it; suicide plan indicates that the individual thought about killing himself/herself, planned how to do it, but never acted on it, and suicide attempt indicates that the individual made a suicidal action but did not die (Brock & Sandoval, 1997).

---

[2] Suicidal behavior is a broad term used to describe self-injurious behaviors with the intent to hurt oneself or die, but with unspecified seriousness of outcome (Wong et al., 2005).

The Research Background

Taiwan, known as Formosa, is an island located 100 miles off the southeast of China with a land area of 36,188 square km. It has a population of 23 million, comprising various ethnic groups. The aborigines of Taiwan came to the island from Southeast Asia around the 15th century. More and more people from the Fujian and Guangdong Provinces of the south coast of China immigrated to Taiwan after the Dutch left in the mid-15th century. This immigration intensified in the 18th and 19th centuries. For this reason, the Taiwanese population mainly consists of aborigines and two Chinese sub-ethnic groups, i.e., the Holo and the Hakka. Now, over 18 million people are descendants of these Chinese sub-ethnic groups.

Historically, Taiwan experienced some important changes during the colonial periods. In 1624, Dutch traders came and first claimed the island as a base for Dutch commerce with Japan and the Chinese coast. Two years later, the Spanish established a settlement on the northwest coast of Taiwan which they occupied until 1642 when they were driven out by the Dutch. Dutch colonists administered the island and its predominantly aboriginal population until 1664 when they were driven out of Taiwan by Chinese. In 1887 the island was first made into a separate Chinese province. However, it didn't last for long since Taiwan was ceded to Japan at the end of the First Sino-Japanese War (1894).

From 1895 to 1945 Taiwan was ruled by the Japanese government. This was also the most important colonial period for the Taiwanese people. During that period, Japanese tried to assimilate the Taiwanese. The Taiwanese people were forced to learn and speak Japanese and adopt Japanese customs and culture (Hsu, 2006). Although the Japanese only ruled Taiwan for 50 years, somehow, Japanese culture

has retained an important influence on Taiwanese society such as politeness, honour, male dominance.

After World War II, Taiwan broke free from Japan's governance. Due to the communist victory in China, the government of Republic of China, which used to encompass mainland China retreated to and took over the island of Taiwan. This was when Taiwan declared itself the Republic of China (ROC)[3]. At this time about two million people from China came to Taiwan with the government of the Republic of China. Today, due to increasing intermarriage across ethnicities, the ethnic differences in Taiwan have been alleviated. People in Taiwan have developed their own politics, economy and culture.

Politically, since the communist party won the Chinese civil war in 1949, the communist party founded the People's Republic of China (PRC) in Beijing. The PRC does not recognize the legitimacy of the ROC; it seeks to unify Taiwan with the formula of one country, two systems and reserves the right to use military force. In contrast, the ROC rejects PRC's claim and views itself the sovereign state. For many decades, there was no communication and interaction between China and Taiwan; people in these two regions had no correspondence and transport. This tension between China and Taiwan affected most of the political life of Taiwan. Any attempt to declare the independence of Taiwan is met threats from China. To defend against China, conscription is always employed in Taiwan to ensure every man is trained and can fight when they are needed. Every male who is eighteen years old and not going to higher education is required to serve the military for two to three years. For those who are going to higher education, they can go for the training for two months first

---

[3] Officially, Taiwan is called "Republic of China". It should not be confused with the "People's Republic of China". http://www.president.gov.tw/en/

and then complete their duty after education.

Although Taiwan is apparently an independent country, (it has its own political system and is not under any sorts of supervision by any country or government), diplomatically, its declaration of independence has caused conflicts with China. Therefore, diplomatically, Taiwan encounters obstacles from China to be an independent country. This awkward political situation also causes identity problems within the island. Many of those who retreated to Taiwan and their children think Taiwanese are Chinese (i.e., they are Chinese) and wish to be unified. However, many of those who have lived in Taiwan before the retreat and their descendants believe that Taiwanese is Taiwanese and Taiwan is not part of China. For young people nowadays, the identity of Taiwan people may have become more complicated because their grandparents may come from China but they personally do not feel any connection with China since there has been no any kind of communication for nearly 50 years. This identity dispute can sometimes cause the conflicts between Chinese and Taiwanese ethnicities within Taiwan. It is also one of the factors that affect the stability of Taiwanese society.

Up until the 1970s, Taiwan maintained an authoritarian, single party government and upheld martial law. It was criticized for severely repressing any political opposition and for controlling the media. From the late 1970s to the 1990s, the government gradually moved from an authoritarian state to a democracy. In 1986, the government allowed the creation of new political parties. In 1987, martial law was abolished. The democratization process eventually led to the first direct presidential election in 1996. This also increased the tension between China and Taiwan because it symbolised the independence of the island. Such tension reached a peak during the period 2000 to 2008, as Taiwan was first governed by the opposition party (i.e.,

the Democratic progressive party) which had always declared national independence. This attempt triggered a series of political contentions and military activities between China and Taiwan. After 2008, the tension between Taiwan and China seemed to have eased, as the newly elected government adopted a less aggressive approach towards the issue of Taiwanese independence and turned the focus to the economic development with China.

Economically, Taiwan has developed rapidly during 1960s to 1970s. This quick industrialisation and rapid economic growth, known as the "Taiwan Miracle" led Taiwan to become the second fastest growing state after Japan. During this period of time, people in Taiwan accumulated much wealth: life had improved greatly since World War II. Today the economy has moved to the next stage. Traditional labour intensive industries are gradually being moved offshore and with more capital and technology-oriented industry replacing them. Nowadays Taiwan has a dynamic, capitalist, export-driven economy. Its technological products are world known.

Since the beginning of the 1990s, the economic ties between Taiwan and China have become very prolific. A report (Ministry of Economy, R.O.C., 2008) shows that more than US$100 billion has been invested in China by Taiwanese company and about 10% of the Taiwanese labour force now works in China. Taiwan is also one of the major foreign investors in China, Thailand, Indonesia, the Philippines, Malaysia, and Vietnam. Now there are also over 300,000 immigrant labours from other Asian countries working in Taiwan. As Taiwan's economy has an increasing connection with the global economy, the global economic downturn and bad debts in the banking system pushed Taiwan into recession in 2001. Besides, due to the relocation of manufacturing and labour intensive industries to China and other Southeast Asia, the unemployment rate also reached a level not seen since the 1970s oil crisis.

Generally, people in Taiwan have enjoyed the fruits of economic development since the 1970s. As people's lives have become wealthier, parents now invest more on their children's education. It is a common phenomenon that many Taiwanese students attend 'cram' school to improve the skills and knowledge for exams. Students spend a long time in studying. In school, apart from regular learning hours, students sometimes will need to stay until 9 pm to study or go to school on the weekends, especially when it is close to the examinations. Although this is not compulsory, most students will do so automatically since they are keen to go to better schools and universities.

The education system in Taiwan includes six years of primary school, three years of junior high school, three year senior high school and four years of university. The first nine years are compulsory. Then, pupils need to pass the examination to continue their education. The competition is intense. According to the statistics by the Ministry of Education (2005), the enrolment rate for senior high school is around 60% to 80% and for university is around 30% to 40% before 1990.   In 2005, 94.9% of junior high school graduates ~~go~~ went to senior high school and 85.2% of senior high school graduates went to university. The increased rates are mainly due to the expansion of higher education in late 1990s. Although the opportunity for young people to go to higher education has increased, the phenomenon of sending students to cram school does not seem to have changed. The emphasis on education may come from the culture of Confucianism which stresses the importance of education. It encourages people to study so that they can contribute to their country and family. Since Confucianism has become the most important philosophy in Chinese culture, education has been viewed as an important way to for young people to become a

useful man. Education also provides power/higher status for people as they may know more than those who do not receive education or higher education. Besides, education is highly related to work in Taiwan society. Educational credentials are always emphasized when applying a job. These reasons provide an explanation for why young people in Taiwan are keen to study. For the same reasons, it also inevitably results in competition in educational process.

In terms of culture, Taiwan's colonial history has enriched Taiwan's cultural plurality and diversity. The hybrid of cultures present in Taiwan includes Chinese, Japanese, European and Aboriginal cultures. Today, many historical heritages are still well preserved. Among these cultures, traditional Chinese culture has a great influence on people's life. Since the government of Republic of China took over Taiwan, the efforts have been put in to replace colonial culture by traditional Chinese culture. This includes the usage of traditional Chinese characters, traditional customs, traditional rites, religions and traditional ideology. In particular, Confucianism and religion have had a great influence on many ways of people's life, details of which will follow.

As mentioned above, Confucianism has an great influence on Taiwanese society; a fact that is evident from the people's attitude to life, personal behaviour, social relationships, and social values. In Taiwan, Confucianism is generally regarded as an honoured school of thought, a code of ethics and a philosophy of life. In Taiwan, Confucianism is the essence and spirit of education (Zeng, 1996). People learn it at school and practice it in their daily lives. People also pass it from generation to generation. The main concepts of Confucianism include harmony, ethics, modesty, benevolence, toleration, self-suppression, and anti-shame. In Confucianism, human

morality is the utmost value, i.e., people should develop good characters first as this

is the foundation of all virtues. Only when morality is reached can individuals govern

their family, their country and the world. For instance, one proverb in Confucianism

claims:

> *Guide them by edicts, keep them in line with punishments, and the common people will stay out of trouble but will have no sense of shame. Guide them by virtue, keep them in line with the rites, and they will, besides developing a sense of shame, reform themselves* (Yang, 2006, p.13).

The utmost purpose of the Confucianism is social harmony, i.e., the maintenance of

harmonious relationships is the pivot of Confucianism. For instance, specific duties

may arise based on one's relationship to others. These relationships include that

between the ruler and the ruled, that between parents and children, that between

siblings, that between husband and wife, and that between friends. Simply put,

those ranked lower should respect those ranked higher, who should reciprocate with

benevolence and consideration.

Among the aforementioned relationships, the relationship between parents and

children is important and relevant to this research for the following reasons. To

begin with, "filial piety" is a concept that describes how children should respond and

communicate with their parents. The term "filial" characterizes the respect that a

child should show to his/her parents and how he/she should not make his/her

parents angry. Second, in Confucianism the father holds a dominant role in the

family and children should not disobey their father's guidance or ignore his

suggestions. Moral pressure may also arise if children do not follow the opinions of

their parents. Third, in Confucianism children should not pursue their personal goals

and interests if they conflict with the welfare of their family (Triandis, 1987). In a similar vein, Confucianism stresses that people should endeavour to achieve self-fulfilment, and that people are obligated to honour their family. If they are male then this obligation is more obvious (Rin & Chen, 1983). Fourth, the eldest member of the family always has the highest position (i.e., a sense of authority and priority), and young people should respect and listen to their elders.

In terms of religion, according to the Ministry of the Interior (2003), there are about 11.2 million religious believers in Taiwan, with more than 75% identifying themselves as Buddhists or Taoists. The main doctrine of Buddhism and Taoism states that if people behave properly and do not hurt anyone then they will reach a better world of freedom and well-being after they die (e.g., the concept of incarnation and the afterlife). Both religions disapprove suicide as a way to solve problems and believe that suicide can result in more suffering afterlife. Generally speaking, when faced with an unyielding situation, Buddhists/Taoists should suppress their feelings, take it as a task to overcome and look forward to a happier life in the afterlife, rather than venting their anger (Tatai, 1987). Moreover, Christian churches are also active in Taiwan and have recruited more than 600,000 adherents (the majority are Protestants). In essence, the aforementioned religions all guide people to behave properly, develop good character, and help other individuals and the community at large. However, to a certain degree only followers of Buddhism and Taoism suppress their feelings and desires as part of their doctrine, as they believe that such suppression will lead to a better life after their death.

In sum, religions (Buddhism or Taoism) and Confucianism are deeply rooted in Taiwanese families. The ideology of self-suppression (e.g., religious influence) and obedience (e.g., Confucianism influence) can put young people in a difficult position, especially if their opinions conflict with those of the elders in their family. Conflict and pressure may also occur if young people want to make their own decisions but are unable to do so. Whether or not these ideologies still affect young people in Taiwan will to be analysed in Chapter Five. Now the focus turns to social change in Taiwan.

Social Change in Taiwan

Since World War II, Taiwan has experienced a series of changes in its political and socio-economic system. As these changes are significant to this research, in this section the author will analyse these changes in further detail.

With regards to politics, the most important event was the cancellation of Martial Law in 1987, through which people gained more freedom of speech and publishing, in particular the freedom to form political groups. The second main event was the reconciliation between China and Taiwan in 1985[4], as Taiwan's government then started to communicate with its political neighbour – China. Both governments started to work together on administrative issues, business cooperation, and cultural activities. After 1985, residents of Taiwan were also allowed to visit or migrate to China at their will. The third main event was the Presidential Referendum of 1996. Following this, people in Taiwan had more political rights and greater freedom of speech, which moved Taiwan further towards democracy. In essence, these three

---

[4] Before 1985, there was no official and legal channel between the Chinese and Taiwanese governments. All communications (either mail or telephone) and immigration/economic activities were prohibited.

events endorsed more freedom and political rights for the general public, and brought with them ample opportunities for economic prosperity and social development. However, these social changes also caused higher rates of crime and unstable economic growth (Chiu & Chang, 2005). For example, during the country's period of martial law, juridical regulations and punishment were very strict; crimes and malpractices were alleviated through fear of the death penalty. However, after the abolishment of martial law punishments became less strict, which partially explains the increase in crime rates.

With regards to the economy, after World War II, Taiwan developed rapidly. Until the 1960s, Taiwan was an agricultural country with a developing manufacturing industry (e.g., light industry). From the 1960s to the 1980s Taiwan gradually transformed from an agriculture based economy to a commercial and industrial economy. In the 1980s, the focus of development was shifted to increasingly sophisticated, capital-intensive and technology-intensive products for export.

From 1990s, due to rising labour costs and increasing environmental consciousness (e.g., less CO_2 emission and waste control) in Taiwan, many labour-intensive industries, such as shoe manufacturing, moved to China and Southeast Asia, which had a great impact on the labour market and economy. For example, unemployment increased and young people may be forced to promote themselves as high-tech labourers or professionals to secure a job. To some extent, this advanced the quality of the labour force, but it also increased competition among young people.

Although for nearly five decades Taiwan's economy was stable and growing, a combination of the slowing global economy, weaknesses in parts of the financial sector, and sagging consumer and business confidence in the government's economic policymaking resulted in the first recession since 1952. The economic real growth rate dropped to –2.2% in 2001 (Figure 1-1). However, the economy recovered quickly in 2002, although it slowed slightly again due to the outbreak of SARS[5] in early 2003. Economic growth for 2003 was 3.5% and it then climbed up to 6.2% in 2004, but took a turn afterwards. The average growth for the previous three years was about 4-6%. In 2008, due to the global economic crisis, the national economy showed a decrease.
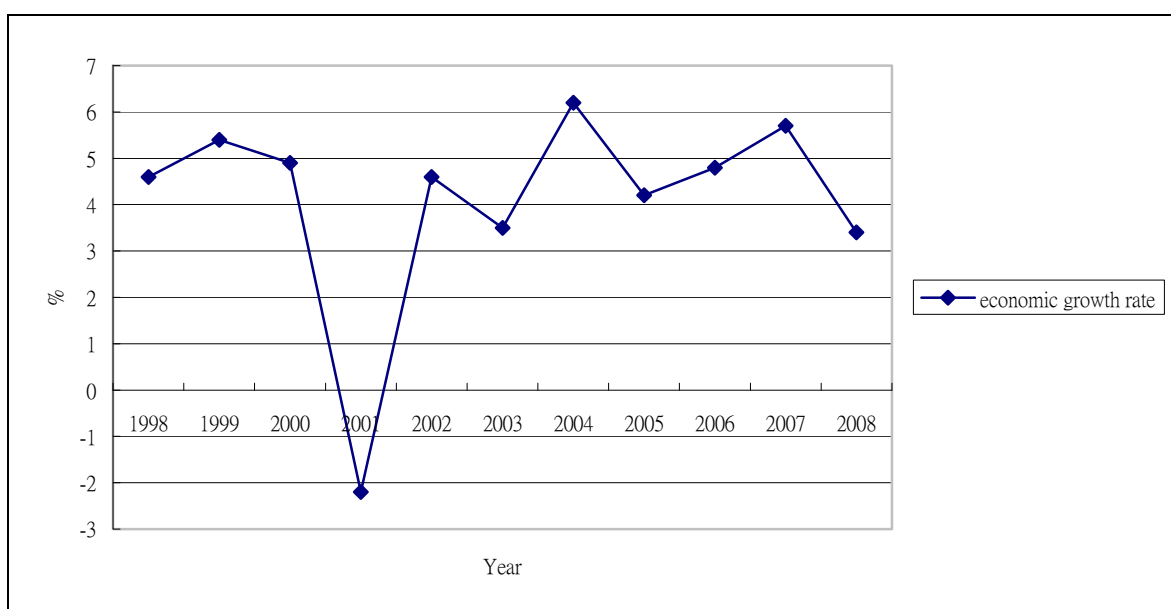
Figure 1.1: Economic growth rate

(Source: Derived from figures produced by the Department of Statistics, Ministry of Economic Affairs, Taiwan)

For nearly two decades, the movement of certain labour-intensive industries increased the instabilities of the economy in Taiwan. In order to encourage companies to stay, the government allowed workers from Southeast Asian countries to supply companies with lower-cost labour. However, this policy had an impact on

---

[5] In early 2003, the SARS (Severe Acute Respiratory Syndrome) outbreak caused the death of 73 out of 346 people in a very short period of time, which suggested a high death rate (21.1%) (Department of Health, 2003).

the local labour market and increased the unemployment rate. According to the Department of Statistics at the Ministry of Economic Affairs, the unemployment rate increased during these 14 years (Figure 1-2). Due to work opportunities decreasing, structural unemployment (which had stayed below 2% for many years) saw a significant increase. It went from 1.51% in 1992 to its highest level of 5.17% in 2002. Although in 2003 there was a slight decrease, it still remained at a high position. In particular, the age group 15 to 24 year olds had the highest unemployment rate (Figure 1-3). Many students who left school or university could not find jobs and faced stronger competition in the employment market. Although the unemployment rate was not as high as in some European countries, it is believed that increasing unemployment had a great influence on Taiwanese society. The economic downturn and intense job competition can increase their psychological distress, which may then lead to self-destructive behaviours (Bjarnason & Sigurgardottir, 2003; Platt, 1984).
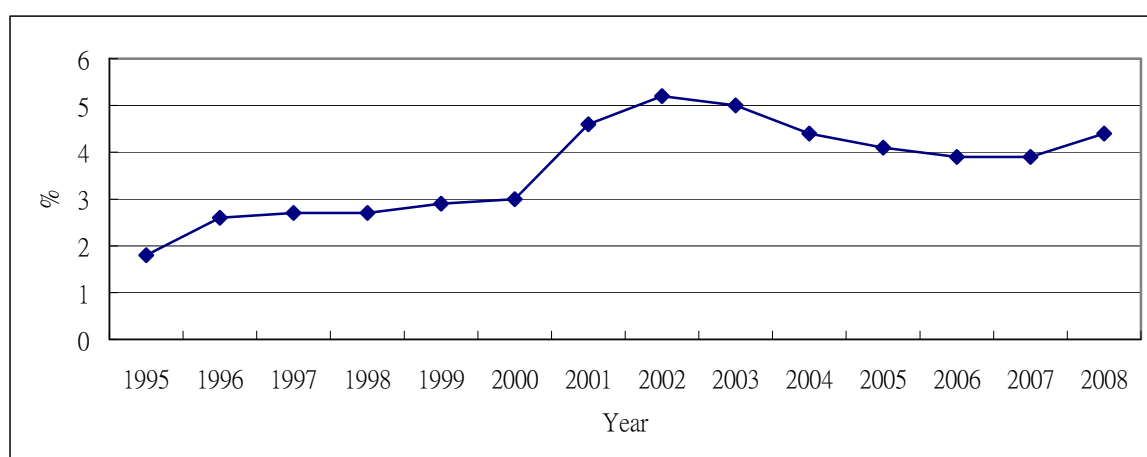
Figure 1.2: Unemployment rate

(Source: Derived from figures produced by the Department of Statistics, Ministry of Economic Affairs, Taiwan)
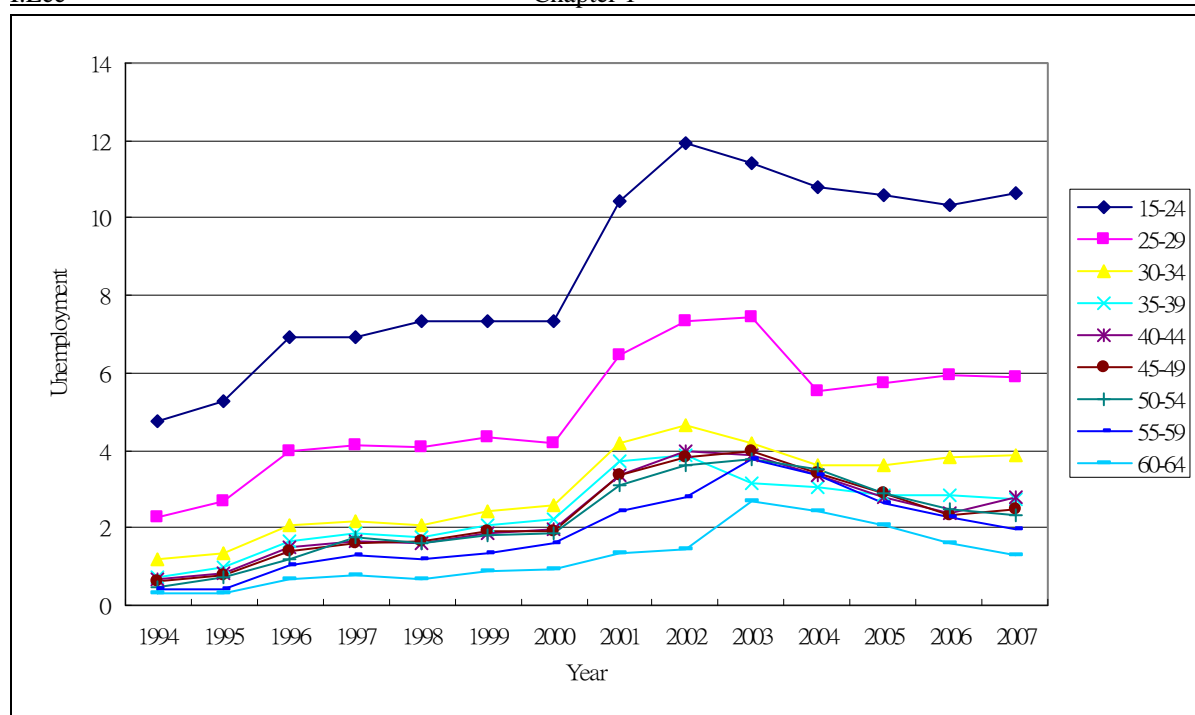
Figure 1.3: Unemployment rate by age

(Source: Derived from figures produced by the Department of Statistics, Ministry of Economic Affairs, Taiwan)

With regards to social change, in the 1970s Taiwan transformed from an agricultural society to an industrial and commercial society, thus more and more young people moved from rural areas to cities to join the labour market. Now there are 22.9 million people living in Taiwan, and 69% of the population lives in cities (Ministry of the Interior, 2006). This migration resulted in the breakdown of extended families and weakened family ties because the amount of contact and communication between family members has decreased (Zhou, 2001).

Notwithstanding, some researchers argue that certain family values have not changed much in today's society. Cai and Yi (1998) indicate that people with a higher education who live in the city have modern values and open viewpoints about family, particularly on the issues of marriage and divorce. When touching on issues such as the importance of family in modern society, and the relationships within

families, they found that people did not express any significant differences in views from before. They still value family and believe that keeping a good relationship with one's family is important. People still hold the notion of respect and care for one's parents when they become old. However, the values of self-suppression and obedience to parents have been influenced by modern values, for example, nowadays people think they can make their own choice of marriage. As for parenting style, Wu and Kao (1998) found that in Taiwan some parents educate their children with a strict parenting style which has been derived from previous generations. However, due to the prevalence of education such styles seem less popular now.

In addition, a considerable number of women have joined the labour market, increasing from 29% of women in 1954 to 45.6% in 1988 and 49.44% in 2007 (Directorate-General of Budget, 2008). These growing numbers were mainly married women. This shows that the number of families in which both parents work has increased in modern society. Although the opportunities for women to work have increased it does not mean that the status of both genders has become equal. Lui (1998) has found that industrialization did not radically improve women's status in their families. In urban areas, women have had more opportunities to receive education and find a job, which has indeed promoted their status; but among families of low social class, gender inequality is still significant. Many men still consider women to be inferior, and generally speaking, men still play the leading role in families (Lui, 1998).

As parents have spent more time improving their quality of life, the quality of family interaction has declined. As their amount of free time has been suppressed, parents

have had less time to spend with their children. Many parents send their children to cram school because firstly the parents know where their children are and what they are doing, and secondly the children can revise and study their schoolwork there. This lack of interaction may result in misunderstandings arising between parents and children. For example, children may feel that their parents are not concerned about them or that they do not understand them.

With regards to education, in the past, because university places were limited and young people had to compete to get them, they suffered from a great deal of pressure when taking the entrance examinations. In order to reduce this pressure on students the government reformed the system for gaining access to university in 2002, which increased the opportunities for the youth to study at university. However, whether this reformation reduced the pressure on young people is questionable. To enter a good university requires extra effort, as the new system evaluates students' abilities from various angles, rather than from just the results of their regular school subject tests. Students may need to show their grades at different contexts, as well as the number of hours they spend undertaking community volunteer work.

In addition to the multiple evaluations for entrance to university, the government has also increased the number of degrees and universities available to extend the choices and opportunities for young people. According to statistical records from the Ministry of Education, there were nearly 1 million youths attending university in 2007 compared to just around 410,000 ten years ago. The number in further education has also increased from more than 43,000 postgraduates and 10,000 research students in

1998 to more than 170,000 postgraduates and 31,000 research students in 2007 (Ministry of Education, 2008). Although the new system has provided people with more opportunities to access higher education, in the meantime a new problem has emerged: a degree no longer guarantees a job. Many university graduates can not find a job. The labour market has become more competitive than before because there are more people now competing for the same position. This can increase the pressure on young people.

Given that young people now need to increase their competitiveness to stand out among the competition for employment, the choice of universities has become important. While changes in the education system have led to a growth in the number of new universities, the divisions of higher education have become polarized between 'old' and 'new' universities. New universities have less of a reputation, less resources and less favoured by companies (Shih, 2008); thus, they are considered relatively inferior to more historical universities. Young people may face pressure to go to a renowned university because going to a reputable university increases their chances of finding a good job when they graduate.

In short, economic recession, lack of work opportunities, and the prevalence of university education create great competition amongst young people and increase the pressure placed upon them. The changes in family bonds and female participation in the labour market can also have a negative influence on young people and their family; rather, young people may not receive adequate psychological support from family. These changes may increase the risk in self-destructive behaviour for young people. However, changes in certain family

values may help to reduce the traditional pressures that have been placed upon young people. What values have changed and how these changes influence the self-destructive behaviour will be further examined and discussed in this research. The next section will highlight the phenomenon of suicide in Taiwan.

Suicide in Taiwan

The level of suicide in Taiwan is high compared to many other countries (WHO, 2006). There are two periods with significant increasing trends. Lin and Cai's report (2004) states that in the two decades after World War II the suicide rate remained high, at about 15 to 18 people per 100,000 of the population. In 1965 the suicide rate reached a peak, at 19.1 people per 100,000 of the population. Among the different age groups, the group 15 to 30 year olds had the highest rate. Although there is lack of hard evidence, a possible explanation for the high suicide rate of this period may be that during this period the whole society and economy of Taiwan was recovering from the effects of war. Social-political instability and impoverishment may have increased the rates of suicide. After 1965, the political situation and economic growth of Taiwan gradually become more stable. The rate of suicide steadily decreased during this period (Lin & Cai, 2004).

However, in the late 1970s, suicide rates picked up slightly to between 10 and 13 per 100,000 of population (Figure 1-4). During this period, Taiwan was moving towards becoming an industrialized society. Although Taiwan experienced rapid industrialization and its economy started to boom, this industrialization may have also caused suicide rates to increase because the huge population migration that

occurred at the time, with many people moving from rural areas to urban cities, and the subsequent social reorganization may have weakened family bonds and other social relationships. These could be the reasons contributing to the increase of suicide rates in this period. After this period, suicide rates decreased continually to 6.2 people per 100,000 of the population in 1993. This may be because people gradually got used to the new lifestyles of an industrialized society and the economy of the country grew steadily. The majority of people may be contented with a wealthy and stable life. This was until 1994, when the suicide rate rose again and returned to post-war levels.
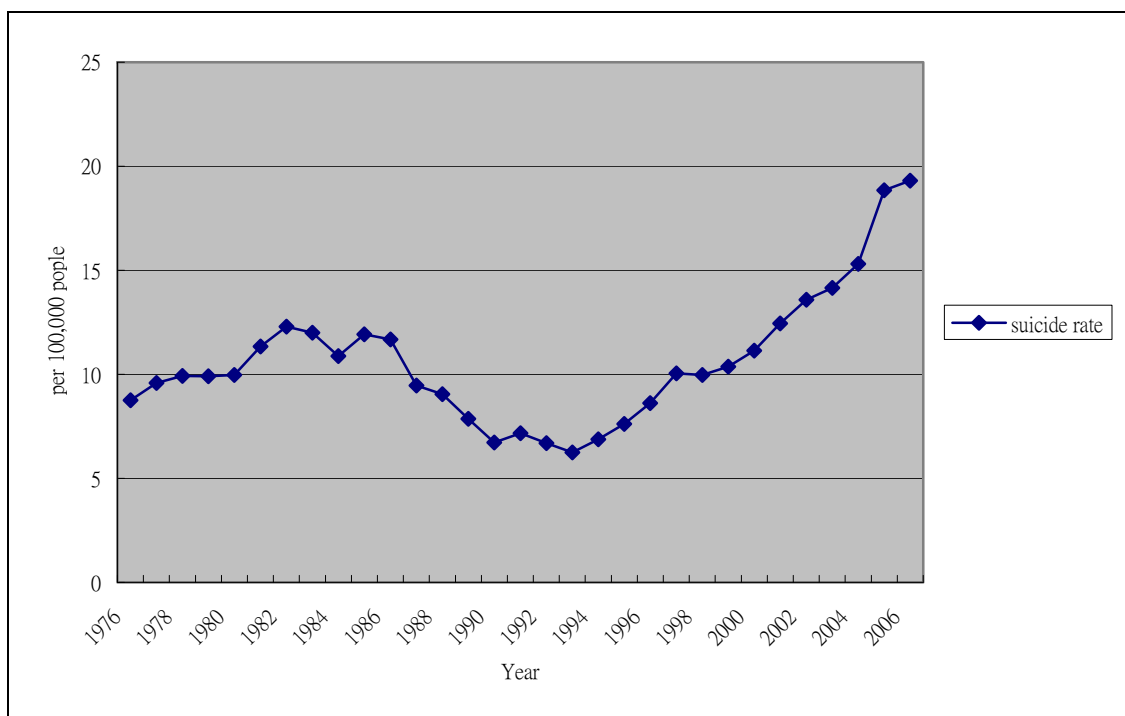
Figure 1.4: 1976-2006 suicide rate in Taiwan

(Source: Derived from a figure produced by the Suicide Prevention Centre, Department of Health, Executive Yuan, Taiwan)

According to the Department of Health (2007), in the late 1990s, the suicide rate was 6.24 to 8.61 suicides per 100,000 of the population but it has increased greatly to 19.30 suicides per 100,000 of the population in 2006. This is the highest rate in the country's history and is higher than many developed countries such as the USA, Germany, the UK and Australia (See Table 1) (WHO, 2008). What is worth noticing is that suicide has become one of top ten causes of death since 1996 and the second most common cause of death among young people since 2006 (Department of Health, 2007). While suicide rates in some major western countries show signs of a decrease, an increasing trend of suicide has appeared in many Far-Eastern developing countries (As shown in Table 1). Among them, the Republic of Korea has witnessed the largest increase, followed by Taiwan. On the surface, this trend may indicate that the impact of development on modernization and social change may have a significant influence on suicide. Compared to eastern countries, the development of economy and society may be relatively stable in these western countries during this period of time. On the other hand, the recent increase of suicide rate in many eastern countries may be linked to recent economic change, in particular the increase in the rate of unemployment. Suicide rates have soared while economic markets have declined; companies have moved outside Taiwan and unemployment rates have started to increase (see Figure 1.2). In addition, as the Taiwanese government declined its involvement in the regulation of the mass media, the general public have become increasingly exposed to the idea of suicide. For example, in the past, information relating to suicide stories, communism or sexual information, could not be reported, published or distributed. In contrast, such information is more freely available to the general public today. This availability may have a negative impact on people. This research will offer a more detailed analysis and discussion of these social changes and the influence they have had on young people.

Table 1: Suicide rates among 15-64 years old in selected countries (suicides per 100,000 people)

	1990	1995	2000	2005
German	17.8	15.8	13.5	13.0
United Kingdom	8.1	7.4	7.5	6.7
United States	12.4	11.9	10.4	11.0
France	20.0	20.6	18.4	17.6
Australia	12.0	12.0	12.5	10.8
Hong Kong	11.5	11.8	12.3	17.4
China	14.5	14.5	13.9	---
Japan	16.3	17.2	24.1	24.2
Republic of Korea	7.4	10.6	13.6	24.7
Taiwan	6.7	7.6	11.1	18.8

Source: Figure obtained from WHO (2006)

By analysing suicide rates between genders in Taiwan it can be seen that the gap in the number of suicides has increased (Figure 5). Male suicides were approximately 1.8 times more than female suicides ten years ago. Now, male suicides have become 2.3 times more than female suicides (data obtained from the Department of Health, 2008), although females are about four times more likely than males to attempt suicide (Yang, 1999). This figure may indicate that males experience higher level of social stress than females. The pressure of the current macro socio-economic situation and traditional Confucian values towards males can increase their stress levels and lead them to take drastic means (e.g. suicide) to solve their problems. This research will also examine the relationships between genders, cultural values and macro social structures among young people.
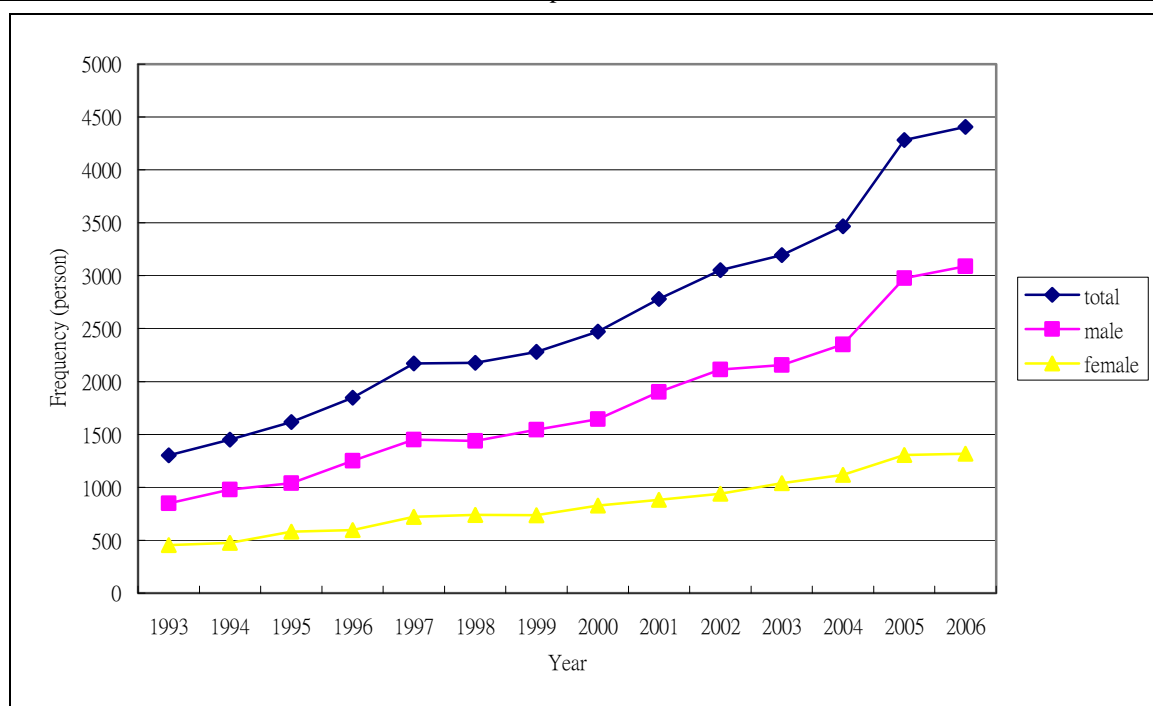
Figure 1.5: 1993-2006 numbers of suicides by sex

(Source: Derived from figure produced by the Department of Health, Executive Yuan, Taiwan)

With regards to demographic characteristics of suicides, it has been found that those who are single and without children have higher suicide rates (Yang, 1999; Xiao, 1988). However, compared with their counterparts, the effect of being single is more significant among males. Hu (1988) found that the suicide rate among unmarried men was higher than the rate among married men, while young married women (25- 34 years old) had a higher rate than single women from 1974- 1985 in Taiwan. Suicides of single men were twice those of single women, while suicides of married men were 1.5 times less than those of married women. In the case of those who have lost their spouse, suicide was found to be more common among widowers than widows.

Generally speaking, the suicide rate among singles is higher than the rate among married people. This shows that marriage has a function of protecting people from suicide, particularly men. However, Xiao (1988) has proposed that marriage is in fact a risk factor for suicide. People just before or after being married may have to confront certain issues. This may lead them to being inclined towards suicide. For example, a couple may face conflict over making decisions about their wedding arrangements, and then they may face conflict over adjusting to their new role as a wife/husband. In particular, marriage has been found to bring about more stress among young women in Taiwan because of their low status and traditional role in families, which may be part of the protective function of marriage (Hu, 1995). These factors may explain why married women have a higher suicide rate.

With regards to age, suicide rates increase in all age groups (Figure 6). The suicide rate of the age group 15-24 has increased four times since 1950 (from 2.5 per 100,000 of the population in 1950 to 11.2 per 100,000 of the population in 2007) (Lee, 2008). It is important to investigate self-destructive behaviour and suicide among this group. As mentioned at the beginning of this chapter, suicide among young people in school is increasing and is a considerable loss to the person's family and society as a whole. Moreover, their destructive behaviour in adolescence can also affect their adulthood life and cause further problems. Since suicide is preventable, it is worth further investigation. If we can understand why and how young people suffer from self-destructive behaviour in Taiwan, better policy can be developed to prevent the loss of such a great resource for the society. Therefore, the present research is set out to investigate self-destructive behaviour among young people (aged 14-18) and thereby discover what the impact of social change and individual factors are. The issue of gender and the influence of cultural values will also be discussed.
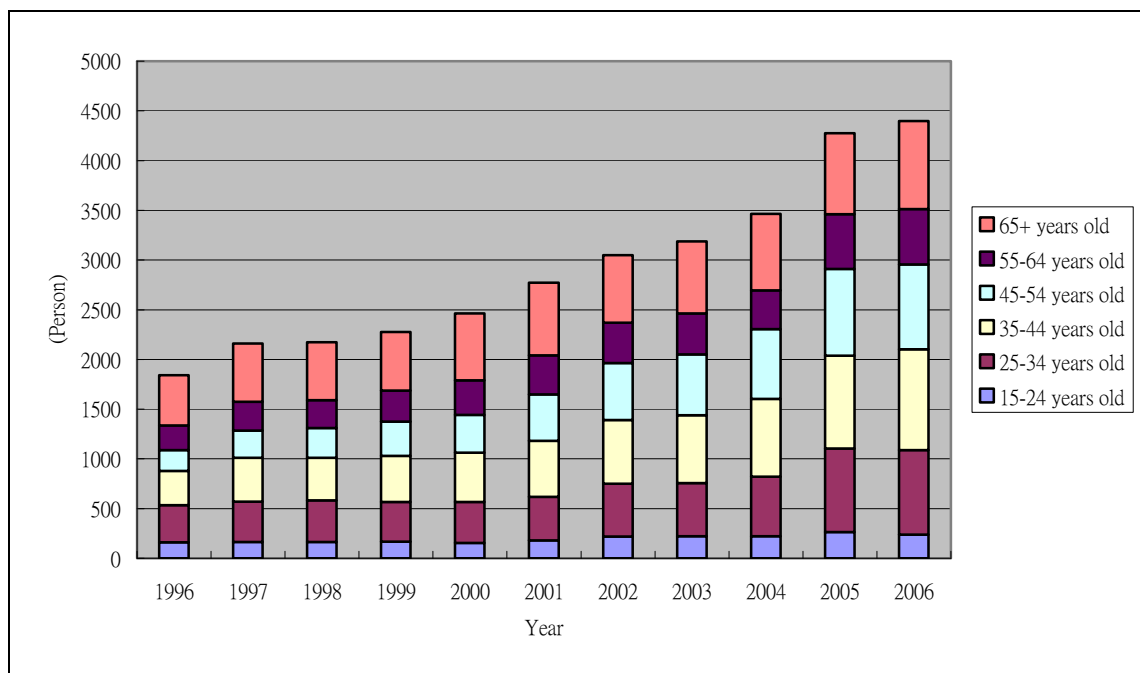
Figure 1.6: Numbers of suicides by age from 1996-2006

(Source: Derived from a figure produced by the Department of Health, Executive Yuan, Taiwan)

Before introducing the aims of this research, the author shall give an overview of previous research into suicide in Taiwan. Research into suicide in Taiwan started in the 1970s, focusing on the epidemiology of suicide and aiming to discover the distribution of suicide in the population (Chin, 1988). However, the number of studies that looked into suicide was not great.

In the 1980s the suicide rate continuously decreased, and so research into suicide in this period of time did not draw much academic attention. The interest of researchers turned to discussing the methodology of Durkheim's theory (e.g., Tsai, 1985). Various studies in the 1990s discussed the meaning of life and education, and the factors that lead to suicide such as family problems, drug abuse, depression, personality, psychiatric illness and life stress events. Research topics ranged from

studying suicide rates to studying suicide ideation, and from suicide attempts to self-harm (e.g., Chen, 1993; Ou, 1995; Chen, 1995; Liu, 1992). Recently, some endeavours have continued to be devoted to researching a variety of suicidal behaviours in different social groups, and some research has focused on suicide prevention (e.g., Cheng, 2002; Ho, 2007; Hwang, et al., 2006; Wong, 2005).

In terms of research methodologies, the methods used for suicide research in Taiwan can be divided into two. The first is research that explores suicide issues using official data. Such studies mainly discuss the relationship between suicide rates and different demographic variables such as sex, age, marital status and so on. Only a few papers have discussed the link between suicide rates and social factors such as unemployment. The second method used focuses on the relationships between medical problems, individual factors and different aspects of suicidality/self-harm (i.e., suicidal ideation, suicide attempt and self-harm). Many studies have discussed the relationship between two or three individual factors and suicidality/self-harm. There are also many other generic publications about suicide. However, there is a lack of research into self-destructive behaviour and the link with broader socio-economic issues, and social and cultural change in Taiwan. Therefore, the current research is aimed at filling this gap. It uses grand scale survey data to understand the influence of social change and the specific contexts of young people, as well as the mechanism that leads to suicide.

Research Aims

This research aims to investigate the phenomena of adolescent self-destructive behaviour and suicide. The research aims are to examine the factors associated with adolescent well-being and the links to broader patterns of socio-economic impacts in

Taiwan. In addition to knowing the sorts of individual and social factors that lead to serious social problems such as suicide, it is also important to know which people are subject to self-destructive behaviour and suicide, where they are, and how they adapt to the social circumstances they encounter.

This research aims to investigate the prevalence of and reasons for self-destructive behaviour and suicide among young Taiwanese. Individual as well as social factors are examined to clarify the types and patterns of self-destructive behaviour associated with people. The reasons why some young people initiate self-destructive behaviour and some do not, and the process by which they come to develop self-destructive behaviour is also explored in the current research. The findings will help to increase the understanding of self-destructive behaviour among young people. The present chapter will now introduce six particular objectives of this research. The specific research aims are as follows:

1. To investigate the prevalence of self-destructive behaviour among the youth in Taiwan.

2. To investigate the impact of social and individual factors on young people's self-destructive behaviour.

3. To examine how differences in demographic characteristics affect self-destructive behaviour.

4. To examine how self-destructive behaviour differs in response to individual and social factors.

5. To find out which social and individual factors can cause self-destructive behaviour.

6. To clarify the mechanism through which young people come to suffer self-destructive behaviour and how young people actually move onto complete suicide.

The rationale behind these research aims is explained in more detail in Chapter Three.

The Structure of the Thesis

There are seven chapters in the present thesis. Chapter Two provides a wider discussion on suicide theories. The classic sociological theory of suicide (Durkheim,1952) will be the main focus and the merits and defects of the theory will be examined. The discussion will be divided into macro and micro perspectives. From a macro perspective, suicide phenomenon is investigated by suicide rates and seen as a behaviour that is socially caused. Although the act itself is a personal choice, it is the social circumstances within which the individual finds himself/herself that determines whether or not the individual is likely to see suicide as an option to solve his/her intolerable situation. From a micro perspective, however, the use of official statistics is criticized because it often disregards the intentions of actors. The influence of micro social relationships or rather, interactions between the suicide actors and their micro social relationships, such as family and friends, is also emphasised. Both perspectives have provided valuable information, which contributes to the understanding of suicide and self-destructive behaviour. Apart from adopting a sociological approach, this chapter also examines psychological and biological perspectives in relation to suicide and self-destructive behaviour. This chapter aims to use both social and individual approaches to provide a full picture/understanding of self-destructive behaviour among young people in Taiwan. After conducting a literature review, research methods were devised to investigate the self-destructive behaviour.

The methods employed by this research are outlined in Chapter Three. The research aims are re-stated with their rationales at the beginning, and the methods are

introduced afterwards. An explanation is given of the employment of a mixed methodology, which uses quantitative surveys and qualitative in-depth interviews to explore different elements of the research aims. Ethical issues, the development of questionnaire and analysing methods were stated before data analysis (findings).

Chapters Four, Five and Six present the findings of the study. Chapter Four and Five offer quantitative findings. Chapter Four looks in detail at the prevalence of self-destructive behaviour, including self-harm, suicide ideation, suicide plan, and suicide attempt. The social patterns of self-destructive behaviour are also examined at the beginning. Then, the analysis moves towards the relationship between self-destructive behaviour and individual factors, such as general health, optimism, locus of control and belief about death.

After examining the individual factors and self-destructive behaviour, Chapter Five looks at the relationship between social factors and destructive behaviour. Family interactions, peer relationships, individual values, traditional values, impacts of economic change and social-political situations are also discussed. Then, the focus turns to the analysis of qualitative data.

Chapter Six presents the findings of the 20 in-depth interviews. The content provides an overview of suicidal and self-harm experiences of young people and an understanding of the process of self-destructive behaviour among Taiwanese young people. It has been found that self-destructive behaviour is usually caused by a multitude of factors. The idea is usually developed for a period of time. When young people feel they can not hold their world together and no one can help, suicide or self-harm may occur.

Finally, Chapter Seven draws the main conclusions that have been identified during the course of the research. Discussion centres on self-destructive behaviour and some predictive social and individual factors; the reasons and the process of suicide and self-destructive behaviour. The research implications and limitations are also discussed at the end of this chapter. This final chapter not only contributes to existing knowledge about suicide and self-destructive behaviour among young people in Taiwan, but also aims to provide a rethinking of the prevention of suicide and self-destructive behaviour.

CHAPTER TWO

Research on Suicide and Self-harm

Introduction

In this chapter, the author will first evaluate Durkheim's sociological theory of suicide and analyse how this theory interprets suicide from a macro perspective. Theories and viewpoints from a micro perspective and other disciplines will then be critically discussed. Finally, the research design of this study will be introduced in the context of these research perspectives.

Since Emile Durkheim's book (*Le suicide*) was published in the late 19th Century, his research has retained a significant place in the field of sociology, with many studies on suicide being inspired by his work (e.g., Halbwachs, 1930; Sainsbury, 1955; Gibbs & Martin, 1964). Different from a conventional analytic approach, Durkheim shaped a scientifically sociological analytic approach to analysing suicide. Durkheim's work has contributed significantly to the understanding of suicide in many ways. Durkheim claimed that suicide was a socially caused and collective phenomenon, which can only be understood through the social facts related to it. Durkheim surveyed suicide rates and examined the interrelations between suicide rates and social characteristics. Then, he proposed the concept of social integration and regulation related to suicide.

Apart from the classic work of Durkheim, the meaning of suicide and attitudes toward suicidal behaviour have also been discussed by various schools of sociology and disciplines using different analytic methods. Some sociologists argue that suicide should be investigated by considering the actor's subjective meanings behind

their suicidal behaviour, whereas psychology and psychiatric researchers have focused on cognitive dysfunction.

Factors associated with suicide ideation, attempted suicide and self-harm

Many studies in the field of sociology have focused on suicide rates, analysing how social factors are related to the suicide rate and what the social causes that lead to suicide are. However, studying suicide rates may neglect the process and simplify the complexity of the phenomenon of suicide; self-destructive behaviour may be seen in terms of a continuation stretching from self-harm through to suicide ideation, suicide plans, and attempted suicide. The preceding ideation and behaviours need to be investigated to attain a more comprehensive understanding of suicide. Therefore, the following section will present the findings of recent research into suicidal ideation, attempted suicide and self-harm.

Suicide ideation

Beskow (1979, cited in Ou, 1996) analyses the suicide process and argues that there are three stages to actual suicide: (1) suicidal ideation, whereby an individual has a suicide idea or plan but never practices it; (2) suicidal attempt, whereby an individual has the idea of ending his or her life and actually exhibits some behaviour that threatens his or her own life, but the action does not lead to death; and (3) completed suicide, whereby voluntary and self-conducted behaviour leads to death.

In a similar vein, Brock and Sandoval (1997) regard suicide as self-destructive behaviour having five stages, from suicide ideation to real suicide: (1) suicidal ideation, whereby an individual thinks about killing himself or herself, but never practices it; (2) suicidal threat, whereby an individual shows the intention to end his

or her own life directly (saying "I want to commit suicide" for example) or indirectly (saying threatening words like "I wish I can fall asleep and never wake up"); (3) suicidal gesture, whereby an individual exhibits mild destructive behaviour but does not want to die; (4) attempted suicide, whereby an individual exhibits intentional and severe self destructive behaviour which causes non-vital harm to the body; (5) completed suicide, whereby an individual exhibits intentional and planned self destructive behaviour which leads to death. Although not every suicide goes through the aforementioned stages (for instance, people who commit suicide could go from suicide ideation to completed suicide without going through suicidal attempt or suicide threat, these stages help to clarify how people act at different phases and their corresponding risk of completing suicide.

Suicide ideation has been described as a precursor to suicidal attempt and completed suicide (Reynolds, 1991; Berman & Schwartz, 1990; Eshun, 2000) and it is certainly an important factor in need of investigation. Unlike completed suicide for which the suicide rate is higher among males than females, many studies have found the opposite is true with regards to suicide ideation (Reynolds, 1990; Garrison et al., 1991; Marcenko et al., 1999). This phenomenon could be associated with women experiencing more depression than men (Allison, et al., 2001), because depression increases the likelihood of suicide ideation (Roberts & Chen, 1995). Suicide ideation usually emerges after a long period of emotional torment, although other reasons can lead people to think of suicide. When suicide ideation and depressive mood become severe, the possibility of a suicidal attempt becomes higher (Schotte & Clum, 1982).

Differences in suicide ideation are found between different cultures. A cross-cultural study found that suicide ideation levels are lower in some less developed countries,

particularly African, Asian and Latin American countries (Le Vecchia et al., 1994).
Also, cultural variations in suicide ideation and suicide attitude were found between
Chinese and American college students (Zhang & Jin, 1996).

More recent studies found that 9.5% of American college students had serious
thoughts of suicide in the past year (American College Association, 2001), 14.6% of
Chinese college students reported suicidal thought in last 12 months (Xu et al., 2004),
and 26% of a sample of 15-20 years old reported suicide ideation in Switzerland (Rey
et al., 1998). These differences in rates of suicide ideation in different countries
may be a result of the differences between their social and cultural contexts. Thus,
social context and culture may affect suicide ideation. Given that suicide ideation is
the third most important predictor of actual suicide (Maris et al., 1991), it is
important to get an insight into the factors that may prompt suicide ideation and
understand how suicide ideation relates to social and cultural factors.

Many researchers have shown that family problems are factors most strongly
associated with young people's suicide ideation. Chang and Hu (1993) state that
young people experiencing parental conflicts are more likely to exhibit suicide
ideation. Parents quarrelling, violence and divorce may directly or indirectly affect
teenagers' emotions and temperaments. Such young people may become violent and
some may become depressed and blame themselves. When they encounter such
stressful events they may then start to think about suicide.

A poor parental relationship may also have an effect on the parent-child relationship.
For example, one parent may use the child to get at the other parent, and the child
may receive mixed and confusing messages, driving them to carry out suicidal
behaviour. Low parental care, lack of parental closeness and support or excessive

parental control may also result in teenagers' low self-esteem, weak internal locus of control, and high levels of stress and depression (Lai & McBride-Chang, 2001).

Apart from family problems, interpersonal relations and academic performance are two other important social factors that can determine a young person's psychological well-being. Zhang (1994) has discovered that an improvement in interpersonal relations leads to higher self-esteem, a more positive attitude towards life, and less depression and anxiety. Zhang and Jin (1998) found that within a Chinese sample, interpersonal relations were the strongest predictor of suicide ideation in terms of social isolation, social support and social disintegration. In particular, interpersonal conflicts and difficulty in interaction were found to be strongly and positively related to suicide ideation.

As for academic performance, it has been found that stress from school work is related to suicide ideation in many Chinese societies. Research undertaken in Hong Kong and Singapore has found that academic pressure is a significant factor related to suicide ideation among young people (Lee, 2006; Ang & Huan, 2006). In Taiwan, 85.6% of teenagers reported that they felt stressed about their school work (Department of Statistics, Ministry of the Interior, Taiwan, 1999). However, the relationship between academic pressure and suicide ideation was inconclusive. The explanation of such a relationship suggests that schools give young people too much work, but does not consider parental expectation and cultural influences. In this research, the author would like to explore these factors in more detail.

In terms of personal factors, the most obvious factor is illness. Mental illness and long term illness are highly related to suicide ideation (e.g., de Man, 1999; Lam et al., 2004). Depression in particular is regarded as a strong predictor, although not all

young people who are depressed are suicidal (e.g., de Man, 1999; Meneese et al.,

1992). With regards to psychological factors, low self-esteem, hopelessness, mental

disorder, a lack of optimism, and external locus of control are usually considered as

predictors of suicide ideation (Jin & Zhang, 1998; Evans et al., 2005; Hirsch et al.,

2007). In other words, people suffering psychological distress may be prone to

suicidal ideation. When people have long-term suicidal thoughts, the risk of them

conducting a suicidal act may increase (Chiou et al., 2006).

Attempted suicide

Despite research indicating that suicide ideation is strongly related to future suicide

attempts, there is limited data on the factors related to continued suicide ideation

and suicidal behaviour among young people. Se'guin et al. (2004) compared suicide

ideators, suicide attempters and non-suicidal young people (aged 14-25 years). They

found that both suicidal groups reported greater personal vulnerability and

perceived their family as less functional than the non-suicidal group. However, no

differences were found between both suicidal groups. These findings suggest the

presence of common factors affecting both young suicide ideators and attempters.

Both suicide ideators and suicide attempters have similar levels of vulnerability and

dysfunctional families. However, the reason for a suicide ideator becoming an

attempter does not lie in family problems.

Some studies have found, however, that compared with suicidal ideation, young

people who attempt suicide report more chronic family discord (Kosky, Silburn &

Zubrick, 1990; Spiroto et al., 2003). They also experience more negative life events

and less family support (Dubow et al., 1989). In a study of 1050 students from grade

7 to 12, Wagner et al. (1995) examined psychosocial factors affecting students

reporting a history of suicide attempts and those reporting high levels of depressive

mood/suicide ideators. They found that suicide attempters were more likely to report frequent daily stress, had run away from home, had lived without one biological parent, had been physically hurt by their parents, or were more likely to know someone who had committed suicide.

With regards to depression being strongly related to suicidal behaviour (e.g., Lam et al., 2004; Spiroto et al., 2003), there is no consensus as to whether depression is a factor that can differentiate suicidal attempt from ideation. Although Fergusson and Lynskey (1995) found significantly higher rates of mood disorders among young suicide attempters than suicide ideators, other studies have reported similar levels of depression among both groups (Kosky et al., 1990; Wetzler et al., 1996).

As discussed above, suicide ideation and suicide attempt may have common causes. They may have the same risk factors (Kosky et al., 1990), but that which makes a suicide ideator become a suicide attempter may depend on the degree of the influences on the person.

Self-harm and suicide

As with suicide ideation and suicide attempt, which both involve an intention to die, self-harm is also deemed a significant predictor of suicide, especially repeated self-harm. Although some researchers adopt a broader definition of self-harm which does not exclude cases involving suicidal intent, most people use this term to indicate repeated behaviour without suicidal intention that results in mild to moderate tissue damage (Huang & Lin, 2005).

Reported motivations for adult self-harm include: to relieve tension, to provide distraction from painful feelings, to decrease dissociative symptoms, to block

upsetting memories, and to communicate distress to others (Briere & Gill, 1998). For adolescent self-harm, the most common reasons of self-harm are to escape and release negative feelings (Rodham et al., 2004).

In spite of the difference in motivations between adult self-harmers and adolescent self-harmers, the socio-economic characteristic of all self-harmers is usually a low level of education and childhood economic disadvantage. In addition, there are more female self-harmers than male self-harmers (Skegg, 2005).

As for the factors associated with self-harm, they include emotion, sexual identity, childhood attachment, a sense of loss, and childhood trauma. Zila and Kiselica (2001) state that most self-harmers are depressive, anxious or nervous before they self-harm. Self-harm may help these people relax, reduce anxiety, and balance their mental states. Zila and Kiselica continue to state that people who have sexual identity problems harm themselves because the negative image they have of their bodies increases anxiety.

Risk of self-harm increases due to adverse childhood experiences (Dube et al., 2001). Favazza and Conterio (1989) found that self-harmers were often neglected by their parents in childhood. These self-harmers usually did not have a close relationship or secure attachment with their parents, and they often had problems in interpersonal relations causing them to become socially withdrawn. Under these circumstances, self-harm becomes a way to cope with the situations and difficulties they face. Another childhood experience that is particularly significant is childhood sexual abuse or domestic abuse. Young people who experience abuse in their childhood are more likely to self-harm (Walsh & Rosen, 1988). Many young people who have been abused by a family member struggle to survive emotionally. They usually experience

depression (Renvoize, 1993). Self-harm can be a way to express their emotions.

A qualitative study of five young self-harmers by Huang and Lin (2005) suggested that there were five stages in the development of self-harm experience, as follows: living predicaments, fuses of self-harm, triggers of self-harm behaviour, positive perception after self-harm, and interpretation after self-harm. These five stages can result in a cycle of self-harm. A positive perception after self-harm and subjective interpretation leads to habitual self-harming behaviour. For example, some self-harmers may say that their anger subsides after self-harm. For self-harmers, their behaviour is perceived as an effective method of restoring their anger or upset to calmness. So, when a similar condition occurs, they will harm themselves again. As a consequence, self-harm becomes a circular pattern of behaviour to deal with problems as they arise.

Similarly, Spandler (1996) contends that self-harm can become addictive. For many people, the vicious cycle of self-harm exists because self-harm temporarily releases negative emotions and makes the self-harmer feel better. However, these people may increase the severity of their self-harm in order to achieve the optimum function. This can mean that gradually, an individual has to cut more deeply to get the same results. Sometimes when self-harm is not enough, an individual may ask themselves: 'hurting myself does not make it any better, so what will?' This could lead to a need to go further and increase the harm done. Following this logic, the next step may be a suicide attempt or even actual suicide.

Current literature on suicide in Taiwan is somewhat inadequate and many studies are regional studies. There is a need to expand the knowledge about suicide in Taiwan because suicide ideation, suicide attempt and self-harm are significant factors that

can lead to suicide. This research will examine the factors in relation to self-destructive behaviour and analyse their relationship with completed suicide among young people in Taiwan. The results will provide a better understanding of young people's suicide in Taiwan and policies can be devised based on the findings.

To sum up, there are different views regarding the causes of suicide ideation, self-harm and suicidal behaviour. For many years, it was supposed that these destructive activities require different explanatory models. Now it is clear that these distinctions could be overstated. There are many similarities between suicide ideation, suicide attempt, self-harm and completed suicide. They suggest that the theory advanced with regards to suicide can also be used to explain self-destructive behaviour. This chapter now turns to introducing classic theories of suicide and explaining how these theories interpret suicide from a sociological perspective.

Durkheim's theory of suicide

Many sociological analyses of suicide are based on the ideas developed by Durkheim. This research is no exception. This section will discuss Durkheim's theory of suicide.

Suicide has existed in every culture and society for centuries. When thinking of suicide, many people may think of biological or psychological reasons such as psychosis, depression, stress, low self-esteem, and so forth. These are all individual factors. However, Durkheim argued that such individual factors cannot sufficiently explain suicidal behaviour. He viewed suicide as a social phenomenon and suggested that social conditions are responsible for the phenomenon of suicide.

Durkheim viewed societies as social systems, stating that a social system can only be

fully understood in terms of the inter-relationships between its various parts. People are born into a society and each society has a structure of rules, relationships, norms, values, and so forth. Thus, people's behaviour is shaped, in some way, by these factors. Durkheim argues that if one can understand the constraints that shape individual behaviour, then one can effectively study the causes of that behaviour. With this philosophical position, Durkheim (1952, p.46) argued:

> Since suicide is an individual action affecting the individual only, it must seemingly depend exclusively on individual factors, thus belonging to psychology alone. Is not the suicide's resolve usually explained by his temperament, character, antecedents and private history?...If, instead of seeing in them [that is, suicides] only separate occurrences unrelated and to be separately studied, the suicides committed in a given society during a given period of time are taken as a whole, it appears that this total is not simply a sum of independent units, a collective total, but is itself a new fact sui generic [that is, unique in some way], with its own unity, individuality and consequently its own nature - a nature, furthermore, dominantly social.

The decision as to whether an individual commits suicide, on the surface, is a unique personal choice. However, if one moves attention from the act itself and the individual involved to the patterning of suicide, then the emergence of patterns would be indicative of some kind of social pressure. These pressures cause certain individuals to see suicide as the only solution to their problems.

When Durkheim undertook a study of suicide rates, he found that suicides were not randomly distributed. At different times of social development, he discovered

changes in the pattern of suicide. He also indicated that some forms of social pressure came to play an important role in disrupting certain individuals or groups, leading them to believe that suicide was their only option.

Durkheim found that suicide rates varied according to religion, marital status, family size, political/national crisis, economic conditions, and occupational group. He also classified suicide into four social types: egoistic, altruistic, anomic, and fatalistic suicide. He concluded that social integration and regulation could protect individuals from suicide because high suicide rates occur when the relationships between individuals, society and social groups such as families, schools, and religions, are too strong or too weak.

