SUMMARY OF AIMS AND OBJECTIVES

The aims were to examine alcohol- and suicide-related beliefs among UK Protestants (35 men, 35 women) and Jews (35 men, 35 women), to investigate the so-called alcohol-suicide-depression hypothesis. This hypothesis suggests that attitudes to alcohol use and suicide will be more favourable among Protestants than among Jews, and among men than among women, consistent with the finding that prevalence of depression is lower among Protestants than among Jews, and among men than among women. Questionnaire measures of alcohol- and suicide-related beliefs and behaviour assessed the dependent variables in an analysis of covariance design. The independent variables were cultural-religious group (Protestant versus Jewish background or affiliation). Covariates, assessed by questionnaire measures, were religiosity, depression, anxiety, and (a new measure of) tolerance for depression.

The aims and objectives of the project have not changed since the original proposal, except that 1) we were able to conduct eight extended interviews on alcohol use, in addition to the qualitative material gathered from open-ended questions in the questionnaire. 2) This enabled qualitative analysis, in addition to the analyses originally proposed. 3) More participants than originally proposed were recruited into the study.
1. Summary of Research Results

Aims: This project looked at whether attitudes to alcohol use and suicide were more favourable among Protestants than among Jews, and among men than among women, consistent with the finding that prevalence of depression is lower among Protestants than among Jews, and among men than among women. The alcohol-suicide-depression hypothesis suggests that some individuals (Jews of both genders, Protestant women) will be less likely to use alcohol and suicide as escape routes from depression.

Participants: Participants were 91 people of Protestant background or affiliation (44 men, 47 women), and 70 people of Jewish background or affiliation (35 men, 35 women). The groups were comparable in terms of age, marital status, job type and level of religious activity.

Methods: Participants completed questionnaire measures of alcohol-and suicide-related beliefs and behaviour, and measures of factors additional to cultural-religious background and gender, which might affect alcohol and suicide beliefs and behaviour: religiosity, depression, anxiety, and a new measure of tolerance for depression.

In a supplementary study, four people of Protestant background (two men and two women) and five people of Jewish background (three men and two women) were interviewed about their beliefs about alcohol use. This study enriched the qualitative data on alcohol use gained in the main, questionnaire study.

Findings: Culture and alcohol: Protestants reported heavier drinking than did Jews, and generally more favourable attitudes towards alcohol use. Protestants thought that alcohol had a more stimulating effect than did Jews, thought their own and others’ use of alcohol was more acceptable, and were more liberal in their attitudes to alcoholics.

Gender and alcohol: Generally, differences between men and women with regard to alcohol were as anticipated, but were not as marked as the differences between Jews and Protestants. Men reported heavier drinking than did women, and thought that use of alcohol was more acceptable, both for self and others. Other gender differences were not significant.

With respect to alcohol use and attitudes, we had expected that differences between Jewish men and women would be less marked than differences between Protestant men and women. This was true for favourability towards own use of alcohol: Jewish men and women were similarly unfavourable, while Protestant men were more favourable than Protestant women. However on other measures of alcohol use and attitudes gender x culture interactions were not detected.

Qualitative analysis of beliefs about alcohol use: A number of themes were identified in open-ended questionnaire and interview questions about the acceptability of drinking and drunkenness. Themes included
- concern with loss of control, revulsion at drunken behaviour, fear of addiction,
- beliefs that drinking is normal, socially acceptable, relaxing, and a pleasant escape from stress.
Generally the first set of themes were characteristic of Jews, women and the more religiously-active, while the second set of themes were characteristic of Protestants, men, and the less religiously active.

Suicide: Gender and cultural differences with respect to suicide were less clear-cut. There were some effects of religious-cultural background in the expected direction: Jews had more moral objections and greater fear of suicide than did Protestants, and were marginally less accepting of suicide under provocation (e.g. an incurable disease) than were Protestants. Gender differences and gender x culture interactions were not noteworthy.

Tolerance for depression: We had reviewed scattered reports that Jews were thought to be more tolerant of depression than other cultural groups. We developed a reliable measure of tolerance for depression, which included items on the bearability of depression, lack of blame for depression, and willingness to confide in others. In this study we found that the Jewish participants did report higher levels of tolerance for depression than Protestant participants.

Conclusions.
• This study has been a good source of material on alcohol use and related beliefs. There were very striking beliefs emerging from both quantitative and qualitative analyses, which indicate that control over drinking – and indeed a dislike or fear of drunkenness – may be an important aspect of Jewish cultural-religious identity.
• Much of the quantitative and qualitative data was broadly supportive of the alcohol-depression hypothesis, which suggests that Jewish men are less likely than Protestant men to use alcohol to escape depression.
• Much of the quantitative and qualitative data indicated the importance of attending to gender issues in the study of alcohol-related beliefs and behaviour. In particular, control over drinking, and a dislike of drunkenness may be an important aspect of female identity, for some women.
• The themes which emerged from the qualitative analyses might be worth closer attention in the understanding of alcohol use and abuse.
• The data with regard to suicide were less noteworthy than the data with regard to alcohol. For ethical reasons, we felt unable to trawl for the kind of qualitative material that we were able to gather with regard to alcohol. Although the few effects detected were generally in line with expectations, we felt that the study did not provide such striking evidence on culture and gender differences with regard to suicide, as with regard to alcohol. The study did not have such a strong bearing on the suicide wing of the alcohol-suicide-depression hypothesis as it did on the alcohol wing of this hypothesis.
• An innovative aspect of the project was the introduction of a measure of tolerance for depression. This measure is the first of its kind, and our analyses confirmed a number of scattered reports about an effect which has not been systematically studied, that cultures may vary in their acceptance of and tolerance for the depressed state.
• Overall then, this study generally supported the idea that Jewish men are reluctant to use alcohol as an escape from depression. Protestants, particularly men, and the less religiously active, see alcohol as a good and acceptable way of dealing with
misery and stress. In this study, evidence that Jews were less likely than Protestants to escape depression via suicide was thin, though not absent.

- Finally, this study provided another factor which may help to explain the higher prevalence of depression among Jewish men, compared to other groups: Jews were found to be somewhat more tolerant of depression than were Protestants.
2. Full Report of Research Activities and Results

Background

The current study seeks to examine alcohol-related attitudes and behaviour in a sample of Jews and Protestants and examine their role in accounting for religious-cultural and gender differences in rates of depression.

Research has consistently noted that depression is more prevalent in females than males, with a 2:1 ratio commonly found (Paykel, 1991; Cochrane, 1993). Numerous explanations have been put forward to account for this finding - see Piccinelli & Wilkinson (2000) for a review. Recent research has, however, indicated that the higher period and lifetime prevalence of depression in females may not be a universal finding. Gender equality in rates and levels of depression (stemming from elevated levels of depression in males) has been found within Jewish communities in the UK (Loewenthal et al., 1995), the USA (Levav et al., 1997) and Israel (Levav et al., 1993), and within the Amish community in the USA (Egeland & Hostetter, 1983).

This observation has prompted researchers to consider factors that may account for the similar levels of depression in males and females in specific cultural-religious groups.

Explanations that account for elevated levels of depression amongst Jewish men may, in part, stem from cultural-religious influences. This may apply particularly to the way in which individuals may respond to symptoms of depression. For example, Protestant men may be more likely than Protestant women, and Jewish men and women, to turn to alcohol as an escape route, and may complete suicide more often. Taking this course of action may artificially deflate levels of depression within Protestant men.

![Figure 1: The alcohol-suicide-depression hypothesis.](image)

The lack of an available escape route may be responsible for the elevated levels of depression within Jewish men and Jewish women, and women in the general population, compared to males in the general population. Protestant men may hold more favourable attitudes towards alcohol and suicide and be more likely to drink alcohol and commit suicide.

Previous evidence supporting these suggestions includes: Weiss & Moore’s (1992) and Glassner & Berg’s (1980) work which suggests that Jews have less liberal attitudes to alcohol use and abuse, and do not regard heavy drinking as an own-group feature. Snyder (1978) and Levav et al (1997) and others have documented low rates of alcohol use among Jews. There is fairly consistent evidence that suicide rates among Jews, both in Israel and elsewhere, are lower than for most other countries and social groups (Dublin, 1963; Miller, 1976; Levav & Aisenberg, 1989; Kohn et al, 1997). However there is little evidence on beliefs about suicide.
The validity of this explanation in accounting for differences in depression (a) between Protestant men and Jewish people (men and women) and (b) between Protestant men and Protestant women has not been assessed. Its success in accounting for similarities in depression amongst Jewish men and Jewish women has not been assessed either. One of the primary aims of the current study is to do this, by examining the attitudes and behaviours of Jews and Protestants and males and females towards alcohol and suicide to see whether religious-cultural differences and gender differences are consistent with the alcohol-suicide-depression hypothesis.

Objectives

The aims were to examine alcohol-, suicide-related beliefs among UK Protestants (35 men, 35 women) and Jews (35 men, 35 women), to investigate the so-called alcohol-suicide-depression hypothesis. This hypothesis suggests that attitudes to alcohol use and suicide will be more favourable among Protestants than among Jews, and among men than among women, consistent with the finding that prevalence of depression is lower among Protestants than among Jews, and among men than among women. Questionnaire measures of alcohol- and suicide-related beliefs and behaviour assessed the dependent variables in an analysis of covariance design. The independent variables were cultural-religious group (Protestant versus Jewish background or affiliation). Covariates, assessed by questionnaire measures, were religiosity, depression, anxiety, and (a new measure of) tolerance for depression.