Durkheim examined suicide rates in a religious society, a domestic society and a political society. He then made a general conclusion: "Suicide varies inversely with the degree of integration of social groups of which the individual forms a part" (Durkheim, 1952, p.209). That is, high integration may produce a low suicide rate because in a more integrated society, people are controlled more by its norms and rules, which protects them from suicide. Durkheim's four types of suicide are summarised below.

Egoism is a kind of social condition. Interaction in an egoistic society is low, and individuals assert their own interests over societal interests. For example, Durkheim noted that amongst 19th Century Protestants the suicide rate was significantly greater than amongst Catholics. He attributed this fact partly to the idea that Protestants were largely left, by their Church, to work-out the exact means towards their own salvation; the Church did not provide clear rules in this respect (unlike the Catholic Church). An individual unable to come to terms with shaping his / her faith

may develop doubts about his / her ability to live-up to the expectations of other Church members. In such a situation, egoistic suicide is likely to be the result. Durkheim (1952, p.209) wrote:

"the individual detached himself from social life when he saw his own goals are preponderant over those of the community... The more weakened the groups to which he belongs, the less he depends on them, the more he consequently depends only on himself and recognizes no other rules of conduct than what are founded on his private interest."

Durkheim stressed that excessive individualism may weaken the bonds between individuals and social groups. People may no longer find the meaning of life since they are no longer serving some moral purpose beyond themselves. Eventually, they will find that it is an intolerable burden when they confront troubles and conflicts, thus leading to suicidal behaviour. Therefore, when groups become more egoistic and less integrated, suicide rates rise. Durkheim (1952, p.209) continued:

"collective force is one of the obstacles best calculated to restrain suicide, its weakening involves a development of suicide. When society is strongly integrated, it holds individuals under its control, considers them at its service and thus forbids them to dispose willfully of themselves."

The bond that connects people's lives and the sublime goals they engage in prevent them from feeling in deep personal trouble. In other words, in a cohesive society, ideas and feelings exchange from all to each and each to all. Just as a mutual moral support, instead of casting the individual on his own resources, leads an individual to share in the collective energy and supports the individual when he tires out.

According to Durkheim, as human beings with thought, we search for the meaning of life through serving some end (goals) beyond ourselves. Our activities definitely need an object transcending it. If not, once one finds that life is not worth the trouble of being lived, everything becomes an excuse to get rid of it. The influence of society is what has aroused in us the sentiments of sympathy and solidarity, drawing us to others. When society disintegrates, it can easily cause an individual to realize that his/ her social life is meaningless because it no longer corresponds to anything real.

In contrast, in a highly integrated group, the relationship between the individual and the group is strong. Individuality in this kind of group may be minimized. When an individual over-integrates into a social group's values and norms, the person's individual identity will be plunged into the identity of the group itself. In this respect, suicide may be considered an honourable act by group members, for which the individual is to be commended rather than despised. Durkheim (1952, p.221) explains altruistic suicide as follows:

> "….altruism adequately express the opposite state, where the ego is not its own property, where it is blended with something not itself, where the goal of conduct is exterior to itself, that is in one of the groups in which it participates. So we call the suicide caused by intense altruism altruistic suicide."

To be more explicit, Durkheim (1952) distinguished three types of altruistic suicide: obligatory, optional, and acute. Firstly, obligatory altruistic suicide occurs when an individual is compelled by society to kill himself in the service of social interests. A

man kills himself because it is his duty. If he fails in this obligation, he is dishonoured and also punished. If such a person insists on living, he will lose the public's respects. For example, in the past, a wife was buried along with her deceased husband to show her loyalty to her husband. If she did not conform to this, then she was deemed to be disloyal to her husband. Thus, the stress of public opinion would lead her to kill herself. This is a type of obligatory altruistic suicide, a kind of sacrifice imposed by society for social purposes.

Secondly, optional altruistic suicide occurs when a man kills himself without being forced to do so, but social prestige is gained through suicide, and the refusal of this is disgrace and has an effect similar to actual punishment, although to a lesser degree. Public opinion does not formally require them to commit suicide; however, it is certainly approved. They commit suicide to win esteem. For example, a soldier commits suicide because it is linked to honour.

Finally, acute altruistic suicide occurs when an individual kills himself just for the joy of sacrifice and self-renunciation. This is the purest type. Unlike with the previous two types, there is no particular reason or circumstance required for acute altruistic suicide. This kind of suicide usually stems from strong religious beliefs. For example, the Hindu was already inclined towards self-destruction under Brahminic influence. Manu's laws commanded suicide only under certain circumstances. A man must have attained a certain age and must have left a son. If those conditions were satisfied then he had nothing more to do with life. He had accomplished his duty in this world, so he committed suicide in a burst of faith and enthusiasm. By doing this, he had freed himself from grief and fear. It was believed that he would be honourably received in the abode of Brahma. Although the mechanisms triggering these three types of altruistic suicide are different, they are influenced by collective

consciousness.

Collective consciousness plays an important role in altruistic suicide. Pope (1976) explains that the first two types (i.e. obligatory and optional) are associated with public opinion, varying only in degree, whereas the third type (i.e., acute) is associated with a distinct belief system. In obligatory cases, suicide is considered a duty under certain situations. Compliance gains honour and glory; otherwise, disgrace and punishment may be imposed. Much the same situation applies to optional suicide. Obligatory suicide occurs to avoid negative sanctioning, whereas optional suicide is more oriented toward eliciting approval. In acute altruistic suicide, the individual is usually motivated by a religious system teaching that 'the true reality of an individual is in another life', that 'he has no life of his own, and as a result, he has no personal existence'. The goal he pursues is in another world. Therefore, he finishes his life to achieve union with his real goal.

Generally, these different types of altruistic suicide are a result of a high level of social integration. High social integration implies that society is more powerful than individuals; social interests prevail over individual interests and a low valuation is placed upon human life. As meaning beyond an individual's life is so important, the individual attaches little meaning to his/her own existence. He/ she is willing to give up his/ her life in favour of other, more meaningful goals. Therefore, a high level of social integration leads to a lack of meaning in an individuals own existence, which in turn leads to high suicide rates.

The third type of suicide, anomic, Durkheim saw as a consequence of a lack of regulation in man's activities. He stated (Durkheim, 1952, p.258):

"Anomy is a regular specific factor in suicide in modern societies, which

results from man's activities lacking regulation and his consequent

sufferings."

Durkheim observed that this form of suicidal behaviour was relatively common at

times of both economic depression and prosperity. However, he argued that suicide

did not result from either poverty or prosperity, but from the increased social

instability that results from social change (in both individual and wider social terms).

Durkheim explained this by using two conditions: economic depression and booms.

The explanation of this type of suicide is centred on whether man's means are

adequate for the fulfilment of his needs.

Durkheim first argued that uncertainty rises in acute economic change. When society

is disturbed by some painful crisis or abrupt transition, people will be temporarily

incapable of coping with changes; for that reason, a sudden rise in suicide may occur.

It is the same if the source of the crisis is an abrupt growth of power and wealth.

Durkheim explained that as the conditions of living are changed (i.e., sudden growth

or loss in wealth), people's means may not be adequate for the fulfilment of their

needs (e.g., particular goals, desires, passions, luxury, and so on). This state of

disequilibrium[1] may cause an increase in suicide rates because people can not be

happy or even exist unless their needs are proportioned to their means. Durkheim

(1952, p.246) stated:

"No living being can be happy or even exist unless his needs are sufficiently

---

[1] Durkheim (1952) said that means and needs exist in a state of equilibrium; where the former are
inadequate to fulfil the latter, they exist in a state of disequilibrium.

proportioned to his means. In other words, if his needs require more than can be granted, or even merely something of a different sort, they will be under continual friction and can only function painfully."

In the view of Durkheim, human wants and needs are endless and insatiable. Satisfaction of needs cannot satiate individuals, but serves only to simulate further needs. Eventually, these boundless needs will condemn individuals to a state of unhappiness. To avoid this state of unhappiness, some force is required to limit individuals' desires and maintain the equilibrium between means and needs. Since man cannot do this himself, society can provide the required restraint. Under societal pressure, individuals in their spheres realize the limit set to their ambitions and aspire to nothing beyond. This is how a state of equilibrium is maintained under normal conditions. However, during a crisis (sudden changes in economic conditions), the standard that regulates needs can no longer be maintained. Society becomes incapable of its usual function of regulation. In the case of economic recession, the economic situation requires people to scale down their needs. When the old standard is no longer appropriate, and new regulations cannot be immediately established, people will have nothing to follow. As a result, they feel anomic and unhappy because they are unable to fulfil their needs. Thus, the suicide rate increases. Similarly, in economic booms the disequilibrium of means and needs can occur. People's needs are stimulated and become less amenable to restraint; thus a similar trend in the suicide rate occurs.

The prior discussion has focussed on acute economic anomie. Durkheim also analysed chronic economic anomie, highlighting the gradual diminution of social regulation. Durkheim argued that the development of industry and the extension of the market make the liberation of desires worse, gradually eroding the old social

regulation and permitting needs to expand and outstrip means. Consequently, those needs and desires result in disequilibrium and create unhappiness and high suicide rates.

Durkheim's explanation for anomic suicide is based on three assumptions. First, the happiness of man is to be explained by the degree to which needs are proportional to means. Second, the needs of man do not have limitation. Third, society is the only power that can restrain man's needs and desires and thereby create the equilibrium between means and needs upon which man's happiness depends (Pope, 1976).

Durkheim related sudden changes in the economic condition to society's ability to moderate aspirations. During a crisis, individuals will find that old rules are no longer applicable to the new situation. Since new rules cannot immediately be formed, means and needs are not able to reach a balance. The individual adapts poorly to his situation and exists in a state of unhappiness. Similarly, social regulation may erode after a long period of time. The lack of regulations leads to an expansion of needs. This creates needs-means disequilibrium and leads to anomie. Finally, suicide rates increase.

The fourth type of suicide, fatalistic suicide, which was seen by Durkheim to be the opposite of anomic suicide, was seen to occur amongst social groups that suffered from oppressive social discipline and regulation. However, Durkheim did not explicitly explain this type. He only commented (Durkheim, 1952, p.276):

"...there is a type of suicide the opposite of anomic suicide, just as egoistic and altruistic suicides are opposites. It is the suicide driving from excessive regulation, that of persons with futures pitilessly blocked and passions

violently chocked by oppressive discipline."

Durkheim only briefly described this type and considered this form of suicide to be almost non-existent in modern societies. Examples include those with overregulated, unrewarding lives such as slaves and childless married women.

To sum up, the cause of suicide was seen by Durkheim to be located in the relationship of an individual to both society as a whole and social groups to which the individual belongs. He thought that through socialization, society and social groups provide a guide for how individuals should act, so people's behaviour is associated with social circumstance and social relationships. However, Durkheim rejected the idea that events per se cause suicidal behaviour; rather, he compared data covering different countries, sexes, ages, marital statuses and religions, and then developed his theory of social integration and regulation and how it relates to suicide. For example, suicide rates are lower among married males than single males because marriage results in increased social integration. Married men gain more support from their families and avoid isolation unlike those who are not married. The individual who is not integrated may suffer psychologically, and as a result of the combination of these experiences (e.g., isolation and depression), suicide becomes an option for the individual to express his/ her unhappiness.

Durkheim's basic argument in this respect is that although the act itself is a personal choice, it is the social circumstances within which the individual finds himself / herself that are likely to cause him / her to see suicide as an option in the first place. So, it is social factors that affect suicide.

Although Durkheim's classification of suicide seems to be idealistic (i.e., egoistic

suicide, altruistic suicide, anomic suicide and fatalistic suicide), his theory of socially caused suicide has influenced many scholars. Many researchers (e.g., Halbwachs, 1930; Sainsbury, 1955; Gibbs and Martin, 1964) have adopted methodologies similar to Durkheim's to investigate suicide. However, it can be noticed that recent sociological research has moved away from creating general and abstract theories of suicide towards examining how particular aspects of the social structure are related to the suicide rate. Such research tends to seek explanations for the suicide phenomenon in different aspects of society, although it does not attempt to create a grand theory.

Sociological research on suicide over the past few decades has classified the causes of suicide into four major categories: social integration, culture, economics, and modernization (Stack, 1982). Suicide can generally be explained by one of these four categories. They are not solely exclusive and can be related to each other. For example, social integration is related to modernization. Modernization causes rural-urban migration, which can weaken social ties. When people have weak bonds with others, they tend to disintegrate into society. They will have inadequate support when they encounter problems and, as a result, they may see suicide as the only way to solve their problems. Moreover, modernization is also related to culture. Modernization changes cultural expectations with regards to the roles of the sexes. When a society becomes modernized, women take on many characteristics of the traditional male role, such as labour force participation. Greater equality between the sexes tends to result in higher female suicide rates. The following section will also focus on these sociological explanations for suicide.

Social integration and suicide

Durkheim's theory of suicide stresses the importance of equilibrium between individuality and collectivity. For many years, his theory continued to stimulate many sociological studies in the area of social integration and suicide. Such studies investigated social integration and various other factors, including marriage, religion, migration, status, integration and political factors.

Durkheim (1952) contended that marriage results in subordination of an individual's egoistic tendencies for the sake of the spouse. It gives and takes emotional support. It not only helps individuals to lose one's egoistic tendencies by helping another, but also regulates various appetites such as sexual desire. Marriage increases integration and regulation, and brings greater meaning to a person's life; thus, it should reduce suicide risk. Divorce, in contrast, increases suicide risk because it breaks the bonds between the individual and marriage.

Hendin (1975) found that the suicide of young people (age 15-24) had increased by 250% over two decades (1950-1970) in America. This was connected to the huge increase in divorce and strife within families, where parent-child relationships were filled with anger and hostility. These circumstances would leave the children emotionally deadened and make them prone to suicide (Toolan, 1975; Hendin, 1975). Moreover, it has also been found that suicide is high among people who are isolated from family life. An analysis of the 50 states in America in 1970 indicated that a 1% rise in divorce, the most important determinant of those studied, was associated with a 54% increase in suicide (Stack, 1980). Gove and Hughes (1980) analysed data from 389 U.S. cities and found living alone was strongly related to suicide. These studies suggest that marriage influences the relationships between family members, as well as the suicide of family members. Although divorce has become common and is accepted by most people nowadays, a failed marriage can still have a huge impact

on young people. For many young people, the separation/divorce of two parents is perceived as a life-shattering experience.

Religion is another important indicator of social integration. It has been argued that religions with high social integration reduce suicide (Durkheim, 1952). Traditional analysis of religion and suicide has been restricted to Protestant- Catholic differences. Catholicism has been perceived as a religion with many shared beliefs and rituals. In contrast, Protestantism is seen as a religion with fewer shared beliefs and practices, thus allowing individuals more freedom or egoism in religious life (Durkheim, 1952). Therefore, Catholicism should shield against suicide, whereas Protestantism should aggravate it. However, this theory has received mixed support. A study, which examined the density of Catholics and suicide rates in U.S. counties, found that the proportion of Catholics was not related to U.S. county suicide rates (Kowalski et al., 1987). Simpson and Conklin (1989) studied 71 nations and found that the proportion of Catholic and Protestant people in a nation was unrelated to suicide. However, Burr et al. (1994) have studied 294 metropolitan areas in 1980 and argue that the proportion of Catholics is related to suicide rates. They argue that Catholicism lowers the suicide rate by lowering the divorce rate. In contrast to Catholicism, they state that Protestant church membership is unrelated to suicide. These inconsistent findings indicate that level of integration of Catholicism may have decreased, which is why its power over suicide has reduced. However, in some more religious places where social integration may still be high, religion may still restrain suicide.

Religious commitment is related to suicide. Stack (1983) has argued that a decrease in church attendance and religious support systems for the young is associated with youth suicide, finding that each 1% decrease in church attendance is associated with

a 0.59% increase in youth suicide. For 261 Canadian census divisions, a 10% change in the proportion of the population with no religious affiliation, a sign of low religious commitment, brought a 3.2% increase in the rate of suicide. No religious affiliation was the most important variable associated with the variance in suicide (Hasselback et al., 1991). However, a study which analysed religious commitment and suicide in the U.S., with controls for geographic mobility, found that religious commitment was unrelated to the urban suicide rate (Bainbridge, 1989). While these researchers debated suicide and its link to integration of a religion, other researchers stressed how the impact of religion on suicide depends on special contexts. The context of urbanity, where people are more apt to find others with the same religious belief and construct a strong religious network, should strengthen the impact of religion on suicide (Kowalski et al., 1987; Pescosolido, 1990). Besides, a religious structure characterised by non-hierarchical power relations, a conservative ideology, and tension with mainstream culture is likely to decrease suicide. Such a structure promotes friendship ties with church members, and hence reduces the risk of suicide through networks of social support (Pescosolido & Georgianna, 1989).

From the discussion above it is clear that religion may offer some protection, but in nations which have been highly secularized little protection exists. As discussed earlier, religious networks provide social support. Similarly, the community where people live can also provide social bonds for people. Migration can break the social system as well as important ties between individuals, such as the bonds between relatives, co-workers, and neighbours, as well as the social system. In addition, some migration involves changes in language, type of dwelling and relationships, which has even greater influence on people's lives (Trovato & Jarvis, 1986) and hence increases the risk of suicide.

One study has reported that immigrant groups in England tend to have higher suicide rates than the general population (Merrill & Owens, 1988). However, Trovato and Javis (1986) noted that there are some variations in the strength of the effect of immigration on suicide. They found that the effect of migration varied by ethnic background. Immigrant groups with a Catholic background (e.g., Italians and Portuguese) were found to have a greater ability to provide strong community ties for their members than English, Welsh, Scottish, German, and U.S. immigrants, who had less social integration. Thus, Catholic immigrants suffered fewer shocks and their suicide rates were found to be lower than those of other immigrant groups.

Such studies give examples of international migration. Migrants experience great changes in their living environment; for example, they may experience language barriers. Although nowadays migration has become more common, its impact still exists. The impact of migration on international migrants may be greater than on national migrants as international migrants may feel more easily disintegrated. However, this impact may be moderated by other factors, such as religion.

Another element of social integration can be found in the status integration theory. Any status configuration that is not commonly occupied by people in a society is apt to be marked by role conflict (Gibbs & Martin, 1964). Role conflict means the disintegration of statuses, which can cause a series of psychological disorders. In contrast, when status configurations (e.g., being a wife/mother in the labour force) become more common, people experience less stress and suicide rates should reduce.

A key area of research related to status integration has focused on female participation in the labour force over time. Women who experience a conflict

between their duties as homemakers and workers have been found to be more prone to suicide. Data on individuals in Detroit indicated a higher suicide rate among employed women than non-employed women (Stack, 1979, 1982). An investigation into individual-based data in British Columbia, however, indicated that employed women had a lower suicide rate (Cumming et al., 1975). The latter researchers explained their results by stating that the benefits of employment, such as financial rewards and social relationships with co-workers, outweigh the cost of any role conflict, thus reducing the possibility of suicide among women.

Trovato and Vos (1992) analysed female participation in the labour force and suicide from 1948 to 1963 in the U.S., a period when female participation in the labour force was relatively low. They found that female participation in the labour force was linked to an increase in both female and male suicide. This was a period of relatively high social antipathy toward women participating in the labour force. For example, a working wife/mother may have been linked to the failure of the male to provide (for his family). So, females experienced stress not only from different duties but also due to public opinion. Males also experienced a sense of failure. This in turn increased the likelihood of suicide in both genders.

In contrast, in the period of women's liberation, 1964-1980, female participation in the labour force was becoming more common and was no longer linked to female suicide. However, female participation was still positively linked to male suicide. The cost of female participation in the labour force (e.g., less psychological support from a female partner) still outweighed the benefits (e.g., family income) for men. However, it was found that in Canada in 1981, female participation in the labour force was no longer linked to suicide among Canadian males or females.

Besides female participation in the labour force, marital status can also be applied to the status integration theory. Stack (1990) found that from 1960-1980, a period when the number of divorced people more than doubled, suicide in both divorced males and females decreased. Stack contended that this may have been because of the development of social support groups for divorced people and the lessened stigma associated with a divorced status.

Finally, the last aspect of the social integration theory that can be linked to suicide is political factors. Durkheim (1952) argued that political factors such as wars and political crises decrease the suicide rate by rousing collective sentiments and promoting integration. This thesis continued to receive mixed support in subsequent research. Although Durkheim proposed that wars tended to lower the suicide rate, most recent research has found that this relationship is not always direct. A study of World War I found that war reduces suicide, mainly by lowering unemployment and alcohol consumption (Wasserman, 1989), while Stack (1983) found that war reduces suicide regardless of the effect on unemployment. In Japan, it has been found that both unemployment and suicide decreased during war time from 1929 to 1939 (Yamamoto, 1984). More research into this issue is needed. A higher level of integration may occur during war leading to reduced suicide in the country where the war is taking place. Another political factor, an election, has been presumed to result in higher social integration (Stack, 1982b). However, Wasserman (1983) argues that suicide rates decrease at the time of an election, possibly because of a decrease in unemployment.

In short, the social integration theory of suicide emphasizes different social factors that can have negative impact on individuals. Research into suicide and social factors, such as marriage, religion, migration, status, integration, and political

crises, have found diverse results. Since divorce, migration and multiple status configurations have gradually become common, and religion has gradually lost its power in people's lives in Taiwan, these factors may have lower association with social integration and suicide among adults. However, these factors can still be seen as stressful events for young people because they have a tendency to be more psychologically vulnerable.

Culture and suicide

Cultural explanations for suicide emphasize the impact of values, beliefs, role expectations and normative considerations on suicide. The cultural pressure of sex roles, differing racial socialization, and the influence of the mass media on culture have all been found to play a part in shaping the suicide rate of certain groups.

Hendin (1978) found that, in contrast to Norwegians, Swedes have a strong competitive personality and a relatively high inability to deal with emotion. They may experience great pressure without being able to find a way to reduce it. These traits, Hendin argued, predispose Swedes to suicide. Moreover, Iga et al. (1978) found that the high suicide rate of Japan is related to Japanese cultural traditions. For example, the Japanese emphasize the value of the family and a need for success because it brings blessing to the family. Within this context, any failure will lead to intense shame and hopelessness. Also, because of lack of individuation, the Japanese are inclined to regard a single occurrence sufficient to instigate suicide.

In traditional China, suicide was a culturally acceptable response to a variety of situations, and in some circumstances was morally appreciated (Hsieh & Spence, 1980). In such 'cultural models' of suicide, the objective of suicide is to fulfil virtue,

establish eternal fame, preserve moral integrity, redeem oneself from disgrace, or pressure survivors to pursue a better line of conduct. From the Confucian perspective these suicides are considered 'rational' because they restore the balance of rights and duties that is essential for civilization to progress. This may suggest that people who follow Confucian culture are more prone to commit suicide. Modern scholars argue that suicide has become a means for powerless people, especially women, to strive against inequality or win attention in a patriarchal society (Ikels, 1983; Wolf, 1975).

A change of sex roles has also been found to affect suicide. Snyder (1977) found that American values of work equality for females have contributed to a rising female suicide rate, by promoting female labour force participation and role conflicts. Interestingly, Canetto (1992) and Lester (1988) claim that women have more negative attitudes towards completed suicide than men, but more positive attitudes towards attempted suicide. Women have more flexible coping skills as they have a number of role changes during their life and a more extensive social support network than men (Canetto, 1992; Girard, 1993; Pescosolido & Wright, 1990). Moreover, women are more likely to recognize the warning signs of suicide, such as depression, and seek professional help (Canetto, 1992; Sanborn, 1990; Travis, 1990; Overholser et al., 1990), but, men are more likely to conduct a lethal act than women.

Looking at cultural explanations for high suicide rates among young females in China, Song (1985) found that the Chinese as a group tend to be emotionally more reserved, introverted, fond of tranquillity, overly considerate, socially overcautious, and self-restrained. Chinese children are traditionally reared to show greater concern for their honour and reputation than for their lives. Such characteristics may predispose women to turn to suicide as a means to solve their conflicts.

Chen (1996), on the other hand, argues that Confucian culture is protective against factors that increase vulnerability to depression, an important predictor of suicidal behaviour. As their traditional values emphasize relationships that maximize support within and outside the family for individual members, traditional values have been inversely linked to psychological distress and suicidal behaviour (Lewinsohn et al., 1994).

Nowadays, through the media young people are particularly influenced by Western culture. Western individualistic values are viewed as having a negative impact on young people's mental health, resulting in an increase in conflict and a decrease in support in the parent-child relationship (Arnett, 1999). Thus, changing values toward individualism can increase emotional stress in traditional cultures (Arnett, 1999). Young people in modernizing cultures may lose a sense of their purpose in life and become vulnerable to suicide (Shek, 1996). Taiwanese teenagers are exposed to Western culture through fashion, pop music, travelling, cultural festivals and sports. Whether or not such changes to the traditional culture of Taiwan has had a negative effect on young people's suicide is unknown. Therefore, this research aims to explore how cultural factors/explanations can be used to interpret young people's suicide in Taiwan.

As discussed earlier, many aspects of cultural change stem from the development of society, modernization and industrialisation. The influence is not only on culture, but also on other aspects of life, such as education and relationships between people. The following section will discuss further the influence of modernization.

Modernization and suicide

Factors associated with modernization, such as materialism, industrialization and urbanization, have been linked to the incidence of suicide. During the process of industrialization, economic opportunities may be greater in urban areas, so many people are attracted to cities from agricultural areas, weakening social relationships and increasing the risk of suicide. Modernization and industrialisation changes not only the means of production but also the structure of the labour force. The need for a highly skilled labour force promotes the expansion of education; which on the one hand weakens the common faith, and on the other promotes cultural change, such as increasing materialism and individualism. Modern society may require the value of materialism to be higher than the value of spiritualism to ensure efficiency in industrial production and consumption. Materialism results in a culture centred on the endless pursuit of materials and goods, which increases the probability of dissatisfaction with life and subsequently the risk of suicide (Eckersley, 2006). Thus, rapid development and an over-emphasis on materialism and individualism may bring about greater risk to individuals.

Baudelot and Establet (2008) have examined suicide rates and GDP (Gross Domestic Product) across countries. They have found that high suicide rates are connected to greater wealth and more common in industrialized countries such as New Zealand, Canada, Germany, Belgium, Finland, Austria, France and Switzerland. They conclude that high suicide rates are a result of either wealth itself, or one or more social realities that are usually associated with wealth, such as urbanization, competitiveness, and the rise of individualism. Researchers who support this thesis argue that in more developed countries, people are more individualistic. They lack a common goal beyond themselves and have weak ties with others; thus, they are more prone to suicide when they encounter problems.

Mayer and Ziaian (2002) also claim that there is a strong link between economic growth and suicide rates in industrialised India. They identify three variables to explain high suicide rates: the degree of industrialization, increased life expectancy, and rising standards of education. These three variables are very similar to those traced by Durkheim in the late 19th century in Europe. The sudden transformation that occurs as a result of rapid development of a market economy gives individuals greater autonomy, and individuals are left alone in charge of their own lives, which minimizes the support and assistance of traditional communities. In particularly, those who attain a high degree in education are more individualized because they have the greatest knowledge and skills which allow them to live autonomously. Just as Durkheim claimed, education promotes a weakening of common faith and lowers integration into traditional/shared beliefs and practices; thus, education can increase the risk of suicide.

Li (1972) regarded educational levels as an indicator of the degree to which an individual has been taught and internalized the normative structure of a society. Li's results showed that the higher a person's education, the higher their integration, and subsequently the lower the risk of suicide. Nevertheless, Li cautiously concluded that this negative relationship may only apply to transitional nations, like Taiwan. Another view is that the influence of education on suicide is tied to the extent to which education benefits groups in their materialistic quest for better jobs and higher incomes (Stack, 1995). Groups such as women and minorities, who have not received the same payoff from education as men, exhibit a positive relationship between education and suicide.

Since modernisation/industrialisation brings about abundant benefits to social life

via a growth in the economy, the economy, therefore, inevitably influences human life and behaviour. The following section will discuss the relationship between the economy and suicide.

Economy and suicide

Sociological theories emphasize the role of conditions that disturb the rhythm of social life to explain suicidal behaviour. Early research suggested that the economy may increase propensity towards suicide through its associations with unemployment, financial stress, family instability, and mental troubles (Stack, 2000). Among these economic factors, unemployment (often as a result of economic crisis) has been seen as a very important factor relating to suicide because it can increase the risk of suicide directly by eroding income, welfare and self-esteem (Platt, 1984). Loss of employment may result in a rise in psychiatric disorders and suicide rates (Preti & Miotto, 1999). Also, in times of high unemployment, the risk of suicide may be increased due to a higher level of anxiety among employed people who fear losing their jobs. People who are dependant on the unemployed to provide for them will also be affected due to a lowering of their financial wellbeing (Stack, 2000). Using time-series analysis, Lester (1995) found that unemployment was linked to suicide. Similarly, Chang and Yap (1987) compared suicide rates with certain social indicators. They found that when the unemployment rate increased, the suicide rate increased.

Platt (1984) reviewed individual, cross-sectional studies which compared actual suicide rates of unemployed people with those of employed people. Unemployed people were found to have higher suicide rates than employed people. According to his other reviews, there was substantial evidence to show that unemployed people had higher suicide rates than their employed counterparts. The only exception was

for women, a group that according to traditional stereotypes is not as vulnerable to joblessness as men. However, according to aggregate-level studies in Italy, a higher risk of suicide was linked to places with low unemployment rates (Platt et al., 1992). The explanation for this phenomenon is that in regions with lower unemployment rates, becoming unemployed results in an individual having less access to supportive relationships. Also, the psychological distress associated with unemployment is more detrimental to people suffering from an illness (Bartley &Owen, 1996).

Besides unemployment, there are some studies that have investigated the relationship between socioeconomic status and suicide. Burnley (1995) has found that manual workers have the highest suicide rate when compared with professional, managerial, and technical workers. Stack (1995) reports that the suicide rate for labourers was eight times higher than the national average in 1985 in the U.S. In the U.K. it has been found that the greater the socioeconomic status, the lower the rate of suicide (Platt et al., 1992). Some caution needs to be exercised when interpreting these findings because typically many studies do not control the correlates of lower SES, such as divorce. Although there is a relationship between class and suicide risk, this relationship needs more careful examination.

Generally, economic deprivation such as unemployment, loss of income and low socioeconomic status can increase the risk of suicide. It is not only because economic loss directly affects the living conditions of people and increases the psychological strain upon them, but also because economic loss affects people's relationships with society and reduces their resources.

Many researchers after Durkheim have used the same approach and tried to modify his theory without going too far from his thesis. His theory remains a strong position

for explaining the phenomenon of suicide. Nevertheless, there are different views as to how suicide should be studied. Some researchers claim it is the micro social context of an individual that should be investigated. Other researchers emphasize that biological and psychological aspects of individuals themselves should be looked at. Therefore, the following section will discuss some sociological criticisms of Durkheim's approach and different approaches to investigating suicide.

Criticisms of the macro approach

The methodology of Durkheim was influenced by science and followed the positivist paradigm. Gane (2000) explains that Durkheim stressed scientific analysis and first defined suicide as a social fact which formed his objective observation. Scientific sociology is only possible if the order of analysis begins with the work of objective observation and rational classification of objects. The general character of Durkheim's methods was to present elements of rationalism, objectivism and experimental reason (Berthelot, 1995, p.140). Although Durkheim made significant contributions of scientific study of social phenomena, it is also the most controversial part of his research. For example, Durkheim stressed that we should undertake an objective study of social phenomenon. However, the data he used may not be as objective as he claimed. Many sociologists criticize his use of official data and the most powerful critique has come from Douglas.

Douglas (1967) stated that suicide rates, like suicidal acts, are the outcome of involved and complex social processes, although the meanings of statistics appears obvious (Douglas, 1967, p.170):

"The difficulty, however, is that one is still relying upon human judgement for

the data, not simply upon sensory experience, which one also used to observe the mercury expansion and contraction against a calibrated scale, but actually upon the complex faculties of human judgements in interaction with each other."

For Douglas, social reality is constructed by people who attribute meaning to certain things and to certain behaviour of others. Douglas argued that the facts Durkheim used in his analysis were not just 'things' in the social world, as discovered by sociologists. They were a social construction of reality, defined by social actors who possessed the power to create an official interpretation of reality. So, official statistics relating to suicide were not facts but the interpretations of a set of social actors. More specifically, whether a death is classified as 'suicide' sometimes involves some form of value judgement, as does the criteria used by coroners to define causes of death. In other words, suicide rates are socially constructed.

Douglas largely rejected the use of official statistics, stating that the suicide rate is fundamentally affected by the definition of suicide adopted by coroners, which can be unreliable. The definition of suicide can vary by country and coroners' verdicts may follow different procedures and be influenced by the family involved. For example, in some countries where suicide is classified as a criminal offence, coroners will be less likely to classify a death as 'suicide', as such a classification may affect the family of the deceased. In addition, when the victim is insured against death, coroners are less likely to classify the death as 'suicide' (unless the evidence is obvious) than in circumstances where no financial consideration is evident. Thus, there is no real way to determine the reliability and validity of suicide statistics because the determination of suicide involves a social process of interpretation by a number of social actors. Thus, Douglas sought another approach

to the study of suicide.

In Douglas' view, society is the product of the meaningful interaction between individuals and it is not something that exists externally to individual social actors. Human behaviour can not be explained without having awareness of social actors. Furthermore, various actions may appear to be identical to an observer but the meaning of the actions may differ. Douglas argued that sociological analysis should focus on meaning rather than social structure. To understand suicide sociologically, one should examine the meaning of suicide to the participants. Researchers, therefore, need to get as close as possible to the world that they are studying. Very likely, the most appropriate methods to use for investigation involve self-perception/awareness logs, such as diaries, suicide notes, interviews, psychiatrists' notes and biographies, because people who intend to commit suicide possibly attempt to convey to others the meaning of their actions in suicide notes and so forth. The analysis of these documents can reveal certain common or typical patterns of meaning that actors construct for their suicidal actions.

In Douglas' research, a study of diaries, notes and observers' comments were used to see how individuals constructed the meaning of their suicidal actions in the situations they found themselves. He found several common patterns related to the meanings attached to suicide in Western societies: (1) suicide as reunion - release from cares/pressure; (2) suicide as atonement - transforming oneself for others; and (3) suicide as revenge - mostly increased during the 20th century. Generally, these patterns were found to be linked to revenge, searching for help, escape, repentance, expiation of guilt, self punishment, and seriousness.

Douglas' approach can be used to study the process of on-going interactions that

lead to the construction of specific suicidal meanings by individuals. His emphasis on a process and its context, in contrast to a motive and a single action, made his method somewhat unique. Moreover, unlike studying suicide rates, which are confined to completed suicides only, Douglas' research method allows for a variety of suicidal behaviours to be studied.

When evaluating Douglas' research and contribution, one should be aware that Douglas had neither fully elaborated his methodology nor provided sufficient empirical substantiation of his major theoretical points. Atkinson (1978) argued that it is not clear as to what Douglas meant when he referred to social meaning or how one could go about analysing it. Whether the true meaning behind suicide is captured or not is unknown. There is no guidance as to what procedures one should follow in such a study, and Douglas is vague about what counts as data that one should use to study and analyse meaning (Varty, 2000).

Nevertheless, since Douglas, the micro social context of suicide has been studied. Using transcripts of phone calls to a suicide prevention centre, Sacks (1967) looked at the process whereby the potential suicide victim came to the conclusion that they had 'no one to turn to'. Sacks suggested that the search for help is a course of action routinely pursued by potential suicide victims and they feel they have the right to expect it, particularly from relatives.

Having 'no one to turn to' alludes to not only a physical but a psychic absence. Suicide is interactional and depends on the reactions of others to the potential suicide. Thus, suicide might result from the rejection of an appeal for help. Stephens (1985) studied suicidal women and their relationships with husbands, boyfriends and lovers. Stephens interviewed 50 females who had attempted suicide. The analysis

showed that women who tried to commit suicide were unfaithful, over-dependent on a male partner, brutal and violent, and exhibited a denial of affection. This finding was similar to Sacks' point that suicidal acts have to be understood as interactional, that is, the product of a relationship/relationships rather than the product of individual traits.

Rushing (1975) argued that suicide is frequently preceded by a kind of deviant behaviour. The labelling of the individual who attempts to commit suicide as a deviant weakens their self-esteem, frequently leads to social isolation, and makes the possibility of suicide more likely. Kobler and Stotland (1964) stressed that suicidal behaviour is preceded by two things. First, individuals identify themselves as being helpless, and therefore look to others for help. Second, individuals perceive others as defining their situation as hopeless. To further understand how suicidal individuals define their situation, Jacobs (1967) conducted an extensive study of suicide notes left by successful suicide victims. Jacobs concluded that these individuals were more likely to believe that their situation was intolerable and that death was the only answer. These people defined their situation as beyond their power and control. In a book, 'Suicide and Attempted Suicide', Stengel (1973) argued that many suicidal acts are linked to the medieval idea of an ordeal, a dangerous test or trial. People risk their lives in order to find out if they are 'meant' to go on living.

From this point of view, one can obtain rich information about the process, the meaning and the intention of suicide. However, many of the aforementioned studies confronted similar problems to Douglas. That is, they failed to acknowledge both the roles of social structure and conditions that produce social interaction, and the possible sources of social change. This shortcoming of the research may lie in the

approach adopted. By not using official statistics to explain suicide or working with an interpretive approach, the complexities of the phenomenon are not fully explored.

From a sociological perspective, suicide can be studied from either a macro or micro context. From a macro context, suicide is treated as a social phenomenon, not an individual act. This collective phenomenon is explained by other collective/social phenomena. From a macro context, society as a whole is studied, along with its power to affect individuals. The emergence of patterns of suicide is associated with some form of social pressure acting upon certain individuals in such a way that it makes them see suicide as the only solution to their problems. Thus, the suicide phenomenon can present differently in different social contexts and at different times. From a micro context, social reality does not exist outside individuals; it is constructed by meaningful interactions between individuals. Social behaviour as the explanation of suicide should be considered with reference to the consciousness of social actors. To understand why people commit suicide, the meaning that suicidal individuals construct for their actions must be captured. This usually involves three elements: how the actors define their situation, how others define the actor's situation, and the relationship between the definitions of the actor and others. A sociological explanation can tell us how suicide rates fluctuate from time to time, and what the macro and micro social contexts are that affect suicide. However, the existence of a sociological explanation is not satisfactory to explain why some people commit suicide but some do not under the same situation, and how people come to the decision to commit suicide. This may require an individual approach. As Taylor (1982, p.125) stated:

"Although suicide has become a classic subject in sociology, relatively few sociologists have attempted research in that area and very few of those have either studied actual cases of suicide or attempt to extend and clarify their knowledge of the phenomenon...although psychiatrists and psychologists have general been much more interested in the study of suicidal behaviour than sociologists, it would be a mistake to posit some fundamental distinction between sociological and psychological approaches."

Although many studies that have used an individual approach have looked at more psychological mechanisms, some more recent research which is informed by sociological work looks at the relationship between individuals and certain social groups. Despite the fact that psychological studies on suicide have produced less theory than sociological works, they have contributed to the ultimate explanation of the suicide phenomenon. Therefore, the next section will review some of the literature that uses an individual approach, from both biological and psychological perspectives.

Psychological perspectives of suicide

Mental illness and suicide

The factor that most people link to suicide is mental illness, mainly depression. Many studies have revealed that most child and adolescent suicides originate from a psychiatric disorder (e.g., Shaffi et al., 1985; Shaffer et al., 1996). Barraclough and Hughes (1987) reviewed epidemiological studies of suicide (100 consecutive deaths). They found that 70 percent of people had severe depression, and more than 10 percent had psychiatric problems before their death.

In Australia, Shaffer et al. (1996) interviewed the family and friends of 120 suicide victims. They found that 90 percent of suicide victims had psychiatric diagnoses and an affective disorder; drug and alcohol abuse were the most common diagnoses. Other studies have claimed that depression is the main factor that leads a person to want to commit suicide (Maris et al. 1992; Marttumen et al., 1991), irrespective of other factors such as age, gender, and a range of psycho-social or social–economic factors (e.g. Allebeck, 1988; Kreitman, 1998; Platt, 1988; Platt et al., 1992). Indeed, depression has for a long time been the prevailing and cognitive theme of suicide.

Many people may experience a depressed mood, but according to the book of DSM-*IV* (Diagnostic and Statistical Manual of Mental Disorders), if the depressed mood continues for a long time (i.e. six months or more), it may become a disorder. This disorder is a syndrome which may cause insomnia, low motivation, low activity, and loss of weight (Michael et al., 2004). In addition, if people suffer deep misery and sadness but are unable to share this 'grief', then they are more likely to suffer from depression. According to Michael et al. (2004, p.317), people with depression have the lowest motivation and lowest activity. Clinics define two types of depression:

psychiatric depression and stress-related depression. Psychiatric depression is a kind of psychosis. Psychosis usually means that they have a disorder of the mind that is characterized by a lack of awareness of reality or insight, resulting from changes in the biochemistry of the brain. Sometimes when people can not bear this feeling they may commit suicide. There is some evidence to suggest that psychiatric depression is hereditary, so it runs in families. This suggests that there may be a genetic component to a significant number of sufferers, who may have a close relative who also suffers from an affective disorder (Winokur et al., 1994).

Stress-related depression is a kind of neurosis. The causes of stress-related depression are often past or current stressful events, although it does not prevent the person from being aware of, or having insight into his/her situation. However, when the feeling of grief follows a major negative event in their life, the sense of sadness and misery can be overwhelming, possibly leading to suicide or suicidal behaviour.

No matter what kind of depression (i.e., psychiatric depression or stress-depression) it is, it can cause an individual's suicidal behaviour in two ways. First, the illness itself can cause suicide. People with depression can despair and want to end their lives. Second, the illness interplays with psychological and social factors, and then causes the idea or behaviour of suicide. For example, people with depression may feel upset and helpless because they can not get better; their families can be fed up with their low spirit and leave them alone. These circumstances can aggravate the depression, and make people feel too depressed and guilty to continue living.

The other mental illness which can cause suicidal behaviour, and which is the opposite of depression, is mania. Sometimes mania occurs without a depressive

phase, though a substantial number of sufferers experience both extreme affective illnesses. Generally, the pattern is that the sufferer, following a short bout of psychiatric depression, swings into mania. It is this swing period that may arouse suicide, as despair is contrasted with recent ecstasy (Michael et al., 2004). In the clinic, mania is relatively easy to treat, and because the symptoms in the early stage are easy to recognize (exaggerated verbalization, inflation of self- esteem, hyperactive), intervention can be sought. Prognosis of mania is very good and complete recovery is common, though problems often lie in the psycho-social impact and disorder. If this disorder (mania) is recurrent or cyclical, it can be strongly connected to 'reactive' stress as a script (Pritchard, 1995).

The other psychosis related to suicide is schizophrenia. People diagnosed with schizophrenia usually have audio or visual hallucinations or both. As people with psychosis have problems with awareness of reality, they cannot tell whether hallucinations are true or not (Michael et al., 2004). Sometimes people think they hear voices telling them to kill themselves or jump from a high building (which may be interpreted as a trigger to terminate their own lives). This is why researchers and governments consider such people a high risk group.

Substance abuse can also lead to psychotic illness and suicide. Through long-term dependence (or reliance) on drugs and alcohol, people can damage their neurological systems and brains, and syndromes similar to psychosis emerge. As alcohol can make people temporarily forget their unhappiness, alcoholism is often association with depression (Berrios, 1990). Similar effects are found in drug dependent people. Drugs can ease the psychical and sometimes social pain of their situation (Janlert & Hammarstrom, 1992; Mendleson & Rich, 1993; Murphy & Wetzel, 1990). Once they become addicted, more serious damage may occur. Sometimes

hallucinations emerge (psychosis syndrome) which lead onto suicide.

A study that reviewed 50,000 young national servicemen over thirteen years showed that psychiatric diagnosis in later life was significantly linked to suicidal behaviour (Allebeck & Allgulander, 1990). In particular, later suicidal activity was found to be linked to drug dependence. In addition, Beck and Steer (1989) found that alcoholism was a strong predictor of eventual suicide over a five year period. When alcoholism is combined with other factors (e.g., unemployment) it can compound the risk of both suicidal intention and actual suicide. To sum up, alcoholism and drug dependency can potentially increase the risk of suicide.

The biological explanation of mental illness and suicide has focused on human genetics, neurochemistry, and neurophysiology. Evidence that suicide may have a genetic component has come from a variety of studies, including studies of families, twins and adoption (e.g., Kety et al., 1975; Murphy & Wetzel, 1982; Roy, 1983; Schulsinger, 1972; Wender et al., 1986; Winokur et al., 1994). The next section will focus on these biological theories of suicide.

Genetic suicide

Many suicide attempters have a family history of suicide. Murphy and Wetzel (1982) studied 127 patients hospitalized after attempting suicide and found that when they examined them by psychiatric diagnosis, the personality disorder group had as high a family history of suicide as the affective disorder group; 17% of those with an affective disorder had a family history of suicide and 17% had a family history of suicide attempt. Roy (1983) examined 243 patients with a family history of suicide. Almost half (48.6%) had attempted suicide, more than half (56.4%) had a depressive disorder, and more than a third (34.6%) had recurrent affective disorder. These 243

patients with a family history of suicide were compared with 5,602 patients with no family history of suicide. A family history of suicide was found to significantly increase the risk of attempted suicide among patients with a wide variety of diagnoses, including schizophrenia, bipolar affective disorders, depressive neurosis, and personality disorders. In a report of 52 suicide victims, 20 (38%) were found to have a relative who had either committed or attempted suicide (Shaffer et al., 1996).

The studies outlined above suggest that individuals at risk of suicidal behaviour have a higher than statistically expected family history of mental illness (depression or bipolar illness) and suicide. Whether these observations confirm a genetic inheritance is not proven because of the possible role that positive identification with parents and siblings, and subsequent imitative behaviour might play in later expression of an affective disorder or suicidal behaviour.

A twin study method may help to address the question of whether a predisposition for suicidal behaviour may be genetically transmitted independent of a psychiatric disorder. Identical twins come from one egg (monozygotic) and share the same genes, whereas fraternal twins come from two eggs (dizygotic) and share 50% of their genes. If suicide is genetically transmitted behaviour, then concordance with regards to suicide should be found more often among identical twins than fraternal twins. Roy et al. (1991) studied 176 twin pairs (62 monozygotic and 114 dizygotic) in which one or both twins had committed suicide. They found that 7 of the 62 monozygotic twin pairs showed concordance with regards to suicide compared with 2 of the 114 dizygotic twin pairs (11.3% vs. 1.8%); thus, the monozygotic twin pairs showed a significantly greater concordance than the dizygotic twin pairs. In a second study, Roy et al. (1995) examined suicide attempts among living co-twins where one of the

twins had committed suicide. They hypothesized that if genetic factors play a part in suicidal behaviour, then significantly more living monozygotic than dizygotic co-twins would have attempted suicide. They then collected a group of 35 twins in which one twin had committed suicide and interviewed the living co-twin about whether they had ever attempted suicide. Roy et al. found that 10 out of 26 living monozygotic co-twins had attempted suicide compared with none of the 9 living dizygotic co-twins they studied. They concluded that although monozygotic and dizygotic twins may have some different developmental experiences, studies show that monozygotic twin pairs have significantly greater concordance with regards to both suicide and attempted suicide.

The strongest evidence for the presence of genetic factors in suicide comes from adoption studies. The strength of the adoption strategy is that it is the best way to tease apart nature from nurture issues. This is because individuals separated at birth, or shortly afterwards, share genes with their biological relatives but not subsequent environmental experiences. In contrast, adoptees share environmental experiences through childhood and adolescence with their adopted relatives but they do not share genes.

The Psykologisk Institute has a register of 5,483 adoptions that occurred in greater Copenhagen between 1924 and 1947. A screening of the register for causes of death revealed that 57 of these adoptees eventually committed suicide. They were matched with a control group of 57 adoptees with similar profiles in terms of age, sex, social class of adopting parents, and time spent both with their biological relatives and in an institution before being adopted. From among 269 biological relatives of the 57 adoptees who had committed suicide, 12 (4.5%) had committed suicide, compared with only 2 of the 269 biological relatives (0.7%) of the 57

adoptees in the control group. None of the adopting relatives of either the suicide group or control group had committed suicide.

These results are important because the suicides were largely independent of the presence of a psychiatric disorder. Schlusinger et al. (1979) found that 6 of the 12 (50%) biological suicide relatives had had no contact with psychiatric services and presumed that they did not suffer from one of the major psychiatric disorders commonly found among suicide victims. They propose that there may be a genetic predisposition for suicide independent of, or in addition to the major psychiatric disorders associated with suicide.

Wender et al. (1986) went on to study 71 of the adoptees identified by the Psykologisk Institute's case register as having suffered from an affective disorder. They were matched with 71 adoptees without an affective disorder. Significantly more biological relatives of the adoptees with an affective disorder had committed suicide than had those of the control group. In particular, adoptee suicide victims with a diagnosis of 'affect reaction' had significantly more biological relatives who had committed suicide than did those in the control group. The diagnosis 'affect reaction' is used in Demark to describe an individual who has affective symptoms accompanying a situational crisis (often impulsive suicide attempt). Due to these findings, Kety (1990) suggested that a genetic factor affecting suicide may be the inability to control impulsive behaviour, which has its effect independent of, or in addition to that of a psychiatric disorder. An affective disorder and environmental stress may serve as potentiating mechanisms which foster or trigger impulsive behaviour that leads to suicide.

Studies of existing family, twins and adoption suggest that genetic factors may

influence the phenomenon of suicide. For many suicide victims, these genetic factors may include the genetic transmission of bipolar disorder, schizophrenia and alcoholism. However, adoption studies strongly suggest that there may be a genetic factor influencing suicide that is independent of, or an addition to genetic transmission of an affective disorder. Kety's suggestion (1990) that this may be an inability to control impulsive behaviour is compatible with data that shows central serotonin turnover may be associated with poor impulsive control.

Serotonin

Increased attention has been paid to biological explanations of suicidal behaviour, particularly focusing on two clusters of biological factors: neurotransmission (serotonin) and the functions of neuroendocrine (e.g. Äsberg & Nordstrom, 1988; Jamison, 2000). Evidence has been accumulated that shows decreased serotonin levels among three groups of patients: depressed patients, suicide attempters and suicide victims. Serotonin is a hormone/monoamine neurotransmitter. The role of serotonin as a unifying factor in suicidal behaviour was originally proposed by Äsberg and colleagues, who reported an association between suicidal behaviour and low levels of cerebrospinal fluid (CSF) 5-hydroxyindoleacetic acid (5-HIAA), the principal metabolite of serotonin in depressed patients (Äsberg et al., 1976).

Äsberg et al. (1976) noted that significantly more of the depressed patients in the 'low' CSF 5-HIAA group had attempted suicide in comparison with those in the 'high' CSF 5-HIAA group. Subsequently, a number of other studies have reported that low levels of CSF 5-HIAA are significantly associated with suicidal behaviour in depressed, personality-disordered and schizophrenic patients, although there have been some negative reports as well (Äsberg et al., 1986; Äsberg & Nordstrom, 1988). Although levels of CSF 5-HIAA are an imprecise indicator of serotonin levels in the brain, these

data have led to the suggestion that reduced central serotonin metabolism may be associated with suicidal behaviour (Roy & Linnonila, 1988).

Jamison (2000) suggests that serotonin can restrain violent, offensive and impulsive behaviour. The degree of concentration of serotonin is highly related to suicidal behaviour because suicide is usually the consequence of impulsion. When neuroendocrine can not function properly, there will be a problem in controlling hormones being released. Serotonin will be too high or too low, which may lead to suicide behaviour. Malone (1999) has proved that significant changes in the quantity of serotonin can result in a high likelihood of impulsive and offensive behaviour, and alcohol and substance abuse.

The affect of serotonin on suicidal behaviour remains under investigation. It is likely that serotonin is involved, together with genetic predisposition, environmental stimulus, expression of psychiatric disorders, and suicidal behaviour.

Biological theories of suicide attribute self-destructive tendencies to the influence of hormones and genetic predisposition. Self-destructive behaviour has been found to run in families. This has led to speculation that genetics may play a role. However, cognitive development can also make individuals more vulnerable to distressing situations. The following section will introduce psychological theories in suicide/self-harm behaviour.

Psychoanalytic theory

The first important psychological insight into suicide came from Sigmund Freud. Frued (1940) claimed that we all have both life and death wishes. When individuals feel that they can not live, they will wish to die. He also examined the 'unconscious

aggressive impulses' of each suicidal person and emphasized that no one can mobilize the energy to kill himself without also killing an object (for example, mother, father or friend) with whom he strongly identifies and which is part of him. The wish to die, which was originally directed towards someone else, turns towards oneself.

The psychoanalytic theory of suicide was further extended by Menninger and Henseler. Menninger (1938), in 'Man Against Himself', spoke of suicide as a inverted homicide, seeing it as a result of the patient's anger toward another person, which is either turned inward or used as an excuse for punishment. Henseler (1974) argued that a suicidal person is generally unsure of, and irritated by their own self-worth. The person feels threatened and is in a state of total isolation, helplessness and hopelessness. In this state, any insult or stress can trigger a catastrophe or the breakdown of the inner equilibrium. Suicide appears as the last way out to save personal integrity.

Another important contribution came from Ringel, who formulated the 'pre-suicidal syndrome' (Ringel, 1979). According to Ringel, a suicidal person is marked by: (a) an increasing narrowness of perception, feelings and life goals - their circle of friends contracts until they reach total isolation; (b) suppressed aggression - the aggression can not be lived out and eventually turns towards oneself; and (c) suicidal fantasies and suicidal thoughts - the suicide is (almost always) expressed and made known to others. Modern psycho-dynamic theorists (Buie & Maltsberger, 1983) have attempted to describe the psychological vulnerability that predisposes suicide. These authors describe two threats that underlie suicide vulnerability. First, the loss of psychological self through mental disintegration arises from an intolerably intense experience of aloneness. The extremes of aloneness are experienced as impending

annihilation and a loss of self. The second threat is that of overwhelming negative self-judgement. When survival is threatened, homicidal rage may animate an individual's response. Suicide may become the psychological equivalent of killing someone else, the unavailable or depriving hated object. Some other studies also claim that difficulty in regulating and expressing hostility are common characteristics of suicide attempters (Paykel & Dienelt, 1971; Weissman et al., 1973).

Stress model of suicidal behaviour

Several investigators (Clum et al., 1979; Schotte & Clum, 1982) have proposed a stress model of suicidal behaviour whereby cognitive rigidity mediates the relation between life stress and suicidal behaviour. According to this model, individuals that are deficient in the capacity for flexible divergent thinking under naturally occurring conditions of life stress are cognitively unprepared to develop effective alternative solutions necessary for adaptive coping. As a result, they are assumed to become hopeless under life stresses (Neuringer, 1974). This state of hopelessness places the individual at high risk of suicidal behaviour. The four factors on which this model focus – life stress, cognitive rigidity, interpersonal problem solving deficits, and hopelessness – have all received empirical support in studies of suicidal behaviour. Suicide ideators report four times as many negative life events in the six months preceding a suicide attempt than do non suicidal people, and 1.5 times the number reported by depressed patients for the period before the onset of their depression (Paykel et al., 1975). This relationship has been shown to exist independent of age, sex and social class variables (Cochrane & Robertson, 1975), and may interact with a lack of social support or other factors in that suicide attempters tend to be both demographically dissimilar to their neighbours and to experience different negative life events (Braucht, 1979).

Hopelessness has been shown to be a better predictor of suicidal intent than depression among both suicide attempters and suicide ideators (Minkoff et al., 1973; Schotte & Clum, 1982). Motto (1977) demonstrated that suicidal ideation and intent increase with increasing levels of hopelessness. In a prospective study of psychiatric inpatients treated for suicide ideation, Beck et al. (1985) found hopelessness to be the best predictor of future suicide. Schneideman (1985) suggested that depressed people usually experience extreme pain and strain, and most of them commit suicide with the belief that there is no other alternative way out. Researchers have reported that people can feel hopeless and helpless, and when they feel that there is no future and no way out they may doubt the meaning of their existing (Beck, 1988; Beck et al., 1993; Beck & Steer, 1991).

Transactional model of suicide

Bonner and Rich (1987) hypothesized that suicidal behaviour is best conceptualized as a behavioural process occurring as part of ongoing interactions/transactions of a variety of cognitive, social, emotional, and environmental variables. First, the model suggests that the interaction of environmental stress and cognitive distortions/rigidity results in depression. According to Schotte and Clum (1982), depression is most predictive of low levels of suicidal ideation. At this point, according to the model, loneliness and social support variables become critical. Depressed individuals who have high-quality, confiding relationships are more likely to work through their depression and stress effectively, while lonely and isolated individuals are more likely to develop a sense of hopelessness. Hopelessness is linked to higher levels of suicidal ideation and behaviour (Schotte & Clum, 1982). However, not all individuals who experience hopelessness and strong suicidal ideation attempt suicide. Other factors must be involved, therefore, and adaptive beliefs or reasons

for living constitute a reasonable construct to consider. According to Linehan et al. (1983), suicidal individuals lack important beliefs and values for staying alive. According to this preliminary model, individuals without strong adaptive reasons for living are more likely to give up on attempts to resolve their stress and hopelessness, and are therefore more likely to move from suicidal ideation to overt forms of suicidal behaviour.

Sometimes suffers' problems/situations become worse because their behaviour can not be understood by people around them. A sufferer's depression, self-harm, suicidal attempts, physical or psychological violence may be seen as manipulative acts by others around them (e.g., friends and family). People can end up ultimately rejecting the sufferer (Pritchard, 1995). The sufferer can then turn to rejecting people around them by isolating themselves (Brown & Harris, 1978) until they feel that there is no reason for living and end their life.

The Cognitive-Behavioural Model of Suicidality

This model represents an elaboration of Beck's theory of psychopathology. Beck (1979) argued that hopelessness and helplessness are the most critical factors that cause suicide. Suicidal behaviour is a result of pessimistic views of the future and of oneself. When individuals stay in a state of depression, they produce these negative ideas easily.

Rudd et al. (2001, p.22) has identified a number of fundamental assumptions of the cognitive theory when applied to suicidality, which represent a typical cognitivist stance. They are as follows:

(a) The central pathway for suicidality is cognition, that is, the private meaning assigned by the individual. Suicidality is secondary to maladaptive meaning

constructed and assigned regarding the self, the environmental context, and the future.

(b) The relationship between the suicidal belief system and biological and physiological systems is interactive and interdependent.

(c) The suicidal belief system will vary from individual to individual, depending on the context and content of the various psychological systems (that is, cognitive content specificity). Nevertheless, there will be some uniformity in terms of identified categories (that is, hopelessness, unlovability, poor distress tolerance), which are all tinged by a pervasive sense of hopelessness.

(d) Individuals are predisposed to suicidality as a function of cognitive vulnerabilities, or faulty cognitive constructions, which co-vary with specific syndromes. Accordingly, different cognitive vulnerabilities are consistent with different syndromes and patterns of mental disorder and mental illness.

(e) Suicidality and the suicidal belief system reside at three distinct levels, the preconscious, the conscious level and the meta-cognitive (that is, unconscious - as seen by Rudd) level, with the conscious levels most amenable to psychotherapeutic change.

The cognitive system of suicide is characterized by the suicidal belief system, incorporating the cognitive triad as well as associated conditional rules/assumptions and compensatory strategies. The core beliefs fall within two primary domains that were originally identified by Beck (1995): helplessness (for example, 'I can't do anything about my problems') and unlovability ('I don't deserve to live; I'm worthless'). A third category has also been proposed: poor distress tolerance ('I can't stand feeling this way any more'), as shown in Figure 2-1.
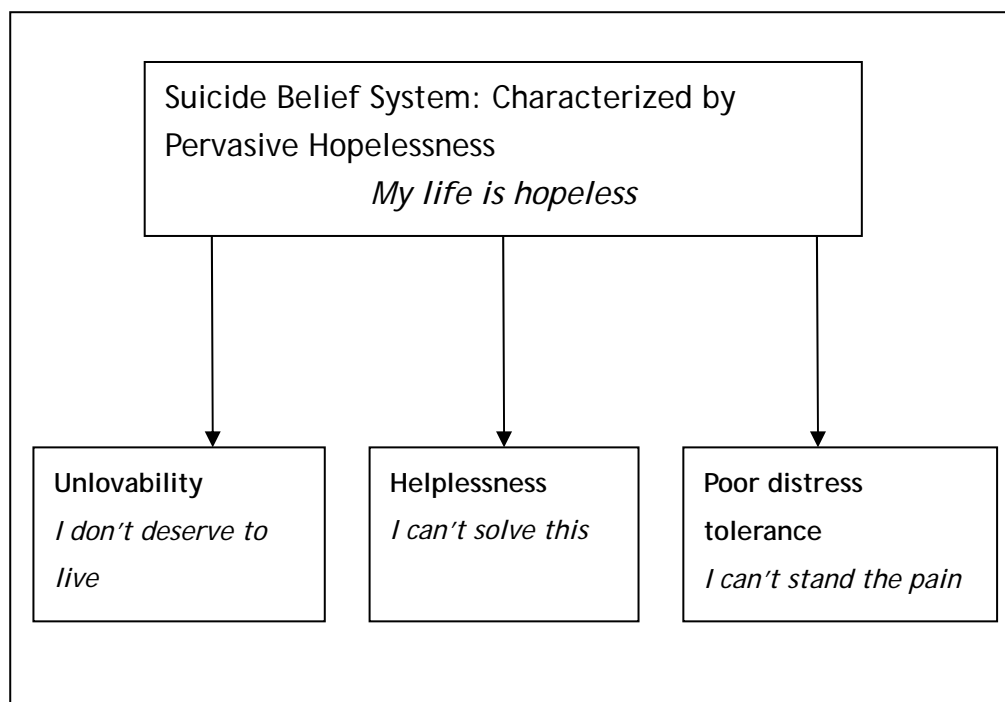
Figure 2.1: Suicidal belief system: Core belief categories

(Source: Rudd et al. (2001, p.29)).

All core beliefs voiced by a suicidal patient will cut across these three categories or cluster in one or two categories; more often than not, suicidal patients present with core beliefs that cut across all three (Rudd, 2000, p.30). Also, as indicated, the future orientation is hopelessness, the primary pervasive feature of an active suicidal mode.

According to Beck (1996), suicide mode is related to four components of the basic systems of personality: cognitive (information processing), affective, behavioural, and motivational. The affective system is distinguished by emotional dysphoria, that is, a mixture of negative emotions. This is in contrast to the sadness characteristic of depression. Empirical findings regarding the often mixed symptom picture present dysphoria as including feelings of sadness, anxiety, anger, guilt, shame, and humiliation, among others. The behavioural impulse is to die, which is indicative of

clear intent to commit suicide regardless of any subsequent outcome (for example, a suicide attempt with injuries or no injuries). The behavioural (motivational) systems help differentiate between suicidal and self-mutilation behaviours and their respective modes. When activated, the suicidal mode is characterized by behaviour (and motivation) expressing an intent to die by way of suicide. During a period in which the suicidal mode is active, the physiological system is aroused, with autonomic, motor, and sensory activation. By definition, the suicidal mode is acute (that is, time limited) in nature and characterized by autonomic arousal and activation. Chronic suicidality is characterized by a low threshold for activation of the suicidal mode and a broader range of potential triggers, along with habitual modes that are active and representative of underlying individual vulnerabilities during inter current periods (Rudd et al., 2001, p.29).