The aims and objectives of the project have not changed since the original proposal, and we were able to fulfil all the aims and objectives. In addition 1) we were able to conduct eight extended interviews on alcohol use, in addition to the qualitative material gathered from open-ended questions in the questionnaire. 2) This enabled qualitative analysis, in addition to the analyses originally proposed. 3) More Protestant-background participants than originally proposed were recruited into the study. This last addition was made because data collection still in hand, and we were trying to balance all four groups as far as possible for demographic factor – age, marital status, and level of religious practice. We found that our Protestant groups were not comparable with each other or with the Jewish groups on religious practice. Although the analysis of covariance design enabled us to remove unwanted effects of covariates, we still preferred that groups should be of similar composition. We targeted non-religiously-practising men and practising women to rectify this.

Methods

Participants:
A total of 270 questionnaires were distributed, from synagogue and church membership lists, and by snowballing among the non-affiliated. All participants resided within greater London or the home counties. 170 questionnaires were returned - a response rate of 63%, which was considered adequate. Nine of these 170 were excluded from the analysis because the religious affiliation or background did not meet the criteria for inclusion – either Protestant or Jewish current affiliation, or if not affiliated, both parents Protestant or Jewish.

The 161 participants were 91 people of Protestant background or affiliation (44 men, 47 women), and 70 people of Jewish background or affiliation (35 men, 35 women). The mean age of participants was 40.78 years, 64% were in steady relationships (married, cohabiting or engaged), while 36% were single, widowed or divorced. 75% were graduates and/or employed in a professional occupation, while 25% were
classified as white or blue-collar workers, homemakers or retired. The mean level of self-reported religious activity on a 0-12 scale was 6.64. The four groups were comparable in terms of age (F_{3,155}=1.96, p>.05), marital status (X^2=5.16, df=3, p>.05), job type (X^2=3.80, df=3, p>.05) and level of religious practice (F_{3,155}=2.15, p>.05).

Methods: Participants completed questionnaire measures of alcohol-and suicide-related beliefs and behaviour, and (as covariates) religiosity, depression, anxiety, and a new measure of tolerance for depression.

Measures were:
1. Demographic questions: age, marital status, occupation, own and parents’ religious affiliation.
2. Other covariates:
   i. The Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) assessing anxiety and depression
   ii. Religious activity (Loewenthal, MacLeod & Cinnirella, 2001), self-reported frequency of attendance, prayer and religious study.
   iii. Tolerance for depression, a Likert-type 27-item measure newly-developed for this study, with a Cronbach’s alpha of 0.77 (satisfactory).
3. Measures of alcohol use and attitudes to alcohol:
   i. Frequency and amount of alcohol consumed (Caetano, 1989)
   ii. The Biphasic Alcohol Effects Scale (BAES) (Martin et al, 1993), assessing expectations of the stimulating and sedative effects of alcohol.
   iv. Attitudes to alcohol and alcohol use, an open-ended and Likert-type questionnaire asking the acceptability of drinking alcohol to cheer the self when low, to relax, for social reasons etc. Alpha was 0.84 (satisfactory).
4. Measures of suicide and attitudes to suicide:
   i. A yes/no question as to whether suicide had been attempted
   ii. Suicidal ideation: five self-report items from the Present State Examination (Wing et al, 1973) Alpha for this sample was satisfactory, 0.85.
   iii. The Reasons For Living scale (RFL) (Linehan et al, 1983) involving six sub-scales reflecting reasons for living if one were thinking of killing oneself: moral reasons, fear of social disapproval, fear of suicide etc. Alpha for all subscales is satisfactory.
   iv. Acceptability of suicide: a Likert-type scale assessing views on the acceptability of suicide in different situations e.g. has an incurable disease, has gone bankrupt.

In a supplementary study, people of Protestant background (two men and two women) and five people of Jewish background (three men and two women) were interviewed about their beliefs about alcohol use, using the open-ended questions from 3 iv) above. This study enriched the qualitative data on alcohol use gained in the main, questionnaire study.

Results
Culture and alcohol: Protestants reported heavier drinking than did Jews (Table 1), and generally more favourable attitudes towards alcohol use (Tables 2 and 3). Protestants thought that alcohol had a more stimulating effect than did Jews (though there were similar beliefs about sedative effects) (Table 2), thought their own and others’ use of alcohol was more acceptable (Table 1), and were more liberal in their attitudes to alcoholics (Table 3). Generally, differences between men and women with regard to alcohol were as anticipated, but were not as marked as the differences between Jews and Protestants. Men reported heavier drinking than did women, and thought that use of alcohol was more acceptable, both for self and others (Table 1). Other gender differences were not significant.

With respect to alcohol use and attitudes, we had expected that differences between Jewish men and women would be less marked than differences between Protestant men and women. This was true for favourability towards own use of alcohol: Jewish men and women were similarly unfavourable, while Protestant men were more favourable than Protestant women (Table 1). However on other measures of alcohol use and attitudes gender x culture interactions were not detected.