The suicidal mode is a conceptual model easily understood and followed by patients, incorporating relevant empirical findings into the identified systems, and translating them into a framework to both articulate the content of, and guide treatment (Rudd et al., 2000, p. 30). Figure 2-2 provides a graphic illustration of the proposed suicidal mode. As is evident, there is reciprocal interaction and interdependence of the various systems. Although the model appears somewhat linear and sequential in nature, Rudd et al. (2001, p.32) points out that it is important to note the synchronous interaction of the systems described by Beck (1996). At present, the modal theory of suicidality is being refined and attempts are made to validate the theory experimentally.

Predisposing Vulnerabilities:	Triggers (Orienting Schema):
Explained by Facilitating Modes (associated with suicidal mode)	Potential Stressors
a. previous psychiatric diagnosis	a. Internal: thoughts, images, feelings, physical sensations.
b. prior suicidal behaviour	b. External: situations, circumstances, places, people.
c. Developmental trauma, abuse, neglect.	
d. Parental modeling	

Behavioural (and Motivational System: Death Related (Intent)	Cognitive System: Suicidal Belief System (SBS)
Preparatory behaviours (e.g., financial arrangements, insurance,acquiring means to suicide), planning, rehearsal behaviours, attempts.	Suicidal thoughts. Hopelessness. Cognitive Triad: self, others, future. Conditional assumptions/rules. Compensatory Strategies.

Physiological System: Activation, Arousal, Focussing (Selective Attention)	Affective System: Dysphoria
Automatic system, motor system, sensory system activation.	*Mixed negative emotions* Anger, sadness, guilt, anxiety, shame, loneliness, fearfulness, tension, embarrassment, disappointment, humiliation, hurt, suspiciousness

Figure 2.2: A cognitive-behavioural model of suicidality: The suicide mode
(Sorce: Rudd et al. (2001, p.31)).

In summary, psychiatric, psycho-dynamic, psychological, and biological researchers have stressed the importance of mental illness, unconscious conflicts and emotional processes, psychological pain and unmet psychological needs, and biochemical imbalances, respectively. They all emphasize a distinctive feature, aspect, or characteristic of suicide and self-destructive behaviour. The majority of the models

proposed from a psychological perspective are, essentially, variations of the stress-hopelessness paradigm, well articulated by Schotte and Clum (1987). In this paradigm, cognitive rigidity mediates the relation between life stress and suicidal behaviour. According to this model, individuals with rigid thinking under life stress are cognitively unprepared to develop the effective alternative solutions necessary for adaptive coping (Schotte & Clum, 1987). As a result of their inability to engage in effective problem solving, they are assumed to develop feelings of helplessness and hopelessness under such circumstances. This state of hopelessness places the individual at high risk for suicidal behaviour.

Psychiatric studies have stressed that suicide and self-destructive behaviour may have a genetic cause. Also, psychological studies have emphasized that rigid suicidal thinking embedded in an individual's belief system is the key to suicide and self-destructive behaviour. However, these factors can be related to a harmful social environment or lack of positive living experiences. Human behaviour is very much associated with social environment and therefore suicide can also be triggered by a harmful circumstance/environment. Social circumstances will elicit a mechanism within individuals to respond accordingly. Some of these responses (e.g., depression) may in the end lead to suicide.

Conclusion

With society developing, people are nowadays exposed to many new threats. Sociologists argue that modernization, which results in cultural change and changes in social relationships, is one of the factors that cause high suicide rates (e.g. Durkheim, 1952; Eckersley, 2006). While people are enjoying the convenience and wealth of modern life, they are also suffering the pressure and risk that

modernisation brings with it, such as competition and loss of social relationships. Social integration is weakened under these changes. These new threats can result in an increase in mental illness and self-destructive behaviour. For example, depression has become prevalent in modern society because life stress has increased. It has been reported that mental illness is to become the main disease of the 21st century (WHO, 1999), and high suicide rates are common in many developed countries.

Economic development not only promotes living standards, but also increases people's aspirations. As a result, economic affluence increases the vulnerability of individuals when they encounter a crisis. Economic crises bring structural changes in the labour market and have a series of implications, such as poverty, divorce, and unemployment. These can significantly affect people's lives and health, and increase the risk of suicidal behaviour. Although Durkheim's approach provides us with a broad view of the influence of society on individuals, Douglas was quite correct in asserting that the meaning and immediate social context of suicidal behaviour should be considered.

As discussed earlier, sociologists studying suicide rates have focused too much on completed suicides, ignoring the complexities of the suicide phenomenon. Although micro context approaches provide a way of looking at the process of suicide (e.g., suicide ideation, suicide attempt) and finding out the meaning and intention of suicidal behaviour, they can not provide information about how the broader structure affects individuals and how individuals decide to commit suicide. Individuals and environments influence each other, and both should not be explained separately in relation to suicide. Thus, only by considering macro and micro contexts, as well as individual factors, can one give a complete explanation of suicide.

Considering the above, this research studies self-destructive behaviour including self-harm and the different stages of suicide (i.e. suicide ideation, suicide plan, suicide attempt). The author will employ a mixed methodology and try to provide a comprehensive explanation of self-destructive behaviour among Taiwanese young people. Explicitly, the research sets out to understand the influence of macro and micro contexts on young people who are involved in self-destructive behaviour in Taiwan. With regards to the macro context, the author wants to find out how young people subjectively perceive the socio-economic condition and political situation they find themselves in, and its relation to their suicidal behaviour. With regards to the micro context, the author wants to find out how families and peers can affect individuals' self-destructive behaviour. Individual factors are also discussed, such as those discussed in the literature review. Hopelessness, helplessness, depressive mood, and control of life will be investigated using a questionnaire, and their relationships to suicidal behaviour will be examined through statistics. How individuals become suicidal and what makes individuals consider suicide or self harm as an option will be ascertained via interviews. Details of the research methodology will be discussed in Chapter Three.

CHAPTER THREE

Research Methodology

Introduction

This chapter explains the methodology used during my investigation of the suicide phenomenon in Taiwan. Specific techniques and procedures are introduced. As mentioned in previous chapters, this research adopted a mixed-method approach. Both quantitative and qualitative data were collected in 2005/08. Quantitative data were collected from students aged 14-18. Qualitative data were collected from professionals working with youths. Details regarding the data collection are given, including the rationale behind the methods used, ethical issues considered, questionnaire development, and participant recruitment. Finally, this chapter introduces the study's analytic plan, which will be further discussed in subsequent chapters.

Terms about self-destructive behaviour

Before describing the methodology and research design chosen, it is important to clearly define the main terms used in this research, i.e., suicidality and self-harm. As mentioned in Chapter One, suicidal behaviour and self-harm are different in nature. Although some studies use the term self-harm to describe self-injury behaviour with or without intention to die (e.g., Hawton et al., 2000; Hawton et al., 1996), this research has found it is necessary to distinguish between self-harm and suicide.

There is no perfect term to simultaneously describe self-harm and suicide whilst clearly distinguishing between the two. Thus, this research will not try to use one term to cover both self-harm and suicide. Instead, 'suicide and self-harm' will be used to cover both. Moreover, because this research discusses not only behaviour but also ideation, the term suicidality is used to embrace different levels of suicidal risk, ranging from suicide ideation to suicide plan and suicide attempt. The terms self-destructive behaviour will be presented in this thesis to describe people who

exhibit self-injury behaviour with or without the intention to die (i.e. self-harm).

To be specific, suicide ideation suggests suicidal thought without actually conducting suicidal behaviour. Suicide plan is also suicide ideation, although more serious. It is more elaborate thought about suicide because a suicide planner has planed the time, the place and the method to commit suicide. Compared with people who have suicide ideation, people with a suicide plan are usually more determined. Suicide attempt is the behaviour of attempting to commit suicide but without being successful.

Research aims

As introduced in Chapter One, the research aims are:

1. To investigate the prevalence of self-destructive behaviour among the youth in Taiwan.
2. To investigate the impact of social and individual factors on young people's self-destructive behaviour.
3. To examine how differences in demographic characteristics affect self-destructive behaviour.
4. To examine how self-destructive behaviour differs in response to individual and social factors.
5. To find out which social and individual factors can cause self-destructive behaviour.
6. To clarify the mechanism through which young people come to suffer self-destructive behaviour and how young people actually move onto complete suicide.

The first aim is to find out what proportion of young people in Taiwan may think of committing suicide, attempting suicide or deliberately harming themselves. Identifying these potential-risk groups is important for various reasons. To begin with, identifying a risky group at an earlier stage can help with prevention, which is good for both the community and the government, and the persons. Second, at present only the suicide rate has been consistently recorded by the Taiwan government, but figures on suicide ideation, self-harm and suicide attempt have not been

consistently recorded or recorded by region. In other words, having a complete dataset is not only informative to scholars but also valuable to policy makers and local health authorities.

The second aim is to investigate which social and individual factors may contribute to young people's self-destructive behaviour. Aims 3, 4 and 5 support aim 2. The third aim is to examine the differences in social background between those having self-destructive behaviour and those not having self-destructive behaviour. Rather than investigating social impacts by examining suicide rates and social indexes, the fourth aim is to analyse how non-suicidal/self-harmers, suicide ideators, planers, self-harmers and attempters differ in terms of individual and social factors including general health, beliefs about death, optimism, control of life, social/economic/political circumstances, and traditional/individualistic values.

The fifth aim is to find out which factors are more influential and predictive with regards to self-destructive behaviour. The final aim is to find out which processes may cause young people's self-destructive behaviour and how these behaviours relate to each other, as well as how and why those who have suicide ideation, suicidal attempt and self-harm might eventually commit suicide.

Methodological issues

Due to the scope of the research aims, it would not be sufficient to use only one single method to investigate the issues of the study, as the research aims indicate two very different domains. The purpose of this research is to investigate the prevalence and patterns of self-destructive behaviour in the general youth population, as well as the formation of self-destructive behaviour. Using one research method would allow one aspect of the suicide phenomena to be studied, but other aspects may be lost. For example, the prevalence and patterns of self-destructive behaviour can be obtained using a questionnaire survey method, but such a method can not tell us why these patterns have emerged and how individuals become suicidal. Considering the above, multiple methods and sources of data-collection were employed in this research.

Methods used in this research included quantitative and qualitative methods. For the quantitative method, a questionnaire survey was designed to collect data from young people. For the qualitative method, in-depth interviews were carried out with professionals who work with young people to gather qualitative information on suicide and self-harm among young people.

The nature of qualitative and quantitative methods differs remarkably. Quantitative research is often associated with positivism, which bases knowledge on observable facts and implies that the nature of reality objectively exists. In other words, a social phenomenon and its meaning have an existence that is independent and separate from social actors so that inquiry is value-free and objective. Unlike quantitative research, qualitative research is built upon interpretivism. It asserts that a human life is essentially a life of meaning, of language and reflective thought and communication. Therefore, to understand social life, social scientists have to grasp the subjective meanings of social actions (Benton & Craib, 2001). Interpretivism asserts that there are multiple constructed realities and stresses the subjective point of view (Lincoln & Guba, 1985). This chapter does not intend to detail the philosophical foundation of both methods. Instead, the author would like to explain why adopting a mixed method for the present research was able to yield a better understanding of the research aims and questions proposed.

Although philosophical stances and assumptions for quantitative and qualitative methods are different, they should not be the only consideration when choosing methods for research. In the conclusion of Platt's research on the use of research methods in American sociology between 1920 and 1960, she states (Platt, 1996, p.275):

"Research methods may rely on the level of theory, when theory is consciously involved at all, reflect intellectual bricolage or post-hoc justifications rather than the consistent working through of carefully chosen fundamental assumptions. Frequently methodological choices are steered by quite other considerations, some of a highly practical nature, and there are independent methodological traditions with their own channels of transmission…. In many cases, general theoretical /methodological stances are just stances….not guidelines with clear

implications that are followed in practice."

On a practical level, both research methods can provide valuable contributions to the collection of scientific knowledge. Quantitative and qualitative research methods have their own strengths and weaknesses. These characteristics shall be discussed to show that the most suitable methods were applied to this research project.

Although they are different in philosophical stances, quantitative and qualitative research methods are actually complementary and can be used altogether. Some researchers have put the philosophical assumptions aside and have stressed the strength of data collection and analytic techniques using quantitative and qualitative methods, seeing that the two are capable of being fused (Bryman, 2004; Mason, 2005). Das (1983) also states that qualitative and quantitative methodologies are not antithetic or divergent; rather, they focus on different dimensions of the same phenomenon. Both quantitative and qualitative methods have their advantages and disadvantages. Combining both research methods can provide a better understanding of a phenomenon. In addition, Webb et al. (1966) have argued that the findings derived from a study using a quantitative method can be enhanced by using another method to measure a phenomenon.

As aims 1-5 require a large sample to get a collective portrait of groups involved in self-destructive behaviour, and to explore the variations between suicidality and self-harm, quantitative methods were adopted.

Quantitative methods can easily summarise the opinions of an entire sample, statistically predict the characteristics of a target population, and identify the correlations between variables (Gorard, 2003; Crook & Garratt, 2005). Using quantitative methods allows researchers to find out the prevalence and patterns of a phenomenon and facilitates comparisons across categories. In addition, standardized methods and procedures in a quantitative approach can ensure reliability/validity and make replication possible so that theories that emerge can be repeatedly tested.

In the past, many suicide issues were investigated using official statistics. In

particular, issues were investigated using aggregate data such as suicide rates. However, this did not show how suicide was a result of social situations and often caused ecological fallacy. Moreover, researchers were confined by the information that official statistics provided. In Taiwan, only gender, age and regions of suicides are consistently recorded. Information such as occupation and family background is usually not available. Besides this, there are no national official statistics about suicide attempt and self-harm. Thus, there is no way of investigating the phenomena of suicide attempt and self-harm using official data.

In view of the above, this research used a survey to collect information, including the experience of self-destructive behaviour, and information about how individuals perceive the influence of current social/economic circumstances. As some questions were private and sensitive, a self-completion survey instead of a structured interview was employed to reduce social approval answers. By doing so, respondents were able to feel more secure when answering questions. The data generated from the survey was also more amenable to statistical analysis. Quantitative data also allow researchers to specify the contribution each factor makes in the overall variance of a dependent variable. This feature can potentially help researchers to test theoretical relationships, and at times produce a causal explanation of research findings.

Quantitative surveys, on the other hand, only allow researchers to see what they are looking at and are ideal for investigating 'what', 'when', 'who' and 'where'; however, they are less well suited to tell us 'why'. How young people interpret their experiences and how they reach a stage of suicide/self-harm may not be fully understood through the use of a quantitative method. Due to this situation, a qualitative method seems more suitable. Qualitative methods are suitable for exploring meanings and processes of a phenomenon, and provide rich information about events. Qualitative methods can achieve a greater level of depth and detail than quantitative methods, and they can tell us why a phenomenon has emerged.

The sixth aim is about the process and mechanism of self-destructive behaviour and suicide. These involve subjective interpretation of individual circumstances and feelings, so qualitative methods were seen as the most suitable approach for this purpose. In the past, qualitative documents were often used to analyse why people

committed suicide. However, documents such as suicidal notes or diaries are usually incomplete and lack personal explanation, and some meanings may be difficult to grasp. Moreover, among such documents there are ones that focus on certain types of suicide, which is problematic when trying to make general inferences. For example, some researchers have analyzed medical records and come to the conclusion that most suicides are a result of depression. The problem is that most people with detailed medical information are psychiatrically ill, which means such a conclusion does not represent the general population. In contrast, a distorted picture of the population is provided if a researcher relies on data about hospital admissions or psychiatric samples.

Considering the above, an in-depth interview was considered to be the most appropriate method for gathering qualitative information. As an in-depth interview not only provides a detailed account of an individual's behaviour and experiences, it also allows communication between the researcher and the interviewee so that incidences can be clarified and interviewees can give their opinions on issues. Thus, in-depth interviews can help researchers to explore the truth. In this research, the interviewees were not young people themselves, rather they were professionals who work with young people. Such professionals have a great deal of knowledge about suicidality and self-harm among young people, as they interview their clients (i.e., young people) and build relationships with them. For this reason, this research regarded these professionals as the best sources of information. They were able to provide various stories about young people's suicide attempt and self-harm, which meant a certain pattern of behaviour was not focused upon. This reduced the bias of data sources. More critical discussion on this approach will be discussed in the section of qualitative research in this chapter.

As mentioned above, the decision to use both quantitative and qualitative methods of data-collection was made because of their appropriateness for examining different aspects of the phenomena under investigation, for triangulation, and for adding breadth and depth to examination of the issues. In the current research, a quantitative approach was used to find out who has suicidal tendency and self-harm, what these people are like, and where they are located. To further analyse how these people become suicidal and self-harmful, a qualitative approach was adopted to investigate the formation process of suicidality and self-harm.

Study approval and ethical issues

The legitimacy of the research was established before data collection took place. Ethical approval was obtained on 24th June 2005. Before application of the research methods, several research issues and their solutions were reported to the Faculty of Law, Business and Social Sciences Ethics Committee, University of Glasgow. The researcher provided an information sheet and consent form for parents, students, professionals and schools, advising that their personal information would not be revealed publicly and no one would be harmed by the research.

In this research, two studies were conducted. Study one was a questionnaire survey, and Study Two was a series of semi-structured in-depth interviews with professionals. With regards to Study One, since participants are teenagers, before students took part in the questionnaire survey their parents were issued with a consent form and information sheet explaining the aim of the survey. This is to show the respect to parents and give them a chance to know the research and to decide whether they want their children to participate. If the parents disagreed or had any concerns, the researcher would not continue the survey with their children. In the survey practice, no parents disagrees the participation of the survey research for their children. Furthermore, before participants took part, debriefing had been offered and consent was required. At the beginning stage of the data collection, all students were given an information sheet. This is to ensure that students are fully informed about the purposes of the study and the implications of involvement. Students were informed of the purpose of the research, told that they were randomly selected, that they were able to withdraw from the research at any time, and they were assured that the survey was anonymous that their personal information would be treated confidentially.

Doing research on suicide/self-harm faces some challenges such as, first, how to collect the research data without causing harm to those who ever had self-harm/suicide attempt; second, how to reduce defensive mood of participants to sensitive questions so that they will not give social desirable answers. There is a worry that mentioning suicide/self-harm or recalling their experience of self-harm/suicide attempt may stimulate further self-harm behaviour in the near

future. This may be a myth of suicide. Hsieh (2000) states that being afraid of talking about self-harm/suicide behaviour will make self-harm/suicidal people keep the problem to themselves. This may make the situation more dangerous. In fact, it can be argued that self-harm/suicidal people would like to talk about their problem. Sometime, they just do not know how. Professor Mishara, director of the Centre for Research and Intervention on Suicide and Euthanasia (2008) also clarified this and said that he never came across or heard about this kind of case in his experience. Accepting this position, I am confident that the research was not harmful. Even so, attention still needs to be paid on the question design. Questions have to be phrased sensitively and framed in ways that encourage people to answer honestly.

Given the sensitive nature of some sections of the questionnaire, such as asking questions about participants' experiences of suicidal behaviour and self-harm, the answers provided in the questionnaire ranged from mild to severe, not just 'yes' or 'no'. In addition, this research also employed a Likert scale to evaluate participants' attitudes toward a series of questions. It was hoped that these designs would lessen the sense of intrusion and threat, as well as reduce participants' anxiety about answering the questions. By making participants feel less threatened it made it easier to detect their self-destructive behaviour.

In additional, researchers should not just get data/information from participants regardless of their interests. Researchers should consider how to minimize potential harm to participants and other parties involved as well as protect their interests. Thus, apart from attention paid on questionnaire design, some supporting information was provided to teachers for assistance they may need. A detachable sheet providing advice, telephone help lines and useful websites was given to students at the end of the process for use by those who might wish to talk further about their experiences. With regards to Study Two, information sheets and a consent form were sent to the professionals prior to them being interviewed. Follow-up contacts regarding time and venue were arranged once the professionals had agreed to take part in the research. All these were also conducted with respect.

Quantitative research

The questionnaire survey was carried out in three months (September to November,

2005). The target population of the research was 14 to 18-year-old teenagers (grades 8-12) in Taiwan. The sampling frame was all secondary schools in Taiwan. A list of 1236 schools was obtained from the Department of Statistics, Ministry of Education, Taiwan. Twelve schools were then selected at random. Within each school, one class was selected from each year cohort, thereby ensuring full coverage of the age range 14-18. Before the survey was carried out, the information sheet and consent form were given to students to take to their parents. If parents did not want their children to take part in the survey, then the students were asked to bring back their consent form after it had been signed by their parents. Students who were present on the day of data collection were invited to participate in the research. A total of 1132 students took part in the questionnaire survey, out of which 1043 questionnaires were valid for analysis.

The response rate of the survey was 92.1%. However, no participant returned a blank questionnaire, rather the discarded questionnaires were ones with incomplete answers. In some cases questions were omitted or the same answer was given from the first question to the last question. As these non-responses may have seriously affected our dataset, these respondents were removed from the dataset (Chiou, 2000).

Non-responses can occur if participants are less literate, they have no incentive or motivation, or they feel sensitive about the questions being asked. However, to promote the response rate the questionnaire was scrutinized by scholars from the suicide field. Revisions were also made to ensure the clarity of the questions and any sensitive sentences were modified. A pilot was also conducted to make sure the students had no problems understanding the questions.

The non-response rate can have an impact on a random sample. Likewise, overall response rate is a guide to the representativeness of the sample respondents. If a high response rate is achieved, there is less chance of significant response bias than with a lower rate (Babbie, 2007). A review of published social research literature suggests that a response rate of 50% is considered adequate for analysis, and a response rate above 70% is very good (Miller, 1991). The high response rate of this research of 92.1% can therefore be regarded as a very good response rate for a survey of this type, and so the non-responses should have little impact on the quality

of the research.

This research took place at a time when the Adolescent Suicide Prevention (ASP) project was being implemented in schools. The national project, 'Adolescent Suicide Prevention (ASP), started in 2001 and gave a good background to the research because the schools studied had participated in many conferences during this time and were aware of suicidal issues. Also, the students had received some lectures and guidance about how to deal with suicide thought/self-harm and depression. Some questionnaire surveys had also been conducted in some of the schools to find out the well-being of the students. Thus, when the researcher negotiated with the schools regarding implementation of the research, their acceptability was high and the students already had some basic knowledge about preventing suicide and self-harm. This was good for the research process and probably made the students more willing to reveal their suicidal thought or behaviour as students were taught to ask for help if they got problems. Besides, as self-harm/suicide is easily labelled by psychotics or depression, these lectures can help to clarify some misunderstanding. Students may be more willing to admit their self-harm/suicidal experience. The thesis result can benefit from this since I am more likely to obtain representative data. However, students could also become more sensitive and give social desirable answers. To prevent this, at the beginning the researcher stressed the importance of this research and asked students to give honest answer by what was truly happened and their truly feeling. Besides, the qualitative research also used to double check the result of the quantitative data. Both result of quantitative and qualitative shows similar results. This reflects the impact of the suicide programme may have little impact on twisting research results.

Characteristics of the sample

Among the 1043 respondents, 527 (50.5%) were female and 516 (49.5%) were male (see Table 3.1). Participants' ages ranged from 13 to 18 years old. The average age was 15.4 years old. 50.9% of the respondents had no religious belief, but 219 (21%) were Daoists and 205 (19.7%) were Buddhists. 10.0% of the respondents were from single-parent families. 6.2% were the only child in their family. Most families (82.3%) had 2 or 3 children. In terms of the economic conditions of the families, most respondents' parents had a fairly stable job (income source), as their fathers (74.9%)

and mothers (78.5%) had not changed their jobs in the past year.

Social class was measured using Huang's typology of occupations (1997), in which the occupational levels of parents (or main carers) were categorised. Specifically, five levels were defined: I). partly skilled and non-skilled manual; II). skilled manual; III). skilled non-manual and service; IV). skilled and associate professional; and, V). managerial and professional (Huang, 1997). A higher number indicates a higher level of class.

Huang (1997) classifies occupations in Taiwan into five levels according to the average length of education, income and reputation of occupations. The classification considers both professional skills and power associated with production (for example, whether or not the means of production is possessed; whether or not employees and how many employees are employed; whether or not a manager is employed and how many employees are managed). Although it is a rough classification, the research proves that it has a high distinguishability.

The occupations were first divided into two categories: managerial personnel and practitioner. Managerial personnel were divided more specifically according to the number of people managed and power of decision making. Employers with more than ten employees, president managers, chancellors and directors were placed in the managerial and professional (class V) category. Managers and associate managers with median decision making power were placed in the skilled and associate professional (class IV) category. Those who owned the business, had less than ten employees, and who ran the business themselves were considered practitioners. These people and general managers without decision making rights were placed in the skilled non-manual and service (class III) category. Those who did not have employees but who ran their own business were assigned to the skilled manual (class II) category.

Apart from managerial personnel, other practitioners were differentiated by types of occupation and level of knowledge of profession/technique. High-graded government officers, Members of Parliament, doctors and professors were in placed in the managerial and professional class. University lecturers, school teachers, lawyers, judges, accountants, engineers, journalists and secondary level

government officers were classed as skilled and associate professionals. Primary level government officers, nurses, policeman and secretaries were classed as skilled non-manual and service workers. Technicians, drivers, chefs, soldiers, salespersons and shop owners were classed as skilled manual workers. Farmers, fisherman, vendors, part-time workers, waiters/waitresses, housekeepers, factory labourers and the unemployed were placed in the partly skilled and non-skilled manual (class I) category.

The advantages of using Huang's classification are that the classification fits with local occupations and considers education, income and reputation of occupations. However, because the classification only has five levels, some types of work have to be placed into a category that is not exactly accurate. For example, part-time workers and the unemployed were placed in the partly skilled and non-skilled manual category. Nevertheless, it is still regarded as an appropriate measure of social class as it considers both the level of professions and their power in relation to production. Thus, it was chosen to measure social class in this research.

According to the occupations of parents, around one in six (16.3%) respondents were in the lower social class (i.e., class I), more than one third (35.6%) in the lower middle class (i.e., class II), more than one fourth (27.0%) in the middle class (i.e., class III), and about one in five (18.5%) in the upper middle class (i.e., class IV). Only 2.6% of respondents were in the upper class (i.e., class V) (see Figure 3.1 for further details). In a piece of research using data from the Taiwan social change survey (1992) that investigated 2377 people aged 20 to 64, 881 valid samples were collected for analyzing social class. The results revealed that 1.6% of respondents were in the upper class, about one in five (20.0%) in the upper middle class, about four in ten in the middle class (39.1%), one in four (25.9%) in the lower middle class, and about one in eight (13.4%) in the lower class (Chiu, 1998). Comparing these figures with the findings of the current research it is clear that the proportion of Taiwanese in the middle class has decreased. The number has increased toward the two extremes of social class. The lower middle class has increased by more than 10 percent and the number of those in the middle class has decreased. More and more people from the middle class have moved down to the lower middle class or lower class. Only a small number of people have moved up the ladder of social class by means of their

profession.

The differences between these findings may be due to the following reasons. First, differences in measurement may have resulted in different distribution of social class. Social class in the previous survey (Chiu, 1998) was investigated by type of occupation, regardless of power in relation to production. Social class in this research, however, was assessed by occupation and based on occupational prestige, education, income, and power in relation to production. Second, the previous research findings show the situation as it was sixteen years ago and the distribution of social class would have undoubtedly changed since then. The decrease in the middle class and increase in the lower middle class may indicate that the wealth of people in Taiwan has decreased and that social circumstances nowadays have become more adverse for people.

Figure 3.1: Frequency of parental social class
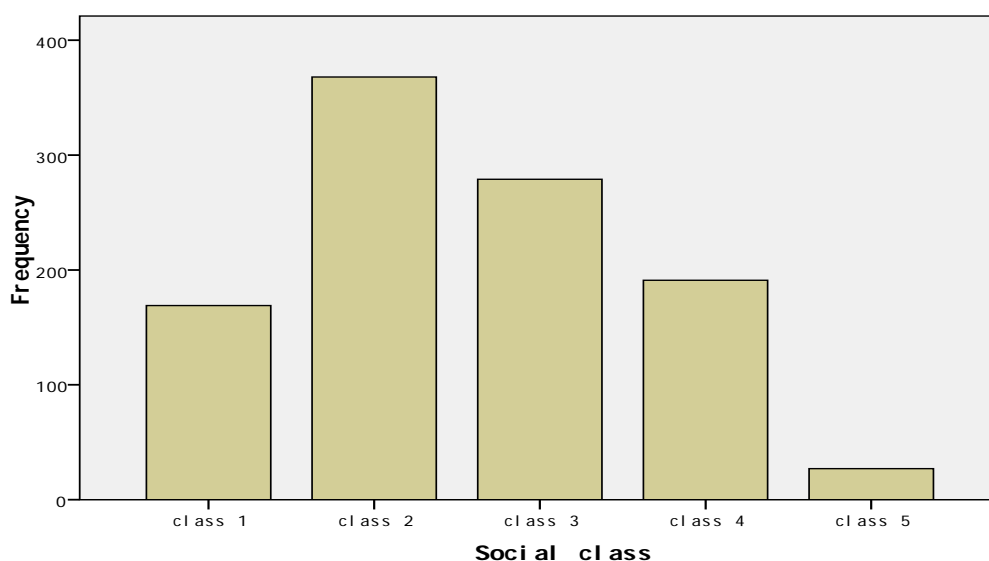
Table 3.1: Summary of demographic characteristics (*N = 1043*)

Variables		N	%	Variables		N	%
Sex	female	527	50.5	Family type	extended family	196	18.8
	male	516	49.5		core family	686	65.8
	total	1043	100.0		single parent family	104	10.0
Age	13	43	4.1		step family	21	2.0
	14	250	24.0		foster family	2	0.2
	15	240	23.0		other	34	3.3
	16	262	25.1		total	1043	100.0
	17	222	21.3	Parents' marital status	married	881	84.5
	18	26	2.5		Unmarried/ cohabitation	7	.7
	total	1043	100.0		divorce	98	9.4
Religion	none	531	50.9		separation	21	2.0
	Buddhism	205	19.7		widow/widower	34	3.3
	Daoism	219	21.0		parents deceased	1	.1
	Christian	78	7.5		do not know	1	.1
	other	10	1.0		total	1043	100.0
	total	1043	100.0	Mother's education	illiterate	5	.5
Father's	illiterate	4	.4		primary	89	8.5

education	primary	70	6.7		junior	183	17.5
	junior	160	15.3		senior	503	48.2
	senior	411	39.4		graduate	163	15.6
	graduate	238	22.8		postgraduate	25	2.4
	postgraduate	56	5.4				
	do not know	104	10.0				
	total	1043	100.0				
Father's	class 1	169	16.2				
occupation	class 2	370	35.5				
	class 3	280	26.8				
	class 4	126	12.1				
	class 5	26	2.5				
	do not know	72	6.9				
	total	1043	100.0				
Mother's	class 1	502	48.1				
occupation	class 2	230	22.1				
	class 3	141	13.5				
	class 4	113	10.8				
	class 5	7	.7				
	do not know	50	4.8				

	total	1043	100.0
Number of	1	65	6.2
children in the	2	454	43.5
family	3	404	38.7
	4	96	9.2
	5 and above	24	2.3
	total	1043	100.0

Research instrument

The questionnaire was originally developed in English. As the study mainly focused on the Taiwanese population, all scales had to be translated into Taiwan's official language – Taiwanese (i.e., Traditional Chinese). Apart from the existent standardised scale (i.e., Taiwanese version of the general health questionnaire), all other scales were translated into Taiwanese via a back-translation procedure. To be exact, one bilingual specialist in the field translate English questionnaire to Taiwanese. Then, another specialist translated the questionnaire from Chinese to English (see Appendix I). Original and back-translated questionnaire then can be compared. This procedure is to ensure the equivalence of English and Taiwanese Questionnaires. Alternation and revision were also made to ensure the quality of translation.

After a preliminary questionnaire was developed, a pilot study was carried out with the following two purposes. First, the pilot study allowed examination of the comprehensibility of all the questions in the questionnaire. It was possible to consider how well the questions flowed and whether it was necessary to move some of them around to improve it. Second, it highlighted any problems that respondents had in filling in the questionnaire, and gave and estimated time required for completion of the questionnaire.

A school was randomly selected and students were invited to participate in the pilot study. From this school, 64 students aged 14-15 were invited to fill in the questionnaire. From among them, only 59 participants (57.6% female and 42.4% male) returned completed questionnaires. The response rate was therefore 92.1%. The mean age of the participants was 14.93 years old. Comments were made by a minority of respondents that some of the items were ambiguous in section one. Hence, further changes were made accordingly.

In terms of scales, after scores were obtained from respondents, item analysis was employed for selecting items for the final scales. The correlation of each statement with an overall score was calculated. Those items with high correlations were retained (Robson, 1999).

The final version of the questionnaire was composed of background information and nine scales, including: family interaction scale, traditional value scale, individualism scale, economic optimism scale, social-political security scale, beliefs about death scale, optimism scale, Locus of control scale and general health questionnaire. Another three questions (i.e., 'have you thought about suicide or seriously harm yourself in the past?', 'how many times did you think of committing suicide in the past one year?', and 'how many times did you try to deliberately harm yourself in the past one year?') were used to investigate young people's experience of self-destruct behaviour.

This research adopted several existent scales (e.g., a general health questionnaire, a locus of control scale and questions about suicidal and self-harm experience) rather than creating new scales as part of the research instrument. This was because such scales and questions were available and considered to be adequate for measuring the variables under investigation. As for the other variables, with reference to some relevant scales and the literature review, this research developed new scales for family interaction, traditional value, individualism, economic optimism, social-political security, optimism, beliefs about death. The content of the questionnaire is discussed hereunder.

Background information

The first part of the questionnaire contained background information including gender, age, religion, family type, sibling rank, parents' education/occupation, parents' marital status, parents' job mobility, and family wealth. In addition, in order to gain extra information related to the research topics and to help explain adolescents' self-destructive behaviour, some questions about academic performance, career plan, study time, leisure activities, risk behaviours, peer relationships, parents' expectations, and important life events were also asked here.

The second part of the questionnaire contained eight scales and questions about self-destructive behaviour experiences.

Family interaction scale

Family factors have been broadly studied in the field of behaviours and mental health among students (Lam, Stewart, Yip et al., 2004). In suicidal research, the influences of the family are often mentioned as important factors for investigating suicide. Family structure in particular is the most studied variable. Durkheim (1952) argued that the family is a safeguard against suicide. Change in family structure may affect social bonds, resulting in less integration and, perhaps, suicide.

Changes in family structure may have some impact on family bonds. Nowadays, family structure has changed very much compared to previous times. Many researchers argue that today's family has become devastated and multiplicate, as single-parent families, step-families, jointed-families, and families in which family members do not live together are increasing (Chen et al., 1996). An incomplete family is not as unusual as before. In other words, the impact of family change on suicidality should be further examined.

Parsons (1956, cited in Elliot, 1987) claimed that one of the most important functions of the modern family is that it provides psychological/emotional support. Families rely on affective attachment between family members. Sociologist Carrington (1999) also argues that a family consists of people who love and care for one another. This shows that how much people integrate themselves into a family depends on their interaction with other family members, rather than just family structure. For example, a single-parent child may integrate well in the family because s/he has good interaction with his/her parent.

Wright (1985) found that a poor relationship with the father and lack of support from both parents were associated with suicide ideation in senior high school students. In addition, Kosky, Silburn and Zbrick (1990) state that suicide attempt is more likely to occur with long-term family discordance. Jiang (1997) also asserts that suicide ideation is a result of negative family experiences, for example, conflicts and alienation in the family. All these findings show that interaction plays an important role in family integration.

This research, therefore, has examined family interaction and its relationship with

self-destructive behaviour. Questions asked have related to affective expression between family members, such as isolation, over control, serious quarrels, the frequency of family members getting together, and the way in which family members deal with problems. Details of these are discussed hereunder.

Family interaction was assessed by 7 questions, using a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Total scores range from 7 (7＊1) to 35 (7＊5). Higher scores mean more negative relationships with other family members and that the family are alienated and conflicting.

Table 3.2: Family interaction scale

Scale	No	Item
Family interaction	1.	My family often gets together with relatives by going out together or visiting each other.
	2.	We have family activities every week.
	3.	In my family, we often discuss and decide things together, and help each other when confronted with problems.
	4.	My family cares about everything that happens in my life.
	5.	My family always quarrels with each other.
	6.	I have good interaction with my family.
	7.	We rarely express our care or love for others in the family.

(Reverse scored: 5th and 7th)

Traditional value scale

As mentioned in Chapter One, Taiwan is influenced by Confucianism and Buddhism. Their values include harmony, honouring the family and obeying elders (Rin & Chen, 1983). However, as globalization/capitalism penetrates into the society, ideologies from all over the world have successively influenced Taiwan through the media and other economic activities, particularly capitalism and individualism. Traditional values have gradually been left aside; for example, in the past teachers were highly respected by students. Due to the consumerism arising, many students have now disregarded this value. For example, in the past teachers often disciplined students

and asked students to listen to their instruction. Nowadays, many students hold the opinion that teachers have to listen to them because they pay tuition fees. They think that they can decide to go to class or not. Their attendance at class is not the teachers' business, and that teachers have less power to discipline them. If teachers try to seriously discipline the students, then the teachers are very likely to be sued by students and parents (Kung, 2007).

For a long time, traditional values such as obedience and respect for elders have been seen as protection against factors that increase vulnerability (Chen, 1996). These traditional values have also been seen as important predictors of suicidality in Chinese society (Lam et al., 2004). To find out the changes in traditional values in recent years, as well as how they influence young people's well-being, five questions were devised to examine traditional values. Traditional values in this research included conformity, harmony, and honour. These were measured by five questions using a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). The higher the score, the less the traditional values.

Table 3.3: Traditional values scale

Scale	No	Item
Traditional values	8	We should obey elders.
	9	Keeping everything in harmony in a group is important.
	10	Being a member of a group is important.
	11	It is important to honour one's family.
	12	It is my responsibility to honour my family.

Individualism scale

In contrast to traditional values, individualism emphasizes individuality and the pursuit of personal interests. It is rife since modernization and globalization now prevail in the society. It has been claimed by many sociologists that individualism contributes to suicide. According to Durkheim (1952), excessive individualism weakens social bonds and leads to a high suicide rate. Individuals need a purpose beyond themselves to live. If there is no such purpose, then individuals live by

themselves with no bonds to other people. If they encounter problems which they can not solve, then they do not have anyone to support them. This causes extreme pressure and leads to them committing suicide. However, an individual totally giving up themselves for an outer goal is also dangerous because this can easily lead to altruistic suicide. So, a balanced form of individualism is important.

Individualism was examined by six questions asking about autonomy, self-control and competitiveness. The scale used a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Lower scores mean greater individualism.

Table 3.4: Individualism scale

Scale	No	Item
	13	Winning is everything.
	14	Competition is the law of nature.
	15	I am free to plan and choose my activities and career myself.
Individualism	16	I do things in my own way.
	17	Doing a job better than others is important.
	18	It is important to show people that one can control his/her own life.

Economic optimism scale

Suicide rates can fluctuate over time, implying that social context may affect suicide. The impacts of economic change on suicide have been extensively discussed by Durkheim (1952) and later researchers. For example, economic change may cause instability, which then leads to anomie. When new circumstances provide people with no guide for their behaviour, and old ones are not applicable any more, then higher suicide rates can occur.

Taiwan is now experiencing an economic downturn after a period of prosperity and the unemployment rate has risen. Local enterprises and private companies have moved abroad to increase profits, and lower-paid workers have been imported from South Asian countries to perform primary jobs, such as caregivers and builders. These changes have inevitably had an impact on Taiwan's labour market. For

instance, work opportunities for local non-skilled workers have decreased and vacancies for higher grade work have nearly reached saturation point. As a consequence, people's lives have become harder and harder, especially since living expenses have grown steadily. These living conditions have put a great deal of pressure on individuals, particularly young people because they face the risk of unemployment after finishing their education. They may bear more pressure due to them having to compete with others. Such pressure may increase the risk of self-destructive behaviour.

Economic optimism was measured by eight questions investigating young people's perceptions of the current economic situation. The scale used a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). A higher score indicates the perception of better economic circumstances.

Table 3.5: Economic optimism scale

Scale	No	Item
Economic optimism	19	The current economic situation looks good.
	20	The economic situation will become better in the near future.
	21	It has become more and more difficult to make a living in today's society.
	22	The economy is so depressed that there are fewer and fewer job opportunities.
	23	Many people around me can not find a job.
	24	I worry that it will be difficult to find a job when I leave school.
	25	It has become more and more difficult to find a job because there are too many people with higher education and so competition has become fierce.
	26	I have to get a higher degree in order to secure a job in the future.

(Reverse scored: 19th and 20th)

Social-political security scale

The political situation is another important factor that affects social stability. Although war ceased a long time ago, the Taiwan-China relationship and Taiwan's independence issue often provokes ethnic opposition in Taiwan. Political discrepancy has also created tension between Taiwan and China. Political crisis, as viewed by Durkheim, can strengthen social integration against an enemy. However, some research has found that this relationship can be influenced by other factors such as employment.

This research tries to understand the influence of political phenomena. Five questions were used to investigate young people's perceptions of the social-political situation in Taiwan, and whether or not they feel secure living in Taiwan. The scale uses a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Higher scores suggest better perceptions about the social and political situation.

Table 3.6: Social-political security scale

Scale	No	Item
Social-political security	27	Tension about then Taiwan Strait has intensified recently.
	28	I worry a lot about our national security.
	29	I feel that the society has lost its order.
	30	I feel insecure in today's society.
	31	Considering the economy, politics, education, and social security, if I had the choice I would not live in Taiwan.

Beliefs about death scale

Suicide ideation shows a predisposition towards committing suicide. Whether people consider suicide as an option greatly relates to their beliefs about life and death (Osman et al., 1998; Wong, 2003). If an individual believes that death is actually the

start of another life, he/she is more likely to commit suicide. So, beliefs about death can serve as an indicator of young people's suicidality.

In order to understand young people's attitudes toward death/suicide, a scale of beliefs about death was devised. The new scale modified some questions from other relative questionnaires and scales (Linehan, 1996; Orbach et al., 1991; Osman et al., 1998a; Osman et al., 1998b). Eight questions were devised to test attraction/repulsion of death using a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Higher scores indicate higher suicidal risk.

Table 3.7: Beliefs about death scale

Scale	No	Item
Beliefs about death	32	Even though things may be tough at times, I think life is still worth living.
	33	I believe that death can bring great relief to suffering.
	34	Death is actually eternal life.
	35	Death can change things for the better.
	36	I fear death because it means that I will not be able to experience and think anymore.
	37	I fear death because all my plans will come to an end.
	38	I think people who commit suicide are weak and selfish.
	39	I consider that suicide is morally wrong.

(Reverse scored: 33rd, 34th and 35th)

Optimism scale

Optimism is a characteristic comprised of a general, positive mood or attitude about the future and a tendency to anticipate a favourable outcome to life situations (Burke, Joyner, Czech et al., 2000; Scheier & Carver, 1992). Optimism is an individual factor relating to self-destructive behaviour, as optimism can protect individuals from self-destructive behaviour. If an individual is optimistic, he/she will have more

positive views towards things happening, which can reduce the likelihood of suicide. A lack of optimism about the future may increase the risk of self-destructive behaviour, particularly if an individual finds themselves in a really bad life situation. The individual may not be able to find the strength to live if he/she does not have a positive view toward life. This research investigated optimism using six questions with a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Higher scores indicate less optimistic attitudes.

Table 3.8: Optimism scale

Theme	No	Item
Optimism	40	I will accomplish my plans and goals in the future.
	41	I am satisfied with myself.
	42	My future looks quite hopeful and promising.
	43	I enjoy many things in life.
	44	I am very hopeful.
	45	Life is one long and difficult struggle.

(Reverse scored: 45th)

Locus of control scale

Human behaviour is affected by the environment, but some people tend to respond to social circumstances in a certain way. For example, some people may believe no matter how hard they work, the result of their work will never be like what they expected. So, they may tend to hold themselves back and rarely try to solve problems they met.   Some individuals may view their behaviour as impacting on the world around them (i.e., internal locus of control), and some individuals may view their behaviour as having little or no related consequence on the world (i.e., external locus of control).

Locus of control, which was developed by Rotter (1966), is regarded as a personal characteristic or trait. It refers to the extent to which individuals believe that they can control events that affect them. Individuals with a high internal locus of control believe that events result primarily from their own behaviour and actions. Those

with a high external locus of control believe that external environmental factors such as powerful others, fate, or chance determine events, rather than themselves.

Locus of control is related to suicidal behaviour. Many studies suggest that a suicidal individual perceives limited control over their environment (Beautrais, Joyce & Mulder, 1999; Nelson & Singg, 1998). However, whether or not this remains a salient factor related to suicidal behaviour among Taiwanese young people needs more clarification. Thus, this research has explored the relationship between young people's suicidality and locus of control in Taiwan.

Locus of control was assessed from students' responses to five questions, taken from Nowicki-Strickland's 'locus of control scale' (1973), designed to measure attitudes toward the ability to solve problems. The scale uses a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Higher scores indicate internal locus of control and lower scores indicate external locus of control.

Table 3.9: Locus of control scale

No	Item
46.	I have little control over things that happen to me.
47.	There is really no way I can solve some of the problems I have.
48.	I often feel helpless in dealing with the problems of life.
49.	Sometimes I feel that I am being pushed around in life.
50.	What happens to me in the future mostly depends upon me.

(Reverse scored: 50th)

General Health Questionnaire

Long-term physical and psychological health problems can result in suicide. Sometimes people's worry, desperateness, and distress has an impact on how they carry out their daily functions. So, health in general can be a cause of people thinking and behaving dangerously. The General Health Questionnaire (GHQ) is a self-administered screening instrument designed to detect current, diagnosable psychiatric disorders and to identify potential cases. It is suitable for assessing present state in relation to usual state (Bowling, 2005).

The General Health Questionnaire (Goldberg, 1978) was designed to gain information regardless of whether a person is physically and psychologically well and can perform one's functions normally. The original version of the GHQ consists of 60 items, but shorter versions of 30, 28, 20 and 12 items have also been developed. The 12-item version is apparently as efficient as the 30-item version (Bowling, 2005). In considering expedience, this research adapted the 2-item version of the GHQ.

The GHQ consists of a checklist of statements asking respondents to compare their recent experience to their usual state on a 4-point Likert scale of sensitivity (from rarely to always). The higher the score the better the general health status.

Table 3.10: General health questionnaire

No	Item
1.	been able to concentrate on what you are doing?
2.	lost much sleep over worry?
3.	felt that you are playing a useful part in things?
4.	felt capable of making decisions about things?
5.	felt constantly under strain?
6.	felt you could not overcome your difficulties?
7.	been able to enjoy your normal day to day activities?
8.	been able to face up to your problems?
9.	been feeling unhappy or depressed?
10	been losing confidence in yourself?
11	been thinking of yourself as a worthless person?
12	been feeling reasonably happy, all things considered?

(Reverse scored: 2nd, 5th, 6th, 10th, 9th, and 11th)

Self-destructive behaviour questions

As the aim of the research was to investigate self-destructive behaviour, young people's suicidal or self-harm experiences were assessed by three questions: 'have you ever thought about suicide or attempted to commit suicide?', 'how often did you think about committing suicide in the past year?', and 'how often did you

deliberately harm yourself in the past year?'

Specifically, lifetime self-destructive behaviour was assessed by asking 'have you ever though about suicide or seriously harm yourself?', thus reflecting that suicidal ideation proceeds action. Students were able to choose their answer from six options: (1) never thought about suicide, (2) just a passing thought, (3) had a plan but did not try to do so, (4) made serious harm to myself but did not want to die, and (5) made serious harm to myself and really wanted to die.

Recent suicidal risk was assessed by asking 'how often did you think about committing suicide in the past year?', with options ranging from never to very often (5 times or more). Similarly, recent self-harm was assessed by asking 'Have you tried to deliberately harm yourself in the past year?', and again the options ranged from never to very often (5 times or more).

Reliability

Reliability refers to the consistency of a measure and shows the quality of the measure. A test is considered reliable if we get the same result repeatedly. For example, if a test is designed to measure a trait (such as social support), then each time the test is administered to a subject, the results should be approximately the same. High reliability means the measure is of good quality. Reliability tests were conducted for each scale, respectively. For operation, the SPSS (statistic software) was utilized to examine the reliability of the questionnaire, with the formula of Cronbach's Alpha. The internal reliability of each scale is shown in Table 3.11.

The reliability in the individualism scale, traditional value scale and social- political security scale were slightly lower. However, because these scales were newly developed scales, the values were still in the acceptable range. Henson (2001) states that whether or not internal reliability is sufficient is subject to the research aim and purpose of measure, which could range from .50 for the early stage of research to .90 or higher for clinical use. After perusing the statistics, the reliability of the majority of the scales was found to have met Henson's criteria, with only three

scales lower than .70[1]. Overall, the scales had satisfactory reliability.

Table 3.11: The reliability of the scales

Scales	Cronbach's Alpha
Family interaction	0.77
Individualism	0.57
Traditional value	0.63
Economic optimism	0.70
Social-political security	0.60
Optimism	0.72
Beliefs about death	0.72
Locus of control	0.71
GHQ	0.83

Validity

The validity of a questionnaire relies first and foremost on reliability. In this research, the Cronbach's Alphas largely reached satisfactory levels, which preliminarily underpinned the validity of all scales. Secondly, as validity here refers to whether a scale measures what it is supposed to measure, scholars were invited to inspect the adequateness and legitimacy of the questions. Finally, a pilot study was employed to enhance the validly of all self-developed scales (in addition, the standardised scales were not re-examined here).

Analysing methods

Quantitative data were analyzed using SPSS (statistics software version 12.0). To be specific, demographic data were examined using frequency analysis, descriptive analysis, and cross-tabulation. Chi-square and ANOVA analytic techniques were also employed to analyse the associations across several dimensions between different sub-groups. In addition, variables were further examined by multiple regression (or

---

[1] Part of the reason is that there are not many questions used in the scales and there are different aspects of questions of the same construct in the scale. Besides this, the sample used is from different locations in Taiwan, which is in a way heterogenic. All these can reduce reliability.

logistic regression), which helped clarify the mechanism between variables.

Qualitative research

With regards to the research sample, twenty professionals (e.g., counsellors, school teachers, and social workers) were invited to take part in this research (see further demographic details in Appendix 3). In terms of the recruitment procedure, as the author (researcher) was acquainted with some professionals, a snowball technique was adopted. That is, each participant was asked to recommend another professional who might be able to share their experiences of working with teenagers affected by suicidal behaviour or self-harm. In terms of qualitative sample size, generally speaking a consensus has been difficult to achieve, as some scholars suggest a sample size ranging from 6 to 30, whereas others focus on the depth of data rather than the number of subjects (Creswell, 2007; Silverman, 2005). For this reason, the author assumed that in-depth interviews with twenty participants would be sufficient to provide diverse and detailed accounts to help meet the research aims.

In this research, a qualitative research method was carried out to facilitate the interpretation of quantitative findings. A qualitative method was used to find out how self-destructive behaviour occurs and how suicide ideation intensifies. Due to the sensitivity of the subject and the difficulty of accessing suicidal information, it is not possible to interview self-harming or suicidal young people without professional identity, such as counsellors, doctors, teachers or social workers, in Taiwan. So, the author decided to interview professionals working with young people with suicide issues.

As Becker (1970, cited in Lee, 1999) has pointed out, whenever possible the researcher can and should utilize a variety of indirect data sources, rather than studying deviant groups directly. It is also possible to gather data from those whose work brings them into contact with the group in question. Two advantages of such a source of data will now be mentioned. First, such professionals have knowledge and opportunities for routine interaction with, and observation of the target people by virtue of the servicing or controlling functions they perform (i.e., with those who may show self-destructive behaviour). Second, as a result of this privileged access,

such professionals are presumed to have knowledge of the operative social structure, social characteristics, and activities of the group of interest.

Limitation

Despite these two advantages, there are disadvantages of the method of in-depth interview of professionals. For example, professionals rarely see a full spectrum of the group of interest and they may be inhibited from sharing information with outsiders. The importance is that their opinions can not precisely represent young people's opinions. Professionals' background may affect the information they provide, which may not genuinely reflect young people's thoughts. For example, some professionals focus on individual problems more and some focus on family issues more. They may give different translation of young people's experience. Undoubtedly, this method has its limitations, but in-depth interviews are still able to provide rich and important information which can help explore issues of suicide among young people and probably how they become suicidal or self-harm.

In terms of operational procedure, semi-structured interviews were used to guide/clarify specific topics, as defined by the literature review and findings from the quantitative analysis. In addition, Bryman (2004) indicates that interviews can enable participants to lead the topic, allow for follow up discussions, and fully explore what the interviewee views as important in explaining and understanding events, patterns, and forms of behaviour. An interview checklist (see Appendix 2) was prepared for the semi-structured interview of this research. It was used to provide not only flexibility, but also as a guide for the researcher about key issues and questions with which the study was concerned.

In the interviews, the author first set the context and invited the participants (interviewees) to share stories about young people who they may have had contact with. The researcher outlined how some people may find suicide attempters or self-harmers to have some common linkage, but that they may also be unique. Then, the researcher invited interviewees to think about their cases and give examples of suicide attempters or self-harmers who might be similar in some ways, and some that might be seen as very unusual.

Interviewees then explained their cases, for example how they discovered their clients who had serious suicide ideation, suicidal attempt or self-harm, how they approached them, what happened in the process of their regular meetings, and what linkage they found between the young people's behaviour. During the interview, interviewees were able to explain their cases and experiences. The interview checklist was only used as a reminder to ensure key issues were not neglected.

Prior to the interview, the professionals (interviewees) were informed of the research purpose and asked whether they were able to participate in the interview. If they were unavailable or had no experience of dealing with young people with self-destructive behaviour, they were requested to recommend another person who was more suitable for the interview. The interviews used a face-to-face format and they were arranged at an agreed venue; for instance, at the interviewee's office or school. The average duration of the interviews was one to two hours. Some interviews are up to three hours.

Consent was obtained from the interviewees prior to the actual interview taking place. The researcher reassured interviewees that all personal information obtained from the interview would be kept confidential, and that the content would be objectively represented in the research report. Interviews were recorded with the consent of the interviewees; all verbal dialogue between the researcher and the interviewees was recorded. The dialogue was then transcribed into a computer file after the interviews. In addition, many professionals (interviewees) had well documented cases and were able to provide detailed information regarding the individuals they had contact with who suffered from self-destructive behaviour. With these detailed documents, the interviewees were able to explain their cases and respond to the researcher's questions. Overall, all interviews ran smoothly.

Data analysis

In this research, the qualitative data were analysed using thematic analysis. Aronson (1994) suggests that ideas emerge in an interview that can be better understood using thematic analysis. Thematic analysis focuses on identifiable themes and patterns of living and/or behaviour. The data collected were analyzed in the following ways. Firstly, audio recordings were transcribed into text and sorted by theme, with a focus

on the phenomena being searchable. The transcriptions were repeatedly read in order to identify themes. These themes were noted, given tentative titles, and grouped with demonstrative quotes from participants' interviews along with preliminary interpretations. This process was iterative: as analysis progressed themes were clarified, refined and added to. Emergent themes were presented and refined by participants' actual discourse in order that the reliability and validity of the interpretations could be assessed by the reader.

It is well known that just as the researcher can influence the data collected, so too can the interviewees. As the professionals interviewed came from different backgrounds and disciplines, when explaining their clients' experiences, their explanation might have been based on their own opinions. For example, some interviewees would tend to attribute the cause of clients' self-destructive behaviour to mental problems, but others would attribute the cause to social factors. So, when analyzing the data, attention was paid to distinguishing between what had been said by their clients and what was the interviewees' own judgment.

Conclusion

In this chapter, the author has detailed the development of the research methods and measuring instruments. This research has employed a hybrid methodology in that both quantitative and qualitative approaches were adopted to explore the research themes.

In terms of the quantitative method, a self-rated questionnaire survey was used to gather demographic information about young people and their attitudes towards death, the future, social economic situation, values, locus of control and general health. The quantitative research method helped to find out the relationships between variables and how much influence different factors had.

In terms of the qualitative method, in-depth interviews were used to investigate the meaning and process of self-destructive behaviour. Due to the sensitivity of the research theme (i.e., self-destructive behaviour), this research did not interview young people with self-harm or suicide attempt experiences; rather, professionals with experiences of dealing with such young people were interviewed. The

information gathered from the interviews provided rich information and helped to explain suicidality phenomena in line with the quantitative findings.

Further details of the research findings are discussed in Chapter Four, Chapter Five and Chapter Six. Quantitative data will first be explored and collated with qualitative data. In essence, quantitative data and qualitative data are complementary, helping to provide a more balanced and full scope of research findings. The author believes that such a hybrid approach will contribute to the understanding of self-harm/suicide among young people in Taiwan. The next chapter will analyze the relationship between individual factors and self-destructive behaviour.

CHAPTER FOUR

Individual Factors of Self-Destructive Behaviour

Introduction

This chapter mainly focuses on the prevalence of self-destructive behaviour among the sample of young people in Taiwan. It also focuses on possible links between individual factors, such as general mental health, optimism, locus of control, beliefs about death, and self-destructive behaviour. The intention is to describe which groups are much vulnerable to self-harm, suicidal ideation and suicidal attempt, and to look at the association between mental states, personal characteristics and self-destructive behaviour.

Individual factors have often been referred to during explanation of youth behaviour by scholars. Many researches claim that psychological factors are the most important aspects of deviant youth behaviour. Recent research has proved that mood disorder and depression (Brent et al., 1993; Hesketh et al., 2001; Shaffer et al., 1996; Séquin et al., 2004; Titelman et al., 2004), loneliness (Stravynski & Boyer, 2001), and hopelessness (Blumenthal, 1990; Macenko et al., 1999) are related to suicidal ideation, suicide attempt and self-harm. Actually, individual explanations serve as a springboard to investigate self-harm and suicidality because individual factors help clarify why variances exist between groups and individuals; that is, people in the same situation may respond (in terms of committing suicide) differently, subject to the heterogeneity of individual factors.

The prevalence of self-destructive behaviours

Although completed suicides are consistently recorded in many countries, suicide ideation, suicide attempt and self-harm are neither continuously recorded nor paid much academic attention. Taiwan is no exception. Information on youth self-harm, suicide ideation and suicide attempt is either incomplete or unavailable; for instance, the most recent national report on suicide tendency was produced in the 1980s. Rates of suicide ideation and attempt were recorded by the Taiwan Psychiatric Epidemiology Project (Hwu et al., 1989), indicating that suicide ideation in Taiwan in the 1980s was 5.28% and suicide attempt 0.75%. These figures were lower than those for the United States, Canada, France, West Germany, New Zealand and South Korea (Weissman et al., 1999)[1].

In the 1980s, suicide rates in the west were slightly higher than those in Taiwan (9.2-11.4), including the U.S. (11.8-12.4 per 100,000 people), Canada (12.7-14.0), and France (19.4-22.5). New Zealand (10.3- 10.8) shared similar figures to Taiwan, whereas South Korea (about 7- 9.1) reported lower figures. The aforementioned findings imply that countries with a high suicide rate have higher rates of suicide ideation and suicide attempt. However, Taiwan would appear to have lower rates of suicide ideation and attempt, despite its higher suicide rate. The author boldly suggests that this phenomenon may be interpreted by an expedient calculation in the Taiwan survey, which only made records of individuals who were admitted to hospital. Another interpretation may be the general views held by people in Taiwan. Broadly speaking, in the 1980s the Taiwanese still regarded suicide as a stigma, and were reluctant to admit to suicide ideation and attempt. For this reason, the rates may have been underestimated (these interpretations will be further explored later on in this research).

---

[1] . 1 Different countries used different sampling methods and groups. For example, France selected samples only from Paris, and West Germany only investigated the adult population (ages 26- 64).

Previous findings are important and have helped clarify the descriptive phenomena of suicide among Taiwanese teenagers. However, these studies did not further scrutinize the mechanism of suicide ideation and attempt. In addition, despite their contributions, prior studies may be out of date and therefore can not fully depict the current situation of suicide behaviour among teenagers. In view of the above, therefore, the author sees that there is an urgent and imperative need to re-investigate suicide issues in Taiwan. The scope of this research has been enlarged to include self-harm and its pertinent factors.

Compared to previous studies, this research has revealed that the suicide rate in Taiwan has increased dramatically, along with suicide ideation and suicide attempt. To be specific, this research found that almost four in ten respondents (38.9%) had considered committing suicide at some point (see Table 4.1). About one fifth (18.0%) had a plan and one in thirty (3.4%) had seriously harmed themselves. Only 1.6% of respondents had actually attempted to kill themselves. Additionally, more than four in ten (43.0%) subjects had had suicidal ideation in the past year, and over one fifth (23.8%) had deliberately harmed themselves in the last 12 months. These statistics convey the message that compared to their counterparts in the 1980s, teenagers in Taiwan nowadays are more willing to disclose their private life and express their views and/or experiences regarding suicide and self-harm. To further understand suicidality/self-harm, this research now turns to examining this message in line with recent empirical investigations.

Recent studies indicate that suicidal ideation among young people has increased from 30% to over 50%. In a regional study, Lee et al. (2007) investigated suicide ideation among high school students in southern Taiwan and found that over half

(51.6%) of all students had had suicide ideation at some point. Around one in ten (10.4%) reported constant suicidal ideation. One twentieth (5.3%) had threatened suicide, whilst more than one in fifty people (2.3%) had attempted to commit suicide. In a similar vein, researchers have reported that nearly one third (27.8%) of secondary school students in Taipei (capital city of Taiwan) are very depressed and one in three (30.6%) want to disappear from the world (i.e. death) (John Tung Foundation, 2004).

Table 4.1: Frequency analysis of lifetime self-destructive behaviours (*N = 1043*)

	N	%
Never	398	38.1
Lifetime suicide ideation	406	38.9
Lifetime suicide planning	187	18.0
Lifetime suicide attempt	17	1.6
Lifetime serious self-harm	35	3.4
Total	1043	100

Table 4.2: Frequency analysis of recent suicide ideation and self-harm in 12 months (*N = 1043*)

	Suicide ideation in 12 months		Self-harm in 12 months	
	N	%	N	%
Yes	449	43.0	249	23.9
No	594	57.0	794	76.1
Total	1043	100	1043	100

In this research, a high rate of suicide ideation among the youth sample has emerged, implying that ideation is common among young people in Taiwan, i.e., almost two in five had thought about committing suicide at some point. This shows that a great deal of the population of young people are not happy and may be experiencing challenging life situations, such as competition at school and in employment. These negative experiences may in turn cause further psychological discomfort.

In comparison to Taiwan, the ideation rate in the U.S. has been found to range from 60% to 16%, indicating that many people have thought about committing suicide (Garrison et al., 1991; Lewinsohn et al., 1994). In addition, 7% of a sample of youths (age 14 to 18) reported at least one suicide attempt in their life (Andrews & Lewinsohn, 1992). Similarly, a recent survey revealed that 19% of the population had had serious suicide ideation in the past 12 months (Centre for Disease Control, 2002). In England, suicide ideation among pupils was found to be about 15.0%, and 13.2% of these pupils had attempted self-harm (Hawton et al., 2002). A similar rate of suicide ideation (16%) was found in New Zealand (Fortune et al., 2005). However, the suicide ideation and attempt rates in Canada were found to be relatively low, at 3.1% and 0.9%, respectively (Stravyski & Boyer, 2001).

In China (29 provinces altogether), 28.3% of the population reported that they had thought of committing suicide during the past year (Jie & Jin, 1998), 16% of the population (age 15 to 24) had suicide ideation, and 9% of these individuals had actually attempted suicide (Hesketh et al., 2002). Findings in Southern China are also interesting. A series of empirical studies in Hong Kong indicated that 39% to 47% of youths had thought about killing themselves in the past (Chan, 1995; Fong, 1993; Lee et al., 2006; Stewart et al., 1999), and 7% of the youth revealed that they had exhibited suicidal behaviour in the past 12 months (Wong et al., 2005).

Broadly speaking, previous findings are copious and vary greatly. Although variances may be the result of different assessment methods, the author believes that discrepancies may be due to the heterogeneity of samples investigated. More specifically, the author assumes that these discrepancies may be a result of differences in culture, values, and social norms across countries. This assumption will be further discussed in Chapter Five.

From a different perspective, one may argue that having suicide ideation at difficult times is quite normal. However, as suicidal ideation is a sign of later suicidal behaviour, the seriousness of suicide ideation should not be underestimated. The rapidly changing and complicated society of today has become more of a challenge to the youth and can affect their mental well-being. In Taiwan, young people today are often regarded as "Strawberries" because they are vulnerable to life's challenges: they cannot take high pressure and can be crushed very easily. For example, many young teenagers with low optimism may have negative thoughts and feel hopeless easily, leading to increased vulnerability and self-harm, or even suicide if they are faced with frustration or difficulties in their life. Another example is teenagers who believe that their lives are not within their control and attribute unpleasant experiences to fate. They do not believe that they can change the situation they are in and minimum motivation to change. When things go very badly, they are more likely to become trapped in a circle of misery from which they cannot escape.

These examples suggest that certain individual factors (e.g., low optimism, lack of control over one's life) may have a negative impact and put young people at risk of self-harm or suicide. For this reason, the interrelations between individual factors,

self-harm, and suicidality are further discussed later on in this research.

This research has also discovered that from among the pupils who had self-harmed in the past year, almost eight out of ten (78.3%) had suicide ideation, and one in twenty (5.6%) had attempted suicide before. These findings convey two implications. First, pupils who harm themselves may have suicide ideation at the same time. Second, if pupils harm themselves then it does not necessarily mean they have an intention to die.

Here the author would like to offer some reasons for the aforementioned findings. To begin with, terminating one's life is often regarded as the quickest way to solve the problem (e.g., the individual may think 'If I die, I do not have to deal with all these problems' or 'If I die, my pain will disappear'). This can explain the presence of suicide ideation at times of distress. However, suicide is also an immense decision to make and may involve consideration of other family members or people surrounding the individual (e.g., the individual may think 'If I die, my parents will be very sad', or 'If I die, no one is going to take care of my family'). In view of the above, when faced with the dilemma (to die or not to die), pupils may choose an alternative way to ease mental distress and relieve the pain temporarily, i.e., self-harm.

In this research, about one in ten pupils (10.8%) who self-harmed in the last 12 months reported lifetime serious self-harm experiences. This phenomenon may imply that a few pupils have previous self-harm experiences, but most people who self-harm do so in adolescence (self-harm increases dramatically in adolescence). Furthermore, among those who had attempted suicide at some point, there was a high proportion who had had suicide ideation in the last year (94.1%) or who had self-harmed in the last year (82.4%). Those who had attempted suicide at some point

were very likely to have repeated suicide attempt or self-harm behaviours. In line with other studies, this research confirms that suicide attempt is a major risk factor of suicide. Suicide attempters show much stronger intention to end their own life and harm themselves continuously.

Similar findings are supported by Douglas et al. (2004), who found that only two-thirds of survivors of near fatal self-harm showed suicide ideation[2]. As Wong et al. (2005) claim, self-harm is not necessarily linked to intention to die (suicide), rather self-harm is simply a way of expressing negative emotions such as distress or anxiety. The result of self-harm is not necessarily serious or fatal injury (Hawton et al., 2002). Self-harm of the body seems to be a means to release negative emotions. Self-harm may be against the body but may also have some instrumental effect. For example, a clinical study discovered that people may take an overdose in order to gain relief, to run away from a distressed state of mind, to seek more assistance, or to draw attention to themselves (Bancroft et al., 1976).

The qualitative data of this research (see Chapter Six) implied that there may be three reasons for self-harm, i.e., curiosity, a coping strategy, and competition. In this research, teenagers in Taiwan were found to feel curious about self-harm and may imitate the behaviour of others, especially if they were aware of other teenagers committing self-harm. For example, they simply cut their wrists because they see other people doing it. Secondly, some teenagers treat self-harm as a coping strategy as it helps them to manage their emotions and deal with uncomfortable experiences. The final reason is peer competition. To win the admiration and appreciate of their peers, teenagers may endeavour to inflict a deeper or bigger

---

[2] . In this research, a broad definition of self-harm is used which includes self-harm without the intention to die and suicide attempt.

wound (e.g., different types of cuts). This may make them feel good and unique.

Gender and self-destructive behaviour

Before investigating the influence of individual and social factors, demographic characteristics were examined in relation to self-destructive behaviour. This examination helped to explore which/whether demographic characteristics were associated with self-harm and suicide. A series of statistical analyses were conducted, by which suicidal ideation, suicide plan, suicide attempt and self-harm were regarded as outcome variables, whereas demographic characteristics were independent variables.

A Chi-square analysis revealed significant gender differences in terms of suicide ideation, suicide plan and self-harm (Table 4.3). Compared to their counterparts, females were more likely to report suicide ideation[3], suicide plan[4], and self-harm[5], but not suicide attempt. Similar results were found with regards to suicide ideation and self-harm, i.e., more females had suicide ideation[6] and self-harm experiences[7] in the last year. Interestingly, the findings of this research are incongruent with those of other studies. Empirical studies suggest that the suicide rate among males is two to three-fold higher than that of females in many countries (except China) (National Adolescent Health Information Centre, 2006; WHO, 2008). However, suicidal ideation, suicide attempt and self-harm among females are usually found to be much higher in most countries (Skegg, 2005; Zhang & Jin, 1996; Weissman et al., 1999).

---

[3] $(X^2 = 4.06$, df = 1, $p < 0.05)$
[4] $(X^2 = 6.27$, df = 1, $p < 0.05)$
[5] $(x^2 = 6.329$, df = 1, $p < 0.05)$
[6] $(x^2 = 11.35$, df = 1, $p < 0.01)$
[7] $(x^2 = 9.88$, df = 1, $p < 0.01)$

Table 4.3: Suicidality and self-harm by gender (N = 1043)

		Female (n)	Male (n)	Statistics
Ideation	Yes	221	185	x^2 (1, 1043) = 4.06, p < .05
	No	306	331	
Planning	Yes	110	77	x^2 (1, 1043) = 6.27, p < .05
	No	417	439	
Self-harm	Yes	25	10	x^2 (1, 1043) = 6.329, p < 0.05
	No	502	506	
Attempt	Yes	8	9	n.s.
	No	519	507	

The aforementioned differences in suicide ideation and rates may be explained by gender roles. Compared to females, males are believed to be more impulsive, decisive and stronger (Stillion, 1984; Willson, 1981). Historically, males have had more access to lethal technology (e.g., weapons) and so they have had a higher suicide rate than females (Stack, 2000). Researchers argue that women may have more flexible coping skills because of their various role-changes during the course of their life (Canetto, 1992; Girard, 1993). Also, women are more likely to seek professional help (Canetto, 1992), thus reducing the risk of completed suicide. Having said this, however, socially determined gender norms, roles and responsibilities may place women (more frequently than men) in situations where they have little control over important decisions concerning their lives (WHO, 2002). These situations can further lead to mental disorder/depression and increase suicide and self-harm, e.g., suicide ideation, suicide plan, suicide attempt and self-harm.

In the period 1972-1978, gender differences in relation to suicide attempt were significant in Taiwan. The records show that more women than men were admitted

to emergency centres, i.e., 77.9% females versus 22.1% males (Rin & Chen, 1983). Also, in the period 1979-1980, the sex ratio was fairly consistent, i.e., 4 females to every 1 male (Rin & Chen, 1983). In this research, however, there were no gender differences found in relation to suicide attempt. These findings are congruent with an investigation conducted in Hong Kong, in which no gender differences were found in relation to suicide attempt (Lam et al., 2004).

In this research, more males were found to have attempted suicide, but differences between genders did not reach a significant level. Compared to the 1970s and 1980s, this research revealed an increment in the number of male suicide attempts, which may imply that social conditions for males have worsened over time. For instance, the traditional role of men may not have changed much but their life stressors have increased owing to social competition in their lives and employment (e.g., women have an equal right to work, compete for the same positions, and contribute to family income). It is very likely that such competition and life stressors may put some individuals in difficult positions, causing psycho-somatic discomfort and stress. These negative experiences may ultimately result in suicide attempt.

Age and self-destructive behaviour

In this research, there were no age differences found in relation to suicide ideation, suicide plan, self-harm and suicide attempt. However, in terms of recent self-harm and suicide ideation, age differences emerged between different levels of self-harm. Specifically, self-harm in the past year was classified into four levels, including no self-harm (non-self-harm), mild self-harm (1-2 times), median self-harm (3-4 times), and severe self-harm (5+ times). One-Way ANOVA detected a significant difference across these four levels; that is, individuals with mild self-harm were younger (about

age 14) than those with non-self-harm[8].

In terms of suicide ideation in the past year, the following four levels were formed: no suicide ideation (no suicide ideation), mild suicide ideation (1-2), median suicide ideation (3-4 times), and severe self-harm (5+ times). One-Way ANOVA detected a second significant difference across these four levels; that is, individuals with mild suicide ideation were younger than those with non-suicide-ideation[9].

Prior studies have claimed that self-harm is rare in childhood and becomes more common during adolescence. A national survey was carried out in the United States from 1990 to 1992 (sample: 5877; age: 15-54), and researchers discovered that the most common age of the first onset of self-harm was about age 16 (Kessler et al., 1999). Hawton et al. (2002) found that deliberate self-harm was common at the age of 15 and 16 years old. Older individuals have been found to be at much lower risk, but when they self-harm they are more likely to commit suicide later (Hepple & Quinton, 1997).

Another study found that deliberate self-harm becomes increasingly common at 12 years old and onwards (samples were referred from a general hospital), and this probably relates to the development of puberty (Hawton et al., 1996). Although previous studies have not concluded whether age 14 is the age of first onset, the findings of this research indicate that when young people grow older, self-harm as well as suicide ideation may decline.

This research now turns to re-evaluating the findings mentioned above considering

---

[8] (F (3, 1039) =12.33, $p < 0.001$; post hoc $M_{non} = 15.56 > M_{mild} = 14.96$)
[9] (F (3, 1039) = 3.28, $p < 0.05$; post hoc $M_{non} = 15.53 > M_{mild} = 15.27$)

the secondary school system of Taiwan. The author believes that the above findings can be interpreted in relation to the changes in young people's learning experiences at secondary school, which may help explain the onset of self-harm and suicide ideation at age 14. To be specific, students go to secondary school at the age of 13 or 14. Midway through their secondary education (at age 15 or 16), students may have to sit crucial examinations. They can only continue their secondary school life if they pass these examinations, i.e., to go from junior high school to senior high school. At the end of their secondary education (at age 17 or 18), students have to sit more crucial examinations, i.e., they can only go on to study at university if they pass these examinations.

Every secondary school highlights the importance of these two examinations and makes a lot of effort in organising revision programmes, crammed courses, and mock exams. Both schools and parents want their students/children to pass the examinations successfully; inevitably, under such an atmosphere, students are under a huge amount of pressure. Compared to primary school, the learning experiences in secondary school can be very challenging and unbearable, which in turns may affect students' mental health.

Interestingly, Huang (2005) discovered that, with their parent's financial support, some students adopt a proactive learning style, attending private courses and receiving further training after school. This additional learning is like a double-sided sword. On the one hand, the extra learning may help students to deal with their academic coursework and enhance their comprehension of theories. On the other hand, however, the extra learning may place a great deal of pressure on students' shoulders and make their lives more stressful.

In a similar vein, expectations of one's self, parents and peers all contribute towards the level of stress experiences. For instance, the Taiwan Education Panel Survey (Chang, 2006) indicated that almost half of (45.2%) secondary school students wish to achieve an undergraduate degree, and that over one fourth (27.2%) wish to achieve a postgraduate degree. Chang (2006) summarised that, overall, more than 70% of students wish to achieve higher academic degrees and 80% of parents want their children to have a university degree. This research has showed support for Chang's findings, as the author has discovered that about four in five students wish to study at university (86.5%). Among these students, about two in five would like to study for a postgraduate degree (37.4%).

Expectations may cause pressure due to three reasons. First, students' expectations may be different from their parents'. Heterogeneous expectations may lead to negotiation, debates, or even quarrels. Second, the gap between self expectation and the goals students are actually able to achieve is immense. Chang (2006) has explained that, although about 50% of secondary school students wish to achieve a postgraduate degree, only 24.1% of them feel they are able to do so. Third, by realising the existence of gap, some students may make extra efforts to achieve their goal, which then causes them to suffer higher levels of stress.

Although the pass rate of university examinations has increased from 49.24% in 1996 to 96.28% in 2007 (Chou, 2007), the pressure on young people still remains high for the following reasons. First, the Taiwan government has promoted opportunities to receive a university education, and so the number of university students has increased along with competition. For example, the proportion of young people aged 18-21 in Taiwan who go to university rose from 13.88% in 1985 to 27.79% in 1995 and to 60% in 2005 (Chou, 2007). Second, when the number of students increases, the

allocation of limited resources becomes more difficult. Currently, there are two types of universities in Taiwan: national (30%) and private (70%). Compared to private universities, national universities always receive more support from the government, whether it be financial allocation or staffing aid. Due to this uneven allocation and staffing disparity, students have to compete with each other to get an offer from a national university. In other words, competition may always exist and students may suffer from this structure of higher education. As the Youth Right Organization (2008) has commented, the expectation that the expansion of higher education would reduce young people's academic pressure has failed. Young people still suffer from high academic pressure.

As mentioned above, high expectation and academic competition may start at the age of 14 and lead to great academic pressure, which may consistently exist throughout a student's school life (ages 14-18). Having said this, however, students may develop certain coping strategies the more they become used to such pressure; thus, the influence of pressure may be alleviated.

Association between general mental health and self-destructive behaviour

As discussed in the literature review, stress and depression are associated with suicide and self-harm (Brent et al., 1993; Hesketh et al., 2001; Shaffer et al., 1996; Séquin et al., 2004; Titelman et al., 2004). It has been argued that young people are becoming more vulnerable than ever before in many industrialised and developed countries (Kenny, 2001). Researchers claim that, compared to the 1970s, more young people nowadays suffer from serious mental health problems. For example, more than one in four adolescents suffers relatively serious problems with their emotional well-being and mental health in Taiwan (John Tung Foundation, 2004). The most

dangerous thing is that those who are depressed commonly think that death is a better option than life.

From a clinical perspective, at least one in two young people who attempt suicide suffer from depression problems (VGHTPE, 2005). Juno et al. (1994) found that depression was the strongest and most consistent predictor of suicidal behaviour, e.g., students with higher scores of depression were 5.31 times more like to report suicide ideation and 3.19 times more likely to attempt suicide. In a similar investigation, Fergusson and Lynskey (1995) discovered that, compared to suicide ideators, suicide attempters had significantly higher rates of mood disorders.

Scholars seem unable to conclude, however, whether depression is an adequate factor to differentiate between suicide attempters from suicide ideators. Scholars have also found similar levels of depression for both groups (e.g., Kosky et al., 1990; Wetzler et al., 1996).

This research does not intend to further explore psychiatric disorders or typology. Rather, it aims to discover the mental status of the general population of students as a whole and analyse the common phenomenon of mood disorder in the youth. This research boldly assumes that, when pressure rises beyond a certain tolerance level, young people may easily develop negative emotions which affect their daily performance. For example, they may become irritated easily, may not be able to concentrate on their work, or simply feel hopeless. When all these negative emotions and feelings are put together, negative behaviours could be triggered, e.g., self-harm or even suicide.

Young people's mental health was examined using a general health questionnaire,

which examined physical and psychological states. This research discovered that males had a better health status than females[10] (see Table 4.4). This finding is supported by relevant studies, e.g., research has reported that females experience more depression and mood disorders than their male counterparts (Murakumi, 2002; WHO, 2008). In addition, females usually have lower self-esteem and anxiety over their body image is found to cause higher occurrence of depression problems (WHO, 2002).

Table 4.4: General health, optimism, locus of control and beliefs about death by gender (*N = 1043*)

Variable	Male	Female	Statistics
General health	*M = 2.83*	*M = 2.68*	*t (1041) = -4.77, p < .001*
	SD = 0.49	*SD = 0.50*	*Levene's F = 1.53, p = .22*
Optimism	M = 10.93	M = 11.00	*n.s.*
	SD = 3.26	SD = 3.37	
Locus of control	*M = 3.30*	*M = 3.15*	*t (1041) = -3.23, p < .001*
	SD = 0.73	*SD = 0.70*	*Levene's F = 1.30, p = .26*
Beliefs about death	M = 18.35	M = 18.80	*n.s.*
	SD = 5.29	SD = 5.25	

When examining the correlations across variables, negative correlations were detected between general mental health and its corresponding variables, including recent suicide ideation (suicide ideation in the past year), recent self-harm (self-harm in the past year), and overall suicide and self-harm[11]. Individuals with better mental health show lower suicide ideation[12], self-harm[13], and overall self-destructive behaviour[14] (Table 4.5).

---

[10] (t (1041) = - 4.77, p < 0.001)
[11] [(q72/5 + q73/4 + q74/4) / 3]
[12] (r = -.46, p < 0.001)
[13] (r = -.28, p < 0.001)
[14] (r = -.45, p < 0.001)

Table 4.5: Correlation analysis (*N = 1043*)

	Recent suicidal ideation	Recent self-harm experience	Overall self-destructive behaviour
Optimism	*.29****	*.19****	*.31****
Belief about death	*.42****	*.30****	*.44****
Locus of control	*-.35****	*-.21****	*-.34****
General health	*-.46****	*-.28****	*-.45****

*** Correlation is significant at 0.001 (2-tailed).

In order to analyze whether suicidality and self-harm was associated with mental health, the ANOVA technique was carried out. Post-hoc tests were also conducted to clarify the direction of differences across groups. As expected, the results revealed that, compared with their counterparts, individuals without self-destructive behaviour had the best health. Individuals exhibiting suicide plan, self-harm or suicide attempt reported poorer mental health[15]. Interestingly, no mental health difference was detected among the following groups: individuals exhibiting a suicide plan, individuals exhibiting self-harm, and individuals exhibiting suicide attempt. These findings are meaningful in two ways. First, individuals with self-destructive behaviour have poorer mental health. Second, people exhibiting a suicide plan, self-harm and suicide attempt may not necessarily have different levels of mental distress.

The current research has shown substantial support for Fergusson and Lynskey's (1995) findings, although the present sample was recruited in an Asian context, i.e., Taiwanese teenagers. Similar to Fergusson and Lynskey, this research discovered that,

---

[15] (F (4, 84.55) = 41.79, p < 0.001); Never (M = 35.65) > suicidal ideation (M = 32.58) >suicide plan (M = 29.62), self-harm (M = 29.63) and suicide attempt (M = 29.18).

compared to suicide ideators, suicide attempters had significantly higher rates of mood disorders.

In a similar vein, other studies have revealed that the perception of stress, hopelessness, anxiety and self-esteem have a significant influence on suicidal behaviour. Higher levels of stress, anxiety and hopelessness, and lower self-esteem increases the risk of suicide plan, suicide attempt and self-harm (Lee et al., 2008; Lam et al., 2004; Se`guin et al., 2004). Although this research used a general health questionnaire as an overall instrument for measuring mental health, rather than an individual-based instrument, the results still showed similar findings (as individual-based studies). That is to say, individuals with higher levels of suicidality and self-harm exhibit more negative emotions.

From a different viewpoint, poorer mental health may be the result of life events that young people have experienced such as academic pressure, discordant family interaction, or disadvantaged social circumstances. However, as the priority for young people (especially at this stage) is academic achievement, their performance at school may be the main influence on their mental health. Their own expectation of academic performance may also serve as a source of pressure. In this regard, this research now turns to examining the correlation between young people's general health and their academic performance.

In this research, a positive correlation between academic performance and mental health was detected[16]. Across four different groups of academic performance (i.e., A, B, C, D and D-)[17], the group with the highest academic performance had the best

---

[16] $(r = .12, p < 0.001)$
[17] A = 90+ (inclusive), B = 80-89, C = 70-79, D = 60-69, D- = 59 or below (failed).

mental health from among the groups[18]. In terms of how students feel about their performance (i.e., very poor, poor, average, good or very good), the findings were interesting. Statistical analysis revealed that people who thought their performance was very good did not have particularly good mental health. However, people who thought their performance was good had the best mental health[19], i.e., significantly better than those who thought their performance was average, poor or very poor. These results convey the message that academic performance is related to students' mental health.

In this research, statistical analysis showed that students with the best academic performance rarely thought their performance was very good. Actually, from among those with the highest academic performance (N= 109), only five students thought they had reached the top level, i.e., ahead of their cohort students. These students thought they just met the good (N= 45) or average (N = 38) level. About twenty-one students thought their performances were poor rather than average (poor or very poor). All these statistics affirm that there is a sense of academic competition among young students.

Looking at the interview data (see further details in Chapter Six), some professionals claimed that although a student may have very good academic performance at school, they still believed they were not good enough to compete with students from other schools. This phenomenon can be explained in two ways. First, in the students' opinions, they were only able to achieve excellent grades at their own school and compared with their counterparts from other schools, they were less confident

---

[18] $(F_{(4, 1038)} = 5.05, p < 0.01;$ host hoc $M_A = 34.68 > M_B = 33.24, M_C = 33.24 > M_D = 32.43 > M_{D-} = 31.27; M_B = 33.24, M_C = 33.24, M_D = 32.43 > M_{D-} = 31.27)$
[19] $(F_{(4, 1038)} = 14.42, p < 0.001;$ host hoc $M_{good} = 35.24 > M_{average} = 33.99, M_{poor} = 33.06, M_{very\ poor} = 31.19; M_{poor} = 33.06 > M_{very\ poor} = 31.19)$

about their academic performance. Second, a Confucianism culture is rooted at the campus. Students are educated to be modest and humble at school. Under the atmosphere of this culture, students may tend to keep a reserved attitude (i.e., low profile). Unless they are extremely good and confident, students would not say they are very good. But this does not mean that they are not telling the truth so this will not affect the validation of these findings.

In this research, students who performed well at school felt less stressed and were more confident and happy. In contrast, students with long-term poor academic performance would easily develop a sense of devaluation and low self-esteem. These findings have provided support to the findings of previous research, that intense academic competition may cause depression, anxiety and deviant behaviour (Achenbach et al., 1991; Adelman, 1989; Boekaerts, 1993; Durlak, 1995; Eccles et al., 1996).

In terms of peer relationships[20], the findings were meaningful. A correlation analysis was first conducted to examine whether peer relationships were related to mental health. The results showed there was a significant positive correlation[21], indicating that the better peer relationships a student has, the better mental health they have. Peer relationships become more important as children grow into adolescence as they interact with their peers more frequently and longer than younger children (Larson & Richards, 1991). Similar to our findings, Parker et al. (1995) claim that young people who have difficulties developing good peer relationships are more likely to

---

[20] Whether one has good or bad peer relationships is represented by how one is accepted in a large group, while friendship is represented by the mutual relationship between two. However, friendship is related to peer relationships. In early adolescence, youths who have more friends (i.e. have more friendships) are more likely to be accepted by a large peer group (George & Hartmann, 1996; Parker & Asher, 1993). Peer relationships in this research are calculated by the sum of q29, q31, q32, q33 and q34, which represent whether one is often invited by his/her peers, whether one is accepted and appreciated by his/her peers, and whether one is often contacted by his/her friends.
[21] (r = .21, p < 0.001)

exhibit higher degrees of loneliness and depression. All these findings have reinforced the view that peer relationships among young people play a major role in their wellbeing.

In respect to the influence of the family, this research discovered a significantly negative correlation; that is, the better the family interaction, the better mental health the student has[22]. Interestingly, this correlation is slightly stronger than the correlation between peer relationships and mental health. According to these correlation coefficients, one may infer that, although peer relationships become more important during the adolescence, the family still maintains a significant role in a young people's life. In other words, the family's influence is stronger than that of peer relationships.

In summary, general mental health was significantly different between the groups for non-suicide and non-self-harm, suicide ideation, suicide plan, self-harm and suicide attempt. Second, female students were generally found to have poorer mental health than their male counterparts. Finally, general mental health was affected by a series of factors, including academic performance, peer relationships and family interaction. Having said this, however, whether these factors are valid predictors of 'suicide and self-harm' still remains uncertain (see further discussion in Chapter Five). This paper now turns to examining the association between optimism and self-destructive behaviour.

Optimism

Broadly speaking, people believe that personal characteristics can affect the way

---

[22] $(r = .31, p < 0.001)$

individuals cope with pressure. For the same reason, this research assumes that certain personal characteristics may increase the risk of suicide and self-harm, with optimism being an example. Optimism is an inclination to put the most favourable construction upon actions and events, or to anticipate the best possible outcome. Optimistic individuals tend to take the most favourable view of things. Prior studies argue that optimism is a positive mood/attitude about the present and future, and a tendency to anticipate a favourable outcome to life situations (Burke et al., 2000; Scheier & Carver, 1992). In other words, optimism is important to one's mental health.

Despite its importance, optimism has not drawn much attention in the field of suicide research. The affect of risk factors such as depression, hopelessness and low self-esteem on suicide or self-harm have been extensively discussed in various studies and disciplines, but not optimism. However, Hirsch and Conner (2006) suggest that both risky and protective characteristics can manifest simultaneously. Protective factors such as an optimistic attitude may reduce depression and hopelessness, contributing better psychological adjustment to negative life events and therefore increasing mental well-being (Hirsch et al., 2007). From a protective perspective, optimism may help clarify how protective factors interact with suicidality/self-harm, and how optimism alleviates the impact of pressure on mental health.

In this research, optimism was assessed by asking five questions to see how individuals evaluate their present and future life outcome. The lower the score, the more optimistic the person was said to be. The sample mean score was 10.96, lower than the sum of the median score, which was 15. These statistics indicate that

students generally had a positive thinking style and were optimistic. In addition, no difference in optimism was detected between males and females. Parent's marital status was found to have no impact on students' optimistic attitude.

When analyzing the link between optimism and suicide and self-harm, findings were informative. To begin with, optimism was negatively correlated with recent suicide ideation[23], recent self-harm[24], and overall self-destructive behaviour[25] (see Table 4.5). That is, when levels of optimism increased, suicide ideation, self-harm, and overall self-destructive behaviour decreased. Secondly, significant differences were found across self-destructive behaviour groups[26]. The non-self-destructive group (M = 9.90) was more optimistic than suicidal groups. Among the self-destructive behaviour groups, the suicide plan group had a higher score (M = 12.46) than the suicidal ideation group (M = 11.28) and self-harm group (M = 10.83). Thirdly, although there was no significant difference between self-harm, suicide ideation and suicide attempt, it was surprising to see self-harm come second place. That is to say, those who harmed themselves without an intention to die tended to be more optimistic than those with an intention to die, even if they were just thinking of it and not actually doing it. Here the author would like to propose a possible reason for this unusual finding. Self-harm may be a behaviour undertaken to ease pain and/or to seek further help (Bancroft, Skrimshire & Simkin, 1976; Rodham, Hawton & Evans, 2004; Skegg, 2005). Compared to those who have attempted suicide, people who self-harm may have a more positive view of the future and life outcomes. Thus, they may have higher optimism scores.

---

[23] (r = .25, p < 0.001)
[24] (r = .19, p < 0.001)
[25] (r = .30, p < 0.001)
[26] (F (4, 84.12) = 21.31, p < 0.001; Never (M = 9.90) < suicidal ideation (M = 11.28), suicide plan (M = 12.46); suicidal ideation (M = 11.28) < suicide plan (M = 12.46))

In terms of the correlation between academic performance and optimism, no significant difference was found. However, what young people thought about their performance was related to optimism. To be exact, students who regarded their academic performance as good were more optimistic than those who regarded their academic performance as poor or very poor. Those who regarded their academic performance as average were more optimistic than those who regarded their academic performance as very poor[27].

Overall, this research revealed that optimism was a protective factor against suicide and self-harm. Correlation analyses also showed that feeling more optimistic leads to better general health[28]. These findings are similar to the theory that Peden, Rayens, Hall et al. (2001) have advanced. Their theory argues that optimistic individuals appear to have better psychological and physical functioning, even in the face of difficult circumstances. Simply put, when people are able to uphold a positive attitude toward the future, when they are required to do so they will be more able to cope with distress, thereby alleviating the risk of suicidal thoughts and behaviour (Alloy et al., 1999; Linehan et al., 1983; Range & Penton, 1994).

Locus of control

Similar to optimism, locus of control is another factor that this research was interested in investigating. As discussed in the literature review, this research assumed that locus of control was related to suicide and self-harm, as people who commit suicide usually feel they have lost control of their life. Locus of control is designed to measure how an individual perceives the main underlying causes of events in their life. The theory distinguishes between internal and external locus of

---

[27] ($F_{(4, 1038)} = 8.41$, $p < 0.001$; host hoc $M_{good} = 9.74 < M_{poor} = 11.09$, $M_{very\ poor} = 11.65$; $M_{average} = 10.67$,> $M_{very\ poor} = 11.65$).
[28] ($r = -.56$, $p < 0.001$)

control. Internal locus of control refers to those people who attribute events to their own control. For example, students with stronger internal locus of control may believe that their grades are the outcome of their own abilities and efforts. In contrast, students with strong external locus of control may believe that their grades are not related to their efforts; instead, they are due to their good or bad luck, for example. The influence of locus of control has received some empirical support; for example, a relationship between external locus of control and increased suicidal risk among young people has been detected by researchers (Beautrais et al., 1999; Nelson & Singg, 1998; Pearce & Martin, 1993). This research now turns to analysing the influence of locus of control in more detail.

In this research, negative correlations between Locus of control and its corresponding variables were detected, including recent suicide ideation[29], recent self-harm[30], and overall self-destructive behaviour[31] (see further details in Table 4.4). These correlation coefficients revealed that people who believed the outcome of an event was not controlled by themselves had higher risk of suicide and self-harm. That is, people with external locus of control felt they had less control over things and felt more stressed, and so were more vulnerable to suicide and self-harm.

In terms of locus of control, interesting findings were also discovered among the self-destructive behaviour groups[32]. To be specific, the non-self-destructive group had a higher score than the other suicide groups. The non-self-destructive group showed more internal locus of control, followed by the groups for suicidal ideation, suicide attempt, self-harm and suicide plan. The suicidal ideation group showed

---

[29] $(r = -.35, p < 0.001)$
[30] $(r = -.21, p < 0.001)$
[31] $(r = -.34, p < 0.001)$
[32] $(F (4, 83.77) = 43.83, p < 0.001$; Never (M = 17.26) > suicidal ideation (M = 15.93), suicide plan (M = 14.53), self-harm (M = 14.57), suicide attempt (M = 14.94); suicidal ideation (M = 15.93) > suicide plan (M = 14.53) , self-harm (M = 14.57))

more internal locus of control than the suicide plan and self-harm groups. Among these groups, the suicide plan group had the lowest score, indicating that this group showed the most external locus of control. That is, they tend to attribute what happened to themselves to the outside world and believe life is out of their control.

When analysing locus of control and gender, findings were interesting. In this research, female students showed more external control than their male counterparts[33]. This finding was consistent with previous research findings (De Man et al., 1985). This phenomenon may also be related to the influence of the cultural environment. Specifically, a traditional culture of male dominance still prevails in Taiwan and for this reason, females may not have as many opportunities as males. Women's abilities may also be regarded as inferior. Under these circumstances, women in Taiwan may gradually internalize this idea (i.e., they may become more external locus of control oriented) and feel that they are unable to control their lives. These ideas and feeling may lead to a sense of hopelessness, depression, or even suicidality.

In this research, the correlation between academic performance and locus of control was also investigated. Statistical analysis revealed that young students with more internal locus of control[34] had better academic performance. This finding was particularly interesting because other studies have reported slightly different findings. On the one hand, the findings here were congruent with Linder and Janus's (1997) investigation of locus of control and academic performance among dental students, which found that students with higher internal locus of control

---

[33] (t (1041) = -3.23, p = 0.001; Levene's test F = 1.30, n.s.)

[34] (r = 0.13, p < 0.001)

demonstrated better academic performance. On the other hand, Edward and Waters (1981) proposed a different viewpoint. In their investigation of 223 college students, Edward and Waters discovered that there was no specific interrelation between locus of control and academic performance. The findings mentioned above may have been partially correct for their own context, as each analyzed the influence of locus of control from a different perspective. Therefore, in order to further explore the influence of locus of control, the analyses discussed hereunder were carried out.

To being with, correlation analyses revealed that internal locus of control was related to better general mental health[35] and more optimism[36]. Second, students with more internal locus of control studied harder because they believed their effort would pay off, i.e., better academic performance comes from hard work. Third, students with internal locus of control were more likely to believe that they could control and change things. These students believed that they were capable and were able to cope with stress. In their opinion, the future was changeable, and as long as they worked hard a better outcome could be achieved. Simply put, people with internal locus of control usually feel more optimistic and less stressed.

Beliefs about death

Generally speaking, attitudes toward life can lead to different lifestyles. How individuals see their life and death may also influence the possibility of suicidality. Almost all students involved in this studied had thought about death in general. This research believes that belief about death was not a single factor but rather a hybrid of feelings and experiences, such as life attitudes, feelings about death, fear of

---

[35] (r = .62, p < 0.001)
[36] (r = -.42, p < 0.001)

death, or even frustration in real life. Very likely, these feelings and experiences may shape and develop one's particular belief about death, which may be unique to the individual but incomprehensible to others. This phenomenon may help to explain why some see death as a relief, whereas others see death as an unknown and fearful world.

Similarly, religion and social norms may also affect a person's beliefs about death. For example, researchers have discovered that in a society where the majority think suicide is a sin, deaths from suicide are fewer; but if suicide in a society is encouraged and admired, people are more likely to commit suicide (Rin & Chen, 1983). To further explore the influence of belief about death, the analyses discussed hereunder were carried out.

In this research, belief about death was measured by asking eight questions. Lower scores indicated more positive beliefs about death and a lower suicide risk. The findings were both informative and important. To begin with, in terms of beliefs about death, no difference was detected between males and females. Second, a relationship was detected between self-destructive behaviours and beliefs about death[37]. That is to say, people not exhibiting suicide or self-harm had the most positive beliefs about death[38], e.g., death is not the best way to tackle difficulties, and death may not necessarily solve one's problems.

In this research, the lowest mean score was 16.63 for the non-self-destructive group, followed by the suicidal ideation group (M = 18.52), the self-harm group (M = 21.46),

---

[37] (F (3, 205.17) = 47.04, P < 0.001; post hoc: Never (M = 16.63) < suicidal ideation (M = 18.52) < suicide plan (M = 21.76), Self-harm (M = 21.46) < suicide attempt (M = 24.41))
[38] The fearful emotions associated with death serve as a barrier against suicidal behaviour (Orbach, 1988; Orbach, Feshbach, Carlson, Glaubman, & Gross, 1983).

the suicide plan group (M = 21.76), and finally the suicide attempt group (M = 24.41).

Post-hoc analysis showed that the suicide attempt group had the strongest negative

beliefs; for example, that death can change things for the better, and death is an

elixir and can solve all problems. Another interesting finding was that when suicide

ideation, self-harm and overall self-destructive behaviour increased, levels of

negative belief about of death also increased (see Table 4.5). Details about this will

follow.

When observing the relationships between general mental health, optimism, locus of

control and beliefs about death, this research discovered that these variables were

all significantly correlated. Negative beliefs about death were also correlated with

negative general mental health[39], lack of optimism[40] and external locus of control[41].

Individuals with more negative beliefs had lower general mental health, less

optimism and felt less in control of their life.

This research discovered that beliefs about death were related to self-destructive

behaviour, which is congruent with the findings of a study by Rudd et al. (2001).

Rudd et al. claim that suicidal people are characterized by pervasive hopelessness,

e.g., they may think 'there is no hope', 'my life is hopeless', and 'I can not solve my

problems'. These negative beliefs may provoke an individual's suicidal behaviour

because when such negative beliefs become affirmed, individuals may lose their

ability to change things. Very likely, individuals may lose their motivation to solve

problems, as they believe they have no ability to change their situation. In a similar

vein, when individuals have distorted perceptions of death (e.g., fantasies about

death, or considering death to be better than life), they are more likely to consider

---

[39] (r = -.40, p < 0.001)
[40] (r = -.55, p < 0.001)
[41] (r = -.30, p < 0.001)

death as a way to solve their problems, increasing the risk of suicide. In the end they may choose suicide as a way to change things.

On a more positive note, the impact of negative beliefs can be alleviated by a number of factors, including optimism, control of life, and general health. This research has discovered that individuals with positive beliefs about death usually have more optimism, better mental health, and a better sense of controlling their own life. In addition, as specified by Durkheim (1952), a close bond with religion may have an alleviating effect and help to prevent suicide. Negative beliefs about death may be influenced by religion.

In Taiwan, Buddhism and Daoism are two prevailing religions, and neither doctrine encourages death or suicide. These two religions can therefore have the effect of decreasing the occurrence of suicidality. However, religious ethics and restrictions may not be as influential nowadays on young people as they once were, since the data gathered in this research showed that the majority of young people hold no religious belief. Thus, the thoughts and behaviour of these youth may not follow religious doctrine (for example, both Buddhism and Taoism forbid suicide). Young people may be more willing to face death and regard death as a way of tackling their problems. In other words, the influence of religion may have gradually faded away, removing the power of religious proclamations over life and death, which may explain why students are more vulnerable to self-harm or death through suicide nowadays.

It was very surprising when examining whether or not having a religious belief affects beliefs about death that no relationship was found between these two variables. In short, whether or not an individual has a religious belief or not, there is

no affect on their beliefs about death. Therefore, the author boldly infers that religion has little influence on suicidality/self-harm nowadays in Taiwan.

Conclusion

This research revealed that suicidal ideation was fairly common among students in Taiwan. Female students were more vulnerable to suicidal ideation, suicide plan, and self-harm, but not suicide attempt. Young people with more negative mental states and less optimistic attitudes were more vulnerable to suicide and self-harm. Suicide and self-harm was also found to correlate with negative beliefs about death and external locus of control.

Broadly speaking, the findings in this chapter are individual-based and do not examine how social factors and environmental factors impact on self-destructive behaviour. Therefore, in the next chapter the analytic focal point will move to a wider and macro context, i.e., school influences, family influences, and society influences. To be precise, the next chapter will investigate how self-destructive behaviour is affected by such factors, including peer relationships, school life, family interaction, and political and social-economic factors.

CHAPTER FIVE

Social Influences on Self-Destructive Behaviour

Introduction

This chapter aims to analyze the social factors contributing to self-destructive behaviour, i.e., how self-destructive behaviour differs according to family interaction, individualism, traditional values, socio-economic factors, and social-political situation. The latent inferences of self-destructive behaviour, considering all social and individual factors, will also be examined and discussed at the end of the chapter.

Studies of youth behaviour have demonstrated several important risk factors for suicide. These risk factors include mood disorder and depression (Brent et al., 1993; Hesketh et al., 2002; Shaffer et al., 1996; Séquin et al., 2004; Titelman et al., 2004), loneliness (Stravynski & Boyer, 2001), hopelessness (Blumenthal, 1990; Macenko et al., 1999), family relationships (Lam et al., 2004; Field et al., 2001; Wagner et al., 2003; Zhang & Jin, 1998), and economic factors (Compton et al., 2005; Rancans et al., 2001; Yu et al., 2007). Among these factors, psychiatric and psychological factors are those most commonly attributed to youth suicidal behaviour in research.

People usually intuitively relate suicide and self-harm to psychological and psychiatric factors, as the public generally hold the view that individuals are responsible for the consequences of their behaviour. Many studies of suicide in Taiwan have focused on individual aspects of suicide/self-harm. There are not many studies of suicide/self-harm that have focused on more broad social aspects. The reason for this could be that Taiwan is a new, developing country and suicide issues have not been emphasized until recently, thus research into social aspects of suicide have not been fully explored.

Although individual factors are important in the study of suicide, in order to gain a complete picture of the suicide phenomenon in Taiwan further research into social aspects are required. For this reason, Chapter Five aims to examine the social influences on self-destructive behaviour among young people in Taiwan. The analysis will focus on broader social factors and their relation to self-destructive behaviour. This will highlight the deficiencies of suicide/self-harm research in terms of the lack of focus on social aspects.

Social environment and self-destructive behaviour

In Chapter Four, the author identified that the suicide ideation rate in Taiwan is between 38.9% (lifetime suicide thought) and 43% (suicide thought in 12 months), the suicide plan rate is 18.0%, the self-harm rate between 3.4% (lifetime serious self-harm) and 23.8% (self-harm in 12 months), and the suicide attempt rates is 1.6%. This shows the high prevalence of self-destructive behaviour in Taiwan.

Risk of self-destructive behaviour among young people depends not only on exposure to personal risk/protective factors, but also on the distribution of social factors within the surrounding culture and political-economic circumstances. The high rate of self-destructive behaviour could be a result of the culture and values embedded in Taiwanese society. The prevalence of self-destructive behaviour has been shown in Chapter Four, and suicide rates have been shown to vary from one country to another. The high prevalence of suicidal ideation in many Chinese societies may indicate that it is a result of the shared characteristics of Chinese culture. However, within Chinese societies differences may still exist, for example, when compare rates of suicide ideation between Taiwan, China and Hong Kong, the prevalence of suicide ideation in Taiwan is higher than in China and Hong Kong (Jie & Jin, 1998; Chan, 1995; Lee et al., 2006). If we consider suicide plan as serious suicide ideation, then the rates are much higher. This difference may indicate that even though these three societies have the same traditional culture, differences in social structure and

development influence the prevalence of self-destructive behaviours.

In spite of the people of China, Hong Kong and Taiwan being from the same ethnicity and sharing the same culture (such as Confucianism), they have developed very different social contexts over the past hundred years due to geographic and political barriers (Tseng, 2001). These geographic and historical-political factors may help to explain why suicidal phenomena across these three societies are different. However, given that these three societies share the same traditional culture, Taiwan can still learn from the experiences of China and Hong Kong. For example, Chinese people value education and so the focus on excellent academic performance may be a cause of pressure on young people.

Notwithstanding, the social structure of China is very different from Taiwan. Stress could be lower among young people in China because a greater number of people (73%) belong to the working and lower social classes and low income is relatively common and normal in China (Lee, 2003). One might speculate that young people in China may, in general, not be under as much pressure as young people in Taiwan to find a highly paid job or move up the social ladder.

China also differs from Taiwan in that Taiwan is very compact, i.e., the population density is about 5 times higher than China's. For young people, academic competition may be a serious stress because education is now available to everyone and is a common means to move up the social ladder. Having good academic performance is often considered the way to achieve better work prospects and a better future. Thus, young people compete to gain entry to good schools and excel in school, which makes academic competition more intense. Therefore, the psychological stress of young people in Taiwan may be greater than in China. Academic achievement seems to be a major factor related to suicidal ideation among young people in Taiwan, but it is probably not the case in China.

Even under similar social structures, the phenomenon of suicide may be different. Taking England as another example, as in Taiwan, there is a strong link between academic credentials and labour market outcomes (Gray et al., 1983). Parents in both countries recognise that young people need to succeed academically in order to achieve a better future. However, rates of suicide and suicide ideation in the two societies are not the same. The reason for this may be the differing attitudes of parents in the two societies toward success and cultural values.

Young people spend most of their time at school, but the family is still important to them because it is the place in which they grow. Thus, both school and the family can have a significant influence on young people. Bearing this in mind, this chapter now turns to examine the family and school to understand how these social groupings affect young people's self-destructive behaviour. Examination of social situations and cultural values then follows.

Academic performance and self-destructive behaviour

In previous chapters, the author has mentioned that young people nowadays can experience psychological malaise and the number of youths who have considered suicide has increased. As education is the main and most important task of young people, academic pressure can be regarded as having a direct influence on young people's self-destructive behaviour. The association between school/academic stressors and suicide ideation among young people has been well documented in empirical studies (Ang & Huan, 2006; Ayyash-Abdo, 2002; Nelson & Crawford, 1990). Such empirical studies state that young people always feel that they are being evaluated by their academic performance at school, which forms a source of pressure. Researchers also claim that academic pressure is an important indicator of a student's psychological stress. As Chapter Four has examined the relationship between academic performance and general mental health, this chapter now turns to scrutinising the influences of academic performance on young people and also

analysing how these influences are related to self-destructive behaviour.

The source of academic pressure

When examining how the respondents perform at school, it was found that almost four in ten students have rather good academic performance, 39.4% of respondents have average grades of 80 and above, and less than one in ten have grades below 59. The pass level is 60 in Taiwan, so the majority of the respondents have achieved a good level. However, such achievement does not necessarily mean that they are not under pressure. There is a need to evaluate what students think of their academic performance, as their views may provide further information of their academic pressure. For example, the results showed that over a half of the respondents (55.1%) felt unsatisfied with their performance. They felt that their performance was poor or very poor. Amongst students whose grades are 80 or above (N = 410), more than seven out of ten (72.0%) students think that they only average or worse than average.

Chapter Four also explained that, among students whose grades are 90 or above (N =109), only 4.5% (less than one in twenty) of students thought that they had actually done an excellent job. Nearly one in four (19.3%) still thought their grades were poor or very poor. All these statistical figures convey the message that, regardless of the grade achieved, academic competition is still intense and tension is highest among students with high grades. The findings imply that students generally worry about their academic performance. They feel they are not doing well enough. Some students even worry about being taken over academically by students from their own school or other local schools.

When examining young people's usage of time, the author found that many young people spend hours studying. Students were asked how much time they spent studying after regular school time (including both weekdays and weekends). The

results showed that nearly half of all students (49.5%) study 1-3 hours on average a day, and around four in ten students (39.5%) study for 2-5 hours at the weekend. Almost one out of five students (19.9%) studies for over five hours at the weekend.

Generally, students in Taiwan spend long hours studying. Students at secondary school have the routine that they go to school before half past seven in the morning and the first class starts at eight o'clock. The last class ends at five o'clock in the afternoon, thus the school day is quite long. Many schools even ask students to come to school for enhancement classes on Saturdays as well, especially of they are approaching their high school or university entrance examinations. Many students go to cram schools after school and return home at about nine o'clock. In other words, students do not have much time for other things except studying. Very likely, if students do not have a good balance between their studies and social life, they could end up studying excessively and feeling stressed.

The pressure that young people faced was evident from answers to the question: 'Recently, has there been anything important that has affected your mood or life?' Around four out of ten (38.8%) respondents reported that poor academic performance was regarded as problematic; in fact it was seen as the most common problem reported by young people. Some students also reported that they think their parents have unrealistic expectations about them. That is, they may not be able to achieve the goals that their parents expect, thus making them feel stressed and frustrated. Some respondents do not even get along with their parents because of their lack of achievement. A few respondents mentioned that their parents like to compare their academic grades with those of relatives' and neighbours' children, which makes them even more stressed and sometimes depressed. A small amount of respondents felt uncertain about their future (n = 6). These students disclosed that they study only because they are told to do so, but they do not know what benefit can gain from studying nor do they have any future ambitions. In their opinion, studying is just the only thing they can do.

This research has found that academic performance and related pressure is clearly perceived to be the most influential factor affecting young people's lives. The pressure affecting young people is not due to their performance being poor. Rather, it is due to their constant studying without any break, or the feeling that they are not good enough to be able to achieve the expectations or their parents. All these academic worries and expectations may be the source of their psychological distress.

Academic expectation is associated with social and cultural values, as well as socio-economic changes. In Taiwan, people generally believe that education increases the value of life. Success in academic life therefore gives people a sense of superiority and helps them to build their personal identity. Due to this focus on education, thousands of students now graduate from universities. In the meantime, employment has reached its maximum level, i.e., all available positions have been taken. Recession has made the situation even worse and has limited young people's choice of future employment, making competition fierce. Therefore, parents' and young people's academic expectations have increased even more.

Attaining a higher degree turns out to be an advantage for young people and it helps them to find their social identity. This is well know by young people and their parents and so encourages them to pursue academic success. However, there may be a price to pay. Some researchers suggest that psychological distress among young people is related to high academic expectation (Miller, 1997; Steinhausen & Metzke, 2000; West & Sweeting, 2003). Expectation of excellent performance at school may lead not only to feelings of depression, frustration, and anxiety, but also to conflict within the family and uncertainty about the future.

Although the evidence presented in Chapter Four does not show a negative relationship between academic performance and self-destructive behaviour, it is

true that young people's perceptions of their academic performance can have a negative impact on their psychological state, which in a way also indicates that academic pressure leads to ill-health.

The influence of academic factors and future expectations

Besides the pressure from imminent academic examinations and performance worries, young people's expectations of educational attainment also reflect current social circumstances. The over-focus on academic performance and degree attainment can be seen from young people's perceptions of education. As mentioned previously, many students wish to go onto higher education (including at undergraduate and postgraduate degree level) in the near future (N= 902). Among them, more than thirty percent of students (33.1%) only want to find a job for living. Likewise, about one third (31.4%) want to have a career and about fifteen percent of students (15.8%) want to obtain qualifications/licences. However, around four in twenty-five students (17.2%) have no plans for the future.

These statistical figures convey two messages. First, peer competition is perceived by young people to be intense and they feel they need to obtain a high degree to secure a job. One third of respondents want to get a higher qualification only to obtain a job (N = 299). They have probably already predicted that competition in the future will even be greater.

Second, the group who have no plans for the future may feel uncertain about their future (N = 155). However, in spite of their uncertainty about the future, they still think that it is important to get a first degree. This may be because education is the one thing that they can do at present. They would rather obtain a first degree regardless of whether or not they really need it. This implies that education is seen as imperative in Taiwanese society, i.e., young people think that as long as they have a degree, everything will be easier. Simply put, obtaining a degree may reduce the

anxiety and uncertainty they feel about the future.

The aforementioned findings are in line with the following results. About one third of students (32.4%) revealed that the competitive social environment they are in may prevent them from accomplishing their future plans, whereas one fifth (21.6%) explained that they do not know what they really want. These results imply again that the current socio-economic situation is competitive and motivates young people to obtain a higher qualification in order to survive. In addition, they feel that education is the only thing they can control, while the future is full of uncertainty.

Taiwan inherits Chinese culture and Confucianism from China, which explains why traditional Chinese culture is still pervasive in Taiwan. Compared to China, these traditional values and ethics are better preserved in Taiwan, as China experienced the Cultural Revolution[1]. Influenced by these cultural ethics, parents in Taiwan may give a lot of attention to their children's academic success. Cross-cultural comparisons also provide evidence that supports the view that there is strong emphasis on education in Chinese society. These comparisons have discovered that, compared to students from other ethnicities, Chinese students may experience more attention and focus from their parents on academic performance (e.g., Dornbusch et al., 1987; Lapointe et al., 1992; Stevenson et al., 1986).

Similar studies also claim that Chinese young people and their parents have higher educational expectations than other ethnic groups (Crystal et al., 1994; Mau, 1995). In addition, scholars of Chinese societies generally agree that Chinese families value their offspring's educational achievement a great deal (Wu & Tseng, 1985), not only on the grounds of moral value but also as a means for economic success. Following World War II, only a small number of people could access higher education because opportunities at institutions of higher education were limited and the labour market

---

[1] During the Cultural Revolution (1966-1976), the status of traditional Chinese culture, values, and ethics was severely reduced. Historical reserves, artifacts and sites of interest suffered devastating damage as they were thought to be at the root of old-fashioned thinking (Liu, 1987).

required a lot of manual labour. However, by the late 20th century, the development of marketisation, rapid expansion of higher education, and reform of the entrance exams for high school and university resulted in a massive increase in the opportunities for young people to obtain a higher educational. In 2005, 95% of students continued their high school education and 85.15% of students went to university (Department of Statistics, 2006). University is no longer an unobtainable goal for students. At the same time, the depressed market economy, unemployment and vacancy competition have made people more anxious. In addition, as employers may judge or select an employee on the basis of their educational qualifications, people may over-emphasise the importance of education and see education qualifications as imperative.

Nowadays, more and more people feel that obtaining a first degree (i.e., bachelor degree) is not enough and therefore pursue a higher educational achievement, which has gradually become the norm in Taiwan society. Ironically, in Taiwan schools, students rarely receive career-development information or courses that help them plan for their future and achieve their goals. In fact, some may argue that many schools simply tell their students that going to university will automatically open up the doors to a beautiful future.

Many of the students who participated in this research do not know what they really want. For example, some students go to school without having any goal and others simply do whatever their parents want them to do. Such a phenomenon (i.e., the blind pursuit of education) has existed in the Taiwan educational system and become embedded within the country's social values for a long time. It may lead the country's young people to fall into a deep feeling of uncertainty. If no action is taken then there may be an increment in the risk of mental health problems, self-harm and suicide among young people in Taiwan.

Simply put, sources of pressure include academic performance and expectations,

either of the students themselves or their parents. These sources of pressure may in turn affect the young peoples' mental health and lead to self-harm or suicide. The author believes that, as the parents play a key role (e.g., as care givers), there is a need to further analyse the link between parental expectation and young people. The expectations of other family members and care givers shall also be critically evaluated hereunder.

Family expectations

Parents always want their children to be more successful than themselves. Taiwanese parents are no exception. Over half (57.9%) of the sample in this research revealed that their parents and elders often express their expectations of them and want them to meet them. For example, they may say 'I (the parent) did not have a chance to study at university, so you (the child) must study hard to get an offer'.

Also, nearly half of the respondents (45.5%) reported that their parents expect them to achieve a very good academic performance at school. Interestingly, the reactions of young people toward their parents' expectations were very different. Although most respondents (38.1%) felt stressed about their parents' expectations, around the same amount (37.2%) of respondents felt responsible and had tried to fulfil those expectations. Less than one in five (18.9%) felt annoyed.

These statistical figures indicate that more than half of students acknowledge the expectations of their parents. Although many respondents feel stressed and annoyed due to the expectations, they seem not to have any serious affect on their family life. Among those who feel stressed, more than nine out of ten feel satisfied with their family life (91.4%), and among those who feel annoyed, seven out of ten (71.2%) feel satisfied.

As mentioned previously, the Chinese ethnic group has stressed the importance of

education for thousands of years due to the prevalence of Confucianism. Traditionally, only males and rich people were able to obtain an education. Going to school was only possible for the noble and privileged. Thus, when a member of the family excels at school, goes to a prestigious school, or achieves a higher education, it is considered an infinite honour for the family. To some extent, education represents a kind of social class. The importance of education in Chinese society goes without saying; under these circumstances, parents' high expectation of their children's academic performance is even regarded as natural.

Nevertheless, such expectation can create immense pressure and is reinforced through culture. The principles of Confucianism, such as 'respect and listen to seniors and the wise' and 'filial piety', which confine the cardinal human relations between parents and offspring, are taught to children as part of moral education when they are very young so as to create generational harmony. The view that children should not disobey their parents exists as a basic moral in the society. However, stress and conflict may occur if elders or parents have expectations of their children that they are not able to or do not want to achieve. Thus, academic expectation can lead to drastic behaviour.

To further understand the social configuration behind family expectation, a series of statistical analyses were conducted. Interestingly, gender differences were found in terms of parental expectations. Compared to their female counterparts, male students were more frequently subject to higher expectations from their elders[2]; however, there was no gender difference in terms of parental expectation of academic performance. This finding is in agreement with previous research conducted in China that showed parents have the same expectation of high education for both boys and girls (Yang, 2007). The research also indicated that, although parents have the same level of academic expectation for both boys and girls, they express this expectation more to males than females. Although parents

---

[2] ($t(1039.29) = -2.831, p < .01$)

have the same high level of expectation for both boys and girls, females receive less intense attention on their achievements. These preliminary findings imply that Taiwan society still expects males to be more successful than females.

In previous studies, scholars have argued that males have more political and financial power than females, derived from their career status and ability to change according to their environment (e.g., Clifton & Lee, 1976). As women have less power and less ability to change according to their environment, they are more likely to use suicide attempt as a means to draw attention to themselves or to protest (Clifton & Lee, 1976; Heshusius, 1980; Jarvis et al., 1976). However, as mentioned in Chapter One, the number of male suicide attempters has increased recently. It may be the case that the influences of traditional roles and norms on men require further attention.

To be exact, males are often expected to have a successful career and provide support to their family, both financial and physical. Men are usually significant members of the family in that they are expected to provide substantial spiritual and physical support. However, due to recent economic decline, men may be feeling stressed and unable to support their family. In addition, as Taylor (2003) has claimed that employment status is strongly related to male suicide, it is likely that social expectations and the current socio-economic circumstances may have aggravated the situation and undermined the mental health of young men.

Another issue to be borne in mind is that parental expectations may be associated with social class. Social class has been classified into three levels in the analysis of this research. Class I represents the lower social class, Class II and Class III represent the middle class, and Class IV and Class V represent the high social class. To further analyse the association between parental expectation and social class, a Spearman correlation analysis was conducted. Results showed that higher social class

correlated with more frequent expectations of elders toward the respondents[3]. That is, elders in a family who are of a higher class are more likely to express their academic expectations of their younger family members. Furthermore, the analysis also revealed a correlation between high expectation and higher social class[4]. That is, if parents are of a higher class then they are more likely to have high academic expectations of their children.

Some previous studies have found similar findings, that high parental expectations are associated with high social class (Flouri, 2006; Ng, 2000; Yang, 2007). Yang (2007) has found that parents who are employed in an occupation that requires a higher education tend to have higher expectations in terms of their children's education than those employed in occupations that require less education.

As a result, young people in a higher social class are more likely to have increased pressure related to academic achievement owing to their parent's expectations. However, does such pressure lead to worse mental health? Do the expectations of parents and elders in the family result in self-destructive behaviour? This chapter now turns towards finding answers to these questions.

The association between family expectation and self-destructive behaviour
Interpersonal relationships are usually attributed as the main reason for young people's self-destructive behaviour in the West (Hawton et al., 1996; Heshusius, 1980; Murray et al., 2005), but some researchers have argued that in East Asian countries the link between academic stress and suicide among young people is stronger given the familial and cultural demands for academic excellence (Ang & Huan, 2006).

A study by Juon & Nam (1994) examined the factors contributing to suicidal

---

[3] *(r = .061*, p < 0.05)*
[4] *(r = -.11***, p < 0.001)*

behaviour among 9,886 high school students in Korea, finding that students who perceive a high level of academic stress are more likely to have serious suicidal ideation than students who do not experience academic stress. Similarly, in Singapore, academic difficulties were also found to be one of predictors of suicidal behaviour among young suicide attempters (Ho & Hong, 1999). Low academic self-concept has also been found to be one of the best predictors of depression among Hong Kong primary school children (Lau et al., 1998). Another study investigating 327 female students aged 13-18 in Hong Kong showed that low academic self-concept was a precursor to depression and suicide ideation (Lee et al., 2006), which is consistent with the findings of previous studies.

These empirical findings have confirmed that there is a strong relationship between academic performance and self-destructive behaviour. For example, failure in academic performance may cause stress, depression or even lead to suicidal behaviour. In line with the findings of this research, the author believes that such a relationship can be further affected by parental expectations and uncertainty toward the future.

An important finding is that a relationship was detected between parental expectation of children's academic performance and overall self-destructive behaviour. ANOVA analysis showed that different levels of expectation resulted in different degrees of self-destructive behaviour[5]. Parental expectation of very good performance resulted in the highest risk of self-destructive behaviour, whereas parental expectation of average academic performance resulted in the lowest risk of self-destructive behaviour.

These figures indicate that parental expectation plays a salient role in adolescent self-destructive behaviour. Parent's high expectation of academic performance may be a source of pressure, which then has a negative impact on a young person.

---

[5] (F $(3, 207.51) = 3.27$; p < 0.05; post hoc   M$_{very good}$ = .35 > M $_{average}$ = .31)

However, in the previous analyses not many students felt stressed and annoyed about these high expectations. This phenomenon is unusual but the author has boldly proposed an explanation for it. Whether expectations have a negative impact on a young person depends on two factors: the parent-child relationship and how parents express their expectations. This chapter now turns towards analysing these factors accordingly.

Family interaction with young people

In order to find out which pupils were more likely to have positive family interaction, ANOVA analyses and *t*-tests were conducted. Family interaction was taken as the outcome variable and other demographic variables were independent variables. It has been found that no gender difference exists in relation to family interaction. Namely, there is no difference between males and females when comparing their family interaction. However, parents' education level was found to have an impact on family interaction. As Table 5.1 shows, if the father's education level is higher, then family interaction is closer and more positive[6]. A similar finding was also found for mothers. If the mother's education level is higher, then family interaction is closer and more positive[7]. In addition, a significant difference was detected between primary level and other higher education levels, indicating that parents' education at primary level and below was more likely to cause negative family interaction than any other educational level.

Here the author would like to propose a reason to explain this phenomenon. Compared to their counterparts, parents with higher educations may have better communication skills. These parents may give more positive and affective feedback to their children, displaying a sense of care and spiritual support. They may know more how to maintain positive relationships with their children using tools such as

---

[6] *(F (5, 933) = 2.27, p <0.05); (r = -0.11**; p< 0.01)*
[7] *(F (5,962) = 4.30, p <0.001); (r = -0.12***; p< 0.001)*

email, mobile phones, and memos.

Interestingly, both parents' occupations were not found to significantly affect family interaction. Differences in young people's family interaction were detected in relation to their mother's occupation[8], indicating that managerial and professional occupations resulted in the most negative family interaction (M = 19.14), followed by skilled manual occupations (M = 18.07), non-skilled manual occupations (M = 17.58), skilled and associate professional occupations (M = 16.78), and skilled non-manual and service occupations (M = 16.64). Students with mothers employed in skilled non-manual occupations were more likely to have better family interaction than those in manual occupations.

An explanation for the different effect of parents' occupations may be that the mother is the main person who looks after the members of the family and so their occupation may affect family interaction because it affects how much time they can give to their family. If a mother spends more time at work it follows that she will spend less time with her family and children. Family relationships may gradually become weaker. In addition, mothers employed in a lower level occupation usually have a lower level of education. They may therefore lack the knowledge and skills needed to develop and maintain positive family relationships.