Table 1  

<table>
<thead>
<tr>
<th></th>
<th>JM</th>
<th>JW</th>
<th>PM</th>
<th>PW</th>
<th>Main effects of gender and religion and gender x religion interactions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes to</td>
<td>20.17&lt;sub&gt;a&lt;/sub&gt;</td>
<td>18.66&lt;sub&gt;a&lt;/sub&gt;</td>
<td>24.47&lt;sub&gt;b&lt;/sub&gt;</td>
<td>22.74&lt;sub&gt;b&lt;/sub&gt;</td>
<td>Religion F(1,153) = 29.25, p&lt;.001, Gender F(1,153) = 10.18, p&lt;.005</td>
</tr>
<tr>
<td>alcohol use</td>
<td>(5.35)</td>
<td>(5.93)</td>
<td>(4.81)</td>
<td>(6.12)</td>
<td></td>
</tr>
<tr>
<td>(all items)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes to</td>
<td>6.04&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>5.25&lt;sub&gt;a&lt;/sub&gt;</td>
<td>7.89&lt;sub&gt;c&lt;/sub&gt;</td>
<td>6.77&lt;sub&gt;b&lt;/sub&gt;</td>
<td>Religion F(1,153) = 20.53, p&lt;.001, Gender F(1,153) = 8.79, p&lt;.005</td>
</tr>
<tr>
<td>alcohol use</td>
<td>(2.24)</td>
<td>(2.58)</td>
<td>(2.05)</td>
<td>(2.79)</td>
<td></td>
</tr>
<tr>
<td>(self items)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual use of</td>
<td>3.61&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>2.71&lt;sub&gt;a&lt;/sub&gt;</td>
<td>5.63&lt;sub&gt;c&lt;/sub&gt;</td>
<td>3.98&lt;sub&gt;b&lt;/sub&gt;</td>
<td>Gender (F(1,153)=23.75, p&lt;.001), Religion (F(1,153)=28.47, p&lt;.001)</td>
</tr>
<tr>
<td>alcohol (self-</td>
<td>(1.83)</td>
<td>(1.65)</td>
<td>(1.71)</td>
<td>(2.45)</td>
<td></td>
</tr>
<tr>
<td>report)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2  

<table>
<thead>
<tr>
<th></th>
<th>JM</th>
<th>JW</th>
<th>PM</th>
<th>PW</th>
<th>Main effects of gender and religion and gender x religion interactions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulant Effects</td>
<td>26.71&lt;sub&gt;a&lt;/sub&gt;</td>
<td>30.30&lt;sub&gt;a&lt;/sub&gt;</td>
<td>33.09&lt;sub&gt;a&lt;/sub&gt;</td>
<td>33.41&lt;sub&gt;a&lt;/sub&gt;</td>
<td>Religion F(1,135) = 5.29, p&lt;.05</td>
</tr>
<tr>
<td>(13.89)</td>
<td>(15.18)</td>
<td>(14.45)</td>
<td>(17.11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedative Effects</td>
<td>29.72&lt;sub&gt;a&lt;/sub&gt;</td>
<td>32.56&lt;sub&gt;a&lt;/sub&gt;</td>
<td>28.50&lt;sub&gt;a&lt;/sub&gt;</td>
<td>30.08&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
</tr>
<tr>
<td>(13.73)</td>
<td>(14.77)</td>
<td>(16.12)</td>
<td>(16.68)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Horizontal means sharing a subscript do not differ from each other at the p<.05 level.
Table 3  Responses to perception of alcoholism and alcoholics questionnaire.
Observed frequencies are in normal type. Percentages (by religious affiliation) are in bold.

<table>
<thead>
<tr>
<th>Item</th>
<th>Agree</th>
<th>Don’t know</th>
<th>Disagree</th>
<th>X^2(2, n=158)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1 Many alcoholics taper off &amp; control their drinking again</td>
<td>Jewish n=68</td>
<td>5.9</td>
<td>50.0</td>
<td>44.1</td>
</tr>
<tr>
<td>Protestant n=90</td>
<td>16.7</td>
<td>33.3</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Item 2 Most alcoholics drink because they want to.</td>
<td>Jewish n=68</td>
<td>17.6</td>
<td>45.6</td>
<td>36.8</td>
</tr>
<tr>
<td>Protestant n=88</td>
<td>39.8</td>
<td>18.2</td>
<td>42.0</td>
<td></td>
</tr>
<tr>
<td>Item 3 Alcoholics are morally weak individuals.</td>
<td>Jewish n=69</td>
<td>14.5</td>
<td>37.7</td>
<td>47.8</td>
</tr>
<tr>
<td>Protestant n=90</td>
<td>7.8</td>
<td>20.0</td>
<td>72.2</td>
<td></td>
</tr>
<tr>
<td>Item 4 Alcoholism is an illness.</td>
<td>Jewish n=69</td>
<td>68.1</td>
<td>20.3</td>
<td>11.6</td>
</tr>
<tr>
<td>Protestant n=90</td>
<td>70.0</td>
<td>18.9</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Item 5 To recover, alcoholics have to quit forever.</td>
<td>Jewish n=69</td>
<td>58.0</td>
<td>30.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Protestant n=89</td>
<td>55.1</td>
<td>28.1</td>
<td>16.9</td>
<td></td>
</tr>
</tbody>
</table>

**Qualitative analysis of beliefs about alcohol use:** A number of themes were identified in open-ended questionnaire and interview questions about the acceptability of drinking and drunkenness. Themes included
- Control: “I don’t like losing control of my faculties”
- Loss of inhibition as positive: “In small doses, it gives you a buzz”
- Loss of inhibition as negative: “…doing things the next day that perhaps you wouldn’t do if you weren’t drunk, and then the next day you think “Goodness – did I do that?”
- Drinking, socialising and celebrating: “It’s (the pub) a good place to get into conversation if you are a lonely person…rather than sit at home…you go out.”
- Drinking as normative and acceptable: “It is socially acceptable, especially in England”.