The father's influence on family relationships may not be as strong as the mother's. Fathers in Taiwanese society usually play an instrumental role such as proving financial support for the family. They may play a limited role in the process of communication and family interaction. On the contrary, mothers usually give more emotional and spiritual support, which means they play a critical role in family interaction. Compared to fathers, mothers may be more devoted to the family and strive to maintain/manage family issues. In such circumstances, if mothers' occupations are time-consuming, then they may only have limited time to spend

---

[8]   *(F (4, 988) = 2.71, p <0.05)*

with their families, which may lead to poorer family interaction.

Interestingly, differences in family interaction were also detected in relation to social class[9]. The upper social class had the poorest family interaction (M = 19.04), followed by the lower social class, lower middle class, middle class and upper middle class. The upper middle class had the best family interaction (M = 16.78). Significant differences between the upper middle class and other classes were also detected; namely, family interaction in the upper class was found to be better than family interaction in other social classes.

Here the author would like to propose a reason for these findings. To begin with, parents from the upper middle class may emphasise the importance of education and family interaction. For this reason, they are willing to pay more attention to parent-child interaction. To a certain extent, parents from the upper middle class may not worry too much about their financial status, whereas parents from the lower classes may be anxious about their income and feel that it is difficult to maintain a comfortable life. In other words, financial difficulties may impede their family interaction, as the priority of parents from lower classes is to secure a decent income and survive.

Previous studies have described lower class family relationships as less warm and more likely to involve conflict than their middle class counterparts. Negative interaction also occurs more often in the lower social classes (Bayley & Schaefer, 1960; Hess & Shipman, 1965; Henggeler & Tavormina, 1980; Jacob, 1974). Henggeler and Tavormina (1980) have stated that the lower social class may be confronted with more psychological problems. However, differing from prior findings, the current study found that the highest social class was also more likely to have negative family interaction, such as reduced contact between family members, more conflict, and less warm and thoughtful expression.

---

[9] $(F (4, 1029) = 2.44, p <0.05)$

Broadly speaking, the author believes that such differences may be the result of changes in the socio-economic context. Families in the lower social class may face more economic pressure and this pressure may be transmitted through the family. For example, parents may spend more time at work in order to obtain enough money to meet family expenses. They may not have enough time for childcare. Another example is that due to the poor economic climate, unemployment has become common. If parents lose their jobs, family maintenance becomes difficult, which can cause more conflicts in the family (e.g., how to allocate limited money, what should be the priority). All these issues may result in negative family interaction among the lower class.

As for the upper social class, the recessive economy and intense competition may increase the pressure on adults to maintain their social class. This kind of pressure can also be transmitted to young people. Parents increase the pressure on young people because they know that the process of social reproduction is not as smooth as it was before. They are moving into an increasingly competitive era. They do not want their children to lose their future competitiveness. This kind of pressure may also affect family interaction.

Table 5.1: Parents' educational levels and family interaction (*N = 2843*).

	illiterate	primary	junior high	senior high	graduate	postgraduate	Statistics
family interaction	M = 20.75	M = 18.44	M = 18.09	M = 17.57	M = 16.94	M = 16.73	F(5,933) = 2.27, p < .05
Father (*n = 938*)	SD = 5.68	SD = 4.92	SD = 4.76	SD = 4.71	SD = 5.15	SD = 4.86	Levene's F =0.34, p = 0.89
family interaction	M = 18.60	M = 19.36	M = 17.30	M = 17.47	M = 16.87	M = 15.28	F(5,962) = 4.30, p< .001
Mother (*n = 967*)	SD = 4.62	SD = 5.07	SD = 4.54	SD = 4.93	SD = 5.07	SD = 3.54	Levene's F= 1.29, p = 0.27

Family interaction and self-destructive behaviour

Previous studies have shown that family support is related to suicide (e.g., Zhang & Jin, 1998). Family support can be observed from the interaction between family members. Positive and good interaction can generate support and in turn, may help young people to resist the influence of negative events. Negative or poor interaction can lessen support and make young people more vulnerable to negative events. The relationship between family interaction and self-destructive behaviour was examined in this research via correlations and ANOVA.

A negative correlation was found between family interaction and self-destructive behaviour. When family interaction is negative, recent suicide ideation[10], recent self-harm[11], and overall risk of self-destructive behaviour[12] are more likely to be more serious. In terms of family interaction, significant differences were detected across non-suicidal, suicide ideation, suicide plan self-harm and suicide attempt groups[13]. The non-suicide group (M = 16.33) reported significantly better family interaction than the suicidal ideation (M = 18.06) and suicidal plan groups (M = 18.98), respectively.

Scholars have revealed that family problems are common factors associated with self-destructive behaviour (Hawton et al., 1996; Lai & McBride-Chang, 2001; Lee et al., 2006; Skegg, 2005; Wagner et al. 2003; Zhang & Jin, 1998). A poor relationship with parents and difficulties in communicating with parents usually characterise the problem. Congruent with Western studies mentioned beforehand, this research

---

[10] *(r = .22 ***, p < 0.001)*
[11] *(r = .09**, p < 0.01)*
[12] *(r = .22***, p < 0.001)*
[13] *(F (4, 84) = 11.73, p <0.001)*

reaffirms the view that family interaction is influential on the self-destructive behaviour of young people in eastern countries, in particular Taiwan.

Peer relationships and self-destructive behaviour

As mentioned previously, in adolescence a young person's relationships with peers become an increasingly important aspect of their life. Friends gradually come to occupy just as a central position in a young person's relational network as parents. In research into social support it has been found that during adolescence, perceived support from parents either remains constant or decreases, whereas support from peers is seen to increase (Furman & Buhrmester, 1992; Helsen et al., 1990; Meeus, 1989). Studies claim that peer support facilitates the development of appropriate, effective responses to acute and chronic stresses (Turner, 1999; Zuckerman et al., 1998). Peer support has been found to be helpful in reducing young people's negative feelings such as stress, depression and anxiety. However, peer groups are like a double-sided sword because although they can provide support, they may also endorse self-destructive behaviours.

Since peer relationships are important in adolescence, whether or not a young person has sufficient peer relationships may affect their health. The study of peer relationships of participants in this research showed that around one in five (23.1%) respondents reported that they are rarely invited by friends, while nearly one in ten (8.6%) thinks that it is very difficult to find a group to join. More than one in seven (15.7%) respondents feel that they are not welcomed by their peer groups. More than one in ten students (13.8%) reported that they had been bullied. Although 10 to 20 percent of respondents reported a lack of friendship and peer support, the majority of respondents in this research reported that they have pretty good peer

relationships. However, having good peer relationships may be affected by other things such as academic performance. Therefore, this paper will now move onto examining the relationship between academic performance and peer relationships.

When peer relationships and academic grades were cross-tabulated, the author found that students with poor academic performance were more easily excluded by other students. About one in six (16.7%) students with academic grades below 59 found it difficult to join a group, while less than one in ten of people with good academic grades (grades 60 and above) had the same problem. Nearly one third (30.2%) of students in the first group felt that they were disliked by their peers, while less than one in six (15%) people with better academic grades (grades 60 and above) felt the same way. These statistical figures show that students with the lowest academic achievement are more likely to be excluded by peers and can be marginalised. As a consequence, these students may have less support from their peer group. When they experience problems, this lack of social support may result in the risk of self-destructive behaviour.

Although a direct link between peer relationships and overall risk of self-destructive behaviour was not detected here, Chapter Four has confirmed that peer relationships influence general health[14]. A young person with greater peer support is more likely to have better general mental health. Thus, peer relationships can have an indirect relationship with overall self-destructive behaviour. Nevertheless, this research still finds a slightly significant positive link between peer relationships and recent self-harm[15]. This finding is interesting and has echoed some qualitative data suggesting that peer groups endorse self-harm

---

[14] ($F_{(1,\ 1041)}$ = 46.85, $p < 0.001$; β= 0.21, $p < 0.001$; R^2 = 0.043 ΔR = 0.042)

[15] (r = .066, $p < 0.05$)

behaviour. In the interviews with professionals it was revealed that some students harm themselves because they see their close friends doing so, and some students harm themselves in order to stop a close friend from self-harming. This indicates that young people can develop self-harm behaviour due to a close peer relationship.

So far the author has discussed several sources of stress among young people, including high family expectation, poor family interaction and peer relationships. In what follows the author will analyse what young people do for leisure in order to get an idea as to whether young people have a balanced life, which may help them cope with their stresses.

This research discovered that watching television (43.0%), listening to the music (50.7%) and participating in religious (26.8%) activity are the main leisure activities undertaken by young people. There was a surprisingly high percentage of students (85.3%) who reported that they rarely exercise. The results showed that young people spend most of their free time engaged in static leisure activities. Thus, Taiwanese young people lack exercise. These findings suggest that young people in Taiwan need to be encouraged to engage in exercise since exercise can help individuals to stay healthly, relax and deal with negative emotions (Iwasaki et al., 2001). A healthy lifestyle can help young people to maintain good health in adulthood and avoid bad effects of negative events, such as depression.

Another interesting finding was that many young people were involved in voluntary work. Over half of the students (51.5%) said that they participated in voluntary work, either sometimes or often. The reason for this could be the new educational policy which states that students can collect certain credits from doing voluntary

work. These credits can then be used when applying for higher education.

Nowadays use of the internet is widespread, so the author also assessed the internet usage of young people to find out the impact it has on young people. Over nine out of ten students (94.9%) said that they use the internet on a regular basis. More than two out of five students (42.2%) reported that they spend less than one hour on the internet, but around one third (31.7%) use the internet up to 2 hours a day. Most of them (35.5%) use the internet for checking e-mails, news or just surfing the web. Some of them (20.2%) chat with a friend through the internet, and near one third (28.5%) play online games over the internet.

The internet has became a very important tool for obtaining information, communication, maintaining relationships and entertainment. These are the main benefits of the internet. However, there are risks connected to the internet which may make young people vulnerable. A recent piece of research has revealed that young people who are depressed are more likely to use the internet for a long time (John Tung Foundation, 2004). The research points out that although the internet has made people's contact with each other convenient, it has reduced the warmth which can be received from face to face contact. Moreover, the opinions and discourses found on the internet may not always be correct. Spending too much time on the internet may put vulnerable (depressed) young people under increased risk. Thus, how much time they spend using the internet and for what purpose they use the internet are two important issues that can affect their health.

In this research, the majority of respondents (78.0%) were found to spend no more than two hours a day on the internet; however, a small number of respondents (22.0%) use the internet more than two hours a day, and about one in ten (9.5%)

use it for more than four hours a day. Among those who spend more than four hours a day using the internet, more than one in two people (53.7%) stated that they mainly use the internet to play online games. No relationship was found in this research between time spent using the internet and self-destructive behaviour or general health. Nevertheless, the impact of frequent internet usage should not be overlooked.

According to previous research, those who spend a long time on the internet may be at greater risk or developing poor health. For example, those who spend a long time on the internet can become easily addicted. Many reports indicate that those young people who sit and stay at internet cafes for a long time, especially those who play online games for days, cause damage to their health because they have irregular routines and lack physical movement (Chen, 2008; Wong, 2007).

After discussing two important social organizations for young people (i.e., the family and school), this chapter now moves onto focus on social and cultural influences on young people's self-destructive behaviour. Earlier on in this chapter it was mentioned that traditional values related to the importance of education may not only affect parents' expectations but may also increase young people's pressure with regards to academic achievement. The current trend of individualism, which emphasises competition, may also lead young people to pursue academic success and a successful career. Such competition may then put extra pressure on young people's shoulders. To further understand the influences of traditional and individualistic values, the author now turns to examining the values of young people in Taiwan.

The influence of individualism and traditional values

Modernization has improved the lives of most people. However, as people enjoy the fruits of modernization, they also suffer from the negative aspects of modernization, such as fewer job opportunities and pollution. Some researchers argue that society has become more individualized and social bonds have loosened. Modernization can increase alienation, uncertainty and stress, and thus have a negative impact on people's wellbeing (Furlong & Cartmel, 1997; Lam et al., 2004). Eckersley (2009, p.353) has stated:

> *In the modernity, society becomes more and more individualized. Individualism has been a progressive force, loosening the chains of religious dogma, class oppression and gender and ethnic discrimination, and so associated with the liberation of human potential. However, individualism is a two-edged sword. The freedom people have is both exhilarating and disturbing: with new opportunities for personal experience and growth also comes the anxiety of social dislocation.*

Generally, individualistic values are deemed to be harmful for young people. Traditional values, such as respecting elders and obeying parents, have always been seen as protective factors against suicide and self-harm (Arnett, 1999; Chen, 1996; Lam et al., 2004). Arnett (1999) claims that in Western countries, conflicts arise when authority figures try to regulate emerging adolescent independence. Such conflicts then lead to stress in parent-child relationships. In contrast, neither parents nor young people themselves expect young people to be independent from traditional culture. Thus, there are fewer conflicts and better parent-child relationships, which are protective elements against suicidal behaviour. However, in the author's view, traditional values may also be a burden for young people. For

example, traditional values emphasize obedience, obliging young people to listen to their elders. Young people may be unable to make decisions for themselves in such circumstances. Young people may then suffer from psychological distress and dilemma because sometimes they may have to choose between obedience to their parents and making their own choices. If they choose obedience to their parents, they have to suppress their aspirations. If they make their own choices, they may experience stress and conflict in the parent-child relationship.

To clarify how individualistic and traditional values affect young people nowadays, this research used self-developed scales to examine individualistic values and traditional values among young people in Taiwan. The mean scores for individualism and traditional values were 13.94 (95% CI: (13.74, 14.14)) and 11.75 (95% CI: (11.57, 11.93)) respectively, below the mid point score of 18 for individualism and 15 for traditional values. These figures indicate that the majority of students possess both traditional and individualistic values.

This research also found that parents' educational level was related to students' traditional values. Students were found to possess more traditional values when their parents' educational level was higher[16]. Male students reported both more individualistic[17] and more traditional values[18] than their female counterparts. On the one hand, males saw that competition, winning and autonomy are important; on the other hand, however, they also believed in the importance of group harmony. They recognised the importance of listening to elders and being responsible for the family.

---

[16] (father: $F_{(5, 933)} = 2.96$, $p < 0.01$); mother: $F_{(5, 962)} = 2.58$, $p < 0.05$)
[17] ($t_{(1041)} = 3.15$, $p < 0.01$; M = 2.27 for male, M = 2.38 for female)
[18] ($t_{(1041)} = 2.17$, $p < 0.05$; M = 2.31 for male, M = 2.39 for female)

In late modernity, some commentators have argued that traditional values have become weakened and individualism has become the mainstream (e.g., Wong, 2007). Yet, in the current study, traditional values and individualism were found to co-exist with similar degrees of influence, especially among young men in Taiwan. These findings echoed a previous study that found there the abandonment of collectivistic values and behaviour for individualistic ones may not occur during the process of modernization (Ho & Chiu, 1994). However, as mentioned earlier, some aspects of these coexisting values are contrary to each other, which may cause further psychological stress (such as young people deciding whether to make their own choices (more individualism oriented) or choosing obedience to their elders in the family (more traditional values oriented)). If personal views are against those of elders, a dilemma may arise which may lead to psychological stress.

In order to investigate the relationship between young people's wellbeing and individualistic and traditional values, a correlation analysis was conducted. The results showed that there was no relationship between individualism and self-destructive behaviour, or between traditional values and self-destructive behaviour. In order to find out whether holding both sets of values makes young people more vulnerable than holding one set of values (either traditional or individualistic values), the respondents were sorted into three groups so that their risk of self-destructive behaviour could be compared.

Firstly, individualism (IN) was classified as high (scores of 12 and below), median (scores of 13 -15) and low (scores of 16 and above). The same procedure was applied to traditional values. Traditional values (TV) were classified as high (scores of 10 and below), median (scores of 11 -12) and low (scores of 13 and above). The respondents who were high in individualism and low in traditionalism were

assigned to group A (i.e., individualism oriented). The respondents who were high in traditionalism and low in individualism were assigned to group B (i.e., traditionalism oriented). The respondents who were high in both individualism and traditionalism were assigned to group C (i.e., hybrid oriented). One-way ANOVA was conducted to find out which group was more vulnerable to self-destructive behaviour or to having negative general health.

The results show that there are no significant differences across the three groups in terms of overall self-destructive behaviour and general health. Although the group holding both individualistic and traditional values were not shown to be statistically better than other groups, such a situation does not seem to be particularly harmful to the youth. These results indicate that following modernization, traditional values such as respecting and listening to elders, and honouring the family and collectives remain intact. Individualism and traditional values do not necessarily repel each other; they can coexist. Young people with both sets of values may have more flexibility to tackle issues in their lives because they have not limited themselves to only one set of values, helping them to adapt to different environments and situations.

It may take time before the influence of cultural values becomes apparent. Thus, continuous investigation of cultural values and young people's suicidal/self-harm behaviour is required. Yet, the influence of changes in social-political and economic situations can more easily be detected. As mentioned in Chapter One, the economic downturn in Taiwan has lead to an increasingly high unemployment rate. In addition, the political situation at the time this research was carried out was unstable because the controversial issue of independence was being touched upon again, creating tension between the different parties. These situations may

affect young people's views toward the future and subsequently affect their well-being. Thus, now the author will move onto analysing the influence of political and economic changes.

Social-political situation and economic changes

Rapid social change may promulgate new and sometimes unexpected health threats. Eckersley (2006) argues that social-economic disadvantage leads to many kinds of health problems. It can influence people's expectations, reduce social support and personal control, and cause stress, depression, anxiety, isolation, insecurity and hostility, which may in the end lead to drastic self-harm behaviour. Moreover, according to Durkheim (1951), rapid changes in social and economic circumstances can lead to suicide. Both Eckersley and Durkheim stress the influence of a person's social situation.

In the last few decades Taiwan has witnessed a continued decline in its manufacturing sectors and the growth of employment has decreased in the service sectors (Cai, 2004). Recent movement of local factories and the recession in the global economy have made the situation even worse. All these changes have caused the unemployment rate to reach its highest level in history.

The unemployment rate is usually used as an indicator of the economic situation of a country. It is linked to the loss of social identity, social support, and financial support, and, consequently, an increase in the risk of psychological distress and suicidal behaviour (Atkinson et al., 1986). The unemployment rate among young people was 7.3% in 1998, 11.9% in 2002 and 10.59% in 2005 (Council of Labour affairs, 2008). These rates are more than the double of national unemployment

rates.

Young people nowadays experience a protraction of the transition from school to work and an extension of their state of dependency. Thus, unemployment may not have a direct impact on young people during their teenage years. Nevertheless, in many ways young people are able to sense the affect of recession and so they may worry about the future. If young people do not learn important skills or obtain good qualifications, they may become unemployed after leaving school or university. Therefore, this research has investigated young people's subjective perception of the economic situation in Taiwan using an 'economic optimism scale' to see if the economic changes have affected their well-being.

The results of this research suggest that generally, young people are not optimistic about the near future of the national economy. The mean score for the economic optimism scale is 18.12 (95% CI: (17.85, 18.39)), which is lower than the mid point of 24. These figures imply that the majority of young people have perceived the decline in the economy. They hold the view that it will be hard for them to find a job when they enter the labour market in the future. With regards to personal background and economic optimism, there is no gender difference in economic optimism; yet, there is a significant difference across family types[19]. That is, young people in single-parent families were found to hold a more pessimistic view about the economy than people with both parents. Financial problems are always the most significant problem for single-parent families. As there are not two parents to share the household responsibilities, if the single-parent loses their job it will dramatically affect the family's income. In addition, children who live only with their mothers usually do not have a good source of income. Therefore,

---

[19]   ($F_{(3, 1033)} = 4.82$, $p < 0.01$; extend > single, core > single

single-parent families are more sensitive to changes in the economic climate.

Economic change can influence young people's self-destructive behaviour. With regards to the relationship between economic optimism and self-destructive behaviour, this research found that there is a negative relationship between economic optimism and recent suicide ideation[20] and overall self-destructive behaviour[21]. The worse the negative economic situation, the higher the risk of self-destructive behaviour. When examining economic optimism across the self-destructive behaviour groups, a significant difference was found between those who were non-negative adapted, suicide ideators, and suicide planners[22]. People with suicide ideation and a suicide plan reported more pessimistic views about the present and future economic situation. Thus, it can be concluded that the economic situation affects young people's suicide thinking.

With regard to the influence of social-political security, Durkheim argued that a decrease in social regulation can increase suicide rates. Weak social regulation would increase the sense of insecurity and result in a high risk of suicide. In 2000, for the first time since its history, there was a change in the political regime with the dominant party losing power to the opposition. With its particular political stance, there have been many political issues and problems which affect people's viewpoints toward the government. Parties and their supporters often turn against each other and conflicts in Taiwanese society occur from time to time. Although the political situation has not yet caused any deadly situations, it has had a profound influence on Taiwanese people. For instance, young people are divided into different ethnic groups by political events, the media, and their parents or

---

[20]   (r = -.17***, p < 0.001)
[21]   (r = -.16***, p < 0.001)
[22]   (F (4, 1038) = 7.30, p < 0.001; Non-negative > suicide ideation, suicide plan

just people around them, which ultimately damages the harmony of the society.

The relationship between Taiwan and China is also not very amicable at the present time. All these political issues may make people perceive instability in the society and build up a sense of insecurity. In this research, young people were asked questions regarding national security and how they feel about living in today's society. The mean score obtained was 12.21 (95% CI: (12.02, 12.39)) on the socio-political scale, which is below the mid point of 15. This figure indicates that young people have negative perceptions about the social and political situation. There was no difference detected between genders. Whether male or female, young people in Taiwan generally perceive an unstable socio-political situation and feel insecure.

To understand the relationship between social-political insecurity and young people's well-being and suicidal behaviour, a correlation analysis was conducted. The results showed that social-political insecurity was only negatively correlated with suicide ideation [23] and overall self-destructive behaviour [24] . When social-political insecurity across self-destructive behaviour[25] was examined, the suicide ideation and suicide plan groups reported more insecurity about the social-political situation. These findings imply that the social-political situation in Taiwan does have some influence on young people's suicide thought.

Additional analysis

In order to consider the effects of all factors on self-destructive behaviour and specify which factors can be used to predict self-destructive behaviour, a logistic

---

[23] $(r = -.15, p < 0.001)$
[24] $(r = -.12, p < 0.001)$
[25] $(F_{(5, 933)} = 5.76, p < 0.01)$

regression analysis was conducted. All variables were treated as independent variables, whereas recent suicide ideation and recent self-harm were treated as dependent variables. Results showed that general health, beliefs about death, socio-political security, peer relationships, and family interaction predicted suicide ideation among young people (see Table 5.2). These statistical findings imply that regardless of biological and psychological status, social factors such as social-political security, peer relationships, and family interaction can also affect and be used to predict young people's suicide ideation.

When examining the predictors of recent suicide ideation by gender, the author found that beliefs about death and general health remained the strongest predictors for both genders. Family interaction, locus of control, and economic optimism only predicted female suicide ideation, whereas socio-political security and peer relationships only predicted male suicide ideation (see Table 5.2).

Although the influences of these social factors are not as strong as beliefs about death and general health, they provide messages about how environment affects both genders. They indicate that recent suicide ideation of young men is more likely to be related to political issues, while young women are more concerned about economic circumstances. This could be because young men are required to do national military service. They are more concerned about political issues because they may affect them directly in the near future.

In terms of interrelationships, alienation and conflicting relationships within the family, these factors increase the risk of suicide ideation among girls. Feeling less in control of life and perceiving a poor economic situation also increases the risk of recent female suicide ideation. Interestingly, peer relationships are a significant

predictor of recent male suicide ideation. Close peer relationships increase the

risk of suicide ideation among males. These statistical figures indicate that suicide

ideation may be contagious between male peers.

Table 5.2: Odds ratios (95% CI) for prediction of recent suicide ideation/self-harm

Predictors	Outcome variables	
	Suicide ideation	Self-harm
GH	0.90 (0.87- 0.92)***	0.92 (0.89- 0.96)***
BD	1.13 (1.10- 1.17)***	1.11 (1.07-1.14)***
FI	1.05 (1.02- 1.08) **	n.s.
SPS	0.94 (0.90- 0.99)*	n.s.
PR	1.05 (1.01-1.09)*	1.11 (1.06- 1.16)***
LC	n.s. [a]	0.94 (0.89- 1.00)*
IN	n.s.	n.s
TV	n.s.	n.s.
EO	n.s	n.s.
OP	n.s.	n.s.
Girls:		
GH	0.91 (0.87- 0.95)***	0.93 (0.89- 0.97)**
LC	0.94 (0.88- 1.00)*	0.92 (0.86- 1.00)*
BD	1.14 (1.10- 1.19)***	1.14 (1.09- 1.19)***
FI	1.05 (1.01- 1.09)*	n.s.
EO	0.96 (0.92- 1.00)*	n.s.
PR	n.s.	1.14 (1.07- 1.22)***
TV	n.s.	n.s.
IN	n.s.	n.s
SPS	n.s.	n.s.
OP	n.s.	n.s.
Boys:		
GH	0.88 (0.84- 0.92)***	0.92 (0.87- 0.97)**
BD	1.12 (1.07- 1.17)***	1.06 (1.01-1.12)*
SPS	0.88 (0.82- 0.94)***	n.s.
PR	1.07 (1.01- 1.13)*	1.08 (1.01- 1.16)*
EO	n.s.	0.93 (0.88- 0.99)*
IN	n.s.	n.s.
TV	n.s.	n.s.
FI	n.s.	n.s.
LC	n.s.	n.s.
OP	n.s.	n.s

* p<0.05, ** p<0.01, *** p<0.001

Note: BD = Beliefs about death; GH = General health; EO = Economic optimism; FI = Family interaction; IN = Individualism; LC = Locus of control; OP = Optimism; PR = Peer relationship; SPS = Social- political security; TV = Traditional values

In terms of recent self-harm, the results indicated that beliefs about death, general health, locus of control and peer relationships are predictors of recent self-harm (see Table 5.2). More specifically, beliefs about death, general health, locus of control and peer relationships are significant predictors of recent female self-harm, while beliefs about death, general health, economic optimism and peer relationships are significant predictors of male recent self-harm.

Similar to recent suicide ideation, beliefs about death and general health were strong predictors of recent self-harm. Interestingly, peer relationships were predictive of recent self-harm for both genders. Compared with recent suicide ideation, peer relationships seem more influential in terms of self-harm. This finding confirms earlier findings presented in this chapter that peer groups endorse self-harm behaviour. That is to say, peer relationships are critical in predicting recent self-harm. Self-harm can be easily learnt or aggravated between peers. Indeed, close peer relationships increase the risk of self-harm.

The results showed that recent female self-harm was related to a feeling of losing control of one's life situation. Since previous studies have reported that people harm themselves to release their negative feelings toward the outside world (e.g., Bancroft et al., 1976), it is very likely that females express negative emotions toward themselves when they are incapable of changing their own situation.

While self-destructive behaviour appears to be related to more individual factors for females, the macro social-economic situation seems to affect recent male self-harm more. The results show that social-economic climate is a predictor of recent male self-harm. Negative economic circumstances are especially harmful for males. This is possibly because employment is important for Taiwanese males, especially if they are responsible for raising a family. If economic circumstances are not good or promising, their financial pressures may increase. Young males may be forced to enter the labour market earlier. Thus, family responsibilities and financial demands may result in a sense of insecurity and anxiety, which in turn may lead to self-harm.

In terms of lifetime self-destructive behaviour, this research discovered that beliefs about death, general health, family interaction, peer relationships, traditional values, and socio-political security all influenced young people's lifetime suicide ideation (see Table 5.3). To be specific, beliefs about death, general health, family interaction, peer relationships, and economic optimism are all predictors of lifetime suicide plan. Very interestingly, macro social factors (e.g., socio-political security and economic optimism) were not found to be prominent in predicting lifetime self-harm behaviour.

Only individual factors such as beliefs about death and general health were predictors of lifetime serious self-harm, while beliefs about death was the only predictor of young people's lifetime suicide attempt. These findings indicate that young people may have suicidal thought when an adverse social situation emerges. However, the influence may not be strong enough to trigger suicidal/self-harm behaviour, as such behaviour will be more influenced by individual negative beliefs;

for example, the belief that death can solve all one's problems or that death can change things for the better.

Table 5.3: Odds ratios (95% CI) for prediction of self-destructive behaviour

Predictors	Outcomes [b]			
	Suicide ideation	Suicide plan	Serious self-harm	Suicide attempt
BD	1.08 (1.04- 1.13)***	1.24 (1.17- 1.31)***	1.30 (1.18- 1.43)***	1.29 (1.11-1.50)**
GH	0.94 (0.90- 0.98)**	0.87 (0.82- 0.92)***	0.85 (0.76- 0.93)**	n.s.
FI	1.07 (1.03- 1.12)***	1.08 (1.02- 1.13)**	n.s.	n.s.
PR	1.06 (1.01- 1.11)*	1.07 (1.01- 1.14)*	n.s.	n.s.
TV	0.90 (0.84- 0.96)**	n.s.	n.s.	n.s.
SPS	0.91 (0.86- 0.97)**	n.s.	n.s.	n.s.
EO	n.s.	0.93 (0.88- 0.98)*	n.s.	n.s.
OP	n.s.	n.s.	n.s.	n.s.
IN	n.s.	n.s.	n.s.	n.s.
LC	n.s.	n.s.	n.s.	n.s.

* p<0.05, ** p<0.01, *** p<0.001

[b] Never having suicide ideation/ self-harm as the reference category

Note: BD = Beliefs about death; GH = General health; EO = Economic optimism; FI = Family interaction; IN = Individualism; LC = Locus of control; OP = Optimism; PR = Peer relationships; SPS = Social- political security; TV = Traditional values

When focusing on the female sample, the analysis showed that beliefs about death, family interaction, traditional values, and peer relationships were predictors of lifetime suicide ideation, while lifetime suicide plan, self-harm, and suicide attempt were mostly predicted by beliefs about death and general health (See Table 5.4). These findings show that female lifetime suicide ideation can be affected by social and cultural context; however, severe suicidal thought and suicidal behaviour are more connected to females' psychological distress and beliefs about death. It has been noticed that peer relationships in particular affect

both female lifetime suicide ideation and attempt. Different from recent self-harm among females, peer relationships have little influence on lifetime serious self-harm among females.

When focusing on the male sample, lifetime suicide ideation was predicted by beliefs about death, general health, and socio-political security, whereas beliefs about death, general health, family interaction, and economic optimism predicted lifetime suicide plan. With regard to lifetime serious self-harm, beliefs about death, general health, family interaction, and traditional values were all predictors, while beliefs about death and traditional values were predictors of lifetime suicide attempt.

Interestingly, along with beliefs about death, traditional values also predicted both lifetime suicidal and self-harm behaviour among the male sample. These findings indicate that low traditional values can reduce the risk of male self-harm and suicide attempt. Namely, young men with lower traditional values are less likely to self-harm or attempt suicide. In addition, family interaction is predictive of male suicide plan and self-harm; poorer family interaction may increase the risk of suicide plan and self-harm.

Compared to the female sample, male lifetime self-destructive behaviour seems to be more affected by the broader social context. Political and economic situations can affect male suicidal thought, and traditional values can affect suicidal/self-harm behaviour. A stable and secure socio-political situation is less likely to cause male suicide ideation. A better economic situation also reduces the risk of suicide plan.

Among females, social factors such as traditional values only affect their lifetime suicide ideation. This indicates that the traditional burden upon males is more harmful than that on females. Traditionally, males are the supporters of the family and are relied upon by the other family members. Males are also responsible for maintaining their family's reputation. At all times, men are expected to scarify their own interests for the family and obey their elders. Expectations and responsibilities put on young males may confine their capacity and ability to fulfil personal goals. This phenomenon may cause them psychological distress and, if accumulated without awareness, may increase the risk of suicidal/self-harm behaviour. From a different perspective, however, females are not so restricted by traditional values. Very likely, the influence of traditional values on female self-destructive behaviour is not as great as iot is on their male counterparts.

The effect of family interaction is more influential on males than females. Poor family interaction can affect male lifetime suicide thought or even self-harm behaviour. However, for females, poor family interaction only influences suicide ideation. The author would like to propose an explanation for this unusual phenomenon. Namely, females are more likely to have different types of social support, such as community groups and neighbours. Females are more likely to share information and personal issues when interacting during social occasions. Compared to their male counterparts, the significance of the family to females is relatively alleviated.

The findings also reveal that peer relationships are a predictor of female lifetime suicide thought and suicide attempt, whereas peer relationships have no influence on male lifetime suicidality. Surprisingly, peer relationships have no influence on lifetime self-harm for both genders, while earlier on in this section it was

mentioned that peer relationships are a predictor of recent self-harm for both genders. These statistical figures may imply that the influence of peer relationships is temporary for males. For females, the effect of peer relationships appears to be irregular. Peer relationships have a temporary effect on self-harm but a long-term influence on suicide.

Overall, beliefs about death are the strongest predictor of self-destructive behaviour. Male self-destructive behaviour is more influenced by the social environment than females, while female self-destructive behaviour is more related to individual and interpersonal factors.

Table 5.4: Odds ratios (95% CI) for prediction of self-destructive behaviour by sex

Predictors	Outcomes [c]			
	Suicide ideation	Suicide plan	Serious self-harm	Suicide attempt
Girls:				
BD	1.10 (1.04- 1.16)**	1.26 (1.17- 1.35)***	1.27 (1.15- 1.41)***	1.34 (1.14- 1.57)***
FI	1.07 (1.02- 1.12)**	n.s.	n.s.	n.s.
TV	0.90 (0.82- 0.98)*	n.s.	n.s.	n.s.
PR	1.09 (1.02- 1.17)*	n.s.	n.s.	1.41 (1.09- 1.83)**
GH	n.s.	0.87 (0.81- 0.93)***	0.88 (0.79- 0.97)*	0.82 (0.69- 0.98)*
OP	n.s.	n.s.	n.s.	n.s.
EO	n.s.	n.s.	n.s.	n.s.
SPS	n.s.	n.s.	n.s.	n.s.
IN	n.s.	n.s.	n.s.	n.s.
LC	n.s.	n.s.	n.s.	n.s.
Boys:				
BD	1.06 (1.01- 1.12)*	1.16 (1.08- 1.24)***	1.25 (1.06- 1.48)**	1.50 (1.24- 1.81)***
GH	0.92 (0.87- 0.97)**	0.91 (0.85- 0.98)**	0.79 (0.68- 0.92)**	n.s.
SPS	0.93 (0.86- 1.00)*	n.s.	n.s.	n.s.
FI	n.s.	1.09 (1.01- 1.17)*	1.17 (1.01- 1.37)*	n.s.
EO	n.s.	0.92 (0.85- 0.99)*	n.s.	n.s.
TV	n.s.	n.s.	0.74 (0.57- 0.96)*	0.76 (0.59- 0.99)*
OP	n.s.	n.s.	n.s.	n.s.
IN	n.s.	n.s.	n.s.	n.s.
LC	n.s.	n.s.	n.s.	n.s.

| PR | n.s. | n.s. | n.s. | n.s. |

* p<0.05, ** p<0.01, *** p<0.001

[c] Never having suicide ideation/ self-harm as the reference category

Note: BD = Beliefs about death; GH = General health; EO = Economic optimism; FI = Family interaction; IN = Individualism; LC = Locus of control; OP = Optimism; PR = Peer relationship; SPS = Social- political security; TV = Traditional values

Conclusion

Education has always been highly valued in Taiwan. In the past, young people experienced intense competition to gain entry to a limited number of universities, which was unpleasant and laid much pressure on the students. However, the Taiwan government have implemented a series of policies to increase the opportunities to go to university.

Although these policies should have reduced the pressure felt by students, interestingly, the author has found in this research that academic pressure still remains high because of lower labour market demand and fewer vacancies for the highly skilled. To secure a better career and future prospects, young people need to perform outstandingly at school. As mentioned beforehand, good academic performance can contribute to better career opportunities. Despite the policy of increasing university opportunities, the pressure on students' shoulders is still about the same as before. Compared to students of the past, students nowadays also suffer due to the poor economy and labour market, either directly or indirectly. Another issue to be borne in mind is parents' expectations, which are also a source of pressure. All these different sources of pressure have made academic experiences unpleasant and stressful for young people.

Every young person is trying his or her best to obtain educational credentials, but some young people do not know what to do about their future, or where they are heading to in the future. These students may act like others, e.g., being keen to study and enter a good university. However, after undertaking these activities they do not know what they should do. They may feel uncertain because they do not have a purpose right at the beginning.

From a sociological perspective, when society becomes more and more individualised and materialised, uncontrolled desires for material goods may bring about risk to young people's lives. Unlimited desires may create anxiety, depression and insecurity. However, the findings of this research show that young people in Taiwan possess both individual and traditional values. This phenomenon does not, therefore, cause particular harm to young people.

The analysis of this research has indicated that culture and socio-political-economic factors have a significant influence on self-destructive behaviour, particularly among males. These factors have formed complex relationships with self-destructive behaviour. The author boldly assumes that these relationships interact with other factors, such as academic stress or other opportunities. In the following chapter (i.e., Chapter Six), the author will examine this assumption and attempt to scrutinise the mechanism of the relationship between self-destructive behaviour and other relevant variables.

CHAPTER SIX

Mechanism of Self-Destructive Behaviour: The professional viewpoint

Introduction

As part of this qualitative study, semi-structured interviews were employed to collect research data from the professionals regarding self-destructive behaviour among young people. Due to the sensitivity of the data being collected[1], self-harm and suicidal experiences were not gathered from young people directly; instead, the research data were collected from twenty professionals currently working with young people who self-harm or have attempted suicide. Information about social-economic factors and educational changes and there effect on young people's self-destructive behaviour was also collected.

This chapter aims to provide a rich understanding through professional view of the ways in which a young person's world can fall apart, highlighting the point at which self-harm and suicide may be considered. Suicide/self-harm is the result of a complex mix of causes, and the patterns of risk are, therefore, inevitably overlapped and sometimes interconnected (Hill, 1995). Among these risk factors, some factors can be very difficult for young people to overcome. When many adverse events happen simultaneously, individuals may think that their world is falling apart, which generates great despair. In the end, suicide or self-harm can often be seen as a way of dealing with feelings of hopelessness. As data were not collected from young people directly during this research, but rather from

---

[1] In Chapter Three, the author has explained the importance and imperativeness of ethical concerns in this research. The rationale and procedure underlying the data collection (i.e., semi-structured interviews) are also clearly explained in the chapter. For the sake of clarity, information regarding research ethics and methodology is therefore excluded from Chapter Six.

professionals working with them, there is a need to outline the characteristics of the data source, i.e., the interviewees. Thus, the analysis will start by introducing the interviewees.

About the interviewees

To explore young people's self-destructive behaviour, the author interviewed counsellors, social workers and school teachers (see Appendix III). Firstly, school teachers who teach life education and career planning and provide guidance to students were interviewed. Secondly, counsellors from student counselling centres who deal with students' deviant behaviour and temporary emotional disorders were interviewed. Some of these counsellors also teach in schools. Finally, some social workers who work at schools and some who work in lifeline call centres (e.g., save-line and help-line in the UK) were interviewed. These social workers also deal with young people's deviant behaviour and emotional disorders, but they deal with young people's family problems as well.

As these interviewees' jobs deal with student affairs, especially mental distress, emotional disorders and misbehaviour, the interviewees were regarded as a good sources that could provide ample information about young people who have experienced self-harm or suicidal behaviour.

In terms of the origins of cases, most cases are referred to these professionals by classroom teachers, but cases referred by classmates are also possible. Some cases are noticed by the professionals themselves during classes or interviews.

In terms of operational procedure, when clients (students) are referred to these

professionals they often start interview sessions. Broadly speaking, interviews may focus on the individual student so that the professionals find out what is disturbing the student. Using interviews, professionals collect information about the student's interrelationships, school performance and family situation. If necessary, the professionals may interview the student's parents in order to get an idea about the student's family life. These professionals also work with doctors to help students if they need medical intervention.

In the following paragraphs, the author describes the factors and situations that may trigger a sense of suicidal ideation or self-harm. By exploring the qualitative data obtained from the semi-structured interviews, the author scrutinises the mechanism underlying these triggers. The first trigger analysed here is family and cultural influences.

Family and cultural influences

Many young people who harm themselves have family related problems, especially when the family plays a very important role in their socialization process (Hawton et al., 1996; Skegg, 2005). What people think and how people behave in later adult life can be very much influenced by their early family life and childhood/adolescence. Although young people begin to spend more time with their peers and friends during adolescence, it does not mean the family becomes less important to them or has less influence. The family continues to be important to them and provides support to young people in their lives.

How young people interact with their family members can have a great impact on their lives. For example, difficult relationships with parents are not uncommon, and

many suicide and self-harm cases experience alienation from their parents (Fergusson et al., 2000; Hawton et al., 1996). When young people perceive no attention or love from their parents, they may feel isolated and be more likely to experience conflict with their parents. This can often lead to more serious problems. Although family de-structure, such as divorce, is found to be a common factor contributing to poor relationships, cultural values may also influence the parent-child relationship. This section now turns to discuss this phenomenon in the context of the cultural values of Taiwan.

'Filial piety', as one of the central concepts of Confucianism, can have a profound influence on the parent-child relationship in Taiwan. This can distance children from their parents, especially the father. This phenomenon is often a result of the authoritarian component of filial piety, which stresses the values of compliance, respect, hierarchy, and male dominance in the family (Yeh, 2003). Under such context, parents are always considered to be right. When parents scold or lecture their children, children are not expected to retort. Moreover, under such context, parents rarely show love or affection towards their children. Unlike Western countries, in traditional Taiwanese families, parents (especially the father) usually show little concern or affection towards their children. Affective expression is usually expressed through material provision. For example, parents provide children with good living conditions and financial support. Although some researchers suggest that in modern Confucian society filial piety has declined and no longer remains to the same degree that it once did (Ho & Kang, 1984; Ho et al., 1989; Ho, 1994), for some families an authoritarian atmosphere still exists. Some professionals perceived this when they were dealing with their cases. One counsellor stated:

In most of the cases I have dealt with, I have not found the role of the

father to include dealing with the affairs of their children. I mean, they are usually absent. When we invite parents to come and discuss their child's case, usually only the mother comes. Maybe fathers have to work and so don't have time to come. But during the whole process we go through dealing with cases, which spans a long time, fathers rarely turn up and we hardly ever hear their views and concerns. Fathers are always absent when things happen. Mothers usually make contact with the school. You would expect at least the mother to care and want to deal with the problem, but sometimes you just hear the mother blaming or depreciating the child. The child just bends their head and does not say a word. I don't think that's a good way to make young people realize how much their parents care about them. Young people usually think in reverse...parents don't understand me...they don't love me.

(Pei-Shan, a school teacher)

Similarly, another counsellor also provided the following example:

A very smart girl harms herself by trying to remove one of her nails when she feels stressed. This girl has many fingers without nails, and she has said that her father and her rarely have any interaction. Because her father is serious and rarely spends time with her, they do not have much conversation or communication. Her mother only asks her about her studies and tells her to study harder, but nothing else. Gradually, she has developed the feeling that she does not like to talk to her parents.

(Pei-Ling, school counsellor)

Family support is also found to be insufficient for young people displaying self-harm and suicidal behaviour (Lai & McBride- Chang, 2001; Compton et al., 2005). Under the culture of 'filial piety', young people may be suppressed and restricted. Young people may be not used to expressing their views to their parents. If they challenge their parents, they may be regarded un-filial sons or daughters. Young people's conformity to this culture in a way may strengthen the authority of parents. Parents may automatically come to see their children as possessions and ignore their feelings. Under these circumstances, emotional support is neither taken seriously nor given to

young people. Sometimes, young people can feel forced to take extreme measures to express their dissatisfaction or call for attention.

Another concern in traditional family life is the phenomenon of sexual inequality. As mentioned beforehand, Confucian society is a patriarchal society and the structure of the traditional family is hierarchical. Males have a higher status than females; sons tend to be favoured more and be valued more than daughters in family. Although people's awareness of sexual equality has increased in recent decades, the idea does not seem to have influenced family life. One professional described how a female student was desperate for her parents' attention and tried to jump from a school building:

> My parents only care about my brother. He gets all their attention. He has a room much, much bigger than mine. He wins praise for doing little things, but no matter how good the jobs I did, I never hear any good comments from my parents. I feel I am like the air in the family. No matter what I do, my parents do not care.
>
> (Zong-Jheng, social worker)

Similarly, a counsellor mentioned the following:

> There is a client who cut her wrist. She said that her mother treats her brother and her differently. She feels her mother only cares about her brother…. she feels she is not loved by her mother.
>
> (Sheng-Ling, school counsellor)

As the above examples show, professional perceive that parents' favouritism towards a certain child can cause psychological imbalance and distress to the disfavoured child. In turn, it can affect the child's relationship with his or her parents, as well as with the favoured child. The disfavoured young person may take some extreme

measures to attract attention or protest (e.g., self-harm or act against everyone). This kind of behaviour may make their relationship with other family member worse. If parents are not aware of the problem, they may give adverse responses such as blaming the young person. The young person may then feel even less appreciated by the parents and even disliked by the parents. They may then adopt even more drastic behaviour to attract attention. In the end, the cycle of negative interactions may trap the young person in a state of deep anger and depression.

The family is very important for social learning. How people interact with others may reflect how they interact with their family at home. Poor interactions in the family can easily affect young people's interpersonal relationships and lead young people to develop negative relationships with their peers. For example, young people used to threatening their families verbally may do the same with their peers, which may cause disfavour. Very likely, these young people will be excluded or rejected by their peer group. If they cannot develop positive relationships, both at home and in school, then they may start to feel isolated. Consequently, they may begin to exhibit self-harm or suicidal behaviour. The professional perceived the following case explains a similar story:

> Her classmate found her cutting herself in class...She said that she is hated by other students. Her classmates refuse to befriend her. When we asked the other students, they said that the girl does not cooperate with the group and if something goes against her wishes, she always screams. Sometimes this girl tries to stop her friends from being with other students. Students find it very hard to be with her... we then found that this girl is from a violent family... Screaming is the way in which she expresses her objections. This girl also admitted that she finds it hard to control her emotions.
>
> (Li-Jhen, school counsellor)

A school teacher also described another case:

> His mother cares about him very much but is also very controlling. Once he threatened to kill himself in front of his mother, and his mother was terrified…He has learned how to get things he wants in this way… He does not put himself in other people's shoes and does what he wants. For example, he followed a girl he liked and did things he thought the girl would like but they actually embarrassed her. The girl then refused to see him. His mother also stopped him seeing the girl… he feels people are against him… he feels he really wants to die, but he would tell everyone before doing it.
>
> (Pei-Shan, school teacher)

As mentioned earlier, family de-structure is the most common cause of poor family relationships (e.g., Fergusson et al., 2000). Although the quantitative results provide no evidence to suggest that there is a correlation between family structure/parents' marital status and self-harm/suicide, the qualitative analysis shows that the professionals perceive that parents' marital status and relationships may have a critical influence on parent-child relationships, which is also related to self-harm and suicide. Family de-structure itself can be a harmful event for most family members; especially, when this occurs during childhood. This painful experience can make children feel upset or abandoned. Moreover, some young people who are forced to leave their parents and are brought up by their grandparents during childhood have poor relationships with their parents. It can be very challenging when such children leave their grandparents care and go back to their father or mother after a period of time. Obviously, because of the long period of separation the young people and their parents are not familiar with each other and so aspects such as communication may be difficult. As understanding and love may not have been developed beforehand, conflict may easily occur, causing negative emotions such as upset and anger. These negative feelings may in the end lead young people to

self-destructive behaviour. For example, a school teacher claimed the following:

A girl had many friends, but she was not happy. She tried to cut herself in the school toilet. I found that the books she read and the songs she listened to were sad and lonely. Then, I started to realize her parents divorced when she was in primary school. She was very sad and even tried to jump from a building. She felt she had been abandoned. The impact of her parents' divorce continues to this day. She feels like her world has changed.

<div align="right">(Pei-Shan, school teacher)</div>

Similarly, a school counsellor and a social worker mentioned the following:

This client was brought up by her grandparents. She went to live back with her parents when she was 10 years old, but she was not used to the different living style. She had a bad relationship with her mother because her mother often said harsh words to depreciate her. She was hurt and very angry with her mother, but she suppressed and hid her emotions. This made her develop the idea of suicide... I think behind that suppression was the belief that she had to obey her parents and that she should not act or say anything against her parents. When her parents said something strict or negative to her, they actually wanted her to become better in the future. So, she never expressed her feelings to her mother that she was unhappy about the way she was treated. However, young people's tender hearts are often hurt by harsh and bitter words.

<div align="right">(Siou-Luan, school counsellor)</div>

This child was brought up by her grandmother. Her parents left her and remarried when she was about 10 years old. She was always isolated by her peers because her classmates found she was emotional and hard to be with. Her grandmother also found her hard to discipline and kicked her out when she was about the age of 13. When she came to the centre (midway family) she often grabbed herself and made the wound worse and worse on purpose; for example, she would use a toilet brush to rub her wound... We found her behaviour disappeared when we kept her company.

<div align="right">(Siou-Ping, social worker)</div>

The maintenance of positive family relationships may be more difficult in a de-constructive family because many of these families experience more complicated situations; for instance, single-parents need to spend more time working to support the family and so there is not enough time for the family to foster close relationships. Difficult relationships caused by previous failed marriages, financial pressures or illness may in turn put a de-constructive family in a more difficult situation. Consequently, young people from such families may receive insufficient resources/support to resolve the problems they encounter in their lives. A school counsellor recalled:

> This child had self-harmed since he was in primary school. He felt he was not welcomed and hated… He doesn't know who his father is. His mother was in prison because of illegal drug use. He was brought up by his grandmother, but his grandmother didn't like him and was very angry with him and his mother… His grandmother seemed to direct her dissatisfaction about his mother towards him. The grandmother complained that in her old age she still had to work hard to raise a child. She said that bringing up her grandson should not be her responsibility… As you can imagine, there are always fights and conflicts in his family and his fellow students don't like to be with him because of his family background.
>
> (Sheng-Ling, school counsellor)

Another school counsellor also demonstrated a similar case:

> This client never knew her parents. She was brought up by her grandfather. Her family could not give her sufficient financial support, so she had to work during the day to support herself in the evening. She could not live like normal young people, engage in normal activities and have friends as you would think she would have at her age. She made friends with those of another age group and joined a gang. Her interpersonal relationships are much more complicated than other students her age.
>
> (Chun-Cyong, school counsellor)

Economic recession and the family

For families in lower social classes, the quality of family life may be further affected by economic recession. A family's standard of living often depends on the economic outcomes (e.g., wages and benefits) of the family members. Employment instability, uncertainty and deprivation can deteriorate the quality of family life. Without having a job some people are unable to form a family through marriage and some people are subject to separation or divorce. In particular, families in lower social classes may suffer greatly from these problems because maintaining employment is harder for these families, particularly during the recession. Thus, family bonds in these families may easily become weak.

Several studies have indicated that unemployment is not strongly related to marital stability and family satisfaction (Atkinson et al., 1986; Larson, 1984; Perrucci et al., 1988; Voydanoff et al., 1988). However, unemployment was found by Liem and Liem (1988) to be associated with divorce and separation among a sample of white- and blue- collar workers. Also, Voydanoff and Donnelly (1988) found that there was a negative association with marital and family satisfaction among a sample of married men. Compared with employed blue collar workers, unemployed workers reported lower levels of consensus, communication and harmony in family relations in a study by Larson (1984), and more stressful relations with their spouses in a study by Broman et al. (1989). In addition, unemployed husbands in blue collar and white collar occupations claimed to receive less support from their spouse, more frequent arguments and lower levels of family cohesion in a study by Atkinson et al. (1986).

Although unemployment does not directly affect young people at school, it may have a negative impact on the family atmosphere and may affect young people in the end.

Employment instability and uncertainty may also cause strain in the family. For example, many adults in difficult economic situations only think of themselves and can be preoccupied worrying about where to find a job and how to generate an income. Their stress can easily trigger conflict between family members. Since they have their own troubles to worry about, they can barely take care of their teenagers' emotions, which may result in young people accumulating negative feelings that are ultimately expressed in an act of self-harm/suicide attempt. A school teacher explains:

> We can feel significant changes because we are in a factory district. Most of our students are from the working class. Their parents' work is not very stable, especially in the current global economic recession. That kind of insecure feeling (i.e., not knowing how long they will have a secure job) makes parents feel worried and hopeless. Some students with financial pressure say they feel their parents are becoming inpatient and that they release their anger towards them more frequently. These students sometimes feel ambivalent about their parents, as some students understand the sources of pressure that their parents face. But, even so, these students still feel that their feelings have not been noted or even that they are a burden for their parents.
>
> (Siou-Luan, school counsellor)

Similarly, a school counsellor also stated the following:

> A female student has said that her father has been unemployed for a long time. He consumes excessive amounts of alcohol and is always drunk. To support the family her mother has some part-time jobs, but also finds it hard to find work. Her father hits them very often, especially when he wants money from the girl's mother or when he is not in a good mood. This female student is really cross with her father. When overwhelmed with emotion, she cuts herself. She has said that this is the quickest way to calm herself down.   (Li- Jhen, school counsellor)

School performance

During times of economic recession, good academic performance seems to be the ticket to future success and happiness, especially from the perspectives of parents. In Taiwanese society, social values and a dream of utopia have influenced young people for centuries.

As discussed in previous chapters, education is considered to be very important in Taiwanese society. Historically, educated men have always been well respected in Confucian societies (such as Taiwanese society). At that time, people who achieve success in national examinations can be appointed as high grade officers by emperors. Such a position is considered to be an honour and is also a way for ordinary people to become one of the privileged. This cultural context also influences family beliefs in relation to the value of education. After all, there are few examples in Taiwanese society of those who have achieved economic success without educational achievement.

As part of the quantitative research (Chapter Five), analysis discovered that parental expectations of young people's academic performance were related to suicide/self-harm. Other studies have also found that children in Confucian culture are more concerned than Western students about their parents' expectations and work diligently to achieve good grades (Chen & Lan, 1998). These children seldom require reinforcement (Au & Harackiewicz, 1986) and have a great sense of obligation to their parents compared to European students (Chung & Walkey, 1989). Taiwanese teenagers demonstrating such characteristics may experience greater mental distress if they cannot achieve their targets because failure in academic performance does not only concern them but also their parents (they fail to achieve

they own goals as well as their parents' expectations).

Apart from cultural background, inferior social-economic circumstances of a family may also influence parents' expectations of young people's academic performance and young people's responsibility to achieve good levels of academic performance. Disadvantaged circumstances and low educational achievement may strengthen parents' belief about education and develop within them a wish for their children to do better than themselves. Young people in disadvantaged families may also want to change the family situation through education.

Although the view that good academic performance is a precondition for a more affluent and happier future is being challenged now, many young people and parents still believe that high educational achievement assures a better future. For this reason, young people who perform well in education are seen as important people who can create a good future for the entire family. A school counsellor perceived a female student who held such a belief as the following:

> This female student, whose parents are divorced, lives in poverty. The family is in receipt of benefits from the government. Her mother has great expectations of her because her academic performance is the best among her brothers and sisters. Her mother hopes that she can attain, at least, a master degree. Through this it is seen that she can have a better future...this girl also agrees with her mother. Because she sees her mother fighting hard to raise them, she knows that she doesn't want to be like her mother. She wants to have a stable and better-paid job. She knows the only way for her to break out of her current life situation is through education.
>
> (Sheng-Ling, school counsellor)

Similarly, another counsellor also provided an example:

> This boy, who went to the first high school in the county, has always been deemed the 'hope' of the family by his parents, especially his father… This student became ill and could not focus on his studies and go to school, so his father gave up his job as an electrician and took him to see doctors. Many medical examinations were carried out to analyse the illness, which his father believed was the reason for the boy's poor academic performance. This father put all his efforts into curing his son.
>
> (Yun-Hua, director counsellor)

Young people who take academic performance seriously and fear disappointing their family may have higher risk of self-harm and suicide, particularly if they do not perform well or do not achieve the goals which they want to achieve or which their parents want them to achieve. Stress and psychological distress may emerge. For example, some may feel frustrated and upset because they cannot do better. Some may feel anxious about their academic results and worry they will be eliminated from the competition. They may be afraid of becoming useless and worthless because their studies mean almost everything to them. A school counsellor revealed the following:

> This female student felt ashamed of her financial situation because other students make a joke of it. However, she did very well in terms of her primary school academic performance and won praise, giving her confidence and hope. She started to compare herself with other students. If she was not better than others, she felt miserable and it made her want to disappear…
>
> (Sheng-Ling, school counsellor)

Another school counsellor stated:

> A few self-harm students that I have dealt with come from complete families. These students care about their academic performance very much. If they do not perform well, they worry that they will be unable to have the life they want in the future. Therefore, they cannot bear it if they do not to

perform well.

<div align="right">(Min-Huei, director counsellor)</div>

Parents' response to failure is critical to a child's psychological well-being in Chinese culture (Chung & Walkey, 1989). The effect of academic failure can often be amplified within the culture. For instance, a sense of devaluation may be communicated by parents and perceived by the young. Some parents may blame children and say things that may harm their self-esteem if they fail examinations. This may make young people feel stressed and frustrated because some young people do work hard but get bad results. They get little praise for their efforts. Also, they may feel that their parents only care about their grades rather than them as a person. There are two examples that the professionals perceived this kind of situation:

> This student's parents have quite good occupations. They have very high expectations of her, especially her academic performance. When the student does not perform well, her mother says she is useless and that she has been a loser all her life. She feels it is unfair and unbalanced that her parents should put so much stress on her that she feels she cannot make even one mistake…She attempted suicide at school and afterwards said she had wanted her parents to feel the pain she felt.
>
> <div align="right">(Min-Huei, director counsellor)</div>

> Her mother always tells her 'you must go to the first high school; you must be a doctor. I know you can do it.' If she gets bad grades her mother claims that she had not studied hard. She feels very stressed…
>
> <div align="right">(Pei-Ling, counsellor)</div>

Apart from young people who feel distressed because of their parents' reaction to their failure, the professionals perceived that some young people feel distressed not only because of their parents but also because of their internalized belief that good

performance is the measure of a person and his/her life-chances. These young people have high expectations of themselves. If they do not, the stresses are created by a combination of parental and self-expectation. There are two examples:

> This client wanted to jump off the building from the third floor. She said she had forgot to bring a book to school and she was worried that she would not be able to catch up with the other students... When her mother came to school, she only asked about the student's studies... We wanted her to take some days off, but she agreed with her mother and said she wanted to go back to school. She worried that she would not be able to catch up with the other students.
>
> (Li- Jhen, school counsellor)

> She said her parents have arranged everything for her since she was very little. She studies because they want her to. Gradually, she has come to feel that her parents are right. She feels she should get good grades and perform well in order to go to a good school...but when she fails she wants to disappear.
>
> (Sheng-Ling, school counsellor)

Changing levels of academic achievement may undermine the value and confidence of young people. Sudden changes (e.g., a sudden decline) in their academic performance can cause insecurity. Since poor academic performance symbolises failure and can lead to the belief that they will fail to succeed in the future, if their performance is not as good as it was before or as they expected it to be, particularly over a long period of time (i.e., having several poor performances for a while), it can cause great frustration. Three counsellors presented similar examples:

> In my school, most students who harm themselves or attempt suicide do so in relation to academic performance. They have great expectations of themselves. They are worried that their performance is not good enough and fear that they may be left behind other students. Not only does the environment give them stresses, but they also give themselves a lot of

pressure and have expectations.

<div style="text-align:right">(Li-Jhen, school counsellor)</div>

It changed when she went to the first girls' high school (the school that gathers all the excellent students). Her grades were not as good as before. She could not stand the fact that her performance was one of the worst in the class and she became very depressed.

<div style="text-align:right">(Sheng-Ling, school counsellor)</div>

This child always had excellent academic performance before he came to our school. He got a bad result after the first examination. Then, he became anxious about taking exams and going to school. He was so depressed. He was upset about the fact that he could not do better. Then he stopped coming to exams. He said that he knew he was not ready and he knew what the result would be if he came to the exams.

<div style="text-align:right">(Yun-Hua, director counsellor)</div>

The professionals perceived that most importantly, unitary value (e.g., thinking that academic success is the only way to success) is dangerous for young people looking for a meaning for their existence. If young people think that the value of life rests only on academic performance, then their academic performance can easily become the crucial determinant that affects their will to live. Academic failure becomes unbearable if they perceive their worth is only proved through good grades. As a result, young people may find no other way to establish their own sense of self-worth. These students start to feel devalued and easily develop the idea that they have no reason to exist in the world. A counsellor and a social worker had similar examples:

Because at the end of the day his anxious and depressed mood was affecting him a lot, we suggested that he should probably set studying aside for a while and think about doing other things first. When he felt better it was suggested that he could then come back to study… A few days later he committed suicide…when I contacted his father I found out what had

happened in the family; the father had told us that his son had asked to work with him. He wanted to be an apprentice to his father but his father told him that he had problems finding work (customers) himself since he had stopped work for the student for a while…it was no use the student working with him, he said, and he still wanted the student to study.

(Yun-Hua, director counsellor)

The student told me that her parents said to her that all she needed to do was study hard and perform well in her studies. So, she studied very hard in order to stand out in the class. She performed well in the first two years, but during the third year when all the tests were put together, her grades declined. She was in the top three but dropped to about eighth or tenth. She felt so stressed because she was unable to make her grades as good as before. She kept thinking that studying was the only thing she needed to do and that she could not perform well… She felt she was trapped in a situation she could not get out of. She eased her stress and upset by cutting herself.

(Zong-Jheng, social worker)

The professionals also perceived that while some students feel distressed about achieving in line with expectations and social values, some students feel conflict and uncertainty because they perceive the discrepancy between social values/ family belief and real results. Nowadays, good academic performance no longer guarantees a successful future, as many young people who graduate from university can not find a job. Some students may find inconsistency between the reality and what they had been told, i.e., that people with high educational attainment can easily find a good job and have better prospects. However, their parents may still tell them to do that which has been disproved. Conflicts may arise inside the young person or between them and their parents. Consequently, this may lead to suicide or self-harm. A social worker stated the following:

The fact is that many young people cannot find a job when they graduate from university. Some of them become stressed about paying back the student loan. But their parents and schools still tell them that as long as

they study hard they will have a good future. Some young people see the difference between this ideal and the reality. They start to doubt what they have been told. However, schools and their parents still ask them to conform to these old rules, i.e., study hard and go to university to get a higher degree. As their doubt is not resolved they can hardly obey the rule; as a result, they react against the system and their parents through truancy or self-harm.

(Zong-Jheng, social worker)

As described above, the professionals perceived that some students may act against their parents. Their behaviour, such as self-harm, may be seen as a way of protesting against the unfair and unreasonable demands they receive. They may be angry about being asked to fulfil their parents' wishes and to meet their parents' expectations. Such young people are not self-motivated, so when their parents ask them to study they experience conflict. They may feel stressed because they believe they are being forced to do something that they do not really want or like to do. Sometimes, conflicts can seriously affect the parent-child relationship. A social worker mentioned just such a case:

> His mother asked him to bring his text book with him on holiday. He resisted… He was very irritated by this request. He said he had had enough study and really wanted to have a break, but his mother did not allow him. He felt he had had enough of all these kind of things… telling him what to do and arranging his schedule for him. He didn't think he needed to study to that intensive degree. It was unreasonable. So, every time his mother asked him to do this kind of thing, he became very irritated and harmed himself. He did not think studying was so important and did not know why he needed to study so hard.