Generally Jews, women and the more religiously-active, were concerned about loss of control, and inhibitions, saw drinking and drunkenness as unacceptable, while Protestants, men, and the less religiously active valued the loss of inhibition, saw drinking as a valuable way to socialise, celebrate, and relax.

**Suicide:** Gender and cultural differences with respect to suicide were less clear-cut. There were some effects of religious-cultural background in the expected direction: Jews had more moral objections and greater fear of suicide than did Protestants (Table 4), and were marginally less accepting of suicide under provocation (e.g. an incurable disease) than were Protestants (Table 5). Gender differences and gender x culture interactions were not noteworthy. There were no gender or group differences in reported suicidal behaviour and plans.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Reasons for living scores by gender and religious affiliation (standard deviations are presented in parentheses).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Survival &amp; coping beliefs</td>
<td>91.35&lt;sub&gt;a&lt;/sub&gt; (22.73)</td>
</tr>
<tr>
<td>Responsibility to family</td>
<td>28.23&lt;sub&gt;a&lt;/sub&gt; (5.49)</td>
</tr>
<tr>
<td>Child related concerns</td>
<td>13.88&lt;sub&gt;a&lt;/sub&gt; (2.19)</td>
</tr>
<tr>
<td>Fear of suicide</td>
<td>20.95&lt;sub&gt;b&lt;/sub&gt; (8.30)</td>
</tr>
<tr>
<td>Fear of social disapproval</td>
<td>8.69&lt;sub&gt;a&lt;/sub&gt; (3.95)</td>
</tr>
<tr>
<td>Moral objections</td>
<td>10.46&lt;sub&gt;a&lt;/sub&gt; (5.39)</td>
</tr>
</tbody>
</table>

<sup>3</sup> Horizontal means sharing a subscript do not differ from each other at the p<.05 level.
Table 5 Views concerning the right one has to end one’s life under specific circumstances. (Observed frequencies in normal type, percentages (broken down by religious group) are presented in bold).

<table>
<thead>
<tr>
<th>Item</th>
<th>Jewish</th>
<th>Protestant</th>
<th>Yes</th>
<th>X²(2, n=159)</th>
<th>p=.058</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>n=70</td>
<td>25</td>
<td>16</td>
<td>29</td>
<td>35.7</td>
</tr>
<tr>
<td>......has an incurable disease</td>
<td>Protestant</td>
<td>19</td>
<td>17</td>
<td>53</td>
<td>21.3</td>
</tr>
<tr>
<td>Item 2</td>
<td>n=70</td>
<td>57</td>
<td>5</td>
<td>8</td>
<td>81.4</td>
</tr>
<tr>
<td>......has gone bankrupt</td>
<td>Protestant</td>
<td>61</td>
<td>16</td>
<td>12</td>
<td>68.5</td>
</tr>
<tr>
<td>Item 3</td>
<td>n=69</td>
<td>48</td>
<td>13</td>
<td>8</td>
<td>69.6</td>
</tr>
<tr>
<td>......has dishonoured his/her family</td>
<td>Protestant</td>
<td>61</td>
<td>12</td>
<td>15</td>
<td>69.3</td>
</tr>
<tr>
<td>Item 4</td>
<td>n=70</td>
<td>44</td>
<td>11</td>
<td>15</td>
<td>62.9</td>
</tr>
<tr>
<td>......is tired of living and is ready to die</td>
<td>Protestant</td>
<td>39</td>
<td>19</td>
<td>30</td>
<td>44.3</td>
</tr>
</tbody>
</table>

**Tolerance for depression:** We had reviewed scattered reports that Jews were thought to be more tolerant of depression than other cultural groups. We developed a reliable measure of tolerance for depression, which included items on the bearability of depression, lack of blame for depression, and willingness to confide in others. In this study we found that the Jewish participants did report higher levels of tolerance for depression than Protestant participants. Table 6 shows that there were cultural-group differences, and gender x culture differences on a number of items, and gender differences on a small number of items.

Table 6 Tolerance for depression (overall scores and individual items) by gender and cultural-religious group

<table>
<thead>
<tr>
<th>Overall tolerance for depression</th>
<th>Jewish</th>
<th>Protestant</th>
<th>Effect of gender (G), religion (R), or interaction (I)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Q1 – Hope for treatment (self)</td>
<td>4.40</td>
<td>5.04</td>
<td>4.92</td>
</tr>
<tr>
<td>Q2 – Hope for treatment (others)</td>
<td>4.95</td>
<td>5.34</td>
<td>5.22</td>
</tr>
</tbody>
</table>
1. **Summary of results and preliminary conclusions**

   This study has been a good source of material on alcohol use and related beliefs. There were very striking beliefs emerging from both quantitative and qualitative analyses, which indicate that control over drinking – and indeed a dislike or fear of drunkenness – may be a key aspect of Jewish cultural-religious identity.