(Pei-Rong, social worker)

Although the aim of parents' demands is to prepare young people for a competitive future, their expectations may also be linked to their parents trying to keep 'face'. Goffman (1967) suggested that this 'face' can be defined as the positive social value

a person effectively claims for himself by the 'line'[2] that others assume he has taken during a particular contact. It is an image of self delineated in terms of approved social attributes. Goffman claimed that the flow of events produces 'face' and an individual will take action to make whatever his/her doing congruent with face. As maintaining face makes people feel good, people have an emotional attachment to the face that they maintain. Disruptions of this, or losing face, can result in a loss of the internal emotional support that protects them in a social situation.

To prevent losing face and feeling embarrassed, people will undertake some face-work. Some will use avoidance (e.g. to prevent threats to one's face one will avoid contacts in which threats are likely to occur) or some people take corrective measures (e.g. compensating or apologizing).

Managing face is especially important and common in everyday social interaction in Taiwanese culture. Hu (1944, cited in Huang, 1988) explained that face is a concept that integrates Confucian philosophy and represents the social perception of a person's prestige and reputation. Therefore, the concept of face also includes a sense of pride and dignity.

Huang (1988) claimed that the performance of important others can also affect a person's 'face'. For example, children's academic performance is associated with the parents' face. The performance of children can either win or lose their parents' face. So, it is very important for children to perform according to their parents' expectation to maintain the impression that the parents want to show to others. To avoid losing face, parents will project higher standards and press their children to

---

[2] line - "a pattern of verbal and nonverbal acts by which he expresses his view of the situation and through this his evaluation of the participants, especially himself"

study hard.

In short, good academic performance may not only be seen as necessary for a better future, but also seen as a source of prestige for parents. Parents' emphasis on their children's studies may inevitably increase the pressure for their children to maintain 'face'. In particular, if parents are involved in academia then their children's performance may be bound to draw the attention of others. Parents will avoid losing face by asking their children to put more effort into their studies. This, as a consequence, increases the pressure placed on young people and may lead to suicidality or self-harm. A school counsellor mentioned a related example:

> This student said her mother gave her too much pressure and kept asking her to perform outstandingly…The mother of this self-harming student is a director of a counsellor's office… She says everyone is watching her; her child cannot lose.
>
> (Pei-Ling, school counsellor)

Peer relationships

Many interviewees (the professionals) in this research perceived that self-harm behaviour is not unusual among students and sometimes students engage in self-harm one after another. This may be explained by the theory of imitation and suicide. Although Durkheim (1952) dismissed imitation as a factor causing suicide, recent studies have shown that there is a link between imitation and suicide. Indeed, suicide stories can trigger copycat suicides.

A number of investigators found that media news related to suicide is associated with a significant increase in suicide rate (Philips & Bollen, 1982; Phillips &

Carstensen, 1988; Wasserman, 1984). The magnitude of such media effect is proportional to the fame (or attractiveness) of the person who committed suicide and the importance of the news coverage (Philips, 1974; Wasserman, 1984). Recent studies have also discovered that whether people copy/imitate suicide depends on their mood and this is particularly related to their age and level of social integration.

Young people aged 15 to 35 and the old (more than 65 years old) are more likely to copy/imitate than middle-aged people (Phillips & Carstensen, 1988; Stack, 1991). Stack (1991) explains that middle-aged people may be shielded because they are highly integrated into society and have the highest incomes, strongest ties to marriage and family, lowest unemployment rate, and hold the most powerful positions in society.

It is noticeable that not only suicide stories themselves are infectious, but also that the media helps with the transmission of suicide thought/behaviour. A more recent phenomenon, internet suicide, has drawn considerable public attention. A story was even reported that three strangers with suicide ideation found each other on the internet and arranged to commit suicide together in a hotel (Chen, 2005). This report alerted the public and gave them two messages. First, suicide ideation and behaviour can be easily transmitted through the internet and may elicit imitation behaviour among internet users at high risk. For example, some people post self-harm pictures and videos on the internet, whereas other internet users write blogs about their suicide/self-harm experiences. Second, the influence of an individual's suicide/self-harm may be amplified online and transmitted outside the region where he/she lives, as there are no boundaries in the virtual internet world. Simply put, young people may be receptive to self-harm and suicide stories found on the internet and in the media. They now have more methods to get in contact with

fellow sufferers and copy their behaviour as a way to deal with their emotions.

In this qualitative research copycat behaviour has been discovered, but the professionals' experiences showed that students who harm themselves have not necessarily seen someone else committing self-harm. Self-harm may be learnt and copied by either hearing about someone who did it or finding out about such behaviour via the media. The reasons for copycat behaviour can be many and varied. Some people do not even have a particular reason and may just feel curious about what self-harm feels like. The professionals perceived similar examples:

> It happened in a class that 5 to 6 students harmed themselves one after the other. It's like a disease passed around students. The teacher found out about this situation and referred them to us. We found their problems were all different.
>
> (Siou-Luan, school counsellor)

> The client told me 'I saw my friends doing it and so I followed. I was just curious'.
>
> (Siou-Ping, social worker)

> The students say 'I do not think self-harm is a problem because many students my age do it'.
>
> (Li- Jhen, school counsellor)

> Students learn this sometimes from the news, from the idol they follow, or just from other students' testimony.
>
> (Huei-Lan, social worker)

The professionals perceived that while some young people copy self-harm behaviour out of curiosity, some self-harm to gain identification. People tend to classify themselves and others into various social categories, for example according to

organizational membership, religious affiliation, or age cohort (Tajfel & Tumer, 1985). These groups provide intimacy and interaction, giving people an identity and a sense of knowing who they are. People's desire to belong to a certain group motivates them to display certain behaviour that typically characterises the group they wish to belong to.

This may be particularly significant among young people. The idea that if they do not behave in a certain way they may be perceived as not-cool or lose group identification is very common in teenage minds. Self-harmers may feel particularly excluded by their peers and long for a group that they can be affiliated with. A group of self-harmers may be formed to comfort each other. However, such a self-harm group may also exaggerate their problems if the members are misled, e.g., serious self-harm may become the consequence of blind members. This research found the behaviour of an internet self-harm group showed characteristics of this phenomenon. As the internet provides ample sources of suicide information, young people can easily find information and support from the internet community. They can find secure and private forums on the internet in which they can express themselves to someone without actually knowing or seeing the other person. On these private forums, young people may receive support and exchange experiences with others. Young people who harm themselves may simply use a forum in order to comfort themselves or release their negative feelings. However, things can turn very nasty. If an audience is present and they add comments, contest behaviour may occur among group members, e.g., inflicting a deeper cut, more bleeding. Due to peer pressure, self-harm may also become a way to exhibit bravery. As a result, an escalation of self-harm occurs. When such people commit self-harm, each act tends to escalate in severity. Two social workers perceived similar examples:

Self-harming students cannot express themselves verbally, but they like to express themselves by writing. They write blogs to express their feelings and emotions. On the one hand they can comfort themselves by writing, on the other hand they want other people to see it.

(Huei-Lan, social worker)

A client of mine showed me a photo of her wrist cut on her blog. She also showed me photos of other self-harmers on their blogs. Every time she harmed herself, she compiled a record by taking photos. When she showed me the photos, she disclosed an excitement. It's like a competition to see who has the greatest guts and the biggest or worst wound, to show people she is not scared to harm herself. ... On the internet, these self-harmers write about their mood, show how they do it, the feeling when they do it, exchange experiences, and make comments on each other's blogs.

(Siou-Ping, social worker)

The professionals perceived that there is another group of people who commit self-harm in order to stop close friends from harming themselves. Close friendship is usually positive for individuals, but it can also produce negative effects. High integration in a relationship and empathy can cause young people to harm themselves for their close friends, expecting that the feeling of heartbreak will stop their friends. However, this type of self-harm is usually milder and does not last for a long time. A social worker shared the following story:

A client who committed self-harm said she did it because she saw her friend harming herself and she felt very worried about her friend. She felt that she needed to stop her friend hurting herself... because they have a very good friendship. She thought her friend would feel the same way she felt when she cut herself. She thought that by showing such behaviour, her friend would stop hurting herself.

(Huei-Lan, social worker)

Besides copycat behaviour, the professionals perceived that more commonly young people harm themselves because they feel isolated. School teachers have found that

such self-harmers are usually excluded from their peer group. Some students have

problems building up relationships with others, and others do not get along with

their peers. An example of this was provided by a school counsellor:

> At the beginning, a female student had some friends, but gradually her
> friends left her alone. She always wants her friends to be very close to her.
> She wants to do everything together with them. She doesn't allow her
> friends to be with other students. This makes her friends feel like it is
> hard to breathe. So, peers gradually don't contact her and keep away
> from her. This makes her feel really frustrated and upset. She feels
> isolated from her peers. No one likes to be with her. She cuts herself
> because she feels really upset.
>
> (Li-Jhen, school counsellor)

Very often these people are also perceived by the professionals to be alienated from

their families. Nowadays, due to the intense lifestyles and working patterns (e.g.,

night shift or work overtime) people have, parents and young people may have less

and less time to get together. Such insufficiency in family interaction may also affect

the quality of family dynamics in the long term, especially the parent-child

relationship. A school teacher quoted just such a case:

> The client said: 'my mother needs to do many jobs…We don't talk much. I
> don't think she really understands me. She knows nothing about my
> performance at school, my relationships with friends or anything'.
>
> (Chiung-Wun, school teacher)

Another social worker provided the following story:

> Nowadays, the parent-child relationship is usually one of alienation. A
> client of mine told me: 'I have to go to cram school after school. When I
> go home, it's nearly ten o'clock in the evening. I don't see much of my
> parents every day… Every time they see me, we do not have much to talk

about other than study'.

<div align="right">(Fang, social worker)</div>

Young people who cannot obtain warmth and support from their family may tend to find support from their peer group. Otherwise, they may seek attention in romantic relationships. However, if they are rejected by their boyfriend or girlfriend they may tend to feel totally isolated and very lonely, and this can lead to drastic action such as self-harm or suicide. Two examples were provided by school counsellors:

> Her parents are divorced and both remarried. She often complains that her father doesn't care about her because he has a new family now. She told me that she had found a man who cares for her… She met her boyfriend on the internet but he was much older than her. However, not long ago the man broke up with her. This was a huge blow to her. She felt really sad about being alone again. She felt it hard to bear the feeling, so she cut herself to ease the feeling.
>
> <div align="right">(Pei- Ling, school counsellor)</div>

> This client committed suicide after going to university. I knew him as a quiet, very ordinary student, always alone. Some students would like to be with him just because he was good at maths. He was never a popular student, but he wasn't rejected by his peers… He was from the working class. His parents spent most of their time working, so they didn't have close relationships within their family. When this sad news came back to our school, we felt very sad… he committed suicide after a girl broke up with him.
>
> <div align="right">(Li-Fong, director counsellor)</div>

The professionals perceived a group of people whose academic performances are average and who have good relationships with their peer group harm themselves because they are struggling to maintain the impression they give to people. As mentioned earlier, people socially interact everyday in different social situations and may try to project a consistent impression that they want to give people.

According to Goffman (1959), at the front stage (the situation for those who observe the performance) we construct images to allow others (the audience) to understand us on the basis of projected character traits. To make perfect performance and maintain the impression, the information about the actor has to be controlled effectively to convince the audience of the appropriateness of behaviour and consonance with the role assumed. However, at the backstage, our suppressed feelings make an appearance, which may upset us.

The professionals found that some people who were regarded as good examples at school had troubled family lives and other problems. They were actually not what the audience (i.e., their fellow students) expected, namely happy and without troubles. They hid their problems and their true emotions in front of people and presented themselves as happy and carefree figures. This may give them huge stress because they had no one to talk to. All the pressures and troubles were then absorbed by the young people themselves. They found performing - not to show their true selves – very hard. Sometimes it could be overwhelming. However, these young people would maintain an impression of being healthy, happy and successful in front of the audience. These images may have helped them forget their backstage problems and boost their self-esteem, and showing their true face would devalue their image and draw them back to the abyss of misery. A school counsellor and a social worker recalled related stories:

> I had a client who always looked happy and had a lot of friends. She always played the role of solving other students' problems. When her friends had problems, they always thought of her first and talked to her. She liked to play this role, to be surrounded by friends and having the feeling of being relied upon. But when she had her own problems and felt

low, she did not want to tell her friends.   She would only absorb all her problems herself. She told me that she found it hard to behave differently. Sometimes she would cut herself if she felt overwhelmed. But in front of people, she would pretend that she was a happy and helpful person to fit the other students' expectations and act in the way the other students expect her to.

                                                (Chun-Cyong, school counsellor)

She was a leader of the class and was always fun to be with. People liked to befriend her. However, the poor relationships and problems in her family bothered her very much. She didn't know where her parents were and had huge financial stress. Sometimes she wanted to die. She felt that she could not tell anyone. She said: 'friends will not believe me. They will not believe what I'm feeling inside my heart. That is not the impression I gave to them'.

                                                (Sin-An, director social worker)

Family history of suicide and self-harm

Suicide has a powerful effect on those close to suicide committers. Young people who have been exposed to self-harm or suicide committers are more likely to harm themselves (Wong et al., 2005). In the previous section, the author has discussed that a copycat effect has been found at schools by professionals. However, it may be even more contagious when suicide or self-harm is committed by relatives, especially when these relatives are intimate family; the influence can be immeasurable. The emotional furore and sorrow that follows the suicide of a family member may loosen internal restraints against suicide (Hill, 1995). Young people may inadvertently learn a way of dealing with their emotions and problems. Whether suicide is epidemic is inconclusive, but there are many studies showing that clusters of suicide sometimes occur within prisons and small communities, i.e., one suicide can trigger another (Davidson, 1989). An empirical study in Hong Kong revealed that

exposure to suicide or the suicidal behaviour of relatives and friends is a significant

factor which can influence a vulnerable young person to commit suicide or self-harm

(Wong et al., 2005). Here are three related examples provided by professionals:

> There was a girl whose mother had psychosis and committed suicide. This suicidal event terrified and obsessed her very much. She could not stop thinking about her mother's death and thinking she would be like her mother one day, as she believed that she had inherited her mother's disease. In her last year of school she started to get anxious very easily. She felt she had a psychiatric disease and didn't want to live anymore.
>
> <div align="right">(Chun-Cyong, school counsellor)</div>

> The client told me that she had seen her mother self harming. She was really upset with her mother's behaviour. I don't know from when, but she self-harmed when she felt out of control.
>
> <div align="right">(Sheng-Ling, school counsellor)</div>

> This female student's parents were divorced. She lived with her mother and her mother committed suicide… This student also cut herself many times. She said she had found her mother attempting suicide many times, cutting herself, swallowing pills, and trying to jump from high buildings. At the beginning she was terrified. She worried that her mother would be gone forever. She wanted to save her mother. However, this kind of thing still happened over and over again. The last time, when her mother took more than four-hundred pills, she told me that she called the police but was not keen to save her mother… She had a lot of emotions including feeling she is abandoned. She felt it was so unfair that other people could live happily and she had to tolerate this. Eventually, when her brother was sent away after her mother's death, she felt her family was totally shattered. She wanted to be like her mother and didn't want to live anymore.
>
> <div align="right">(Siou-Luan, school counsellor)</div>

From the perception of the counsellor, it is found that the female student had gone

through a series of stages, i.e., from trying to help her mother to feeling frustrated

and helpless about her mother, from trying to pull the family together to giving up

hope. During these stages, because her endeavours never resulted in a positive response from her desperate mother, she gradually developed negative emotions and was driven to repeat her mother's ordeal – self-harm and suicide.

When a series of unfortunate events accumulate it may lead to a young person's world falling apart, before leading to thoughts about death. When people are living in a gloomy family atmosphere, negative emotions are easily passed on from one family member to the other. When there is a very dysfunctional person in the family, he/she may affect the atmosphere in the entire family. This research also discovered that, when parents (the greatest pillars in young people's world) disappear, young people may be more likely to feel hopeless and more negative and serious outcomes may emerge, such as self-harm and suicide.

Abuse

Young people who experience abuse or incest are more likely to harm themselves and have suicidal behaviour than their fellow peers (Deykin, Alpert, & McNamara, 1985). Many young people who have been sexually abused, struggle to survive emotionally through self-harm, depression, and suicidal behaviour (Hill, 1995). Abuse of a child can cause long term damage to a child's self-esteem and the influence can continue into their adulthood. The professionals found that some young people who had displayed self-harm behaviour had experienced sexual abuse at the hands of their fathers. These young people were living in the shadow of abuse, exhibiting low self-esteem and holding the idea that they had been spurned. A social worker provided one such case:

This student told me: 'Since I am dirty and rotten, I have no right to have happiness… I can do anything to my body, including self-harm'.

(Sing-Fang, social worker)

The professionals perceived that some young people harm themselves to make marks, especially those who are sexually abused. This may be a ritual to symbolise that they have been dead or it is a way for them to ask for help. They may be waiting to be discovered. For example, a social worker claimed:

Many sexually abused girls' hands are full of scars. We call it violin hands. One client said: 'I cannot tell anyone, I can only make a mark of it'… some girls would say: 'when I cut myself, my heart also dies'.

(Siou-Ping, social worker)

The professionals perceived that those who have been abused not only feel physical pain, but also are psychologically traumatized. They usually feel pain and anger inside and release their anger and upset by self-harming. The following example was mentioned by a school teacher:

Her father is irresponsible and dawdles everyday. Her mother works very hard to maintain the family income. Her parents always fight over money. So, her relationship with parents is not very good. Her father even locked her in a dog cage once just because her mother had complained to her father that she was hard to discipline. She received punishment like this very often. She was very angry and once took a knife wanting to harm her parents, but she stopped before entering her parents' room. Instead, she harmed herself because she was very angry. She felt angry as well as depressed about the way she had been treated…However, when her mother found out about this situation her mother said: 'I am the one stressed. I should be the person feeling depressed, not her'.

(Chiung-Wun, school teacher)

Material pursuit

In this research, the author found that most factors that trigger self-harm or suicidal behaviour occur under involuntary circumstances. However, there are situations where self-harm and suicide occurs because people cannot resist material temptations.

The professionals found that some teenage girls prostitute themselves to earn money to buy things they want (e.g., mobile phones and branded garments), and some teenagers overuse their credit cards and accumulate huge debts. Since different products are now available from banks, such as credit cards and cash cards, consumer patterns have changed. People tend to spend and borrow more without considering the consequences. Moreover, the modern mass media has thrived and introduces people to a greater choice of products, eventually increasing people's desires and changing people's attitudes towards living. Many adults now pursue brands/fashionable products, and some people get into debt because of excessive buying and endless desire. As a result, these people run out of money, credit and resources, leaving them unable to pay off huge debts. Under pressure to pay back the money and continue living, many people choose to end their lives. Recently, it has been found by professionals that this situation affects many young people as well. The professionals showed such stories:

> This girl likes to talk about brands and products with me. It is hard to believe a child aged 14 is talking about buying Channel, LV, and GUCCI. She is not from a rich family that can afford these things… She prostitutes herself… She cuts herself every time she finishes a deal. You can see her arms and legs full of scars, you can sense that she hates doing it, but she cannot stop herself pursuing these things… she always dresses herself fashionably and holds her head up high. She thinks people will respect her and envy her because of this.

(Pei-Ling, school counsellor)

This boy attempted suicide because of his debt. At the age of 19, he had NT. 190,000 debt (40k GBP approximately). He had many credit cards and was an impulse buyer. He always thought that he could pay his debt by installments. However, his debts accumulated and were extremely high. A debt clearance agency targeted him, forcing him to payback the debts. The stress made him jump out of a building.

(Fang, social worker)

Mental illness

Acts of suicide by people with mental health problems are common (see further details in the literature review chapter). In some cases, the reason that people self harm or commit suicide is their state of mental illness. To be exact, if they think their illness is incurable or they do not want to be a burden to their families, they may choose to end their life. Here are some cases as such perceived by two counsellors and a social worker:

She said she had heard some people telling her to commit suicide. Some people told her not to commit suicide. She could not see these people but she could hear them... She was then diagnosed with Schizophrenia.

(Shi-Fen, social worker)

A few years ago we had a student who committed suicide. She was in her first year at school. She was a quiet student and did not cause trouble...When we investigated the case we found that she had be diagnosed with depression. She had even spent one year getting treatment at hospital before coming to our school.

(Siou-Li, senior counsellor)

This student believes his illness will never be cured. He says that he is a

burden to his family and that they would live better without him.

(Yun-Hua, director counsellor)

Self-harm, attempted suicide and suicide

Self-harm is usually a means to express anger and negative feelings, but to continue living. It is not an expression of an intention to die. The behaviour seems desperate, but it is a way in which young people attempt to cope with social life. Pain in their heart can be transferred into physical pain. Some professionals have quoted young people who self harm:

> 'If I don't do this (e.g., cutting herself), I will really break down'.
>
> (Huei-Lan, social worker)

> 'I feel that my stress and the pain in my heart are greater than this physical pain. When I cut myself, I don't feel the pain. Actually, I feel better. I feel the pain in my heart has reduced'.
>
> (Siou-Ping, social worker)

> 'I feel I am alive when I cut myself'.
>
> (Zong-Jheng, social worker)

> 'When I cut myself, I feel that I exist'.
>
> (Pei-Ling, school counsellor)

The professionals perceived that young people who self-harm with an intention to die usually feel despair. These people do not often think they can solve their problems and often believe that no-one can help them solve their problems. They usually use more drastic methods to harm themselves, such as jumping from high buildings and vertical wrist-cuts. If no one discovers them, then they will unlikely survive. A professional provided an example of this:

> This student made a plan to commit suicide. He got information from the
> internet and found out how to do a vertical wrist-cut… he investigated
> when the school would be empty of students and teachers, and where it
> would be hard for him to be discovered. Fortunately, we found him in a
> corner and sent him to hospital in time.
>
> (Min-Huei, director counsellor)

The professionals also perceived that many self-harm and suicidal people would
disclose their idea of suicide, but this disclosure is usually ignored by people. For
example, two counsellors recalled the following stories:

> She told me that she had brought a blade to the school. I didn't recognise
> it as a suicide signal, so I did not take any action. She then cut herself in
> the afternoon.
>
> (Siou-Luan, school counsellor)

> Before he committed suicide he once said to the school nurse: 'I should
> not bother you anymore or let you and everyone else worry about me so
> much'.
>
> (Yun-Hua, director counsellor)

Those who have self-harmed and have shown the intention to die are the most
vulnerable group. Here the author would like to stress that previous self-harm and
suicide attempts should be seen as a serious sign of intent to commit suicide.
Repeated self-harm and suicide attempts may increase the threshold of making
negative emotions subside. When self-harm is not enough, suicide attempt may be
considered as the next option. Complete suicide may be the end of the whole
journey. The following two examples were described by a social worker and a
counsellor:

> One time she was found cutting herself in an empty room…one time in the

toilet…one time in bed … she became more and more determined and the cuts became deeper and deeper each time.

(Ling-Siou, director social worker)

His friends saw him walking around the top of the building with his shoes off. They called to him and stopped him… but a few days later, the day students were taking exams, no one noticed him… He went to the top of the building again… he eventually committed suicide

(Yun-Hua, director counsellor)

Conclusion

This chapter has described professional perceptions of the processes involved in self-harm and suicidal behaviour, and has evaluated a wide range of problems and events preceding self-harm and suicidal behaviour. The occurrence of self-harm or suicide is usually a result of multiple factors, and the causes are often accumulative and interrelated.

Young people's self-harm and suicidal behaviour are often related to family, school, and health problems. Low socio-economic circumstances may weaken the interaction of the family and increase conflict. Also, poor family interaction may produce the feeling of being under valued and neglected, which triggers self-harm or suicidal behaviour. A lack of positive and dynamic family interaction can affect young people's interrelationships as well. A negative model of interaction learnt from the family may influence young people's interactions with people outside the family, such as classmates at school. This may result in poor relationships with peers and increase their isolation.

Over-emphasis on academic achievement (scholastic achievement) may lead young

people to perceive themselves as being devalued if they fail in their studies. This feeling of uselessness and hopelessness may elicit and strengthen a desire to die. In addition, exposure to self-harm or suicide attempt may increase the risk of a vulnerable individual following the same route. In school, exposure to self-harm/suicide attempt may cause a copycat effect, making suicide/self-harm contagious.

In conclusion, a self-harmer or a suicide attempter usually experiences one or more of the situations described above. They may perceive their world to be crumbling around them. Although some people who self-harm still hope to live, some often end up committing suicide (if not brought to someone's attention).

CHAPTER SEVEN

Conclusion and Discussion

Introduction

In this concluding chapter, I will begin by highlighting the main research findings by scrutinizing both individual and social factors associated with self-destructive behaviours. Quantitative and qualitative findings are then critically evaluated in line with theoretical concepts and contemporary literature. Subsequently research limitations are discussed. Finally, I highlight the ways in which this thesis has contributed to the knowledge of young people's self-destructive behaviour within and outside Taiwan.

In this first chapter I explained that the suicide rate in Taiwan has increased around three-fold in ten years, and youth suicide has become a serious social problem in Taiwanese society; suicide is now the second major cause of mortality among young people. As mentioned in the literature review, suicide is a serious problem and its impact on individuals and the community at large is immense. This is one reason why the author decided to conduct this research.

Many suicide studies in Taiwan have focussed on individual factors such as mental illness (e.g., Chiou et al., 2006; Lin et al., 2006; Hus et al., 2006). The findings of such studies do not do justice to the suicide issue among the general population since many attempted suicides are never admitted to hospital or recorded. Likewise, classic sociological theory (e.g., Durkheim, 1952) that strengthens structural factors and ignores individual factors does not give a full picture of the suicide phenomenon.

So, the author decided to conduct the research by integrating micro and macro approaches with the aim of providing a full understanding of youth suicide in Taiwan, a more thorough explanation of suicide including both individual and social aspects.

As mentioned in the introductory chapter, traditional values in Taiwan are heavily influenced by Confucianism. Traditional values not only emphasize communal interests but also stress honouring the family and showing devotion to one's parents. However, due to the development of industry and the influence of Western media, individualistic ideology has recently become popular in Taiwan. Some western scholars argue that a rise in individualism makes young people more vulnerable (e.g., Eckersley, 2006). Whether this is the case in Taiwan has been examined in this research. Besides cultural changes, Taiwan has also experienced important socioeconomic changes in recent years (1994-2005). Due to many labour-intensive factories moving out of Taiwan, the unemployment rate has climbed to its highest point in recorded history. Moreover, the expansion of higher education has produced more college/university graduates, further increasing competition in the labour market and impacting on the aspirations of young people. The influence of these changes was also examined in this research.

Apart from social factors, individual factors such as young people's beliefs about death, locus of control, optimism and general health may also affect young people's choice of self-destructive behaviour. If a person holds negative beliefs such as that death can solve their problem, that they have no power to change things or negative attitudes toward future, they may be more prone to self-destructive behaviour. Moreover, mental health may also affect young people's self-destructive behaviour. Depressive mood or hopelessness may enhance people's negative beliefs. All these factors were examined in this research to find out which factors are more significant

for self-destructive behaviour among young people in Taiwan.

Key findings

The findings of this research show that the factors leading to self-destructive behaviour are complex. Self-destructive behaviour is not a mono-causal phenomenon. It is shaped by a range of factors including, individual, culture and social factors. Many of these factors interact and overlap with each other. The importance of these factors varies in different cases. However, generally, **on an individual level**, the research found that beliefs about death and general health are stronger indicators for self-destructive behaviour. Young people who have stronger negative beliefs about death (for example, death can end all sufferings and death can change things for better), have a greater risk of self-destructive behaviour. Negative beliefs about death can increase the accessibility of self-destructive behaviour as a solution for young people's problems. In addition, this research also found that young people who have poor general health have a greater risk of suicide ideation, suicide plan and self-harm. Stress, depressive mood and feelings of hopelessness may limit young people's ability to adapt to stressful circumstances. Young people may be more likely to generate negative thoughts such as suicide ideation or self-harm. These findings are also supported by other contemporary studies demonstrated below.

A case-control study of suicide among two aboriginal groups and regular Taiwanese (Han Zen) was carried out in East Taiwan. The study discovered that mental disorders such as depression and substance abuse accounted for 97% of 116 suicides in Taiwan (Chen, 1995). In a similar vein, Western scholars have also reported that mental disorders (e.g., depression, anxiety), mental illness (e.g., bipolar, schizophrenia),

and substance abuse can lead to suicidal behaviour (e.g., Shaffi et al., 1985; Shaffer, 1996). Shaffer et al. (1996) found in their study that 90% of 120 suicide victims had a history of psychiatric diagnosis. All these findings imply that mental illness is the main determinant of suicide. Interestingly, scholars who support this theory claim that there may be a genetic component in psychotic illness (e.g., Schulsinger, 1972, Kety et al., 1975; Wender et al., 1986; Winokur et al., 1994). Similar studies have argued that biological factors associated with serotonergic neurotransmission and the functions of neuro-endocrine are related to suicidal behaviour (Asberg & Nordstrom, 1988). Jamison (1999) suggests that serotonin can restrain violent, offensive and impulsive behaviour. The degree of concentration of serotonin is highly related to suicidal behaviour because suicide is usually the consequence of impulsion. Serotonin is a monoamine neurotransmitter. Serotonergic neurons are embedded in the central nervous system (CNS) and have various functions, from controlling appetite and emotional expression, to behaviour conditioning. Malone (1999) has proved that significant changes in the quantity of serotonin can result in impulsive and offensive behaviour and an increase in alcohol and substance abuse.

Although not all suicide victims have a mental illness, most scholars agree that people who have a mental illness or disorder are at high risk of suicide (e.g., Allision et al., 2001; Lee et al., 2006). Jacobs (2003) reports that the risk of suicide is 8.5 times higher for people with a mental disorder. Moreover, people usually experience strong negative feelings such as despair, anger or helplessness shortly before they commit suicide or self-harm. These people tend to believe that things can not get better and hold pessimistic attitudes toward many things.

Beck (1988) claims that when individuals no longer hold hope towards their future and feel hopeless or helpless, they may question the value of life and come to regard

death as a solution to their situation. Rudd (2000) argues that the belief system of suicide victims is wholly occupied by hopelessness. The inner language of suicide victims is 'my life is hopeless'. Other beliefs are derived from this core belief such as 'I am not loved' (inner language: 'I am worthless living'), 'I am helpless' (inner language: 'I am not able to solve problems'), and 'I am stressed' (inner language: 'I cannot bear suffering any more'). There may be an assumption amongst suicide victims that only when they are perfect, people will accept them. Only when they can fit people's expectations and do what people want them to do, they will be loved. Suicide victims may believe that no one cares about them, everyone rejects them, and everyone criticises them. They may also believe that things will never change and that they cannot bear life any longer. So, when negative events occur in their life, suicidal people may hastily think they are worthless. In other words, individual belief plays an important role in suicidal behaviour. If an individual's beliefs are rigid and inflexible when they encounter failure or loss, then they will find it hard to adjust themselves and find solutions to their problems; thus, a negative effect will emerge such as self-destructive behaviour. The findings in this research that beliefs about death and general health (mental health) affect self-destructive behaviour are consistent with previous findings.

In addition, in this research, individual factors such as control of life and optimism were found to have little influence on self-destructive behaviour. After statistical examinations were carried out, only beliefs about death and general health were found to be highly associated with suicidality and self-harm. Although all individual factors were correlated to the outcome variables, only beliefs about death and general health predicted young people's choice of suicidality and self-harm. Both locus of control and optimism did not predict overall risk of self-destructive behaviour. This phenomenon may be interpreted in two ways. First, despite their

correlation, the strength of locus of control and optimism may be too trivial to be observed. Second, from the perspective of statistical power, there may be some multi-collearnity within all individual factors. That is, the predictive efficacy of locus of control and optimism is compromised.

Interestingly, in contrast to previous studies (e.g., Hirsch et al., 2007; Hirsch & Conner, 2006), it was found that a lack of optimism may not necessarily lead to self-destructive behaviour. My research found that although there is a correlation between optimism and self-destructive behaviour, considering all of the factors discussed in this thesis, optimism has a low influence on self-destructive behaviour. This phenomenon was also discussed during the qualitative aspect of the study. The interviewees (i.e., professionals) explained that they rarely heard young people talk about their concerns about their future in interviews. The professionals perceived that young people were more concerned about their present life rather than their future (in a broader sense). Of course, these young people did worry about the future economy (although not very much) because it was related to their future employment and education. However, it was not a strong factor resulting in their self-destructive behaviour. Although previous researches found that optimism can reduce mental disorders and in the end reduce the negative effect resulting from negative life events such as suicide ideation or self-harm (e.g., Hirsch et al., 2007), this research found that young people being less optimistic about themselves and their future may not necessarily increase the risks of self-destructive behaviour.

Similar to optimism, locus of control was found to have little predictive purchase on self-destructive behaviour. Again this differs from previous research which showed that external locus of control increase suicidal risk (Beautrais et al., 1999; Evans et al., 2005; Nelson & Singg, 1998; Peace & Martin, 1993). However, the picture

changed when gender was considered. The further analysis showed that locus of control predicted young women's recent suicide ideation and recent self-harm. Young women who often attributed the things they encountered to external influences, may be more likely to have suicide ideation or self-harm in last 12 months. This suggests that not having a sense of control over immediate environmental factors such as an unexpected accident is related to increased self-destructive behaviour, at least among girls.

On micro social level, my research found that family interaction and peer relationships had an impact on self-destructive behaviour. Quantitative research found that young people who have poorer family interaction tended to have a higher risk of suicide ideation and suicide plan. Interestingly, in contrast, young people who have better peer relationships had higher risk of suicide ideation and self-harm. Peer relationships were a good predictor especially for their recent self-destructive activities.

In the qualitative research, I also found that conflict within the family produced anger and depressive mood among family members. Many professionals perceived that some children blamed themselves for their parents' quarrels and conflicts; in some cases, children even became the victims of their parents' battles. The professionals also noticed that some parents begrudged the child's relationship with the other and so the child learned to hide their feelings (i.e., kept neutral and avoid labelling). From the professional view, when parental conflict escalated, children would suffer greater hostility, e.g., being shouted at, blamed, or even abandoned. If the child cannot cope with such a situation then they may suffer a break down.

Durkheim's theory of social integration can be used to explain the phenomenon here.

In Durkheim's view, when social relationships are too strong or too weak, suicide rates increase. Social relationships provide support for people and prevent suicide. Taking a micro view of social support as an example, the family can provide support for young people. Especially, for teenagers, the family remains important in their life; this is also evidenced in this research (Chapter 5). If family interaction is alienated (i.e., family members do not see each other often or do not care about each other), it may increase the risk of self-destructive behaviour for vulnerable young people. However, Durkheim did not consider the situation when there are conflicts in the relationship. My qualitative study showed that many professionals perceived that many suicidal youth had experienced family conflicts. This conflict may be due to their parents divorcing, financial issues or strict attitudes toward discipline. Disharmonious relationship between the two parents may influence the dynamics within the family. That is to say, young people can feel the tension between parents, and this can lead to psychological distress. In the end, conflict between the parents may impact on the child's suicide ideation and self-harm. Besides, strict discipline may give young people little freedom to express their opinion or to do what they want. This may also cause psychological distress for young people and increase the risk of self-destructive behaviour among those who are vulnerable. This finding is supported by many contemporary studies. For example, Hsu and Wu (1995) suggest that young people who are strictly disciplined by their parents are more likely to exhibit self-harm and suicidal behaviours; authoritarian parenting styles may cause conflicts with children and stress to children. This conflict and stress may appear in the form of problems at school, depression, anxiety, bullying or self-destructive behaviour. Lai and McBride-Chang (2001) argue that a lack of parental care and excessive parental control may result in low self-esteem, external locus of control, stress and depression.

On the basis of these empirical findings, the author believes that negative family experience is a latent factor affecting self-destructive behaviour; family interaction plays an important role in young people's lives. Not only the strength of relationship but also the quality of the relationship will affect young people's self-destructive behaviour. When young people experience parental conflicts or conflicts/frustration with their parents, they are more likely to exhibit suicidal behaviour or self-harm. Conflicts in family often reduce the closeness and support between family members. A lack of family support may trigger suicidality and self-harm (Lee, 2004; Wagner et al., 2003).

Like family relationships and support, peer relationships are also important social relationships in young people's lives. Peer relationships are a strong indicator of social disintegration (Zhang & Jin, 1998). Good interpersonal relationships increase self-esteem and foster a positive attitude towards life (Zhang, 1994). Huang (2005) claims that young people who self-harm usually encounter many interpersonal distresses; for example, they may long for friendship, distrust people, isolate themselves, or even be excluded by peers. Broadly speaking, people need love and intimate relationships. People also aspire to obtain belongingness from their interrelationships in the form of love, friendship or brotherhood. When experiences of unpleasant relationships increase, young people may become isolated. This may make them long for close relationships which they cannot obtain at present. This ambivalent situation may increase their psychological distress and lead to self-destructive behaviour.

Interestingly, my quantitative research showed a different story to the research presented above. Although peer relationships predict self-destructive behaviour, this predictive direction is different to that of family interaction. Specifically, an

increase in close peer relationships increases the likelihood of self-destructive behaviour, whereas an increase in close family relationships reduces the likelihood of self-destructive behaviour. For both boys and girls, peer relationships are a strong predictor of recent self-harm behaviour.

So, why do good peer relationships promote self-destructive behaviour? The qualitative study may shed some lights on this intriguing question. To begin with, the opinions of professionals discussed in my qualitative study has suggested several answers. For instance, some young people may copy the self-harm behaviour of others (especially wrist-cutting). Alternately, some young people self-harm to prevent their friends from self-harming. Surprisingly, some self-harm behaviour happens in a virtual world, i.e., in a group over internet. These findings indicate that high integration into a peer group may actually encourage or lead to self-harm, which is opposite to the case of family interaction. In other words, better family interaction can help alleviate the likelihood of self-destructive behaviour, whereas strong peer relationships can sometimes actually trigger self-destructive behaviour. In this context, Durkheim also noted that what he referred to as altruistic suicide was associated with high levels of social integration.

Suicidal ideation or self-harm may be transmitted among highly integrated peer groups. During adolescence young people are full of curiosity. Many subjects (e.g., death, self-harm and suicide) are largely new and unknown to young people, and so they are keen to explore them. Young people like to discuss intriguing subjects such as these, especially when someone in their peer group knows about them or has experience of them. In such circumstances it is possible that young people will imitate self-harm and suicidal behaviours, although they do not really mean it to result in serious harm. In other words, young people may be simply curious about

exploring these behaviours (e.g., wrist-cutting), as it provides a good sensation but does not necessarily lead to death. Moreover, young people may support each other by sharing experiences and feelings, by which suicide ideation can be spread rapidly. In addition, when young people get together they may attempt things that they would not carry out alone or which are unable to be carried out alone, such as self-harm.

Following Durkheim's theory of social integration, within a cohesive group, altruistic suicide may occur if the goal of behaviour is exterior to oneself and benefits others. Such a suicidal process can originate from a highly integrated group. For instance, an individual may sacrifice him/herself for the interests of his group. In history, such altruistic suicidal behaviour has occurred for the sake of a country or a religion, or for political or racial reasons. Interestingly, such altruistic behaviour can also occur between two individuals. In the qualitative study, it was reported that a student tried to harm herself in order to stop her good friend self-harming and to help her understand the danger/consequence of suicide. 'The student' harms herself and by doing so, 'the student' sacrifices her own interests for the sake of her friend's interests. Although a peer group may provoke altruistic self-destructive behaviour, a peer group may also offer social support and group identification. A peer group can support individuals at times of need and help them cope with challenges. However, under some circumstances, a peer group may function differently and have a negative influence on individuals. This research affirms the view that highly socially integrated groups can be sweet but poisonous at the same time. They can comfort individuals during difficult times, but may also put individuals at risk of self-harm and suicide. This has implication beyond Taiwan and may help to explain recent "clusters" of suicidal behaviour such as the recent case in Wales where 8 teenagers died after self-destructive behaviour was begun, discussed and copied among peers

groups and on the internet (CBS, 2008).

On macro social level, this research has found that young people in Taiwan hold two sets of values. Individualistic and traditional values are both salient to young people in Taiwan. This phenomenon means that even though individualism has become increasingly prevalent in Taiwan today, traditional values are still viewed as important by young people, including honouring the family, conformity, collective consciousness, and harmony. It is found that young people who hold stronger traditional values have higher risk of self-destructive behaviour. This finding is different to some existing researches and interesting because many previous studies suggested that in contrast to traditional values, it is individualism that is harmful for young people and lead to suicidal behaviour (e.g., Durkheim, 1952; Lam, 2004).

Durkheim (1952) claimed that over-emphasis on individualism may weaken social bonds within social groups and increase suicide rates. People may have no one to turn to when confronted with problems. Eventually, therefore, suicide may be seen as the only way to solve a problem. In line with this claim, Durkheim (1952) explained that people may not be able to find the meaning of life in individualistic societies because they do not have a moral purpose beyond themselves. Without some deeper meaning of life, people may easily think of suicide as a choice to solve their problems when they encounter difficulties in their lives. In a similar vein, Frankl (1992) explains that having a meaning to life is important and its loss may result in psychological distress and suicidality. Shek (1996) also reports that Chinese adolescents with a strong sense of purpose in life showed better mental health. All these empirical studies have conveyed the message that with rapid change in norms and a breakdown of traditional roles, young people in modernising cultures may lose a sense of purpose and become more vulnerable to suicidality. This applies to Taiwan

of course, but can also apply to other countries experiencing periods of modernisation, such as Korea and Hong Kong.

Arnett (1999) argues that young people in cultures that hold traditional values (e.g., Chinese culture) hold values that protect them against self-harm and suicide. Compared to their counterparts, people within more individualistic cultures (e.g., America) are more vulnerable to these negative behaviours. Arnett also explains that individualistic values may account for stress among youth, particularly those who place emphasis on independence from parents and authority figures. In traditional cultures, neither young people nor their parents expect them to act independently, thus there are less conflicts and pressure on young people. Young people in traditional cultures are less prone to self-destructive behaviour (Arnett, 1999). Beside Arnett, Lewinsohn et al. (1994) also found that traditional cultures hold values against self-harm and suicide. Lewinsohn et al. explain that traditional cultures highlight the significance of human interrelationships, and that can alleviate psychological distress and suicidality (Lewinsohn et al., 1994).

Due to modernization and globalization, individualism has gradually become a universal value. In many developing countries (e.g., Taiwan), industrialization has led to the weakening of social bonds. The market economy has increased competition between individuals; winning now seems to become the core value of many societies. Moreover, as western values now are extensively consumed through movies, TV, and music, traditional values in many societies are considered to be declining and individualism is rising. Young people may be particularly affected by this change, as they are more likely than their parents to accept and absorb individualistic values through the media (Feldman et al., 1992; Schlegel, 2000). This means greater independence for young people, greater emphasis on their individual

development, and less emphasis on their obligations to others. These factors may put young people in a traditional culture at higher risk of self-destructive behaviour, as the influence of the West increases (Dasen, 2000).

Since all these contentions above have hardly been examined in Taiwan, this research has provided a unique opportunity to understand the influence of traditional values and individualism on self-destructive behaviour. In this research, the author found that individualistic values did not relate to suicidality, nor did they predict suicidality. In contrast, traditional values did. Traditional values appeared to be significant indicators of lifetime suicide ideation for both genders. Traditional values even predicted male self-harm and suicide attempt. Interestingly, unlike previous studies that have stated traditional values protect against suicidality (e.g., Arnett, 1999; Lewinsohn et al., 1994), this research found that greater traditional values actually increase the risk of self-destructive behaviour. This particular phenomenon is interesting and contributive to knowledge. The author now turns to explaining this phenomenon using examples from daily life.

Traditional values such as conformity (e.g., listening to the elders) may confine the freedom of young people and prevent them from pursuing autonomy. In other words, conformity and harmony may regulate their wishes in favour of their parents'. However, it is sometimes very challenging to incorporate family goals into their personal goals, especially when the two goals are conflicting. The formation of such pressure can be explained using the qualitative data of this research. For instance, professionals reported that some self-harm and suicidal cases reported that their parents planned everything for them and asked them to do things against their will. Pressures may increase, especially in the case of males, as they are the main gender expected to be responsible for the family. It was found that holding stronger

traditional values can increase the risk of self-harm and suicide attempt for males. A similar case has been reported in the interviews with professionals. To be specific, the professionals provided examples of instances where young male students who displayed self-harm behaviour were forced to make certain educational choices which were not in line with their personal interests. Quite understandably, making such choices was unpleasant and, sometimes, very stressful.

In a similar vein, the responsibility of having to honour the family can be a burden to young people. This research found that parents' and individuals' expectations of academic performance have become a major source of pressure. As discussed in Chapter Five, education is emphasised in Taiwanese society because it represents social status and kind of achievement. Therefore, many parents in Taiwan would have high expectation of their children's education. In this research, it was found that students with parents who expected very good grades of them were actually at higher risk of self-destructive behaviour. Interviews with professionals suggested that, for students with poor performance, pressures arose from their lack of ability to meet parental expectations, or the fact that they are unable to honour their family; for many young people with very good performance, pressures arose because these young people felt they were not good enough and worried that they would be caught up by other students. In many cases, they felt upset and guilty about disappointing their parents. These findings suggest that an inability to fulfil parents' expectation may result in great pressure on young people since this may also imply that they are unable to honour their family or to fulfil their traditional commitments. Sometimes, this failure may lead to self-destructive behaviour. All these findings imply that greater traditional values actually provoke suicidality and self-harm.

In addition to cultural change, the other **macro social level** factors such as

socioeconomic and political changes also affect self-destructive behaviour among Taiwanese young people. In this research, the author has discovered that the majority of young people were aware of the downturn in the economy of Taiwan and did not expect economic conditions to improve in the near future. These views were mostly shared between both male and female young people in Taiwan. In this research, the author has also found that economic optimism predicts lifetime suicide plan. That is, when the economy is perceived not to be promising, the risk of suicide planning may increase. However, overall influence of economic optimism on self-destructive behaviour is not particularly strong, as self-destructive behaviour is simultaneously affected by the other factors (see Chapter Five for further details). Another important social factor, socio-political security, seems to be more influential than economic optimism because it can predict recent and lifetime self-destructive behaviour. In this research, an increase of people's perceptions of an unstable social-political situation was found to increase the risk of suicide ideation. These findings can also be supported by previous studies. For instance, sociological theories explain that suicidal behaviour is influenced by economic and political changes. Durkheim (1952) stated that suicide rates can increase during economic recession. This is because weakened social norms during such periods may make people feel uncertain and reduce cohesion in society, which in turn leads to a high suicide rate.

Similarly, some researchers claim that an increase in unemployment may result in high suicide risk (Platt, 1984; Preti & Miotto, 1999). The loss of income and low self-esteem that results from unemployment may cause psychological distress and suicide. Preti and Miotto continue stating that owing to an uncertain future, the anxiety levels of those employed may also increase during times of economic recession. This is because employed people are living in fear of losing their jobs. In a

similar vein, families depending on these employed people may also feel insecure about their financial stability (Stack, 2000). Interestingly, there is also an argument that being unemployed may lead to a loss of social relationships and support, which in turn puts individuals at higher risk of mental disorder or suicidality (Bartley & Owen, 1996). In other words, the economic recession can be harmful to people's well-being because economic deprivation may cause further psychological stress, frustration, depression and uncertainty. However, the influence of economic changes to teenagers has rarely been discussed.

In this research, it was found that although teenagers are usually not affected by the economy directly, the current economic climate may still affect them as a poor economic situation directly affects their parents and family. If their parents lose their jobs or have unstable employment, family pressures may increase. Loss of income, uncertainty about the future, and unstable employment can all affect family relationships. In the qualitative study of this research, interviewees (i.e., professionals) affirmed that financial pressure was a major cause of conflict between parents, or between parents and other family members. In other words, young people can also become the victims of bad socio-economic circumstances. Not only may parents' upset affect young people and cause anger and depression in family relationships, but some children may also blame themselves for bringing a burden to the family and come up with the idea that things would be better if they disappeared, i.e., committed suicide.

Interestingly, the relationship between the economy and suicidality is stronger among males. This phenomenon may be related to the influence of traditional values. Traditionally, Taiwanese males are expected to take responsibility for their family. Work and occupation provides Taiwanese males power and social status, enabling

them to raise a family and fulfil their traditional commitments. For the same reason, the loss of employment can mean the loss of power and control, which may result in shame, humiliation, despair or uselessness. Therefore, the perception of unfavourable economic prospects can cause young males to worry and increase the pressure on them to attain high academic qualifications. As mentioned beforehand, academic success serves as a good indicator of future employment and social status. Under such contexts, young males may develop stronger suicidality if they are already vulnerable or unable to achieve a good performance at school.

Interestingly, young females may respond to work and social status differently. As traditionally, in Taiwan, females are perceived to be more family oriented (Tu & Chang, 2000), they are not as vulnerable to unemployment as men. Economic circumstances may not cause them too much worries. However, for those who are already economically disadvantaged, such as single parent families, they may feel stressed and worried, which in turn may increase their vulnerability. Consequently, at some point, they may think about suicide.

Besides economic factors, changes in a society's socio-political situation can also affect self-destructive behaviour. The perception of an unstable socio-political situation can increase the risk of self-destructive behaviour, especially suicide ideation. According to Durkheim (1952), during periods of social crisis (e.g., political revolution and labour strikes) and war, suicide rates drop because social integration is higher. For instance, during a political revolution, people are united in fighting against authority. During a war, people come together and fight against their common enemy.

Since communication resumed between China and Taiwan in 1990, tension between

the two regimes may have increased, especially since the dispute involves the issue of sovereignty. War seemed close at hand and people were more sensitive about national security. In addition, tension between China and Taiwan has caused many debates and conflicts, especially during election periods. For example, many demonstrations and protests occurred between supporters of different parties in Taiwan. All these events have affected people from all walks of life and how they perceive socio-political security.

Generally speaking, political stability serves as a foundation for people to live and engage in jobs and other activities. Instability may cause insecurity and affect people who are vulnerable. Interestingly, in this research, the author found that the influence of political instability affected males more than females. This particular phenomenon may be due to the obligation of military service that Taiwanese males must undertake.

In Taiwan, all males are obligated to undertake at least two years military duty at the age of eighteen. Only disabled and ill people are exempt from this military obligation. Military duty is hard, not only physically but also mentally because young people have to leave their family and friends for a long time and enter a closed and highly routine organisation. Military obligation can be a stressful event for young people and every year there are many young men who try different methods to avoid this obligation. Although the serving period has recently been reduced, it is still a stressful event. When young people undertake this military obligation, the socio-political situation obviously becomes a crucial matter, as it may affect whether or not they will go to war. Young men will inevitably worry about facing war in such a closed group with limited support or contact from their family or friends.

Overall, the influence of economic and socio-political situation is associated with suicide ideation. Poor economic and socio-political circumstances are harmful to young people, especially young males in Taiwan. As found in this research, these macro environmental changes may contribute to suicide ideation, but may not necessarily cause actual suicidal behaviour.

All the above findings suggest that self-destructive behaviour is shaped by a range of social, cultural and individual factors. Human behaviour is inseparable from social structure. Although people are actively able to do things to affect everyday social relationship in which they are embedded, social structures are also the medium of human activities. In this sense, all social actions involve structure and all structures involve human actions. For example, life pressures can affect individual emotion/behaviour; however, a person may be more sensitive to stressful events if she/he has rigid beliefs. So, when people experience frustration, negative ideas may easily emerge. At the same time, if a person does not receive sufficient social support, she/he may experience deeper levels of loneliness and depression. Consequently, suicide ideation or suicidal behaviour may appear.

The qualitative data from this research have suggested that the factors that affect young people's self-destructive behaviour are often related to each other and many of them appear at the same time. For example, interviews with professionals found that cultural values may influence the relationship between self-destructive behaviour and family factors. Because Taiwanese culture favours males and emphasises the hierarchical status within the family (e.g., parents (upper), male children (middle), and female children (lower)), female children in the family may not be treated as being important as male children. Many female children were perceived by the professionals to be alienated from their parents. These female

children often felt abandoned, unloved, or even hated by their parents. In the long term, they developed a negative relationship with their parents. Besides, these negative feelings often developed into further behavioural problems. Some young people may exhibit anti-social behaviour, whilst others may start to blame themselves and become depressed. Eventually, if the situation becomes worse and no attention/intervention is received, suicidality or self-harm may occur.

Another example is that poor family relationship may be related to poor peer relationships. Young people who are isolated by their peers may also experience poor family interaction (as discussed in Chapter Six). Many teenagers who had experienced isolation or conflict in the family were found to have a poor relationships with their peers too. Due to the rarity of positive experiences in the family, these young people find it hard to establish healthy relationships with their peers. Young people longed for attention and care from their family. If they receive insufficient support from their family, they may transfer their attention to their peers and wish to obtain intimacy from their peer relationships. However, peers usually avoid such young people (i.e., those with insufficient family support) because they may show a strong controlling nature. For example, these young people may not allow their peers to befriend others. These young people may use uncomfortable methods to make their peers listen to them(e.g., talk bad words behind them or threaten them). In other words, these young people may put their peers under pressure and make them feel uneasy about their friendship. Very likely, when their peers leave them these young people will become isolated. When the feeling of isolation is strengthened, a sense of self-destructive behaviour can be triggered.

The social and individual factors discussed in this thesis can interact with each other.

For example, in this research, the author also found that owing to poor academic performance, these young people may perceive a sense of uselessness and devaluation through the interactions they have with their parents. These negative feelings may deepen the gap between parents and them. If these young people do not receive enough support from the network around them, then it is possible that they may develop the idea that it is not worth living any longer.

Apart from the factors and mechanism mentioned above, this research found that some self-destructive behaviour is related to mental illness. As discussed in Chapter One and Chapter Two, self-destructive behaviour may correlate with a family diagnosis history of mental illness. Although the author has explained that mental illness is not always the main cause of suicidality, its influence still exists. People with mental illness may have experienced depression and despair, not as a result of the outer environment but from within themselves. Their suicide ideation and attempt are part of their illness symptoms rather than a means to solve their difficulties/problems.

Another important finding in this research is that although suicide is different from self-harm in terms of intention, the risk factors associated with the two are similar. As discussed in Chapter Two, many researches (e.g., Hawton et al, 1996; Schmidtke et al., 1996) did not separate suicide and self-harm. Some researches target the particular self-harm or suicidal group (e.g., Chang & Hu, 1993; Ang & Huan, 2006; Spiroto et al., 2003). Therefore, apart from information about intention and similar risk factors, we do not learn much about the difference between self-harm and suicidal behaviour. In this research, the author found that self-harm is more to do with problems related to adjustment or a temporary situation that applies pressure to young people. So, self-harm is used as a way to regulate their moods and calm

them down. Conversely, suicide attempt and completed suicide are more related to unchangeable situations. These situations usually indicate a sense of uselessness and devaluation, which makes people question the meaning of their life. Suicide is a search for total extrication from their predicament. That is, suicide is seen as a means of release.

In Chapter Four, the author reported that many self-harmers have had suicide ideation and a minority of them have attempted suicide. This phenomenon indicates that, to some extent, suicide and self-harm are associated. Those who start with self-harm may end up attempting suicide because self-harmers may exhibit suicide ideation when the difficulties they experience are unchangeable. When self-harm can no longer alleviate their pain, these young people may look for a stronger pacifier. It is very likely that suicide attempt or completed suicide will occur as the ultimate choice. For this reason, it is affirmed that repeated self-harm and suicide attempt are valid indicators of completed suicide (Spandler, 1996).

Research Limitations

All research projects have drawbacks, and this research is no exception. To begin with, this research did not interview individuals who have experienced self-harm, suicide ideation, and suicide attempt. In others words, no direct qualitative information was available from this specific group of adolescents. Rather, the information was elicited from professionals who had worked with them. However, the author believes that without a proper counselling service and back-up procedure, it would have been unwise to approach these specific individuals, as the phenomenon of second-harm may arise (e.g., some clients may feel reluctant and stressed in discussing their self-destructive behaviour). Thus, for the sake of

research ethics and the protection of young people's well-being, the author decided not to interview these individuals.

The Research Ethics Committee of the University of Glasgow also agreed with the indirect data collection procedure employed in this research, as it was considered appropriate and still sufficient to obtain the information required for the research. Actually, in the qualitative study the author gathered a large amount of valuable information which not only contributes to knowledge on self-destructive behaviour among young people in Taiwan, but also helps to clarify the motivation and formation underlying suicidal and self-harm behaviours.

Secondly, like all qualitative research, this research is open to the influence of the preconceptions that the researcher brings to it. That is, in this case, both the researcher and the professionals may have assumptions about what is significant and what is important, which they take to the research. For example, professionals with a psychological background may focus more on personal problems such as mental disorders; social workers may focus more on family problems while researchers with a sociological background may focus more on social dimensions. In addition, the researcher already has an established knowledge about suicide and self-destructive behaviour. These kinds of issues can potentially affect how researchers interpret their data. However, such issues affect all social science research, and it is hard to eliminate such preconceptions and impossible to establish a standard mode of thinking (Maxwell, 1992). The researcher can only constantly reflect on how their own subjective views can affect research findings, and be aware of the reflexivity of social life in this way.

Finally, the questionnaire respondents may have given socially desirable responses,

despite their anonymity being guaranteed (also known as the Social Desirability Effect). Fox and Spector (1999) argue that reliance on a cross-sectional and self-report methodology is essentially problematic in behaviour research, as the use of a single source of data, such as self-reported questionnaires, may result in an overstatement of relationships among variables. However, given the current study focus on affective and behavioural responses to what is perceived, the author conducted a series of interviews to rectify the information collected via the questionnaire survey. In essence, both the questionnaire data (more quantitative oriented) and interview data (more qualitative oriented) are complementary and should provide a sound base for further data analysis. For this reason, this research asserts that anonymous self-reporting is still able to provide the closest available approximation of these relations.

Contributions and Implications

The main contribution of this research is to fill the gap in understanding about the social influence on self-destructive behaviour in Taiwan. It also integrates macro and micro approaches to investigate self-destructive behaviour among Taiwanese young people. Classic sociological research on self-destructive behaviour particularly looks at social structures that result in it. From this macro perspective, suicide is understood as the consequence of social conditions. Self-destructive behaviour is explained as being a socially caused and collective phenomenon, which can only be understood through the other social phenomenon related to it. In other words, the prevalence of suicide is treated as a social phenomenon, which resulted from certain dysfunction in society, rather than individual acts. However, society is a product of the meaningful interaction between individuals. From a micro perspective, human behaviour can not be understood without considering social actors and agency. That

is, to understand why people commit self-destructive behaviour, the meaning that individuals attribute to their behaviour must be also captured.

It is argued in this research that neither macro nor micro approaches can provide a full picture of suicide/self-destructive behaviour, and a more complex approach, involving both social structure and individual agency was proposed. Sociology is the study of society. It is inseparable from its human components because the existence of the society depends upon human activities. Giddens (1976, p. 121) suggested: "social structures are both the conditions and consequence of social interaction. Social structures are both constituted by human agents and yet at the same time are the medium of this constitution." That is, people are actively able to do things which affect everyday social relationship in which they are embedded. Social structures are also the medium of human activities. In this sense, all social action involves structure and all structure involves human action. So, we cannot separate structure and agency to fully understand young people's self-destructive behaviour. In this research, self-destructive behaviour was investigated by considering both individual and social factors to allow a deeper understanding of which social structures and individual factors may affect self-destructive behaviour.

Secondly, this research argued that even though Taiwanese society has been greatly influenced by individualistic values, young people still hold traditional values. However, in contrast to the reports from Western literature, traditional values are found to be harmful for young people. Holding stronger traditional values may be at higher risk of self-destructive behaviour; especially for males, it may increase their risk of self-harm and suicide attempt. This finding is interesting for the knowledge of self-destructive behaviour both within and outside Taiwan.

In Western studies, it has been found that individualism is harmful for young people, which may increase the risk of self-destructive behaviour. Individualism as a product of industrialization does not only mean freedom to achieve but also less social support, insecurity and uncertainty. Taiwan is also greatly influenced by individualism. Due to industrialization and globalization, Taiwan has moved from a traditional society to one stressing individualistic values (Harrell & Huang, 1994). Especially, for young people, they are argued to become greatly individualistic as they are the most enthusiastic group to consume Western culture (Harrell & Huang, 1994). However, very surprisingly, traditional values remain strong in young people's life. In spite of Western researchers finding that individualism is more harmful for young people (e.g., Arnett, 1999) and traditional values are protective for young people (e.g., Lam, 2004), in Taiwan, traditional values seem to have greater negative impact than individualistic values on young people. This finding may suggest that traditional values are a double edged-sward. Traditional values can be protective but holding strong traditional values such as obeying elders, honouring family and harmony, may increase the pressure on young people under certain circumstances such as economic recession. This is because they may have more pressure from parents. This implies that Western findings may be applied to a society like Taiwan but, may need some modification. As for individualism, this research did not find its influence on young people. This might be because this research only examined two elements of individualism such as winning and autonomy. Perhaps different element of individualism should be examined in future research, to explore this phenomenon further.

Thirdly, this research finds that close peer relationship can lead to the risk of self-destructive behaviour. This is also different from the previous research findings. In the qualitative research, professionals reported that young people may

imitate/copycat self-destructive behaviour among their peer group. In the past, the support from peer relationships was often regarded as a protector for young people to prevent self-destructive behaviour. Although some qualitative researches (e.g., Huang & Lin, 2005) showed that imitation is one of the reasons for young people's self-destructive behaviour, there is a lack of such reports in public surveys in Taiwan. This quantitative research finding may suggest that there is an increasing tendency of imitation/copycat behaviour among Taiwanese young people.

In addition, qualitative research showed that some young people commit self-harm for the sake of group identity. The professionals interviewed reported that some young people may find support on the internet. In such virtual communities, these young people may have re-gained attention and belongingness which has been absent from their lives for a long time in the real world. However, through a community of self-harmers, the effect of self-harm was amplified, as the audience effect reinforces the self-harm behaviour (which is discussed in Chapter Six). This phenomenon has also rarely been reported before. This new phenomenon may be a result of the development of technology, which makes it easy for young people to find self-harmers on the internet. Yet, the influence of this meeting is not as supportive as we would imagine. This finding contributes to the knowledge of self-destructive behaviour in Taiwan and potentially further ahead as the influence of internet is global. In addition, a group of self-harmers may not always be supportive, and may provoke further self-destructive behaviour. Further research is needed to better understand how and what specific, if any, factors show promise in assessing and elucidating suicide risks of this type.

Despite the fact that close peer relationships are found to increase the risk of self-destructive behaviour, these findings do not mean that close peer relationship

only have a negative effects. We need to be careful how we interpret this finding. Actually, from the qualitative data, there was evidence to suggest that young people who were isolated by their peers often exhibited self-destructive behaviour. Young people still need to feel included in peer group and have peer support. These findings may indicate that close relationship may not only provide support for young people but also endorse the risk of dissemination of self-destructive behaviour.