2. Much of the quantitative and qualitative data was broadly supportive of the alcohol-depression hypothesis, which suggests that Jewish men are less likely than Protestant men to use alcohol to escape depression.

3. Much of the quantitative and qualitative data indicated the importance of attending to gender issues in the study of alcohol-related beliefs and behaviour. In particular, control over drinking, and a dislike of drunkenness may be an important aspect of female identity, for some women.

4. One feature of the alcohol-depression hypothesis is that gender differences in attitudes to alcohol, and use of alcohol, will absent or weak among Jews, and much more marked among Protestants. This expectations was partially born out.

5. The themes which emerged from the qualitative analyses might be worth closer attention in the understanding of alcohol use and abuse.

6. The data with regard to suicide were less noteworthy than the data with regard to alcohol. Largely for ethical reasons, we felt unable to trawl for the kind of qualitative material that we were able to gather with regard to alcohol. Although the few effects detected were generally in line with expectations, we felt that the study did not provide such striking evidence on culture and gender differences with regard to suicide, as with regard to alcohol. The study did not have such a
strong bearing on the suicide wing of the alcohol-suicide-depression hypothesis as it did on the alcohol wing of this hypothesis.

8. An innovative aspect of the project was the introduction of a measure of tolerance for depression. This measure is the first of its kind, and our analyses confirmed a number of scattered reports about an effect which has not been systematically studied, that cultures may vary in their acceptance of and tolerance for the depressed state.

9. Overall then, this study generally supported the idea that Jewish men are reluctant to use alcohol as an escape from depression. Protestants, particularly men, and the less religiously active, see alcohol as a good and acceptable way of dealing with misery and stress. In this study, evidence that Jews were less likely than Protestants to escape depression via suicide was thin, though not absent.

10. Finally, this study provided another factor which may help to explain the higher prevalence of depression among Jewish men, compared to other groups: Jews were found to be somewhat more tolerant of depression than were Protestants.

References


**Activities**
The project has been or will be described, in whole or in part, in the following conference presentations:


**Outputs**
The following are in preparation/submitted


Lee, M.J., Loewenthal, K.M., MacLeod, A.K., Cook, S & Goldblatt, V. Gender Differences in alcohol related attitudes and behaviour. Submitted to *Sex Roles.*

The quantitative database is being submitted to the ESRC UK Data Archive. This contains demographic information, and measures of alcohol consumption, alcohol-
related beliefs, suicide behaviour and beliefs, and attitudes to depression, as described under *Methods*.

**Impacts**

There are close links with support groups and mental health professionals serving the Jewish community, and there is significant interest in the results of this project, which are being presented formally and informally to interested bodies.

**Future Research Priorities**

Four areas are indicated for further exploration:

- **first**, the importance of social and religious identity for the regulation and control of behaviour, including the use of alcohol;
- **second**, the study of gender and gender identity in the development of alcohol-related problems;
- **third**, tolerance for depression was identified and assessed in this study, and which may be a significant factor in explaining social variations in depressive illness, and which may also be a helpful factor to consider in the management of depressive illness;
- **finally**, the qualitative material gained in this study indicates some important beliefs about alcohol use which may be important in understanding alcohol abuse.

**Ethics**

The project was fully considered by the Ethics Committee of Royal Holloway University of London, the institution from which this research was conducted. Our main ethical concerns in designing the research, had been with the suicide-related aspects of the investigation: here we decided against asking detail open-ended questions, due to the sensitive nature of the topic.
3. Significant Achievements

1. The findings, both qualitative and quantitative, about cultural-religious and gender-related behaviour and beliefs regarding alcohol use, will be important in understanding the *issues involved in alcohol use and abuse*.

2. These findings have relevance for the understanding cultural and gender *variations in the prevalence of depression*.

3. The development of a new measure of *tolerance for depression* will help to improve understanding of culture-related factors in the prevalence of depression.
Royal Holloway, University of London.

Study of attitudes to alcohol use and suicide.

We are interested in the beliefs and behaviour of different people with respect to alcohol, depression and suicide related matters. Even though you may not have any direct experience of these matters, we are still interested in your views. We would appreciate any answers to the questions in this booklet that you are able to give.

Questions in this booklet will ask you about your religion (if any) and that of your family; your alcohol consumption (if any); what you think about drinking alcohol and how you would expect to feel if you drank it. There are also questions about your attitudes to depression; your recent feelings of depression (if any); your beliefs about reasons for living (not committing suicide); and any feelings which you might have had (which may be none) that life was not worth living.