In conclusion, this research has shown that self-destructive behaviour is shaped by individual, cultural and social factors, including beliefs about death, general health, family interaction, peer relationship, traditional value, economic optimism and socio-political situation. It was found that beliefs about death and general health are strong factors among all individual and social factors to predict self-destructive behaviour. Social factors are found to have greater influence on young males. Most importantly, this research finds that traditional values such as obeying elders, honouring family and harmony may increase the risk of self-destructive behaviour. This finding is rarely reported before and it is contrast to Western literature. In the past, traditional culture was always regarded to be protective against self-destructive behaviour. This research finds that traditional values are not always positive for young people's wellbeing. Over-emphasizing some traditional values such as obeying elders, honouring family and harmony, can increase the pressure on young people and then increase their risk of self-destructive behaviour. In addition, in the past, close peer relationships were almost always regarded as good for young people. This research finds that close peer relationship may not always has the positive functions. Close peer relationship may endorse the risk of self-destructive behaviour and this has shown in a national scale in Taiwan.

REFERENCES

Achenbach, T.M., Howell, C.T., Quay, H.C., & Conners, C.K. (1991). National survey of problems and competencies among four- to sixteen-year-olds: parents' reports for normative and clinical samples. *Monographs of the Society for Research in Child Development*, *56*(3), 1-131.

Adelman, H. S.(1989). Prediction and prevention of learning disabilities: Current state of the art and future directions. In L. A. Bond & B. E. Compas (Eds), *Primary prevention and promotion in schools* (pp. 106-145). Newbury Park, CA: Sage.

Allebeck, P. (1988). Predictors of completed suicide in a cohort of young men: role of personality and deviant behaviour. *British Medical Journal*, 297: 176- 180.

Allison, S., Roeger, L., Martin, G., & Keeves, J. (2001). Gender differences in the relationship between depression and suicidal ideation in young adolescents. *Australian and New Zealand Journal*, *35*, 498- 503.

Alloy, L. B., Abramson, L. Y., Whitehouse, W. G. et al. (1999). Depressogenic cognitive styles: Predictive validity, information processing and personality characteristics, and developmental origins. *Behaviour Research and Therapy*, *37*, 503–531.

American College Health Association. (2001). *National college health assessment*. Baltimoew: American College Health Association.

Andrews, J.A., & Lewinsohn, P.M. (1992). Suicidal attempts among older adolescents: prevalence and co-occurrence with psychiatric disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, *31*, 655-662.

Ang, R. P. & Huan, V.S. (2006). Relationship between academic stress and suicidal ideation: testing for depression as a mediator using multiple regression. *Child Psychiatry Human Development*, *37*, 133- 143.

Arnett, J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, *54*, 317-326.

Äsberg, M., & Nordstorm, P. (1988). Biological correlates of suicidal behaviour*.* In Moller, H.-J., Schmidtke, A., & Welz, R. (Eds.). *Current Issues of Sociology*. Springer-Verlag, Berlin Heidelberg.

Äsberg, M., Nordstorm, P., & Träskman, L. (1986). Biological factors in suicide. In A. Roy (Ed.), *Suicide*. Baltimore: Williams& Wilkins.

Äsberg, M.,& Thoren, P. (1976). 5-HIAA in the cerebrospinal fluid: A biochemical suicide predictor. *Archives of General Psychiatry*, *136*, 559-562.

Atkinson, T., Liem, R. & Liem, J. H. (1986). The social costs of unemployment: implications for social support. *Journal of Health and Social Behaviour*, *27*, 317-331.

Ayyash-Abdo, H. (2002). Adolescent suicide: an ecological approach. *Psychology*

Schools, *39*, 459-475.

Babbie, E. (2007). *The practice of social research*. (7th ed). USA: Thomson Wadsworth.

Bainbridge, W. S. (1989). The religious ecology of deviance. *American Sociological Review*, *4*, 288-295.

Bancroft, J.H., Skrimshire, A.M., Simkin, S. (1976). The reasons people give for taking overdose. *British Journal of Psychiatry*, *128*, 538-548.

Barbour, R. S., & Kitinger, J. (1999). D*eveloping Focus Group Research: politics theory and practice*. London: Sage Publication.

Barraclough, B. M., &. Hughes, J. (1987). *Suicide: Clinical and Epidemiological Studies*. Croom Helm, London.

Bartley, M. & Owen, C. (1996). Relation between socioeconomic status, employment, and health during economic change, 1973-1993. *British Medical Journal*, *313*, 445-449.

Baudelot, C., & Establet, R. (2008). *Suicide: the hidden side of Modernity*. Polity Press, Cambridge.

Bayley, N., & Schaefer, E.S. (1960). Relationships between socioeconomic variables and the behaviour of mothers toward young children. *Journal of Genetic Psychology*, *96*, 61-77.

Beautrais, A. (2003). Life course factors associated with suicidal behaviours in young people. *American Behavioural Scientist*, *46*(9), 1137-1156.

Beautrais, A. L., Joyce, P. R. & Mulder, R. T. (1998) Unemployment and serious suicide attempts. *Psychological Medicine*, *28*(1): 209-218.

Beautrais, A. L., Joyce, P. R., & Mulder, R. T. (1999). Personality traits and cognitive styles as risk factors for serious suicide attempts among young people. *Suicide and Life Threatening Behaviour*, *29*(1), 37-47.

Beck, A. T. (1988). *Cognitive Therapy and Depression*. Chichester: Wiley.

Beck, A. T. (1996). Beyond belief: A theory of modes, personality, and psychopathology. In P. Salkovkis (Ed.), *Frontiers of cognitive therapy*. New York: Guilford Press.

Beck, A. T., & Steer, R. A. (1991). Relationship between the Beck Anxiety Inventory and the Hamilton Rating Scale with anxious outpatients. *Journal of Anxiety Disorder*, *5*(3): 213-223.

Beck, A., Rush, A., Shaw, B.,& Emery, G. (1979). Assessment of suicidal ideation: The scale for suicide ideation. *Journal of Consulting and Clinical Psychology*, *47*,343-352.

Beck, A. T., Steer, R. A., & Garrison, B. (1985). Hopelessness and eventual suicide: a 10 year prospective study of patients hospitalised for suicidal ideation. *American Journal of Psychiatry*, *142*, 559-563.

Beck, A. T., Steer, R. A., & Newman, C. F. (1993). Hopelessness, depression, suicide

ideation and clinical diagnosis of depression. *Suicide and Life Threatening Behavior, 23*(2): 139-145.

Beck, J. S. (1995). *Cognitive therapy: Basic and Beyond*. New York: Penguin.

Becker, H. S. (1970). *Sociological Work*. London: Allen Lane.

Beckert, T.E., Strom, P.S., Strom, R.D., Yang, C.T., Huang, N.Y., & Lin, Y.W. (2004). *Parent expectations of young children in Taiwan. Early Childhood Research and Practice*. http://ecrp.uiuc.edu/v6n2/beckert.html [Accessed: 2008-05-14]

Benton, T. & Craib, I. (2001). *Philosophy of social science: the philosophical foundations of social thought*. New York: Palgrave.

Berltolote, J.M., Fleischmann, A., Leo, D. D., Bolhari, J., Botega, N., Silva, D., Thanh, H.T.T., Phillips, M., Schlebusch, L.,Värnik, A., Vijayakumar, L., & Wasserman, D. (2005). Suicide attempts, plans and ideation in culturally diverse sites: the WHO SUPRE-MISS community survey. *Psychological Medicine, 35*, 1457-1465.

Berrios, G. E. (1990). *Treatment of Depression*. Cambridge: Cambridge University Press.

Bjarnason, T., & Sigurgardottir, T. J. (2003). Psychological distress during unemployment and beyond: social support and material deprivation among youth in six northern European countries. *Social Science & Medicine, 56*(5), 973-985.

Blumenthal, S. (1990). Youth suicide: Risk factors, assessment, and treatment of adolescent and young adult suicidal patients. *Psychiatric Clinics of North America, 13*, 511- 556.

Blumer, M. (1982). *Social research ethics*. London: The Macmillan Press.

Boekaerts, M. (1993). Being concerned with well-being and with learning. *Educational Psychologist*, 28, 149-167.

Bond, M. H. (1988). Finding universal dimensions of individual variation in multicultural studies of values: The Rokeach and Chinese values surveys. *Journal of Personality and Social Psychology, 55*, 1009-1015.

Bonger, B., Golberg, L., Cleary, K., & Brown, K. (2000). Marriage, family, family therapy and suicide. In R. W. Maris, A. I. Berman & M. M. Silverman (Eds.), *Comprehensive Textbook of Suicidalogy*. New York: Guilford Press.

Bonner, R. L., & Rich, A. R. (1987). Toward a predictive model of suicidal ideation and behaviour: Some preliminary data in college students. *Suicide and Life-Threatening Behaviour, 17*, 50-63.

Borkan, J. M. (2004). Mixed Methods Studies: A Foundation for Primary Care Research. *Annals of Family Medicine, 2*(1), 110-122.

Bowling, A. (2005). *Measuring health: a review of quality of life measurement scales*. New York: Open University Press.

Braucht, G. (1979). Interactional analysis of suicidal behaviour. *Journal of Consulting and Clinical Psychology, 47*, 653-669.

Breault, K. D. (1986). 'Suicide in America: A Test of Durkheim's Theory of Religious and Family Intergration, 1933-1980'. *American Journal of Sociology*, *92*, 628-56.

Breault, K. D. (1988). Beyond the quick and dirty: Reply to Girard. *American Journal of Sociology*, *93*, 1479-1486.

Breault, K. D. (1994). Was Durkheim right? A criticial survey of empirical literature on *Le Suicide,* in D. Lester (Eds.) *Emile Durkheim: Le Suicide 100 year later*, Philadelphia: The Charles Press.

Brent, D. A., Perper, J. A., Moritz, G., Baugher, M., Roth, C., Balach, L., & Schweers,J. (1993). Stressful life events, psychology, and adolescents suicide: A case control study. *Suicide and Life-Threatening Behaviour*, *23*, 179-187.

Briere, J., Gil, E. (1998). Self-mutilation in clinical and general population sample: prevalence, correlates and functions. *American Journal of Orthopsychiatry*, *68*, 609-620.

Brock, S. E., & Sandoval, J. (1997). Suicidal ideation and behaviours. In G. Bear, K. Minke, & A. Thomas (Eds.), *Children's needs II: Development, problems and alternatives* (pp. 361–374). London: Natl Assn Sch Psychologists.

Brown, G. W., & Harris, T. (1978). *Social Origins of Depression*. Tavistock, London.

Brown, R. (2000) Social Identity Theory: past achievements, current problems and future challenges. *European Journal of Social Psychology*, *30*, 745-778.

Bryman, A. (2004). *Social research methods*. (2nd ed). New York: Oxford Press.

Buehler, C. (1988). The social and emotional well-being of Divorced residential parents. *Sex Roles*, *18*, 247- 257.

Buie, D. H., & Maltsberger, J. T. (1983). *The practical formulation of suicide risk*. Cambridge: MA. Firefly Press.

Burke,K. L., Joyner,A. B., Czech,D.R. et al. (2000). An investigation of concurrent validity between two optimism/pessimism questionnaires: The life orientation test-revised and the optimism/pessimism scale. *Current Psychology*, *19*, 129–136.

Burnley, I. (1995). Socio-economic and spatial differences in mortality and means of committing suicide in New South Wales, Australia, 1985-1991. *Social Science & Medicine*, *41*, 687-698.

Cai, C. Y. (2004). *Analyses of Taiwan's Economic Development*. Taipei: Wenjin Publisher.

Cai, R. M. (1998). Leaving farmland: class structure transformation and social mobility in Taiwan. In L. Chang, Y. Lui, & C. Wang (Eds.) *Taiwan Society in '90s: Investigation of Social Change II.* Taipei: Academia Sinica.

Cai, Y. M., & Yi, C. C. (1998). Persistence and Change of the Chinese Family Value: The Taiwanese Case. In L. Chang, Y. Lui, & C. Wang (Eds.) *Taiwan Society in '90s: Investigation of Social Change II.* Taipei: Academia Sinica.

Cambridge (2006). *Advanced learner's dictionary* (3rd ed.). Cambridge: Cambridge University Press.

Canetto, S. S. (1997). Meaning of gender and suicidal behaviour during adolescence. *Suicide and Life-Threatening Behaviour*, *27*, 339- 351.

Carrington, C. (1999). *No Place Like Home: Relationships and Family Life among Lesbians and Gay Men.* Chicago: University of Chicago Press.

CBS News (2008). *Wales Wrestles With Teen Suicide Trend.* http://www.cbsnews.com/stories/2008/02/21/world/main3855872.shtml. Update 21 Feb 2008. [Accessed 11 Aug 2010]

Chan, D. (1995). Reasons for living among Chinese adolescents in Hong Kong. *Suicide and Life-Threatening Behaviour*, *25*, 347-358.

Chang, J. M. (2006). The socioeconomic cost resulted by Depression.http://www.cgmh.org.tw/intr/intr2/c3360/E_CCM(Depression_ec).htm
[Access: 5 June 2009]

Chang, L.Y. (2006). Only to have diploma to be respectable. http://web1.nsc.gov.tw/fp.aspx?ctNode=39&xItem=7559&mp=1
[Accessed: 28 May 2008]

Chang, P. W., & Yap, Y. L. (1987). The relationship of suicide rate and some social indicators in Taiwan. *Journal of Police*, *11*, 227-274.

Chang, Z. C., & Hu, Y. W. (1993). Socio-psychological causes and adolescent well-being- depression, suicide ideation and suicide attempt among college students in Taipei. *Journal of Taiwan Medical Social Worker*, *3*, 77-92.

Chen CS, Yang MS, Yang MJ, Chang SJ, Chueh KH, Su YC, Yu CY, Cheng TC. (2008). Suicidal thoughts among elderly Taiwanese aboriginal women. *International Journal of Geriatric Psychiatry*. http://www.interscience.wiley.com [Accessed : 14 May 2008]

Chen, C. (1996). Anxiety and depression. East and west. *International Medical Journal*, *3,* 3-5.

Chen, C. Z. (2008). The crisis of e-generation. *Journal of National Education*, *60* (1), 24-27.

Chen, G. H. (1995). The relationship between suicide, economic factors and social demographics: age comparison. *Master Thesis in Economy*. Hsin-Chu: National Ching-hua University.

Chen, H. & Lan, W. (1998). *Adolescent' perceptions of their parents' academic expectations: comparison of American, Chinese-American, and Chinese high school students.* Available at:
http://findarticles.com/p/articles/mi_m2248/is_n130_v33/ai_21072040/
[Accessed 24 April 2009].

Chen, H. P. (1992). Adjustment, internal-external Locus Of Control and suicide tendency among senior high school students. *Master Thesis* in Education. Kaohsiung: National Kaohsiung Normal University.

Chen, K. J., Wang, D. L., & Chen, W. L. (1996). Family components in Taiwan. *Taiwanese Journal of Sociology*, *19*, 57-93.

Chen, S. G. (2005). *Internet suicide in Kaohsiung*. http://www.epochtimes.com/b5/5/4/28/n903964.htm [Accessed: 21 Feb 2009]

Chen, Y.G. & Cheng, J.N. (2000). The changing of educational stratification in Taiwan area: To explore cultural capital , social capital, and financial capital of fit in Taiwan. *Proceedings of the National Science Council: Humanities and Social Sciences, 10* (3), 416- 434.

Cheng, A. T. (1995). Mental illness and suicide. A case-control study in east Taiwan. *Arch Gen Psychiatry*, *52*, 594-630.

Cheng, A. T., Chen, T. H., Chen C. C., & Jenkins, R. (2000). Psychosocial and psychiatric risk factors for suicide. Case-control psychological autopsy study. *British Journal of Psychiatry*, *177*, 360-365.

Cheng, K. (2002). Life education oriented prevention effects on self-harm behaviors of gifted senior high school students. *Research of Gifted Education*, 2(2), 51-74.

Cheng, T.A. (1989). Symptomatology of minor psychiatric morbidity: a cross-cultural comparison. *Psychol Med*, 19, 697–708.

Cheng, T.A. (1995). Mental illness and suicide: A case controlstudy in Taiwan. *Archives of General Psychiatry*, *3*, 19-27.

Cheung, F. M.(1996). Psychopathology among Chinese people. In H. M. Bond (Eds.).*The psychology of the Chinese people.* Hong Kong: Oxford University Press.

Chin, Y. (1988). Socio-psychological analysis of suicide attempter. *Master Thesis* in Social Work. Taichung: Taunghai University.

China Statistic Bureau. (1993). *Annual of Chinese Statistics*. Beijing: China Statistic Press.

Chiou, H. J. (2000). *Quantitative research and statistical analysis in social and behavioural sciences*. Taipei: Wunan. (In Chinese).

Chiou, Z. H., Kou, C.J., Chen, Y. H., Chen, C.C., Lee, M. B., Lin, J. H., Huang, D., & Lin, C. C. (2006). Comparison of epidemiological characteristics between first-ever and repeated suicide attempters. *Taipei City Medical Journal*, *3*(10), 1000-1007.

Chiu, H. Y., & Chang, L. Y. (2005). *Social problems in Taiwan 2005*. Taipei: Chuliu publisher.

Chiu, H. Y. (1998). *Taiwan social changes survey: The report of 3/3*. Taipei: Institution of Sociology, Academia Sinica.

Chou, C. Y. (2007). *The out-way of Taiwan higher education: international perspectives. Higher Education, Technological & Vocational Education Newsletter*. .http://www.news.high.edu.tw/news011/2007110909.asp?c=0600&vers=011 [Accessed: 19 May 2009]

Chow, G. F. & Li, K. H. (2006). Research of Relation Depressive Mood and Suicidal

Tendency of Vocational School Students in Kaohsiung. *Journal of Cheng Shiu University*, *19*, 249- 278.

Chung, R. C-Y., & Walkey, F. (1989). Educational and achievement aspirations of New Zealand Chinese and European secondary school students. *Youth and society*, *21* (2), 139-152.

Clifton, A. K., & Lee, D. E. (1976). Serf-destructive consequences of sex-role socialization. *Suicide and Life-Threatening Behaviour*, *6*, 11-22.

Clum, G.A., Patsiokas, A.T., & Luscomb, R.L. (1971). Empirically based comprehensive treatment for parasuicide. *Journal of Consulting and Clinical Psychology*, *47*, 937-945.

Cnotevart, H D,& Carlson, C I. (1989). *Family assessment : A guide to methods*. New York: Guiford Press.

Compton, M.T., Thompson, N.J., & Kaslow, N. (2005). Social environment factors associated with suicide attempt among low-income African Americans: The protective role of family relationships and social support. *Social Psychiatry Psychiatric Epidemiology, 40*, 175-185.

Cochrane, R., & Robertson, A. (1975). Stress in the lives of parasuicides. *Social Psychiatry*, *10*, 161-172.

Creswell, J. W. (2007). *Qualitative inquiry research design: choosing among five approaches*. London: Sage.

Crook, C.K. .and Garratt, D. (2005) *The Positivist Paradigm in Contemporary Social Science Research.* In B. Somekh and C. Lewin (Eds) Research Methods in the Social Sciences, London: Sage.

Council of Labour Affairs, Taiwan. (2008). *Labour statistic report.* http://www.cla.gov.tw/cgi-bin/siteMaker/SM_theme?page=41761dc1
[Accessed: 2nd July 2010]

Crystal, D. S., Chen, C., Fuligni, A. J., Stevenson, H. W., Hsu, C., Ko, J., Kitamuran, S., & Kimura S. (1994). Psychological Maladjustment and Academic Achievement: A Cross-Cultural Study of Japanese, Chinese and American High School Students. *Child Development*, *65*, 738-753.

Cumming, E., Lazer, C., & Chisholm, L. (1975). Suicide as an index of role strains among employed and not employed married women in British Columbia. *Canadian Review of Sociology and Anthropology*, 24, 462-470.

Curtright, P., & Fernquist, R. M. (2004). The culture of suicide through societal integration and religion: 1996-1998 gender-specific suicide rates in 50 American states. *Archives of Suicide Research*, *8*, 271- 285.

Cutchin, M. P., & Churchill, R. R. (1999). Scale, Context, and cause of suicide in the United States. *Social Science Quarterly*, *80* (1), 97-114.

Dasen, P. R. (2000). Rapid Social Change and the Turmoil of Adolescence: A Cross-Cultural Perspective. *International Journal of Group Tensions*, *29* (1),

17-49.

De Man, A. F. (1999). Correlates of suicide ideation in high school students: The importance of depression. *Journal of Genetic Psychology*, *160* (1), 105-114.

De Man, A., Simpson-Housley, P. & Curtis, F. (1985). Assignment of responsibility and flood hazard in Catahoula County, Louisiana. *Environment & Behaviour*, *17*, 371-386.

Department of Health, Taiwan. (2002). *The analysis of cause of death in Taiwan*. http://www.doh.gov.tw/statistic/data/.../91.zip
[Accessed: 22nd Oct 2004]

Department of Health, Taiwan. (2003). *Classification of SARS cases*. http://www.doh.gov.tw/CHT2006/DM/SEARCH_RESULT.aspx
[Accessed: 5th July 2009]

Department of Health, Taiwan. (2003). *The Main cause of Death among Adolescents*. http://www.doh.gov.tw/statistic/data/.../6.xls
[Accessed: 2nd Oct 2004]

Department of Health, Taiwan. (2003). *The Suicide Rate in Taiwan*. http://www.doh.gov.tw/statistic/data/.../.xls
[Accessed: 2nd Oct 2004]

Department of Health, Taiwan. (2007). *The Suicide Rate in Taiwan*. http://www.doh.gov.tw/statistic/data/.../95.doc
[Accessed: 2nd July 2007]

Department of Health, Taiwan. (2007). *The Suicide Rate in Taiwan*. http://www.doh.gov.tw/statistic/data/.../9.xls
[Accessed: 2nd July 2007]

Department of Statistics, Ministry of Economic Affairs (2008). *National economic indices.*
http://2k3dmz2.moea.gov.tw/gnweb/main.aspx?Page=J
[Accessed: 22nd Dec 2008]

Department of Statistics, Ministry of Education (2008). *1950-2007 Educational statistics.* http://www.edu.tw/files/site_content/b0013/seriesdata.xls
[Accessed: 27 Dec 2008]

Department of Statistics, Ministry of Education (Ed.) (2006). *Educational statistics.* Taipei: Ministry of Education.

Department of Statistics, Ministry of the Interior (2008). *Domestic affair report.* http://www.moi.gov.tw/stat/index.asp
[Accessed: 22nd Dec 2008]

Department of Industrial Technology, Ministry of Economy. (2008). http://doit.moea.gov.tw/itech/data/2008_1_1_EN.pdf. Retrieved 27 November 2009.
[Accessed: 28 Jun 2010]

Devlin, A. S. (2006). *Research methods: Planning, conducting, and presenting research*. Belmont: Thomson Higher Education.

Devlin, A. S. (2006). *Research methods: Planning, conducting, and presenting research*. Belmont: Thomson Higher Education.

Directorate General Budget Accounting and Statistics Executive Yuan, R. O. C. (2003). *Statistical Abstract of National Income in Taiwan Area, Republic of China*. http://www.dgbas.gov.tw/dgbas03/bs4/Abstract.htm
[Accessed: 22nd Oct 2004]

Directorate General Budget Accounting and Statistics Executive Yuan, R. O. C. (2008). Labor Force Participation by Sex, A ge and Marital Status. http://www.dgbas.gov.tw/public/data/dgbas04/bc4/../:a105
[Accessed: 28 Dec 2008]

Dornbusch, S., Ritter, P., Liederman, P., Roberts, D., & Fraleigh, M. (1987). The relation of parenting style to adolescent school performance. *Child Development*, *58*, 1244-1257.

Douglas, J. D. (1967). *The social meanings of suicide*. New Jersey: Princeton University Press.

Douglas, J., Cooper, J., Amos, T., Webb, R., Guthrie, E., Appleby, L. (2004). Near-fatal deliberate self-harm: characteristics, prevention and implications for the prevention of suicide. *Journal of Affective disorder*, *79*, 263-268.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D .P., Williamson, D.F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Journal of American Medical Association*, *286*, 3089-3096.

Dubow, E. F., Kausch, D. F., Blum, M. C., Reed, J., & Bush, E. (1989). Correlats of suicidal ideation and attempts in a community sample of Junior high and high school students. *Journal of Clinical Child Psychology*, *18*, 158- 166.

Durkhiem, E. (1952). *Suicide: A Study in Sociology*. London : Routledge and Kegan Paul Ltd.

Durlak, J.A. (1995). *School-based Prevention Programs for Children and Adolescents*. Thousand Oaks, CA: Sage.

Eccles, J. S., Lord, S., & Roeser, R. W. (1996). Round holes, square pegs, rocky roads, and sore feet: A discussion of stage-environment fit theory applied to families and school. In D. Cicchetti & S. L. Toth (Eds.) *Rochester Symposium on Developmental Psychopathology: Vol. VII. Adolescence: Opportunities and challenges* (pp. 283-320). New York: Cambridge University Press.

Eckersley, R. (2006). Is modern Western culture a health hazard. *International Journal of Epidemiology*, *35*, 252-258.

Eckersley, R. (2009). Progress, culture and young people's wellbeing. In A. Furlong (Ed). *International Handbook of Youth and Young Adulthood*. London: Routledge.

Edwards, J.E., & Waters, L.K. (1981). Relationships of locus of control to academic ability, academic performance, and performance-related attributions. *Educational and Psychological Measurement*, *41*(2), 529-531.

Eggert, L., Thomposon, E., Herting, J., Nicholas, L. (1995). Reducing suicide potential among high- risk youth: tests of a school-based prevention program. *Suicide and Life- Threatening Behavior, 25*, 276-296

Elliot, F. R. (1987). *The Family: Change or continuity.* London: Macmillan education.

Epoch Times (2003). *Depression will become one of three main illnesses in 2020*. http://www.epochtimes.com/b5/3/10/15/n394033.htm
[Accessed: 22nd Oct 2004]

Erickson, E. H. (1968). *Identity: Youth and Crisis*. New York: Norton.

Eshun, S. (1999). Cultural variations in hope less ness, optimism, and suicidal ideation: A study of Ghana and U.S. college samples. *Cross-Cultural Research*, *33*, 227-238.

Eshun, S. (2000). Role of gender and rumination in suicide ideation: a comparison of college samples from Ghana and the United States. *Cross-Cultural Research*, *34* (3), 250- 263.

Evans, W.P., Owens, P., & Marsh, S. (2005). Locus of control, environmental factors, and adolescent suicide risk. *Child and Adolescent Social Work Journal*, *22* (3), 1-17.

Faupel, C. E., Kowalski, G. S., & Starr, P. D. (1987). Sociology's one law: religion and suicide in the urban context. *Journal for the Scientific Study of Religion*, *26*, 523-534.

Favazza, A. R. & Conterio, K. (1989). Female habitual self-mutilators.Acta *Psychiatry Scand*, *79*, 283-289.

Feld man, S.S.,& Rosenthal, D.A. (1991). Age expectations of behavioural autonomy in Hong Kong, Australian and American youth: The influence of family variables and adolescents' values. *International Journal of Psychology*, *26*, 1-23.

Feldman, S., Mont-Reynaud, R., & Rosenthal, D. (1992). When East moves West: The acculturation of values of Chinese adolescents in the U.S. and Australia. *Journal of Research on Adolescence*, *2*, 147-175.

Fergusson, D. M., & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry*, *34*, 1308-1317.

Fergusson, D.M., Woodward, L.J., & Horwood, L.J. (2000). Risk factors and life processes associated with the onset of suicidal behaviour during adolescence and early adulthood. *Psychological Medicine*, *30*, 23-39.

Field, T., Diego, M., & Sanders, C. E. (2001). Adolescent suicidal ideation. *Adolescence*, *36*, 241-248.

Flouri, E. (2006). Raising expectations. *The Psychologist*, *19*(11), 664- 666.

Fong, S.Y. (1993). A study on suicide ideation and attempted suicide in 316 secondary school students. *Hong Kong Journal of Mental Health*, *22*, 43-49.

Food and Drug Administration (2004). http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm053169.htm [Accessed: 4TH Jan 2009]

Forsyth, A. & Furlong, A. (2000). *Socioeconomic Disadvantage and Access to Higher Education*. Bristol: Policy Press.

Fortune, S., Seymour, F., & Lambie, I. (2005). Suicide behaviour in a clinical samples of children and adolescents in New Zealand. *New Zealand Journal of Psychology*, *34* (3), 164- 170.

Frankl, V. (1992). Meaning in industrial society. *International Forum for Logotherapy*, *15*, 66-70.

Frued, S. (1940). An Outline of Psycho-Analysis. J., Stratchey (Ed.). London: W.W. Norton & Company, Ltd.

Furlong, A., & Cartmel, F. (1997). *Young people and social change: individualization and risk in late modernity*. Buckingham: Open University Press.

Furman,W., & Buhrmester,D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, *63*, 103–115.

Gane, M. (2000). The deconstruction of social action: the 'reversal' of Durkheimian methodology from the rules to suicide. In W.S.F. Pickering & G. Walford. (Eds.) *Durkheim's Suicide: A century of research and debate*. London: Routledge.

Garrison, Addy, Jackson, McKeown, & Waller (1991) C.Z. Garrison, C.L. Addy, K.L. Jackson, R.E. McKeown and J.L. Waller, A longitudinal study of suicidal ideation in young adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *30* (4), 597–603.

Garrison, C. Z., Addy, C. L., Jackson, K. L., McKeown, R. E., & Waller, J. L. (1991). A longitudinal study of suicide ideation in young adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *30*, 597-603.

Gay, L. R. (1992). *Educational Research competencies for analysis and application*. New York: Macmillan.

George, T. P., & Hartmann, D. P. (1996). Friendship networks of unpopular, average, and popular children. *Child Development*, *67*, 2301–2316.

Gibbs, J. P., & Martin, W.T. (1964). Status integration and suicide. University of Oregon. In A. Giddens. (Ed) (1971). *The Sociology of Suicide: A Selection of Readings*. London: The Whitefriars Press.

Giddens, Anthony (1976) *New Rules of Sociological Method: a Positive Critique of interpretative Sociologies.* London : Hutchinson.

Gilbert, N. (2006). *Researching real life*. (2nd ed.). London: Sage.

Gloria, A.M. & Ho, T.A. (2003). Environmental, social and psychological experience of Asian-American undergraduates: examining issues of academic persistence.

Journal of Counsel Development, *81*, 93- 106.

Goffman, E. (1959). *The Presentation of Self in Everyday Life.* London: Penguin.

Goldberg, D. (1978). General Health Questionnaire (GHQ-12). In *Measuring Health: A Guild to Rating Scales and Questionnaire.* (2nd ed.). Oxford: Oxford University Press.

Goldney, R. D., Wilson, D., Dal Grande, E., Fisher, L. J., & McFarlane, A. C. (2000). Suicide ideation in a random community sample: attributable risk due to depression and psychosocial and traumatic events. *Australian and New Zealand Journal of Psychiatry*, *34*, 98-106.

Gorard, S. (2004). *Quantitative methods in social science.* London: Continuum.

Gove, W. & Hughes, M. (1980). Re-examining the ecological fallacy: A study in which aggregated data are critical in investigating the pathological effects of living alone. *Social Forces*, *58*, 1157-1177.

Gray, J., McPherson, A.F. and Raffe, D. (1983) R*econstructions of Secondary Education*. London: Routledge and Kegan Paul.

Halbwachs, M. (1930). The cause of suicide (trans Elias N.). In A. Giddens (Eds.) (1971). *The Sociology of Suicide: A Selection of Readings*. London: The Whitefriars Press.

Hasselback, P., Lee, K. I., Yang, M., Nichol, R., & Wigle, D. (1991). The relationship of suicide rates to sociodemographic factors in Canadian census divisions. *Canadian Journal of Psychiatry*, *36*, 655-659.

Hawton K., Rodham, K., Evans, E., & Weatherall, R. (2002). Deliberate self-harm in adolescents: self report survey in school in England. *British Medical Journal*, *325*, 1207-1211.

Hawton, K., Fagg, J., & Simkin, S. (1996). Deliberate self-poisoning and self-injury in children and adolescents under 16 years of age in Oxford, 1976-1993. *British Journal of Psychiatry*, *169*, 202- 208.

Hawton, K., Fagg, J., Simkin, S., Bale, E., & Bond, A. (2000). Deliberate self-harm in adolescents in Oxfors, 1985-1995. *Journal of Adolescence*, *23*, 47- 55.

Helsen, M., Vollebergh, W., & Meeus, W. (2000). Social support from parents and friends and emotional problems in Adolescence. *Journal of Youth and Adolescence*, *29* (3), 319-335.

Hendin, H. (1978). Suicide the psychosocial dimension. *Suicide and Life- Threatening Behaviour*, *8*, 99-117.

Hendin, H. (1975). *The age of sensation*. New York: McGraw-Hill.

Henggeler, S.W., & Tavormina, J. B. (1980). Social class and race differences in family interaction: Pathological, normative, or confounding methodological factors? *The Journal of Genetic Psychology*, *137*, 211-222.

Henslin, J. M. (2005). *Sociology – A down to earth approach*. (7th ed.). London: Pearson Allyn and Bacon.

293

Henson, R. K. (2001). Understanding internal consistency reliability estimates: A conceptual primer on coefficient alpha. *Measurement and evaluation in counselling and development*, *34*, 177-189.

Hepple, J. & Quinton, C. (1997). One hundred cases of attempted suicide in the elderly. *British Journal of Psychiatry, 171*, 42-46.

Harrell, S. & Huang, C.C. (1994). *Cultural Change In Postwar Taiwan.* New York: Westview Press

Heshusius, L. (1980). Female self-injury and suicide attempts: culture reinforced techniques in Human relations. *Sex Roles*, *6*(6), 843-857.

Hesketh, T., Ding, Q. J., & Jenkins, R. (2002). Suicide ideation in Chinese adolescents. *Social Psychiatry Psychiatric Epidemiol*, *37*, 230- 235.

Hess, R.D.,& Shipman, V.C. (1965). Early experience and the socialization of cognitive modes in children. *Child Development*, *36*, 869-886.

Hill, K. (1995). *The Long Sleep: young people and suicide*. London: Virago press.

Hirsch, J. K. & Conner, K. R. (2006). Dispositional and explanatory style optimism as potential moderators of the relationship between hopelessness and suicidal ideation. *Suicide and Life-Threatening Behaviour*, *36* (6), 661–669.

Hirsch, J. K., Conner K. R. , Duberstein P. R. (2007). Optimism and suicide ideation among young adult college students. *Arch Suicide Research, 11*(2), 177-85.

Ho, B.K.W., Hong, C., & Kua, E.H. (1999). Suicidal behaviour among young people in Singapore. *General Hospital Psychiatry*, *21*, 128- 133.

Ho, C, Y., &. Chen, Y. H. (2005). Family – A forthcoming global challenge. *Common Wealth Educational Periodical*, *335*, 48-53. (In Chinese).

Ho, D. Y. F. & Kang, T. K. (1984). Intergenerational comparisons of child-rearing attitudes and practices in Hong Kong. *Developmental Psychology*, *20*, 1004- 1016.

Ho, D. Y. F. (1994). Filial piety, authoritarian moralism, and cognitive conservatism in Chinese societies. *Genetic, Social and General Psychology Monographs*, *120*, 349-365.

Ho, D. Y. F., Hong, Y. Y. & Chiu, C.Y. (1989). Filial piety and family-matrimonial traditionalism. In: Jeng, C.W. & Miao Yui, S. C. (Eds.). *Proceedings of CCU-ICP international conference on moral value and moral reasoning in Chinese societies*. Taipei: Chinese Culture University.

Ho, D.Y.F., & Chiu, C.Y. (1994). Component ideas of individualism, collectivism and social organization. In U. Kim, H. Triandis, C. Kagiticibasi, S.C. Chow, & G. Yoon (Eds.). *Individualism and collectivism*. Newbury Park, CA: Sage.

Ho, J. Z. (2007). Youth suicide and counseling strategy. *Counseling and Guidance*, *260*, 14-19.

Hoinville, G., & Jowell, R. (1977). *Survey research practice*. London: Heinemann Educational Books.

Howe, G. W., Feinstein, C., & Reiss, D. (1993). Adolescent adjustment to chronic

physical disorder: comparing neurological and non- neurological conditions. *Journal of Child Psychology and Psychiatry*, *34*(7): 1157- 1171.

Hsieh, Y. L. (2000). *Adolescent suicide* --- knowledge, prevention and intervention (in Chinese). Hong Kong: Chinese University of Hong Kong.

Hsu, S.K. (2006). *Japanese colonisation.* Taipei: Taiwan Interminds Publishing Inc.

Hsu, W. Y., Wong, D. S., Chen, C.C., Chen, M. H. (2006). Testing the path of influencing suicidal attempter's suicidal risk. *Chinese Journal of Psychology*, *48*(1), 1-12.

Hu, H. G. (1988) Suicide prevention. In M. Xiao (Eds.) *All Aspects of Suicide*. Taipei: International Lifeline association.

Hu, Y. (1995). *Social Epidemiology*. Taipei: Ju- Liu Press.

Hu, Y. H.(1988). The analysis of types and trends of suicidal rate by marriage in Taiwan. *Chinese Journal of Psychology*, *4* (1), 43-56.

Huang, C. W., & Wong, S. C. (2004). *The analysis of model of family confliction, schooling stress, and suicidal ideation among Journal high school students*. Taipei: National Chia-Yi University.

Huang, S.H. (2005). Parental expectation of educational achievement. E-Soc Journal, 45, 15 Mar 2005. http://mail.nhu.edu.tw/~society/e-j/45/45-18.htm [Accessed: 28 May 2008]

Huang, Y. J. (1997). New construction of occupational categories in Taiwan. *Survey Research*, 5, 5-32.

Huang, Y. L. & Lin, M. J. (2005). An analysis of developmental process of adolescents' self-injurious Experiences- A example of five cases. *Journal of Counseling & Guidance*, *12*, 101-126.

Hulten,A., Jiang,G.-X., Wasserman,D., Hawton,K., Hjelmeland, H., De Leo,D., Ostamo, A., Salander-Renberg, E., Schmidtke, A. (2001). Repetition of attempted suicide among teenagers in Europe: frequency, timing and risk factors. *European Child & Adolescent Psychiatry*, 10, 161–169.

Hunt, W., & Robbins, I. (1998). Telling stories of the war: aging war veterans coping with their memories through narrative. *Journal Oral History Society*, *26*(2): 57-64.

Hwang, C., Chiang, H., Lee, M. & Tai, C. (2006). Suicide prevention for adolescents. *Taiwan Medicine*, *10*(3), 343-352.

Hwang, K. K. (1988). *Power Game in Chinese Society*. Taipei: Chuliu Publisher。

Hwu, H. G., Yeh,E. K. & Chang, L. Y. (1989). Prevalence of Psychiatric disorders in Taiwan defined by Chinese interview schedule. *Acta Psychiatrica Scandinavica*, *79*, 136-147.

Iga, M. (1981). Suicide of Japanese Youth. *Suicide and Life- Threatening Behaviour*, 11, 17-30.

Iga, M., Yamamoto, J., Noguchi, T., Koshinaga, J. (1978). Suicide in Japan. *Social Science & Medicine*, *12*, 507-516.

Ikels, C. (1983). *Aging and Adaptation: Chinese in Hong Kong and United States*. Hamden Conn: Archon Books.

Iwasaki, Y., Zuzanek, J., & Mannell, R. C. (2001). The effects of physically active leisure on stress-health relationships. *Canadian Journal of Public Health*, *92* (3), 214-8.

Jacob, J. (1967). The phenomenological study of suicide Notes. In A. Giddens (Ed) (1971) *The Sociology of Suicide: A Selection of Readings*. The Whitefriars Press, London.

Jacob, T. (1974). Patterns of family conflict and dominance as a function of child age and social class. *Developmental Psychology*, *10*, 1-12.

Jamison, K. R. (2000). *Night falls fast: understanding suicide.* New York: NY, Knopf.

Janlert, U., & Hammarstrom, A. (1992). Alcohol consumption among unemployed youths: result from a prospective study. *British Journal of Addiction*, *87*, 703- 714.

Jaxvis, G. K., Fereence, R. G., Johnson, F. G., & Whitehead, P. C. (1976).Sex and age patterns in self-injury. *Journal of Health and Social Behaviour*, *17*, 146-155.

Ji, J., Kleinman, A., & Becker, A. E. (2001). Suicide in contemporary China: a review of China's distinctive suicide demographics in their sociocultural context. *Harvard Review Paychiatry*, *9*, 1- 12.

Jiang, P. J. (1997) Factors and contexts of youth suicide. *Master Thesis* in Educational Psychology. National Taiwan Normal University.

Jiang, S. C., Ho, C. Y., &. Wang, F. (2005).Statistical reflections on Taiwanese family context and changes. *Common Wealth Educational Periodical*, *335*, 130-134. (In Chinese).

Jie, Z. & Jin, S. (1998). Interpersonal relations and suicide ideation in China. *Genetic, Social, and General psychology Monographs*, *124* (1), 79-95.

Jin, S. & Zhang, J. (1998). The effects of physical and psychological well-being on suicidal ideation. *Journal of Clinical Psychology*, *54* (4), 401-413.

Jin, P.J. (1997). Investigation of teenagers' suicide and personal network context. *Master Thesis* in Educational Psychology. National Taiwan Normal University.

John Tung Foundation. (2002). *Adolescent life stress and depression in Taipei area*. http://www.jtf.org.tw/psyche/melancholia/survey.asp?This=62&Page=1. [Accessed :2008-04-30]

John Tung Foundation. (2004). *Adolescent life, internet usage and depression survey*. http://www.jtf.org.tw/psyche/melancholia/survey.asp?This=64&Page=1 .[Accessed :2008-04-30]

John Tung Foundation. (2004). *Internet usage and depression among college students*. http://www.jtf.org.tw/psyche/files/243.P058-062.pdf. [Accessed: 2008-08-02]

Juon, H., Nam, J.J., & Ensminger, M.E. (1994).Epidemology of suicide behaviour among Korea adolescents. *Journal of Child Psychology and Psychiatry and Allied*

Discipline, *35*, 663- 677.

Juon, H., Nam, J.J., & Ensminger, M.E. (1994).Epidemology of suicide behaviour among Korea adolescents. *Journal of Child Psychology and Psychiatry and Allied Discipline*, *35*, 663- 677.

Kenny, C. (2001). *Suicidal Children and Adolescents.* Wiltshire: Mark Allen Publishing Ltd.

Kessler, R.C., Borges, G., & Walters, E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the national Comorbidity Survey. *Archives of Genernal Psychiatry*, *56*, 617-626.

Kety, S. S., Rosenthal, D., Wender, P. H., Schulsinger F., & Jacobsen, B. (1975). Mental illness in the biological and adopted families of adopted individuals who have become schizophrenic: a preliminary report based on psychiatric interviews. In Fieve, R.R., Rosenthal, D., & Brill, H., ed. *Genetic Research in Psychiatry.* Baltimore: The John Hopkins University Press.

Kety, S.S. (1990). Genetic factors in suicide: Family, twin and adoption studies. In S.J. Blumental & d.j. Kupfer, ed. *Suicide Over the Life Cycle*. Washington, DC: American Psychiatric Press.

Kit-fong Au, T. & Harackiewicz, J. (1986). The effects of perceived parental expectations on Chinese children's math performance. *Merrill-Palmer Quarterly*, *32* (4), 383-392.

Kobler, A. L., & Stotland, E. (1964). *The End of Hope*. London: Macmillan.

Kosky, R., Silburn, S., & Zubrick, S.R. (1990). Are children and adolescents who have suicidal thoughts different from those who attempt suicide? *The Journal of Nervous and Mental Disease*, *178*, 38-43.

Kowalski, G. , Faupel, C., & Starr, P. D. (1987). Urbanism and suicide: A study of American counties. *Social Forces*, *66*, 85- 101.

Kreitman, N. (1988). Suicide, age, and marital status. *Psychological Medicine*, *18*, 121- 128.

Kruijt, C.S. (1997). The suicide rate in the western world since World War II. *Netherlands Journal of Sociology*, *13*, 55-64.

Kung, Y. P. (2007). *The problems Teachers facing nowadays*. http://life.edu.tw/homepage/094/subpage_B/subpage_news/srhrlt.php [Accessed: 12 Aug 2010]

Lai, K. W., & McBride- Chang, C. (2001). Suicide ideation, parenting style, and family climate among Hong Kong adolescents. *International Journal of Psychology*, *36*, 81-97.

Lam, T. H., Sunita M. Stewwart, Paul S.F. Yip, Gabriel M. Leung, L.M. Ho, S.Y. Ho, Peter W.H. Lee (2004). Suicidality and culture values among Hong Kong adolescents. *Social science & Medicine, 58*, 487-498.

Lapointe, A. E., Mead, N. A., & Askew, J. M. (1992). *Learning mathematics.*

Princeton, NJ: Educational Testing Service.

Larson, J. H. (1984). The effect of husband's unemployment on marital and family relations in blue-collar families. *Family relations*, *33*, 503- 511.

Larson, R., & Richards, M. H. (1991). Daily companionship in late childhood and early adolescence: Changing developmental contexts. *Child Development*, *62*, 284–300.

Lau, S., Siu, C.K.K., & Chik, M.P.Y. (1998). The self-concept development of Chinese primary schoolchildren: A longitudinal study. *Childhood*, *5*, 69-79.

Lee, C. Y., Lin, M. F. , Tseng, H. F. & Wang, W. L. (2008). Prevalence of suicidal risk behaviours among high school students in southern Taiwan and factor related thereto. *Journal of Evidence-Based Nursing*, *4*(1), 71- 81.

Lee, C.L. (2003). The composition and proportion of middle class in contemporary China. *Chinese Journal of Population Science*, *6*, 25- 32.

Lee, C.L. (2003). The composition and proportion of middle class in contemporary China. *Chinese Journal of Population Science*, *6*, 25- 32.

Lee, I. L. (2003). A comparative investigation about the family functions on suicidal risk between high school students and their parents. *Master Thesis* in Behaviour Science. Kaohsiung Medical University.

Lee, M. B. (2008). S*uicide and depression*. http://www.easymind.wh.seed.net.tw/db/www/plugin.asp?module_path=plugin/about_medical/read_article.asp&fid=24
[Access 4th Sep 2009]

Lee, M. B. (2009). *Attitudes toward suicide*. http://www.tspc.doh.gov.tw/tspc/portal/news/content.jsp?type=news&sno=567
[Accessed: 28 Jun 2010].

Lee, R. M. (1999). *Doing research on sensitive topics*. London: Sage.

Lee, T. Y., Wang, P., Chow, W. Y., & McBride-Chang, C. (2006). Predictors of suicide ideation and depression in Hong Kong adolescents: perception of academic and family climate. *Suicide and Life-Threatening Behaviour*, *36*(1), 82- 96.

Lester, B. Y. (2001). Learning from Durkheim and beyond: the economy and suicide. *Suicide and Life-Threatening Behaviour*, *31*(1), 15- 31.

Lester, D. (1988). *Why women kill themselves*. Springfield, IL: Charles C. Tomas.

Lester, D. (1993). *Understanding Suicide: A Case Study Approach*. New York: Nova Science Publisher.

Lester, D. (1995). The association between alcohol consumption and suicide and homicide rates: A study of 13 nations. *Alcohol and Alcoholism*, *30*, 465-468.

Lester, D. (2003). Adolescent suicide from an international perspective. *American Behavioral Scientist*, *46*(9), 1157-1170.

Lewinsohn P, Rohde P, Seeley J. (1994). Psychosocial risk factors for future

adolescent suicide attempts. *Journal of Consulting and Clinical Psychology*, *62*, 297-305.

Lewis, G., & Sloggett, A. (1998). Suicide, deprivation, and employment: recorder linkage study. *British Medical Journal*, 317, 7168, 1283-1286.

Li, W. L. (1972). Suicide and educational attainment in a transitional society. *Sociological Quarterly*, *13*, 253-257.

Li, W. L. (1974). Structural interpretation of suicide. *Sociological Focus*, *7*, 89-100.

Liem, R. & Liem, J. H. (1988). Psychological effects of unemployment on workers and their families. *Journal of Social Issues*, *44*, 87- 105.

Lin, G. Y., & Cai, Y. Z. (2004). *The analysis of population structure of suicide in Taiwan*. Taiwan population association.

Lin, J. H., Chiou, Z. H., Chen, Y. H., Kou, C.J., Chen, C.C., Huang, D., & Lin, C. C. (2006). Characteristics of suicide attempters in Taipei city. *Taipei City Medical Journal*, *3*(10), 1008-1016.

Lincoln, Y. S. & Cuba, E. (1985). *Naturalistic inquiry*. Bloomington: Principia Press.

Linder, F., & Janus, C. E. (1997, February). *The relationship of locus of control to academic performance among dental students.* A paper presented at the annual meeting of the Eastern Educational Research Association, Hilton Head, SC.

Linehan, M. M. (1981). *Suicidal behaviors questionnaire*. Unpublished inventory, University of Washington, Seattle, WA.

Linehan, M. M. (1996). *Suicidal Behaviors Questionnai*re (SBQ). Unpublished manuscript, Department of Psychology, University of Washington, Seattle, WA.

Linehan, M. M., Goodstein, J. L., Nielsen, S. L. & Chiles, S. A. (1983). Reasons for staying alive when you are thinking of killing yourself: The reasons for living inventory. *Journal of Consulting and Clinical Psychology*, *51*, 276–286.

Liu, A. J. (1992). Life events, loneliness and suicidal ideation among undergraduates. *Master Thesis* in Counseling. National Changhua Normal University.

Liu, G. (1987). *A Brief Analysis of the Cultural Revolution.* New York: M. E. Sharpe.

Lui, Y. S. (1998). Family relationship and married women with working. In L. Chang, & C. Wang (Eds.) *Taiwan Society in '90s: Investigation of Social Change II.* Taipei: Academia Sinica.

Macenko, M.O., Fishman, G., & Friedan, J. (1999). Re-examining adolescent suicidal ideation: A developmental perspective applied to a diverse population. *Journal of Youth Adolescent*, *28*, 121- 138.

Macionis, J. J., & Plummer, K. (2005). *Sociology: a global introduction*. Pearson London: Education Limited.

Malone, K., Hass,G., Sweeney, J., & Mann, J. (1995). Major depression and the risk of attempted suicide. *Journal of Affective Disorders*, *34*, 173-185.

Maris, R. W., Berman, A. L., Maltsberger, J. T., & Yufit, R. I. (Eds.). (1991). *Assessment and prediction of suicide*. New York: Guilford.

Marttumen, M. J., Aro, H. M., & Lunquist, J. K. (1991). Mental disorders in adolescent suicide: DSM III- R Axes I and II diagnosis in suicides among 13-19 year olds in Finland. *Archives of General Psychiatry*, *48*, 834- 839.

Mason, J. (2005). *Qualitative researching*. 2nd ed. London: Sage.

Mau, W.C. (1995). Educational Planning and Academic Achievement of Middle School Students: A Racial and Cultural Comparison. *Journal of Counselling and Development*, *73* (5), 518-526.

Maxwell, J. A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62(3), 279-300.

Mayer, P. and Ziaian, T. (2002). 'Indian suicide and marriage: a research note', *Journal of Comparative Family Studies*, *XXXIII* (2), 297-305.

Meeus, W. (1989). Parental and peer support in adolescence. In Hurrelmann, K., and Engel, U. (Eds.), *The Social World of Adolescents*. New York, de Gruyter.

Mendleson, W. B., & Rich, C. L . (1993). Sedatives and suicide: the San Diego study. *Acta Psychiatrica Scandinavia*, *88*(5), 337- 341.

Meneese, W. B., Yutrzenka, B. A., & Vitale, P. (1992). An Analysis of adolescent suicide ideation. *Current Psychology: Research & Reviews*, *11*(1), 51-58.

Menninger, K. A. (1938). *Man Against Himself*. New York: Harcourt Brace & Co.

Merrill, J., & Owens, J. (1988). Self-poisoning among four immigrant groups. *Acta Psychiatrica Scandinavica*, *77*, 77-80.

Michael, B., France, A., & Pincus, H. A. (2004). *DSM-IV handbook of differential diagnosis*. New York: American Psychiatric Publishing INC.

Milardo, R. M., &. Duck, S. (Ed) (2000). *Family as relationships*. West Sussex: John Wiley & Sons Ltd.

Miley, J. (1972). Structural change and Durkheim's Legacy: A macro sociological analysis of suicide rates. *American Journal of Sociology*, *78*, 657-673.

Miller, A. T. (1997). *The drama of the gifted child: the search for the true self*. New York: Harper Perennial.

Miller, D. (1991). *Hand Book of Research Design and Social Measurement*. Newbury Park, CA: Sage.

Minkoff, K., Bergman, E., Beck, A., & Beck, R. (1973). Hopelessness,depression,and attempted suicide. *American Journal of Psychiatry*, *130*, 455-459.

Morgan, G. & Smirich, L. (1980). The case for qualitative research. *Academy of Management Review*, *5*, 491-500.

Mortensen, P. B., Agerbo, E., Eriksion, T., Qin, P., & Wesrwergaard- Nielsen, N., (2000). Psychiatric illness and risk factors for suicide in Denmark. *Lancet, 355*, 9-12.

Motto, J. (1977). Estimation of suicide risk by the use of clinical models. *Life Threatening Behaviour*, *74*, 237-245.

Murakumi, J. (2002). Gender and depression: explaining the different rates of

depression between Men and Women. *Perspectives in Psychology*, *Spring*, 27-33.

Murphy, G. E., & Wetzel, R. D. (1990). The life- time risk of suicide in alcoholism. *Archives of General Psychiatry*, *47*(4), 383- 393.

Murray, C. D., Warm, A., & Fox, J. (2005). An internet survey of adolescent self-injurers. *Australian e-Journal for the Advancement of Mental Health*, *4*(1), 1- 9.

National adolescent health information centre. (2006). *2006 Fact sheet on suicide: adolescents & young adults.*
http://www.dphhs.mt.gov/PHSD/family-health/adolescent-health/Suicide2006.pdf
[Accessed: 2008-07-12]

Neeleman, J. (2002). Beyond risk theory: suicidal behaviour in its social and epidemiological context. *Crisis*, *23*(3), 114- 120.

Nelson, P. A. & Singg, S. (1998). Locus of control, sexand sttitude toward suicide. *Psychological Report*, *83*, 353-354.

Nelson, R.E., & Crawford, B. (1990). Suicide among elementary school-aged children. *Elementary School Guidance Counsel*, *25*, 123-128.

Neuringer, C. (1974). *Psychological assessment of suicidal risk*. Springfield, IL: Charles C. Thomas.

Newman, J., Whittemore, K. R., & Newman, H. G.. (1973).Women in the labour force and suicide. *Social Problems*, *21*, 220-280.

Ng, S.W. (2000). The impact of social class difference on parental involvement in school education in Hong Kong. *Education Journal*, *28*(2), 35- 62.

Nowicki, S. Jr. & Strickland, B. R. (1973). A locus of control scale for children. *Journal of Consulting and Clinical Psychology*, *40*, 148-154.

O' Carroll, P.W., Berman, A., Maris, R.W., Moscicki, E.K., Tanney, B.L., & Silerman, M. (1996). Beyond the tower of Babel: a nomenclature for suicidology. *Suicide and Life-Threatening Behaviour*, *26*(3), 237- 251.

Ohmae, Kenichi. (2006). *M society*. Taipei: Business Weekly Publication.

ONS. (2000). *Psychiatric morbidity among adults living in private households in Great   Britain.*
http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1.htm
[Access: 5 June 2009]

Orbach I, Feshbach S, Carlson G, Glaubman H, & Gross Y. (1983). Attraction and repulsion by life and death in suicidal and in normal children. *Journal of Consulting and Clinical Psychology*, *51*(5), 661-670.

Orbach, I. (1988). *Children who don't want to live*. San Francisco: Jossey Bass.

Orbach, I., Milstein., I., Har- Enen., D., Apter, A., Tiano, S., Elizur, A. (1991) A multi-attitude suicide tendency scale for adolescent. *Psychological Assessment*, *3*, 398-404

Osman, A., Downs, W., Kopper, B., Barrios, F., Baker, M., Osman, J., Besett, T., Linehan, M. (1998). The reasons for living inventory for adolescents (RFL-A): Development and psychometric properties. *Journal of Clinical Psychology*, *54*, 1063-1078.

Osman, A., Gutierrez, P. M., Kopper, B. A., Barrios, F. X., & Chiros, C. E. (1998). ThePositive and Negative Suicide Ideation Inventory: *Development and validation. Psychological Reports*, *82*, 783-793.

Osman, A., Kopper, B., Barrios, F., Osman, J., Besett, T., Linehan, M. (1996). The brief reasons for living inventory for adolescents (BRFL-A). *Journal of Abnormal Child Psychology*, *24*, 433-443.

Ou, S. J. (1996). The risk factors and prevention of adolescent suicide. *Journal of Social Welfare*, *56*, 36- 49.

Ou, S. Z. (1995). *The development of suicide ideation among the youth. Master Thesis* in Sociology. Taipei: National Taiwan University.

Overholser, J., Evans, S., & Spirito, A. (1990). Sex differences and their relevance to primary prevention of adolescent suicide. *Death Studies*, *14*, 391-402.

Park, H. S., Schepp, K. G., Jang, E. H., & Koo, H. Y. (2006). Predictors of suicidal ideation among high school students by gender in South Korea. *Journal of School Health*, *76*(5), 181- 188.

Parker, G. & Yap, H.L. (2001). Suicide in Singapore: a changing sex ratio over the last decade. *Singapore Medical Journal*, *42*(1), 11- 14.

Parker, J. G., & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. *Developmental Psychology*, *29*, 611–621.

Parker, J., Rubin, K., Price, J., & de Rosier, M. (1995). Peer relationships, child development, and adjustment. In D. Cicchetti, & D. Cohen (Eds.), *Developmental psychopathology: Risk, disorder, and adaptation* (pp. 96–161). New York: Wiley.

Paykel, E. S., & Dienelt, M. N. (1971). Suicide attempts following acute depression. *Journal of Nervous Mental Disease, 153*, 234- 243.

Parkel, E., Prusoff, B., & Myers, J. (1975). Suicide attempts and recent life events. *Achieves of General Psychiatry*, *32*, 327-333.

Pearce, C. M., & Martin, G. (1994). Predicting suicide attempts among adolescents. *Acta Psychiatrica Scandinavica*, *90*, 324-328.

Pearce, C.M., & Martin, G. (1993). Locus of control as indicator of risk for suicidal behavior among adolescents. *Acta Psychiatrica Scandinavica*, *88*, 409–414.

Peden, A. R., Rayens, M. K., Hall, L. A. et al. (2001). Preventing depression in high-risk college women: A report of an 18-month follow-up. *Journal of American College Health*, *49*, 299–306.

Perrucci, C. C. & Targ, D. (1988). Effects of a plant closing on marriage and family life. In P. Voydanoff and L. C. Majka, ed. *Family and economic distress: coping*

strategies and social policy. CA: Sage.

Pescosolido, B. (1990). The social context of religious integration and suicide: Pursuing the network explanation. *Sociological Quarterly, 31*, 337-357.

Pescosolido, B., & Georgianna, S. (1989). Durkheim, suicide and religion. *American Sociological Review*, *54*, 33-48.

Pescosolido, B., & Wright, E. (1990). Suicide and the role of the family over the life course. *Family Perspective*, *24*, 41- 60.

Phillips, D. P. (1974). The influence of suggestion on suicide. *American Sociological Review*, *39*, 340-354.

Phillips, D. P. (1982). The impact of fictional television stories on U.S. adult fatalities. *American Journal of Sociology*, *87*, 1340- 1359.

Phillips, D. P., & Bollen, K. (1982). Imitative suicides. *American Sociology Review*, *47*, 802-809.

Phillips, D. P., & Carstensen, L. (1988). The effect of suicide stories on various demographic groups. *Suicide and Life-Threatening Behaviour*, *18*, 100-114.

Pinhas,L., Weaver, H., Bryden, P.,Ghabbour, N., & Toner, Brenda. (2002). Gender-role conflict and suicidal behaviour in adolescent Girls. *The Canadian Journal of Psychiatry*, *47* (5), 473-476.

Platt, J. (1996). *A history of sociological research methods in America 1920-1960*, Cambridge: Cambridge University Press.

Platt, S. (1984). Unemployment and Suicide Behavior. *Social Science and Medicine* 149:401- 405.

Platt, S. (1988). Social Construction of Casual Ascription: Distinguishing Suicide from Undetermined Deaths. *Social Psychiatry*, *23*(4): 217- 221.

Platt, S. Bille- Brahe, U., Kerkhof, A., Schmidtke, A., Bjerke, T., Crepet, P., De Leo, D., Lonnqvist, J., Michel, K., Philippe, A., Pommereau, X., Querejeta, I., Salander-Renberg, E., Temesvary, B., Wasserman, D., & Sampaio Faria, J. (1992). Parasuicide in Europe: the WHO /EURO multicentre study on parasuicide. I. Introduction and preliminary analysis for 1989. *Acta psychiatrica Scandinavica*, 85 (2), 97-104.

Platt, S., Bille-Brahe, U., & Kerkhof, A. (1992). Parasuicide in Europe: the WHO EURO Multi- Centre Study on Parasuicide. I. Introduction and Preliminary Ayalysis for 1989. *Acta Psychiatrica Scandinavia*, *85*, 97-104.

Platt, S., Micciolo, R. & Tansella, M. (1992). Suicide and Unemployment in Italy. *Social Science & Medicine*, *34*, 1191-1201.

Pope, W. (1976). *Durkheim's Suicide: a classic analyzed.* Chicago: The University of Chicago Press.

Pritchard, C. (1992). Is there a link between suicide in young men and unemployment? A comparison of the UK with other European Community Countries. *British Journal of Psychiatry*, *160*, 750-756.

Pritchard, C. (1995). *Suicide- The Ultimate Rejection: A Psychosocial Study.* Buckingham: Open University Press.

Pritchard, C. (1996). Suicide in People's Republic of China categorised by age and gender: evidence of the influence of culture in suicide. *Acta Psychiatrica Scandinavica*, *93* (5), 362-367.

Psychiatric Dept. of VGHTPE. (2005). T*he clinical analysis of suicide attempt among young   people*. http://vghtpe.gov.tw/~psy/psyche.html

[accessed: 12 Dec 2008]

Punch, K. F. (2005). *Introduction to social research: Quantitative and qualitative approaches*. (2nd ed.). London: Sage.

Qin, P., Mortenson, P. B. (2001). Specific characteristics of suicide in China. *Acta Psychiatrica Scandinavica*, *103* (2), 117-121.

Rancans, E., Renberg, S. E., & Jacobsson, L. (2001). Major demographic, social and economic factors associated to suicide rates in Latvia 1980-98. *Acta Psychiatrica Scandinavica, 103*, 275-281.

Range, L. M., & Penton, S. R. (1994). Hope, hopelessness, and suicidality in college students. *Psychological Reports*, *75*, 456–458.

Rapoport, R. N. (Ed) (1985). *Children, youth, and families – The action-research relationship*. London: Cambridge University Press.

Reder, P., Luccey, C., & Fredman, G. (1991). The challenge of deliberate self-harm by young adolescents. *Journal of Adolescence*, *14*, 135-148.