Please remain anonymous, and note that any information you give will be confidential. The researchers will be happy to answer any questions you may have by post, ’phone or email. If you would like a report on the research, we will be happy to send it to you.

Omit any questions you prefer not to answer.

Thank you for your help. We are very grateful for your co-operation, without which this sort of social research would be impossible.

Dr Susan Cook,
Psychology Department,
Royal Holloway College,
University of London,
Egham Hill,
Egham,
Surrey.
TW20 0EX

S.Cook@RHBNC.AC.UK  01784 443600

Dr Kate Loewenthal
Dr Andy MacLeod
Mrs Vivienne Goldblatt
Your answers to the following questions would be very helpful. Your answers will be confidential and anonymous, identified only by a code number. You need not answer any questions that you would prefer to leave unanswered.

Background and religion.

Date: ________________  Your age: ________________

Male / female: ________________

Current marital status: (circle one)
- married
- engaged
- single
- cohabiting
- divorced
- widowed
- separated

Your occupation: ____________________________

If married, your spouse's occupation: ____________________________

What, if any, was the religious affiliation of your mother? ____________________________

What, if any, was the religious affiliation of your father? ____________________________

Do/did either or both of your parents (or those who brought you up) belong to or attend regularly any church? ____________________________

If yes, which? ____________________________

Do you belong to or attend regularly any church? ____________________________

If yes, which? ____________________________

How often do you attend? (circle one)
- daily
- weekly
- monthly
- occasionally
- never

How often do you pray? (circle one)
- daily
- weekly
- monthly
- occasionally
- never

How often do you study religious texts? (circle one)
- daily
- weekly
- monthly
- occasionally
- never
If you are Christian or from a Christian background would you identify yourself chiefly as (circle one)
Atheist
agnostic
non-practising, but spiritual
practising, Church of England
practising, non-conformist
practising, Roman Catholic
practising, charismatic
none of the above? Please specify ________________________

If you are Christian or from a Christian background would you identify your mother chiefly as (circle one)
Atheist
agnostic
non-practising, but spiritual
practising, Church of England
practising, non-conformist
practising, Roman Catholic
practising, charismatic
none of the above? Please specify ________________________

If you are Christian or from a Christian background would you identify your father chiefly as (circle one)
Atheist
agnostic
non-practising, but spiritual
practising, Church of England
practising, non-conformist
practising, Roman Catholic
practising, charismatic
none of the above? Please specify ________________________
Alcohol consumption.

During the last 30 days (circle one)
- I did not drink
- I drank 1-3 times
- I drank 4-7 times
- I drank 8 times or more
- I drank most days
- I drank every day.

During the last 30 days, the amounts of alcohol I drank on a single occasion were (circle one)
- I did not drink
- One drink
- Two drinks
- Three drinks
- Four drinks or more.

Perceptions of Alcohol Use.
Please circle your response to these statements:

Many alcoholics taper off and control their drinking again
I agree / don’t know / I disagree (circle one)

Most alcoholics drink because they want to
I agree / don’t know / I disagree (circle one)

Alcoholics are morally weak individuals
I agree / don’t know / I disagree (circle one)

Alcoholism is an illness
I agree / don’t know / I disagree (circle one)

To recover, alcoholics have to quit forever
I agree / don’t know / I disagree (circle one)

Comments (optional):


1One drink equals half a pint of normal strength beer, or a small glass of wine or a single measure of distilled spirits.
Alcohol Expectancy.
The following adjectives (and phrases) describe feelings that some people have after drinking alcohol. Please rate the extent to which each of these adjectives describes the feelings which you might expect to experience at some point if or when you drink alcohol.

**Difficulty concentrating** (circle one)

not at all

**Down** (circle one)

not at all

**Elated** (circle one)

not at all

**Energized** (circle one)

not at all

**Excited** (circle one)

not at all

**Heavy Head** (circle one)

not at all

**Inactive** (circle one)

not at all

**Sedated** (circle one)

not at all

**Slow thoughts** (circle one)

not at all
Sluggish  (circle one)
not at all  [0]  [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [10]  extremely

Stimulated  (circle one)
not at all  [0]  [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [10]  extremely

Talkative  (circle one)
not at all  [0]  [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [10]  extremely

Up  (circle one)
not at all  [0]  [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [10]  extremely

Vigorous  (circle one)
not at all  [0]  [1]  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [10]  extremely

Comments
(optional):
________________________________________________________________________
________________________________________________________________________

Attitudes to alcohol use.

Some people find that a drink or two cheers them up when they are low.
Do you think that this can be the case for some people? _______________________
Do you think that this is the case for you? _________________________________
Would you take a drink for this reason? _________________________________
If not, why not?
________________________________________________________________________
________________________________________________________________________

What do you think of those who do?
________________________________________________________________________
________________________________________________________________________

Some people find that a drink or two relaxes them when they are stressed.
Do you think that this can be the case for some people? _______________________
Do you think that this is the case for you? _________________________________
Would you take a drink for this reason? _________________________________
If not, why not?

What do you think of those who do?