Renvoize, J. (1993). *Innocence Destroyed. A Study of Child Sexual Abuse*. London: Routledge.

Renzetti, C. M. & Lee, R. M. (1993). *Researching sensitive topics*. London: Sage.

Rey, G. C., Narring, F., Ferron, C. et al. (1998). Suicide attempts among adolescents in Switzerland: Prevalence, associated factors and comorbidity. *Acta Psychiatrica, Scandinavica*, *98*, 28-33.

Reynolds, W. M. (1990). Development of a semi-structured clinical interview for suicidal behaviour in adolescents. *Psychological Assessment: A Journal of Conselting and Clinical Psychology*, *2*, 382- 390.

Rich, C., Sherman, M., & Fowler, R. (1990). San Diego suicide study: Adolescents. *Adolescence*, *25*, 855-865.

Rich, C., Warsradt, G., & Nemiroff, R. (1991). Suicide Stressors, and the life cycle. *American Journal of Psychiatry*, *4*, 524-527.

Rin, H., & Chen, T. (1983). Taiwan. In L. A. Headley (Ed.) *Suicide in Asia and The Near East.* London: University of California Press.

Ringel, E. (1979). The pre-suicidal syndrome and its relationship to dynamic psychiatry . *Dynamische Psychiatrie*, *12*(1), 1-14.

Rioch, S. (1994). *Suicidal Children and Adolescents: Crisis and Preventive Care.*

Durham: Celia Publications.

Roberts, R. E., & Chen, Y. W. (1995). Depression symptoms and suicidal ideation among Mexican-origin and Anglo adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *34*, 81-90.

Robson, C. (1999). *Real World research: a resource for social scientists and practitioner- researchers*. Oxford: Blackwell Publishers.

Rodham, K., Hawton, K., & Evans, E. (2004). Reasons for deliberate self-harm: comparison of self-poisoners and self-cutters in a community sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*, 80-87.

Ronald, L. B., & Alexander, R. R. (1987). Toward a predictive model of suicidal ideation and behaviour: some preliminary data in college students. *Suicide and Life-Threatening Behaviour*, *17* (1), 50-63.

Rotter, J. (1966). R*otter internal external control scale.* http://www.ballarat.edu.au/ard/bssh/psych/rot.htm.
[Accessed 20 Mar 2005]

Roy, A. (1983). Family history of suicide. *Archives of General Psychiatry*, *40*, 971-974.

Roy, A., Segal, N.L., Centerwall, B.S., & Robinette, C.D. (1991). Suicide in twins. *Archives of General Psychiatry*, *48*, 29-32.

Roy, A., Segal, N.L., & Sarchiapone, M. (1995). Attempted suicide among living co-twins of twin suicide victims. *American Journal of Psychiatry*, *152*, 1075-1076.

Roy, A., & Linnoila, M. (1988). Suicidal behaviour, impulsiveness and serotonin. *Acta Psychiatrica Scandinavica*, *78*, 529-535.

Rudd, M. D. (1989). The prevalence of suicidal ideation among college students. *Suicide and Life- Threatening Behaviour, 19* (2), 173-183.

Rudd, M. D., Joiner, T ., & Rajab, M. H. (2001) .*Treating suicidal behaviour: An effective, time limited approach*. New York: Guilford Press.

Rudd, M. D. (2000). The suicidal mode: A cognitive-behavioural mode of suicidality. *Suicide and Life-Threatening Behaviour*, *30*, 18-33.

Rueter, M. A., & Kwon, H. K. (2005). Developmental trends in adolescent suicidal ideation. *Journal of Research on Adolescence*, *15*(2), 205- 222.

Rushing, W. A. (1975). *Deviant behaviour and social process.* Chicago: Rand McNally.

Sacks, H. (1967). The Search for Help: No One to Turn To. In Schneidman, E. S. (Ed.) *Essays in Self Destruction*. New York: Science House.

Sainsbury, P. (1955). Suicide in London: an Ecological Study. In A. Giddens (Ed.) (1971) *The Sociology of Suicide: A Selection of Readings*. London: The Whitefriars Press.

Sanborn, C. (1990). Gender socialization and suicide. *Suicide and Life- Threatening Behaviour*, *20*, 148- 155.

Schawartz, S. H., Melech, G., Lehmann, A., Burgess, S., Harris, M. & Owens, V. (2001). Extending the cross-cultural validity of the theory of basic human values with a different method of measurement. *Journal of Cross- Cultural Psychology*, *32*, 519-542.

Scheier, M. F., & Carver, C. S. (1992). Effects of optimism on psychological and physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research*, 16, 201–228.

Schlegel, A. (2000). The global spread of adolescent culture. In L. Crockett, & R. K. Silbereisen (Eds.) *Negotiating Adolescents in Times of social change*. New York: Cambridge University Press.

Schmidtke, A., Bille Brahe, U., De Leo, D., Kerkhof, A., Bjerke, T., Crepet, P., Haring, C., Hawton, K., Lnnqvist, J., Michel, K., Pommereau, X., Querejeta, I., Phillipe, I., Salander Renberg, E., Temesvry, B., Wasserman, D., Fricke, S., Weinacker, B., Sampaio Faria, J.G. (1996) Attempted suicide in Europe: rates, trends and sociodemographic characteristics of suicide attempters during the period 1989- 1992. Results of the WHO/EURO Multicentre Study on Parasuicide. *Acta Psychiatrica Scandinavica*, *93*, 327-38.

Schneideman, E. S. (1985). *Definition of Suicide*. New York: Wiley Inter- Science.

Schotte, D.E., & Clum, G.A. (1982).Suicide ideation in a college population: A test of a model. *Journal of Consulting and Clinical Psychology*, *50*, 690–696.

Schotte, D.E., & Clum, G.A. (1987). Problem-solving skills in suicidal psychiatric patients. *Journal of Consulting and Clinical Psychology*, *55*, 49-54.

Schulsinger, F. (1972). Psychopathy: Heredity and Environment. *International Journal of Mental Health*, 1, 190-206.

Schulsinger, F., Kethy, S., Rosenthal, D., & Wender, P. (1979). A family study of suicide. In M. Schou & E. Stromgren (Eds.), *Origin, Prevention and Treatment of Affective disorders*. London: Academic Press.

Se'guin, M., Lynch, J., Labelle, R., & Gagnon, A. (2004). Personal and family risk factors for adolescent suicidal ideation and attempts. *Archives of Suicide Research*, *8*, 227- 238.

Shaffer, D., Goild, M., Fisher, P., Trautman, P., Moreau, D, Kleinman, M., & Flory,M.（1996）. Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, *53* (4), 339-348.

Shaffi, M., Carigan, S., Whittinghill, J., & Derrick, A.（1985）. Psychological autopsy of completed suicide in children and adolescents. *American Journal of Psychiatry*, *142*, 1061-1064.

Sheeber, L. B., Davis, B., Leve, C., Hops, H., Tildesley, E. (2007). Adolescents' relationships with their mothers and fathers: Associations with depressive disorder and subdiagnostic symptomatology. *Journal Abnormal Psychology*, *116* (1), 144-54.

Shek, D. (1996). Mental health of Chinese adolescents: A critical review. In S. Lau

(Ed.), *Growing up the Chinese way* (pp. 169- 199). The Chinese University Press, Hong Kong.

Shek,D. (2002). Family functioning and and psychological well being, school adjustment, and problem behaviour in Chinese adolescents with and without economic disadvantage. *Journal of Genetic Psychology*, 163, 497-520.

Shih, S. H. (2008). The favourit universities of 1000 company. *Cheers*. http://www.cheers.com.tw/doc/page.jspx?id=40288ae41954efb501195a72626b 30d0   [Accessed: 24 Jun 2009].

Silverman, D. (2005). *Doing qualitative research*: a practical handbook. London: Sage.

Simpson, M., & Conklin, G. (1989). Socioeconomic development, suicide and religion: A test of Durkheim's theory of religion and suicide. *Social Force*, *67*, 945-964.

Sims, M. (1974). Sex and age differences in suicide ratein Canadian province. *Suicide and Life-Threatening Behaviour*, *4*, 139-159.

Skegg, K. (2005). Self-harm. *The Lancet*, 22, 1471- 1483.

Smith, J. K. (1983). Quantitative versus qualitative research: An attempt to clarify the issue. *Educational Researcher*, 12, 6-13.

Snyder, B. J. (1977). A note on the importance of cultural factores in suicide studies. *Suicide and Life-Threatening Behaviour*, *7*, 230-235.

Somekh, B., &. Lewin, C. (2005). *Research methods in the social sciences*. London: Sage.

Song, W. Z. (1985). A preliminary study of the character traits of the Chinese. In: Tseng W. S., & Wu, DYH. (Eds.) C*hinese Culture and Mental Health.* Orland: Academic.

Sourander, A., Helstela, L., Haavisto, A., & Bergroth, L. (2001). Suicidal thoughts and attempts among adolescents: a longitudinal 8- year follow-up study. *Journal of Affective Disorders*, *63*, 59- 66.

Sourander, A., Helstela, L., Haavisto, A., & Bergroth, L. (2001). Suicidal thoughts and attempts among adolescents: a longitudinal 8- year follow-up study. *Journal of Affective Disorders*, *63*, 59-66.

Spandler, H. (1996). *Who's Hurting Who? Young people, self harm and suicide*. Manchester: 42nd Street.

Spiroto, A., Valeri, S., Boergers, J., & Donaldson, D. (2003). Predictors of continued suicidal behaviorin in adolescent following a suicide attempt. *Journal of Clinical Child and Adolescent Psychology*, *32*, 284-289.

Stack, S. (1978). Suicide : A comparative analysis. *Social Force*, *57*, 644-653.

Stack, S. (1979). *Suicide in Detroit*. Paper presented at the meeting of Michigan Sociological Association. October 1979. Detroit.

Stack, S. (1980). The effects of marital dissolution on suicide. J*ournal of Marriage and Family*, *42*, 83-92.

Stack, S. (1982). Suicide in Detroit: changes and continuities. *Suicide and Life threatening Behaviour*, *12*, 67- 83.

Stack, S. (1982b). Suicide: A decade review of the sociological literature. *Deviant Behaviour: An Interdisciplinary Journal*, *4*, 41-62.

Stack, S. (1983). The effect of the decline in institutionalized religion on suicide 1954-1978. *Journal for Scientific Study of Religion*, *22*, 239-252.

Stack, S. (1988). Suicide : Media impacts in War and peace. *Suicide and Life-Threatening Behaviour*, *18*, 342- 357.

Stack, S. (1990). New micro level data on the impact of divorce on suicide. *Journal of Marriage and the Family*, *52*, 119- 127.

Stack, S. (1991). Social correlates of suicide by age: Media impacts. In A. Leenaars, ed. *Life span perspectives on suicide.* New York: Plenum Press.

Stack, S. (1996). Suicide risk among dentists. *Deviant Behaviour*, *1*, 107- 117.

Steinhausen, H. C., & Metzke, C. W. (2000). Adolescent Self-Rated Depressive Symptoms in a Swiss Epidemiological Study. *Journal of Youth and Adolescence*, *29* (4), 427-440.

Stephens, B. J. (1985). Suicidal Women and Their Relationships With Husbands, Boyfriends, and Lovers. *Suicide and Life Threatening Behaviour*, *15*, 77-90.

Stevenson, H. W., Lee, S. Y., & Stigler, J. W. (1986). Mathematics Achievement of Chinese, Japanese and American Children. *Science*, *231*, 693-699.

Stewart, S. M., Betson, C., Lam, T. H., Chung, S. F., Ho, H. H.,& Chung, T. F. C. (1999). The correlates of depressed mood in adolescents in Hong Kong. *Journal of Adolescent Health*, *25*, 27-34.

Stewart, S. M., Lam, T. H., Betson, C., & Chung, S. F. (1999). Suicide ideation and its relationship to depressed mood in a community sample of adolescents in Hong Kong. *Suicide and Life-Threatening Behaviour*, *29*, 227-240.

Stillion, J. (1984). Perspectives on the sex differential in death. *Death Studies*, *8* (4), 237-256.

Stravynski, A., & Boyer, R. (2001). Loneliness in relation to suicide ideation and parasuicide: a population-wide study. *Suicide and Life-Threatening Behaviour, 31* (1), 32- 40.

Sue, S. & Okazaki, S. (1990). Asian- American educational achievements: a phenomenon in search of an explanation. *American Psychology*, *45*, 913- 920.

Swanson, J. W., Linskey, A. O., Quintero Salinas, R., Pumariega, A. J., & Waller, J. L. (1992). A binational school survey of depression symptoms, drug use, and suicidal ideation. *Journal of the American Academy of Child and Adolescent Psychiatry*, *31*, 669- 678.

Lee, S.H., Yen, L.L., Chen, L.T. (2004). Children's behavioural problems, inter-parental conflict, and maternal psychological distress. J*ournal of Medical sciences*, *24*(4), 185-190.

Tajfel, H. (1978). *Differentiation between Groups: Studies in the Social Psychology of Inter-group Relationships.* London: Academic Press.

Tajfel, H., & Turner, J. C. (1985). The social identity theory of intergroup behavior. In S. Worchel & W. G. Austin, eds. *Psychology of intergroup relations* (2nd ed.). Chicago: Nelson Hall.

Talyor, P. (2003). Age, labour market conditions and malesuicide rates in selected countries. *Ageing & Society*, *23*, 25-40.

Tashakkori, A., &. Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. London: Sage.

Tatai, K. (1983). Japan. In L. A. Headley (Eds.) *Suicide in Asia and The Near East.* London: University of California Press.

Taylar, S. D. (1982). *Durkheim and The study of suicide.* New York: St. Martin's press.

Titelman, D., Nilsson, A., Estari, J., & Wasserman, D. (2004). Depression, anxiety, and psychological defence in attempted suicide: a pilot study using PORT. *Archives of Suicide Research*, *8*, 239-249.

Toero, K., Nagy, A., Sawaguchi, T., Sawaguchi, A., & Sotonyi, P. (2001). Characteristics of suicide among children and adolescents in Budapest. *Paediatrics International*, *43*, 368- 371.

Toolan, J. M.(1975). Suicide in children and adolescents. *American Journal of Psychotherapy*, *29*, 339-344.

Travis, R. (1990). Suicide in cross-cultural perspective. *International Journal of Comparative Sociology*, *31*, 237- 248.

Triandis, H. C. (1987). Collectivism vs. individualism: A reconceptualization of a basic concept in cross- cultural psychology. In C. Bagley, & G. K. Verma (Eds.), *Personality, Cognition, and Values: Cross- Cultural Perspectives on Childhood and Adolescence.* London: Macmillan.

Triandis, H. C. (1995). *Collectivism vs. individualism.* Oxford: Westview Press.

Trovato, F., & Jarvis, F. (1986). Immigrant suicide in Canada: 1971 and 1981. *Sociological Forces*, *65*, 433- 457.

Trovato, F., & Vos, R. (1986). Married female labour force participation and suicide in Canada: 1971 and 1981. *Sociological Forum*, *7*, 661- 677.

Tsai, S. Y. (2004). *Analyses of Taiwan's economic development*. Taipei: New Wun Ching Developmental Publishing.

Tsai, Y. J. (1985). *Durkheim's Theory of Suicide: a methodological research*. *Master Thesis* in Sociology. Taichung: Taughai University.

Tseng, C. Y. (2001). *The differences between China and Taiwan*. Conference Paper. Prospect of Taiwan- China relationship. Taipei: National University of Taiwan.

Tu, S. H. & Chang, Y. H. (2000). *Women's and Men's Gender Role Attitudes in Coastal China and Taiwan.* In Yonsei University, East Asian Labor Markets Conference. , 24, February, 2000, Seoul, Republic of Korea.

Turner, G. (1999). Peer support and young people's health. *Journal of Adolescence*, *22*, 567-572.

Valois, R., Zullig, K., Huebner, E. S., & Drane, J. W. (2004). Life satisfaction and suicide among high school adolescent. *Social Indicators Research*, *66*, 81- 105.

Varty, J. (2000). Suicide, Statistics and sociology: assessing Douglas' critique of Durkheim. In W.S.F. Pickering & G. Walford. (Eds.) *Durkheim's Suicide: A century of research and debate.* London: Rutledge.

Voydanoff, p. & Donnelly, B. W. (1988). Economic distress, family coping and quality of family life. In Voydanoff and L. C. Majka, ed. *Family and economic distress: coping strategies and social policy*. CA: Sage.

Voydanoff, P. (1984). Economic distress and families: policy issues. *Journal of Family Issues*, *5*, 273-288.

Voydanoff, P. (1990). Economic distress and family relations: a review of the eighties. *Journal of Marriage and the Family*, *52* (4), 1099- 1115.

Wagner, B. M., Cole, R. E., & Schwartzman, P. (1995). Psychosocial correlates of suicide attempts among junior and senior high school youth. S*uicide Life Threat Behaviour*, *25*(3), 358-72.

Wagner, B. M., Silverman, M. A. C., & Martin, C. E. (2003). Family factors in youth suicidal behaviours. *American Behavioural Scientist*, *46*(9), 1171- 1191.

Waldron, I. & Eyer, J. (1975). Socioeconomic causes of recent rise in death rates for 15-24 year olds. *Social Science & Medicine*, *9*, 383-396.

Walsh, B. & Rosen, P. M. (1988). *Self-mutilation: Theory, research and treatment*. New York: Guilford.

Wasserman, I. (1984). Imitation and suicide: A re-examination of weather effect. *American Sociological Review*, *49*, 427- 436.

Wasserman, I. (1989). The effect of war and alcohol consumption patterns on suicide: United States, 1910-1933. *Social Forces*, *68*, 513- 530.

Webb, E. j., Campbell, D. T., Schwartz, R. D. & Sechrest, L. (1966). *Unobtrusive measures: non-reactive measures in the social science*. Chicago: Rand McNall.

Weissman, M., Fox, K., & Klerman, G. L. (1973). Hostility and Depression Associated with Suicide Attempts. *American Journal of Psychiatry*, *130*, 450- 59

Weissman, M.M., Bland, R.C., Canino, G.J., Greenwald, S., Hwu, H.G., Joyce, P.R., Karam, E.G., Lee, C.K., Lellouch, J., Lepine, J.P., Newman, S.C., Rubio-Stipec, M., Wells, J.E., Wickramratne, P.J., Wittchen, H.U., & Yeh, E.K. (1999). Prevalence of suicide ideation and suicide attempts in nine countries. *Psychological Medicine*, *29*, 9- 17.

Wender, P. H., Kety, S. S., Rosenthal, D., Schulsinger, F., Ortmann, J., & Lunde, I (1986). Psychiatric Disoders in the Biological and Adoptive Families of Adopted Individuals with Affective Disorders. *Archives of General Psychiatry*, *43*, 923-29.

West, P., & Sweeting, H. (2003). Fifteen, Female and Stressed: Changing Patterns of

Psychological Distress over Time. *Journal of Child Psychology and Psychiatry*, *44*(3), 399-411.

Wetzler, S., Asnis, G.M., Bernstein Hyman, R. et al. (1996). Characteristics of suicidality among adolescents. *Suicide and Life-Threatening Behaviour*, 26, 37-45.

White, G., Murdock, R., Richardson, G., Ellis, G. & Schmidt, L. (1990). Development of a tool to assess suicide risk factors in urban adolescents. *Adolescence*, *25*, 655-666.

Wiburn, V. & Smith, D.E. (2005). Stress, self-esteem, and suicidal ideation in late adolescents. *Adolescence*, *40*(157), 33- 45.

Wichstrom, L. & Rossow, I. (2002). Explaining the gender difference in self-reported suicide attempts: a nationally representative study of Norwegian adolescent. *Suicide and Life-Threatening Behaviour*, *32*(2), 101- 116.

Wichstrom, L. (2000). Predictors of Adolescent Suicide Attempts: A Nationally Representative Longitudinal Study of Norwegian Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, *39*(5), 603-610.

Wilburn, V. R., & Smith, D. E. (2005). Stress, self-esteem, suicidal ideation in late adolescents. *Adolescence*, *40* (157), 33- 45.

Williams, R., & Morgan, H. G. (2003). *Suicide Prevention.* London: HMSO.

Wilson, M. (1981). Suicidal behaviour: toward an explanation of differences in female and male rates. *Suicide and Life- Threatening Behaviour*, *11*, 131-140.

Winokur, G., Coryell, W., & Maser, J. D. (1994). Recurrently Situational (reactive) Depression. A Study of Course, Phenomenology and Familial Psychopathology. *Journal of Affective Disorders*, *31*(3), 203- 210.

Wong, J. H. (2007). *The analysis of factors of internet addiction.* http://www.heart.net.tw/epaper/211-1.htm
[Accessed: 23 Aug 2008]

Wong, J. P. S., Stewart, S. M., Ho, S.Y., Rao, U., & Lam, T.H. (2005). Exposure to suicide and suicidal behaviours among Hong Kong adolescents. *Social Science & Medicine*, *61*, 591–599.

Wong, S. C. (2005). Youth suicide and prevention. *Counseling & Guidance*, *232*, 25-28.

Wong, W. S. (2003). Attitudes toward life and death among Chinese adolescents: The Chinese version of the multi-attitude suicide tendency scale. *Death Studies*, *28*, 91-110.

Wong, Y. D. (2007). *The analysis of the divorce rate in Taiwan.* http://www.npf.org.tw/post/1/2551
[Accessed: 4th Aug 2009]

World Health Organization (1999) *Figures and facts about suicide.* http://www.who.int/entity/.../382.pdf
[Accessed: 2nd Oct 2004]

World Health Organization (2008). *Country reports and charts.* http://www.who.int/mental_health/media/chin.pdf
[Accessed: 15 Oct 2008]

World Health Organization. (2002). *Gender and women's mental health.* http://www.who.int/../genderwomen/en/
[Accessed: 17 Oct 2008]

Wright L. S. (1985). Suicide thoughts and their relationship to family stress and personal problems among high school seniors and college undergraduates. *Adolescence*, *20* (79), 575-80.

Wu Nan Press, Tai- Chung. Eggert, L., Thompson, E., Herting, J. (1994). Ameasure of adolescent potential for suicide(MAPS): development and preliminary findings. *Suicide and Life- Threatening Behaviour,* 24, 359-381.

Wu, D. Y. H., & Tseng, W.-S. (1985). Introduction: The Characteristics of Chinese Culture. In Tseng, W.-S., & Wu, D. Y.-H. (Eds.) *Chinese Culture and Mental Health*. Orland: Academic Press.

Wu, M. L. (2005). Applied statistics and practice. *Questionnaire Analysis and Applied Statistics Series*. (2nd ed.). Taipei: Acore Plc.

Wu, W. D. (2005). Analysis of educational reform in Taiwan. *Journal of Contemporary Educational Research*, *13* (1), 38-68.

Wu, Y. C., & Kao, M. Y.(1998). The transformation of parenting style. In L. Chang, & C. Wang (eds) *Taiwan Society in '90s: Investigation of Social Change II.* Taipei: Academia Sinica.

Wu, Z. Z. (1988). Suicide prevention and crisis coping. In M. Xiao (Ed.) *All Aspects of Suicide*. Taiwan: International Lifeline Association.

Xiao, H. M. (1988). The exploration of suicide. In M. Xiao (Ed.) *All Aspects of Suicide*. Taiwan: International Lifeline association.

Xu, H. L., Xiao, S. Y., Feng, S. S., Liu, C.H., Ping, H., & Chih, H.T. (2004). Risk factors for suicide attempt among college students at Central South University. *Chinese Journal of Epidemology*, *25*, 288-291.

Xu, J., & Zeng, W. S.(1999). *Modern Psychiatry*. Taipei: Shui-Niu Press.

Yang, C. (2007). Social class differences in parent educational expectations: the relationship between parents' social status and their expectations for children's education. *Frontiers of Education in China*, *2*(4), 568-578.

Yang, G. S. (1999). Dealing with Suicidal Crisis Cases. In Lifeline (Ed.) *Suicidal Prevention Manual*. Taipei: Lifeline.

Yang, Y. N. (translator) (2006). *Analects II*. Taipei: Wenchen.

Yeh, K.H., & Bedford, O. (2003). A test of dual filial piety model. *Asian Journal of Social Psychology*, *6*, 215- 228.

Yen, S., Shea, M.T., Sanislow, C.A., Grilo, C.M., Skodol, A.E., Gunderson, J.G., McGlashan, T.H., Zanarini, M.C., & Morey, L.C. (2004). Borderline personality

disorder criteria associated with prospectively observed suicidal behaviour. *American Journal of Psychiatry*, *16* (7), 1296-1298.

Youth Right Organization. (2008). *Youth high suicide rate and high academic pressure.* http://www.youthrights.org.tw/news.php?id=1191 [Accessed: 20 May 2009]

Yu, S.H., Chen, Y.Y., Chiu, Y.F., Chen, C.C., Chiu, C.H., Kuo, C.J., Chang, H., & Sung, Y.J. (2007). Socioeconomic factors and suicide mortality trends in Taipei City between 1991 and 2004. *Journal of Taiwan Public Health*, *26* (1), 66- 74.

Zeng, L. Z. (1996). *The Confucianism of Moral Education in Taiwan and Hong Kong.* http://www.fed.cuhk.edu.hk/ceric/cumphil/96lctsang/conclusion.htm [Accessed: 23rd Oct 2004]

Zhang, J., & Jin, S. (1996). Determinants of suicide ideation: A comparison of Chinese and American college students. *Adolescence*, *31* (12), 451- 467.

Zhang, J., & Jin, S. (1998). Interpersonal relations and suicide ideation in China. *Genetic, Social, and General Psychology Monographs*, 124 (1), 79-94.

Zhang, Q. (1994). An intervention model of constructive conflict resolution and comparative learning. *Journal of Social Issue*, *50* (1), 99-116.

Zhou, Y. C. (2001). *Family Social Work: Theory and Method.* Wu-Nan Press, Tai-chun.

Zila, L. M., & Kiselica, M. S. (2001). Understanding and counseling self-mutilation in female adolescents and young adults. *Journal of Counselling & Development*, *79*, 46-53.

Zuckerman, M., Kieffer, S. C., & Knee, C. R. (1998). Consequences of self-handicapping: effects on coping, academic performance, and adjustment. *Journal of Personality and Social Psychology*, *74*, 1619-1628.

LIST OF APPENDICES

Appendix 1: Research questionnaire (English version)

Dear Participants,

This survey consists of several pages. Please read the instructions carefully and give your answers in the appropriate space provided. There is no right or wrong answer, so please answer the questions following your true feeling and condition. Should you have any queries or require further clarification, please do not hesitate to contact the researchers.

We appreciate your every feeling and experience, so please answer every question. Thank you very much for your co-operation.

The following is the examples of answering questions. In most of questions you answer by circling number or letter. Sometimes you answer by ticking the box provide or filling in the blank.

For example:

1. My sex   a. Female   b. Male

2. How many brothers and sisters do you have?

   __0__ Older brothers   __2__ Older sisters   __1__ Younger brothers   __0__ Younger sisters

3. Educational levels of your parents:

   Father Mother

   ☑   ☐   a. No Education

   ☐   ☐   b. Primary school

   ☐   ☑   c. Junior high school

4. What kind of activities do you actually participate?

   Number 1 to 5 present a frequency, please circle the number which suite you by every items.

	(1=Never)			(5=Very Often)
4- 1. Gardening ……………………………………..	①	2	3	4	5
4- 2. Crafts/DIY ……………………………………..	1	2	③	4	5
4- 3. Watching TV …………………………………...	1	2	3	④	5

Ph.D. student   Ms. ILing Lee
Department of Sociology, University of Glasgow, UK
Email: sociological@gmal.com

Section 1. Personal information

1. My sex   a. Female   b. Male

2. My age _____

3. Religion

   a. Buddhism   b. Taoism   c. Christian   d. None   e. Others_____(pls specify)

4. How many brothers and sisters do you have?

   ____Older brothers ____Older sisters ____Younger brothers ____Younger sisters

5. Who lives in the same household as you? (You may choose more than one item)

   a. Father   b. Mother   c. Step-father   d. Step- mother   e. Brother/Sister   f. Step-brother/Step-sister

   g. Grandfather   h. Grandmother   i. Adopted father   j. Adopted mother

   k. alone (reason _____) l. Others _____ (pls specify)

6. Educational levels of your parents:

Father   Mother

Father	Mother	
☐	☐	a. No Education
☐	☐	b. Primary school
☐	☐	c. Junior high school
☐	☐	d. Senior high/ vocational school
☐	☐	e. University/College
☐	☐	f. Postgraduates (Master, PhD)
☐	☐	h. Don't know/ Not applicable

7. What are occupations of your parents?

   Father _____   Mother_____

8. What sort of firm or organization is (was) it? (e.g. shoe shop, electronics factory, private house, etc.)
   Father _____   Mother_____

9. What's your parents' marital status?

   a. Married   b. divorced   c. separate   d. widow/ widower   e. other_____

10. How many times did your father change jobs last year?

   a. None   b. One   c. Two   d. Three   e. More than three   f. Don't know

11. How many times did your mother change jobs last year?

   a. None   b. One   c. Two   d. Three   e. More than three   f. Don't know

12. How many cars does your family have?

   a. None   b. One   c. Two   d. Three   e. More than three

13. How many houses does your family have?

   a. None   b. One   c. Two   d. Three   e. More than three

14. What type of house do you live in?

    a. Rented house   b. Self-own house

15. Your last year's school average is

    a. Below 59.99 (D⁻) b. 60- 69.99 (D) c. 70- 79.99 (C) d. 80-89.99 (B) e. 90 or above (A)

16. How do you think your school performance?

    a. Very poor b. Poor c. Average d. Good e. Very good

17. Looking ahead, what would you like to do most about school?

    a. Quit school as soon as possible b. Finish junior school c. Finish high school

    d. Finish college e. Pursue a graduate degree f. Finish school and find a job

    g. Non above_____ (pls specify)

18. What would you like to do most in the ten years time?

    a. I would like to get qualification of some sort b. Having a career or profession c. Starting a

    family d. I would like to have a full- time job for most of my adult life e. I 'll just wait and see

    where I end up f. Others _____

19. Following the last question, what do you think the biggest obstacle it?

    a. Money b. Intelligence c. Problem solving ability d. Fierce competition e. Having no clear

    idea of what I want to do f. I have to raise my family g. Others_____

20. Have you ever been bullied in the school?

    a. No b. Rarely c. Sometimes d. Often e. Very Often

21-1. How many hours per week do you spend on studying or doing homework after school?(week days)

    a. Less than 1 b. 1-3 c. 3-5 d. 5 or more

21-2. How many hours per week do you spend on studying or doing homework at weekends?

    a. Less than 2 b. 2-5 c. 5-7 d. 7 or more

22. You are interested in your school work…

    a. Most of the time b. Some of the time c. Hardly ever

23. What kind of activities do you actually participate?

	(1=Never)				(5=Always)
23- 1. Watching TV………………………………………	1	2	3	4	5
23- 2. Listening to radio/music…………………………	1	2	3	4	5
23- 3. Reading……………………………………………	1	2	3	4	5
23- 4. Gardening … ………………………………………	1	2	3	4	5
23- 5. Crafts/DIY…………………………………………	1	2	3	4	5
23- 6. Cooking for pleasure ……………………………	1	2	3	4	5
23- 7. Collecting things ………………………………...	1	2	3	4	5
23- 8. Looking after pets ………………………………	1	2	3	4	5
23- 9. Indoor activities (e.g., KTV, movie, museum etc.)	1	2	3	4	5
23-10. Eating out ………………………………………	1	2	3	4	5
23-11. Shopping with friends …………………………...	1	2	3	4	5
23-12. Volunteer work …………………………………	1	2	3	4	5
23-13. Going out to pubs ………………………………	1	2	3	4	5
23-14. Sport activities …………………………………	1	2	3	4	5
23-15. Religious activities ……………………………...	1	2	3	4	5
23-16. Visiting family/friends…………………………	1	2	3	4	5

24. Do you use the Internet on a regular basis?

   a. Yes   b. No ⟶   if no, go to Q.27

25. How many hours per day do you spend on the Internet at present?

   a. Less than 1   b. 1-2   c. 3-4   d. More than 4

26. What's the purpose of the most of your Internet use?

   a. School related   b. Individual interest   c. Social interaction with established friends

   d. Meet new people   e. Expressing personal emotion to get release or seek support.

   f. on line game   g. Others_____(pls specify)

27. Say if you would bet a pound to have a 50/50 chance of getting 2 pounds?

   a. Yes   b. Maybe   c. No

28. Do you get invitations to go out and do things with friends?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

29. Do you have a friend to turn to when you are upset, worried, frustrated or met a problem?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

30. Can you easily find a group when doing group activities?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

31. Do you think your friends appreciate you when you are with them?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

32. Do you often contact your friends by text or phone?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

33. Do you often visit your friends?

   a. No   b. Rarely   c. Sometimes   d. Often   e. Always

34. How are you satisfied with your family life?
   a. Very poor   b. Poor   c. Average   d. Good   e. Very good

35. How often do your parents express their expectation to you?

   a. No   b. Rarely   c. Sometimes   d. Always   e. Not applicable

36. How do you feel when they express their expectation to you?

   a. Annoyed   b. Stressful   c. Responsible   d. Don't care   e. Not applicable   f. Others_____

37. Are families at your home with the illness or in the situation below?

   a. Stress   b. Depression   c. Psychosis   d. Conflict   e. Serious argument   f. Drug abuse   g. Alcoholism   h. Others_____ (pls specify)

38. As a student, your parents want you to be……

   a. One of the best   b. Above the middle   c. In the middle   d. Good enough to get by
   e. No particular expectation

39. Recently, is there anything important which affects your mood and life?
   _____(pls specify)

Section 2.

The following questions are to understand your interrelationships, health belief and behavior, and social values. Number1 to 5 stands for the degree of agreement and disagreement. Please circle one number or letter which suite your opinion every question.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. My family often gets together with relatives by going out together or visiting each other.	1	2	3	4	5
2. We have family activities every week.	1	2	3	4	5
3. In my family, we often discuss and decide things together, and help each other when confronted with problems.	1	2	3	4	5
4. My family cares about everything that happens in my life.	1	2	3	4	5
5. My family always quarrels with each other.	1	2	3	4	5
6. I have a good interaction with my family.	1	2	3	4	5
7. We rarely express our care or love for others in the family.	1	2	3	4	5
8. We should obey elders.	1	2	3	4	5
9. Keeping everything in harmony in a group is important.	1	2	3	4	5
10. Being a member of a group is important.	1	2	3	4	5
11. It is important to honour one's family.	1	2	3	4	5
12. It is my responsibility to honour my family.	1	2	3	4	5
13. Winning is everything.	1	2	3	4	5
14. Competition is the law of nature.	1	2	3	4	5
15. I am free to plan and choose my activities and career myself.	1	2	3	4	5
16. I do things in my own way.	1	2	3	4	5
17. Doing a job better than others is important.	1	2	3	4	5
18. It is important to show people that one can control his/her own life.	1	2	3	4	5

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
19. The current economic situation looks good.	1	2	3	4	5
20. The economic situation will become better in the near future.	1	2	3	4	5
21.It has become more and more difficult to make a living in today's society.	1	2	3	4	5
22. The economy is so depressed that there are fewer and fewer job opportunities.	1	2	3	4	5
23. Many people around me can not find a job.	1	2	3	4	5
24. I worry that it will be difficult to find a job when I leave school.	1	2	3	4	5
25. It has become more and more difficult to find a job because there are too many people with higher education and so competition has become fierce.	1	2	3	4	5
26. I have to get a higher degree in order to secure a job in the future.	1	2	3	4	5
27.Tension about then Taiwan Strait has intensified recently.	1	2	3	4	5
28. I worry a lot about our national security.	1	2	3	4	5
29. I feel that the society has lost its order.	1	2	3	4	5
30. I feel insecure in today's society.	1	2	3	4	5
31.Considering the economy, politics, education, and social security, if I had the choice I would not live in Taiwan.	1	2	3	4	5
32. Even though things may be tough at times, I think life is still worth living.	1	2	3	4	5
33. I believe that death can bring great relief to suffering.	1	2	3	4	5
34. Death is actually eternal life.	1	2	3	4	5
35. Death can change things for the better.	1	2	3	4	5
36. I fear death because it means that I will not be able to experience and think anymore.	1	2	3	4	5
37. I fear death because all my plans will come to an end.	1	2	3	4	5
38. I think people who commit suicide are weak and selfish.	1	2	3	4	5

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
39. I consider that suicide is morally wrong.	1	2	3	4	5
40. I will accomplish my plans and goals in the future.	1	2	3	4	5
41. I am satisfied with myself.	1	2	3	4	5
42. My future looks quite hopeful and promising.	1	2	3	4	5
43. I enjoy many things in life.	1	2	3	4	5
44. I am very hopeful.	1	2	3	4	5
45. Life is one long and difficult struggle.	1	2	3	4	5
46. I have little control over things that happen to me.	1	2	3	4	5
47. There is really no way I can solve some of the problems I have.	1	2	3	4	5
48. I often feel helpless in dealing with the problems of life.	1	2	3	4	5
49. Sometimes I feel that I am being pushed around in life.	1	2	3	4	5
50. What happens to me in the future mostly depends upon me.	1	2	3	4	5

51. Have you every thought about suicide or seriously harm yourself?

    a. Never

    b. It just a brief passing thought

    c. I have had a plan at least once to commit suicide

    d. I have made seriously harm to myself, but did not want to die.

    e.   I have made seriously harm to myself, and really hoped to die.

52. How often have you thought about committing suicide in the past year?

    a. Never   b. Sometimes (1-2 times)   c. Often (3-4 times) d. Very often (5 times or more)

53. Have you ever deliberately harm yourself in the past year?

    a. Never   b. Sometimes (1-2 times)   c. Often (3-4 times) d. Very often (5 times or more)

54. In general，what in your life you think most need to be improved?

_____(Please specify)

	Better than Usual	Same as Usual	Less than Usual	Much than Usual

In the past few months, have you….

	Better than Usual	Same as Usual	Less than Usual	Much than Usual
1. been able to concentrate on what you're doing?	1	2	3	4
2. lost much sleep over worry?	1	2	3	4
3. felt that you are playing a useful part in things?	1	2	3	4
4. felt capable of making decisions about things?	1	2	3	4
5. felt constantly under strain?	1	2	3	4
6. felt you couldn't overcome your difficulties?	1	2	3	4
7. been able to enjoy your normal day to day activities?	1	2	3	4
8. been able to face up to your problems?	1	2	3	4
9. been feeling unhappy or depressed?	1	2	3	4
10. been losing confidence in yourself?	1	2	3	4
11. been thinking of yourself as a worthless person?	1	2	3	4
12 been feeling reasonably happy, all things considered?	1	2	3	4

Thank you very much for your participation and valuable opinions.

(END)

問 卷 介 紹

親愛的同學，

　　首先謝謝您參與此研究！本研究的主題是關於社會整合與青少年健康。研究計畫的目的是要了解影響青少年健康的因素，以及其影響方式；研究的結果希望能改善青少年政策，增進青少年整體之生活。本研究請您提供您的意見及生活經驗；您將會被問到關於家庭、健康、學業以及一些社會議題。您所填答的資訊，將會被保密且僅作為學術研究之用，研究結果亦不會包含您的名字或任何身分特徵。所以，請您放心填答！

　　如果您有任何問題，歡迎您與我連絡。

祝您：
　　身體健康、學業進步。

李宜玲　敬上

博士班研究生
英國格拉斯哥大學
社會科學院社會學系
Email: sociological@gmail.com

填寫日期: _____年_____月_____日

親愛的同學，

　　這份問卷有兩個部分，第一部分是基本資料，第二部分則是健康與社會整合的相關問題。請詳細閱讀說明之後再開始作答。 請記住，<u>這些問題的答案沒有對與錯，您只需依照您真實的生活狀況及經驗回答即可</u>。我們珍惜您的每一項經驗及感受，因此請您<u>務必回答每一個問題</u>。 謝謝您的合作！

　　填答問卷時，您會有下列四種回答方式，請於適當處**圈選字母或數字**、**勾選**或**填**上您的答案，例如：

例題一： 性別　　ⓐ. 女性　b. 男性

例題二： 請問您有幾個兄弟姊妹?

　0 哥哥　 **2** 姊姊　 **1** 弟弟　 **0** 妹妹

例題三： 請問您父母親的教育程度?

父親　　**母親**

☐　　　☐　　a. 未受教育

☐　　　☑　　b. 小學

☑　　　☐　　c. 國中

例題四：休閒時，請問您常做哪些活動?

　數字 1 至 5 代表不同頻率, 請於每一項活動中圈選一個適合您情況的答案。

	(1=從來沒有)				(5=常常)
4- 1. 看電視……………………………………………	1	2	3	④	5
4- 2. 聽音樂…… ……………………………………	1	2	③	4	5
4- 3. 園藝……… ……………………………………...	①	2	3	4	5

第一部分. 基本資料

1. 性別　a. 女性　b. 男性

2. 年齡 ＿＿＿＿＿＿＿歲

3. 您的宗教信仰是

　　a. 佛教　b. 道教　c. 基督教/天主教　d. 無信教　e. 其他＿＿＿＿＿＿＿＿＿＿＿(請說明)

4. 您有幾個兄弟姊妹?

　　＿＿＿哥哥　＿＿＿姊姊　＿＿＿弟弟　＿＿＿妹妹

5. 有哪些人跟你住在同一屋簷下? (可以複選)

　　a. 父親　b. 母親　c. 繼父　d. 繼母　e. 兄弟姊妹　f. 繼兄弟姊妹　g. 祖父　h. 祖母

　　i. 養父　　j. 養母　k. 獨居 (理由是 ＿＿＿＿＿＿＿＿＿＿) l. 其他＿＿＿＿＿＿＿＿＿＿(請說明)

6. 您父母親的教育程度?

父親	母親	
☐	☐	a. 未受教育
☐	☐	b. 小學
☐	☐	c. 國中
☐	☐	d. 高中/ 高職
☐	☐	e. 大專院校
☐	☐	f. 碩士/博士
☐	☐	h. 不知道/不適用

7. 您父母親的職業是什麼? (可參考以下資料)

　　父親 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　母親 ＿＿＿＿＿＿＿＿＿＿＿＿＿＿

技工、水電工、店員、小店主、零售商（員）、打字員、推銷員、自耕農、司機、裁縫、廚師、美容師、理髮師、郵差、士（兵）官、領班、監工

管理員、技術員、技佐、委任級公務員、科員、行員、出納員、護士、縣市議員、鄉鎮民代表、批發商、代理商、包商、尉級軍官、警察、消防隊員、船員、秘書、代書、服裝設計師、電影或電視演員、小型企業負責人

工廠工人、幫傭、特種行業工作者、服務生、小販、學徒、漁夫、佃農、清潔工、雜工、臨時工、工友、門房、建築物看管人員、家庭主婦、無業

中小學校長、中學教師、小學或幼稚園老師、法官、推事、律師、工程師、建築師、薦任公務員、直轄市議員、省議員、公司行號科長、作家、畫家、音樂家、經理、副理、襄理、協理、校級軍官、會計師、警官、中型企業負責人、新聞或電視記者

大專校長、大專教師、醫師、大法官、科學家、特任或簡任公務人員、立法委員、監察委員、考試委員、國大代表、董事長、總經理、將級軍官。

8. 您父母所工作的機構是屬於什麼樣的公司、工廠或自營商? (如: 鞋店、電子公司、私人醫院 等…)

父親 _____   母親 _____

9. 您父母親的婚姻狀況?
   a. 已婚   b. 未婚   c. 離婚   d.分居   e. 喪偶

10. 在過去一年裡，您父親換了多少次工作?
    a. 無   b. 1   c. 2   d. 3   e. 3次以上   f. 不知道

11. 在過去一年裡，您母親換了多少次工作?
    a. 無   b. 1   c. 2   d. 3   e. 3次以上   f. 不知道

12. 您家裡有幾部轎車/自用小客車?
    a. 無   b. 1   c. 2   d. 3   e. 3部以上   f. 不知道

13. 您家裡有幾棟房子?
    a. 無   b. 1   c. 2   d. 3   e. 3棟以上   f. 不知道

14. 請問您家的房子是?
    a. 租屋   b. 自己擁有   c. 其他_____

15. 請問您上學期的學期成績大約是?
    a. 低於 59.99   b. 60- 69.99   c. 70- 79.99   d. 80-89.99   e. 90 以上

16. 您認為您的學業表現如何?
    a. 不理想   b. 尚可   c. 中等   d. 不錯   e. 很優秀

17. 未來，您對於您的學業生涯有何打算?
    a. 盡快休學   b. 完成國中學業   c. 完成高中學業   d. 完成大學/專科   f. 完成碩士/博士
    g. 盡快完成現在的學業並開始工作   h. 以上皆非_____(請說明)

18. 在未來十年內，你最想完成，最想實現的事，是什麼呢?

    a. 取得專業證照資格   b. 結婚成家   c. 建立自己的事業   d. 找一份全職的工作求個溫飽

    e.隨遇而安(沒有具體計畫)   f. 其他_____(請說明)

19. 針對上一題，您覺得您最大的阻礙是什麼?
    a. 金錢   b. 智力   c. 做事的能力/問題解決能力   d. 環境因素/競爭激烈   e. 不清楚自己要
    的是什麼   f. 家裡需要我賺錢養家   g. 無   h.其他_____(請說明)

20. 最近一年內，您是否曾遭受校園暴力 (包括肢體及心理上的威脅)?
    a. 無   b. 很少 (1-2 次)   c. 有時候(3-4 次)   d. 時常(5 次)   e. 常常被欺負(5 次以上)

21-1. 在放學之後，您每天平均大約花多少小時讀書或寫作業(星期一至五)? (指現況)
     a. 少於 1 小時   b. 1-3   c. 3-5   d. 5 小時以上

21-2. 週末、日，您每天平均大約花多少小時於讀書或寫作業?
     a. 少於 2 小時   b. 2-5   c. 5-7   d. 7 小時以上

22. 您對於學校課業感興趣嗎?
    a.非常有興趣   b. 大部分感興趣   c. 沒有特殊感覺   d. 大部分不感興趣   e. 完全沒興趣

23. 休閒時，你常做哪些活動?

數字 1 至 5 代表不同頻率, 請於每一項活動中圈選一個適合您情況的答案.

	(1=從來沒有)				(5=常常)
23- 1. 看電視……………………………………………	1	2	3	4	5
23- 2. 聽音樂……………………………………………	1	2	3	4	5
23- 3. 閱讀…………………………………………………	1	2	3	4	5
23- 4. 園藝 ……………………………………………	1	2	3	4	5
23- 5. 手工藝/DIY……………………………………	1	2	3	4	5
23- 6. 做廚藝 ……………………………………………	1	2	3	4	5
23- 7. 收集東西……………………………………	1	2	3	4	5
23- 8. 照顧寵物……………………………………	1	2	3	4	5
23- 9. KTV/電影……………………………………	1	2	3	4	5
23-10. 聚餐 ……………………………………………	1	2	3	4	5
23-11. 和朋友逛街…………………………………	1	2	3	4	5
23-12. 義工活動……………………………………	1	2	3	4	5
23-13. 跳舞 ………………………………………	1	2	3	4	5
23-14. 運動 ………………………………………	1	2	3	4	5
23-15. 宗教活動(進香團、團契…等等)……………	1	2	3	4	5
23-16. 拜訪親戚朋友………………………………	1	2	3	4	5

24. 您使用網路嗎?

　　a. 是　　b. 否 ⟶ 請自第 27 題開始回答

25. 您目前每天平均花多少小時上網?

　　a. 少於 1 小時　　b. 1-2 小時　　c. 3-4 小時　　d. 4 小時以上

26. 您花大部分的時間使用網路於何項目?

　　a. 與學校課業有關　　b. 個人習慣(收發 email、 瀏覽網站 或閱讀新聞) c. 與認識的朋友聊天

　　d. 認識新朋友(交友)　　e. 線上遊戲　　f. 設立網站，發表言論或抒發個人情緒
　　g. 其他＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿(請說明)

27. 如果你有二分之一的機會可以用 100 元贏得 200 元，你會賭嗎?

　　a. 會　　b. 可能會　　c. 不會

28. 您常受邀與其他人一同出去或活動嗎?

　　a. 無　　b. 很少　　c. 有時候　　d. 時常　　e. 總是　　f. 我沒有朋友

29. 當你感到生氣、難過、挫折或遇到問題時，你會找朋友傾訴或幫忙嗎?

　　a. 不會　　b. 很少　　c. 有時候　　d. 時常　　e. 總是　　f. 我沒有朋友

30. 當要做分組活動時，您能很輕易地找到團體加入嗎?

　　a. 否　　b. 很少　　c. 有時候　　d. 時常　　e. 總是

31. 當你跟朋友在一起時，您覺得他們欣賞(喜歡)你嗎?

　　a. 否　　b. 很少　　c. 有時候　　d. 時常　　e. 總是

32. 您常以文字、簡訊、MSN 或電話聯絡朋友嗎?

　　a. 否　　b. 很少　　c. 有時候　　d. 時常　　e. 總是　　f. 我沒有朋友

33. 您常拜訪您的朋友嗎?

    a. 否　b. 很少　c. 有時候　d. 時常　e. 總是　f. 我沒有朋友

34. 您滿意您的家庭生活嗎?
    a. 非常差　b. 差　c. 中等　d. 好　e. 非常好

36. 父母及長輩常對您表達他們對你的期望嗎?

    a. 無　b. 很少　c. 有時候　d. 時常　e. 總是

37. 當父母及長輩表達對你的期望時,您的感受是?

    a. 感到厭煩　b. 感到壓力大　c. 感到有責任感,並努力達成　d.不在乎

38. 請問您家人中是否有人有下列疾病或傾向?

    a. 壓力大　b. 憂鬱　c. 精神疾病　d. 肢體衝突　e. 頻繁且很不愉快的爭吵　f. 藥物濫用
    g. 酗酒　h. 無　i. 其他＿＿＿＿＿＿＿＿＿＿＿＿(請說明)

39. 身為學生,您父母及長輩希望你在班上的表現是…

    a. 名列前矛　b.中等　c. 及格就好　d. 沒有特別的期望

40. 最近在生活中,有哪些事件嚴重影響到你的心情或生活? (請說明)
    ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

第二部分.

下列答案欄部分的數字 1 至 5 代表不同的認同程度或頻率,請在閱讀題目後,圈選一個最能代表您意見的數字或字母。

	非常同意	同意	無意見	不同意	非常不同意
1. 我的家人時常與親戚朋友相聚,像是一起外出或拜訪彼此。	1	2	3	4	5
2. 我們家幾乎每一個禮拜都有家庭活動。	1	2	3	4	5
3. 當家人遇到問題時,我們時常一起討論,互相幫忙。	1	2	3	4	5
4. 我的家人關心每一件發生在我身上的事情。	1	2	3	4	5

	非常同意	同意	無意見	不同意	非常不同意
5. 我的家人時常吵架。	1	2	3	4	5
6. 我與家人的關係良好。	1	2	3	4	5
7. 在家中,我們很少表達對彼此的關懷。	1	2	3	4	5
8. 我們要尊敬且聽從長者的話。	1	2	3	4	5
9. 維持團體中的和諧是很重要的。	1	2	3	4	5
10. 成為團體中的一份子是很重要的。	1	2	3	4	5
11. 光耀門楣是一件重要的事。	1	2	3	4	5
12. 光耀門楣是我的責任。	1	2	3	4	5
13. 勝利是最重要的。	1	2	3	4	5
14. 在這社會上,競爭是自然的法則。	1	2	3	4	5
15. 我可以自由地選擇自己喜歡的活動及生涯規劃。	1	2	3	4	5
16. 我喜歡依自己的方式來做事情。	1	2	3	4	5
17. 對我來說,工作做得比別人好是一件重要的事情。	1	2	3	4	5
18. 表現出自己能掌控自己的生活是重要的事。	1	2	3	4	5
19. 目前台灣的經濟狀況良好。	1	2	3	4	5
20. 台灣的經濟狀況在未來會好轉。	1	2	3	4	5
21. 在現今的社會中,謀生是越來越困難了。	1	2	3	4	5
22. 經濟不景氣,工作機會越來越少。	1	2	3	4	5
23. 在我身邊,有許多人都找不到工作。	1	2	3	4	5
24. 我擔心當我踏入社會後,很難找到工作。	1	2	3	4	5
25. 現在越來越難找到工作,因為受高等教育的人越來越多競爭越來越激烈。	1	2	3	4	5
26. 我必須取得高學歷,以便在未來能夠找到工作。	1	2	3	4	5
27. 這幾年來,兩岸政治情勢緊張。	1	2	3	4	5
28. 我擔心國家的安全。	1	2	3	4	5
29. 我覺得我們的社會已經失去秩序。	1	2	3	4	5

	非常同意	同意	無意見	不同意	非常不同意
30. 生活在現今的社會中，我感到不安全。	1	2	3	4	5
31. 考慮到政治、經濟、教育、社會安全等因素，如果我有其它的選擇，我不會留在台灣。	1	2	3	4	5
32. 即使生活中有時候會有困境，我認為繼續生活下去還是值得的。	1	2	3	4	5
33. 我相信死亡是痛苦的解脫。	1	2	3	4	5
34.死亡，事實上是永生。	1	2	3	4	5
35.死亡，能使事情變得更好	1	2	3	4	5
36. 我害怕死亡，因為死亡代表著我在也不能感覺及思考了。	1	2	3	4	5
37. 我害怕死亡，因為我所有的計畫將必須結束。	1	2	3	4	5
38. 我認為自殺是懦弱與自私的表現。	1	2	3	4	5
39. 我認為自殺是不道德的。	1	2	3	4	5
40. 在未來，我想完成我的計畫與目標。	1	2	3	4	5
41. 我對自己感到滿意。	1	2	3	4	5
42. 我的未來充滿希望。	1	2	3	4	5
43. 我享受生命。	1	2	3	4	5
44. 我懷抱著希望。	1	2	3	4	5
45. 生命是一個漫長、痛苦的掙扎。	1	2	3	4	5
46. 我幾乎無法控制發生在我身上的事情。	1	2	3	4	5
47. 我真的無法解決我所遭遇到的一些麻煩。	1	2	3	4	5
48. 我對處理生活中的問題，常常感到無助。	1	2	3	4	5
49. 有時候，我覺得生活受到威脅。	1	2	3	4	5
50. 我的未來會變得如何，大部分是掌握於我的手中。	1	2	3	4	5

72. 您曾經想過自殺嗎?

    a. 從來沒有。

    b. 有過一閃而過的念頭。

    c. 我曾有過自殺的計畫，但並沒有真的要這麼做。

    d. 我曾嚴重地傷害自己, 但並不是真地想死。

    e. 我曾嚴重地傷害自己, 且真地想死。

73. 您在過去一年裡，自殺的念頭出現過的頻率是?

    a. 無　b. 1-2 次　c. 3-4 次　d. 5 或 5 次以上

74. 您在過去一年裡，曾經故意地或任意地傷害自己嗎?

    a. 無　b. 1- 2 次　c. 3-4 次　d. 5 或 5 次以上

75. 整體而言，您覺得您的生活中有哪些部分最需要改善? (請說明)

    _____

    _____

最近幾個月，您是否感到…

	很少如此	偶爾如此	經常如此	總是如此
1. 做事能集中精神。	1	2	3	4
2. 為擔憂而失眠。	1	2	3	4
3. 覺得自己有用。	1	2	3	4
4. 覺得處事可以拿定主意。	1	2	3	4
5. 覺得時時有精神壓力。	1	2	3	4
6. 覺得無法克服困難。	1	2	3	4
7. 覺得日常生活有趣味。	1	2	3	4
8. 能夠勇敢面對問題。	1	2	3	4
9. 覺得不開心或感到憂鬱。	1	2	3	4
10. 對自己失去信心。	1	2	3	4
11. 覺得自己沒有用。	1	2	3	4
12. 大致上覺得快樂。	1	2	3	4

謝謝您的參與及寶貴的意見！

(END)

Appendix 3: Information sheet for schools

Information

I am a Research Student in the Department of Sociology, University of Glasgow, UK. Currently, I am working on a project of social relationships and well being among young people in Taiwan. The aim of this study, which is part of my degree, is to find out more about young people's experiences and about factors which affect their well-being. Hopefully my research will ultimately inform youth policy and practice in Taiwan.

Your school has been selected at random to participate in this research. I would be grateful if you agree to allow my survey to be conducted in your school. Students will be selected for participation on a quasi-random basis, with one class selected from each year group in the age range 14 – 18. Students will be invited to participate in the research, and will be told that they may opt out of it at any time. Prior to beginning the survey, parents will be informed the purpose of this research and their consent will be requested. The participants will be asked to answer some questions about their family, education, health, and about their attitudes to a range of issues, including some issues that are related to self harm. The information they provide will be treated confidentially and will be used by myself only.

A summary of this research project will be supplied to you upon request. If you have any questions, please feel free to contact me.

Ms. I-Ling Lee
Office TEL: 0141-330-3085
Email: 0403047L@student.gla.ac.uk
Address: Department of Sociology, Anthropology and Social Sciences
Adam Smith Building, University of Glasgow, Glasgow, G12 8RT

Appendix 4: Information sheet for parents

Information

I am a Research Student in the Department of Sociology, University of Glasgow, UK. Currently, I am working on a project of social relationships and well being among young people in Taiwan. The aim of this study, which is part of my degree, is to find out more about young peoples' experiences and about factors and mechanisms which affect their well-being. Hopefully my research will ultimately inform youth policy and practice in Taiwan.

I am requesting your help to accomplish this study. The school and your child are selected at random to participate in this research. I am requesting your consent to agree for your child to take part in this study. If you agree, students will be invited to participate and they may withdraw at any time if they do not wish to continue. The participants will be asked to answer some questions about their family, education, health, and about their attitudes to a range of issues, including a few questions related to self harm. The information they provide will be treated confidentially and will be used by myself only.

If you are happy for your child to take part, you need take no further action. If you do not wish your child to take part, then please sign the attached parental OPT-OUT form, and return it to class teacher.

Ms. I-Ling Lee
Office TEL: 0141-330-3085
Email: 0403047L@student.gla.ac.uk
Address: Department of Sociology, Anthropology and Social Sciences
　　　　Adam Smith Building, University of Glasgow
　　　　Glasgow, G12 8RT, UK

Appendix 5: Information sheet for students

Information

I am a Research Student in the Department of Sociology, University of Glasgow, UK. Currently, I am working on a project of social relationships and well being among young people in Taiwan. The aim of this study, which is part of my degree, is to find out more about young people's experiences and about factors which affect their well-being. Hopefully my research will ultimately inform youth policy and practice in Taiwan.

You have been selected at random to participate in this study, and are invited to provide your experiences in this research. If you agree to take part, you will be asked to answer some questions about your family and education, your health and your attitudes to a range of issues, including a few questions related to self- harm. The information you provide will be treated confidentially and will only be used by myself..

Your participation is voluntary. You may withdraw your participation at any time and you do not have to answer any question which you do not feel comfortable with. A summary of this research project will be supplied to you upon request. To request a project summary please contact me. If you have any question, please feel free to ask me.

Ms. I-Ling Lee
Office TEL: 0141-330-3085
Email: 0403047L@student.gla.ac.uk
Address: Department of Sociology, Faculty of Social Sciences
Adam Smith Building, University of Glasgow
Glasgow, G12 8RT
UK

Appendix 6: Information sheet for professionals

Information

I am a Research Student in the Department of Sociology, University of Glasgow, UK. Currently, I am working on a project of social relationships and well being among young people in Taiwan. The aim of this study, which is part of my degree, is to find out more about young people's experiences and about factors which affect their well-being. Hopefully my research will ultimately inform youth policy and practice in Taiwan.

You have been selected because of your contribution in your professional field. I am inviting you to take part in this research. If you agree to contribute, you will be asked about your experiences in dealing with young people with a variety of problems, including the reasons and the purposes of some of their behaviors, their social background, and their attitudes toward a range of issues. The information you provide will be treated confidentially and only used by myself. I will not ask you any confidential information about any individual. The data will be discarded immediately after analyzing.

A summary of this research project will be supplied to you upon request. If you have any questions, please feel free to contact me.

Ms. I-Ling Lee
Office Tel: 0141-330-3085
Email: 0403047L@student.gla.ac.uk
Address: Department of Sociology, Anthropology and Social Sciences
Adam Smith Building, University of Glasgow
Glasgow, G12 8RT
UK

Appendix 7: A list of interviewees

Brief summary of characteristics of professionals interviewed

Synonym	Occupation	Career tenure
Fang	Social worker of lifeline centre	3 years
Shi-Fen	Social worker of lifeline centre	14 years
Sin-An	Director of lifeline centre	28 years
Zong-Jheng	Social worker of Yongho secondary school (Age 12-18)	8 years
Pei-Rong	Social worker of Shanchong secondary school (Age 12-18)	5 years
Huei-Lan	Social worker of Chinsui secondary school	7 years
Li-Jhen	Counsellor of Taipei girl's secondary school	6 years
Sheng-Ling	Counsellor of Guochang secondary school	14 years
Min-Huei	Director counsellor of the affiliated high school of National Kaohsiung Normal University	26 years
Chun-Cyong	Counsellor and teacher of the affiliated high school of National Kaohsiung Normal University	12 years
Pei-Ling	Counsellor and teacher in Minghua secondary school	13 years
Ling-Siou	Director of the Garden of hope foundation in Tainan	22 years
Li-Fong	Director counsellor of student counselling centre	21 years
Siou-Ping	Social worker of the Garden of hope foundation (halfway houses)	8 years
Sing-Fang	Social worker of the Garden of hope foundation (halfway houses)	10 years
Siou-Luan	Teacher of Siaogang secondary school	13 years
Pei-Shan	Teacher of Zuoying secondary school	10 years
Chiung-Wun	Teacher of Nanzih secondary school	20 years
Yun-Hua	Director counsellor of Kaohsiung senior high school	21 years
Siou-Li	Senior counsellor of agriculture and industrial vocational high school	14 years

Appendix 8: Interview checklist

1. School
   Academic performance, peer relationships

2. Family
   What kind of family are they coming from? Family structure, Family culture (traditional, modern), Family relationships, Family atmosphere, Family history.

3. Social changes
   Education system, economic declination, unemployment, social order, social security, social values (emphasize education, work ability?) what's the impact of social economic situation to young people's family or their relationship with parents

4. Reasons for the negative adaptations (e.g., suicide ideation, self-harm, suicide attempt)
   Individual and social reasons
   Fear of future, uncertainty, burden, questions about future
   Withdrawal, a feeling of failure (who made them think so), protest, revenge, Lack of social support? financial disadvantage ...

5. What's the value that young people posses? (individualism, tradition)

6. What are impacts of parents' expectation on adolescents' suicide thought and self-harm?

7. What are impacts of family finance on adolescents' suicide thought and self-harm?

8. Why girls and those low academic achieved are more fatalistic?

9. How parents' occupation and education affect their family relationships?

10. How parents' educations affect adolescents' traditional value? (teenagers tend to be more traditional when parents are with higher education)

11. How do you think adolescents with more individualistic/ traditional value have better well-being/ or are more suicidal? How about students have both values work together?

12. How socio-economic changes and political situation affect young people and its relation to suicide or self-harm?

(End)