Some people enjoy a drink on social occasions.
Do you think that this is all right for some people? _____________________________
Do you think that this is all right for you? ________________________________
Would you take a drink for this reason? ________________________________
If not, why not?

What do you think of those who do?

How about going to the pub?
Do you think that this is all right for others? ________________________________
Do you think that this is all right for you? ________________________________
Would you go? ________________________________
If not, why not?

What do you think of those who do?

Some people feel that it is all right to be a slightly intoxicated (a little drunk)
on occasion.
Do you think that this is all right for other people? _____________________________
Do you think that this is all right for yourself? ________________________________
Would you? ________________________________
If not, why not?

What do you think of those who do?
Are there religious occasions when you might take a drink? 

How much would you normally drink at one time on the following?

Communion: none / a sip
Xmas and New Year: none or non-alcoholic / a sip / a glass of wine or measure of spirits / 2-3 glasses / 4 or more glasses
Wedding or Baptism: none or non-alcoholic / a sip / a glass of wine or measure of spirits / 2-3 glasses / 4 or more glasses

Comments (optional)?

Attitudes to depression

You may have little or no experience of depression, however we are still interested in your view. Here is a definition of depression, followed by some questions. We would be grateful for your opinions.

Depression is a persistent, severe and uncontrolled depressed or sad mood and four or more of the following:
- difficulty in concentrating
- brooding
- loss of interest
- hopelessness
- suicide plans
- self depreciation
- appetite changes (weight loss or gain)
- sleep disturbance
- retardation or agitation.

How would a person feel about suffering from this?

How much do you agree with the following statements:

**Hopeful that it's treatable**

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 strongly agree</th>
</tr>
</thead>
</table>

How do you think you would feel if you suffered from depression yourself?

How much do you agree with the following statements:

**Hopeful that it's treatable**

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 strongly agree</th>
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</thead>
</table>

What would you feel about someone else who was suffering from these symptoms?

Please rate how much do you agree with the following statements:

**Contempt**

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 strongly agree</th>
</tr>
</thead>
</table>
How do you think others would respond to you if you were suffering from these symptoms?

Please rate how much do you agree with the following statements:

**With exasperation**


How much do you agree with the following statements about depression?

Please rate how much do you agree with the following statements:

**It is never the right way to respond to a situation**


**It's natural to feel a bit depressed at times**


**It is something that many people go through at some stage in their life**


**It is sometimes the right way to respond to a situation**


**A person should not feel guilty about being depressed**


It would be unbearable if the following people knew about my depression.

Please rate how much do you agree with this statement in the following cases:

**Family**


**Partner**


Should a person feel ashamed of being depressed?

Please rate how much do you agree with the following statements:

**No, because it can happen to anyone so no-one should feel ashamed of it**


How much do you agree with the following statement about depression?

**Some people might find depression more bearable than others depending on their personality**


**It may be more bearable to be depressed under certain circumstances**


**It may be bearable for long periods of time but very unpleasant**


**It is more bearable to put up with depression if you know what you are suffering from**


**It may be more bearable if you have the appropriate help and support**


If it could ever be considered virtuous to be depressed(particularly from a religious point of view) when might it be considered this way?

Please rate how much do you agree with the following statement:

**Only if you gain some extra insight from yourself as a result**

How much do you agree with the following statement about depression?

**Sometimes people deserve to be depressed**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

Can any good come out of depression?

Please rate how much do you agree with the following statements:

**Depression can help people to re-evaluate their lives**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Depression can help a person to be more understanding towards others**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Depression helps a person to be more appreciative of good moods and feelings**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

Who might a person tell if they were suffering from depression?

Please rate how much do you agree with the following statement:

**Friends**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Family**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Partner**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Doctor**

<table>
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<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
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</table>

**Anonymous phone-line (e.g. Samaritans)**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 Strongly agree</th>
</tr>
</thead>
</table>

**Depression**

Read each item and underline the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

**I feel tense or 'wound up':**

Most of the time
A lot of the time
From time to time, occasionally
Not at all

**I still enjoy the things I used to enjoy:**

Definitely as much
Not quite so much
Only a little
Hardly at all
I get a sort of frightened feeling as if something awful is about to happen:

Very definitely and quite badly
Yes, but not too badly
A little, but it doesn’t worry me
Not at all

I can laugh and see the funny side of things:

As much as I always could
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:

A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally

I feel cheerful:

Not at all
Not often
Sometimes
Most of the time

I can sit at ease and feel relaxed:

Definitely
Usually
Not often
Not at all

I feel as if I am slowed down:

Nearly all the time
Very often
Sometimes
Not at all

I get a sort of frightened feeling like ‘butterflies’ in the stomach:

Not at all
Occasionally
Quite often
Very often

(continued overleaf)
I have lost interest in my appearance:
  Definitely
  I don’t take as much care as I should
  I may not take quite as much care
  I take just as much care as ever

I feel restless as if I have to be on the move:
  Very much indeed
  Quite a lot
  Not very much
  Not at all

I look forward with enjoyment to things:
  As much as ever I did
  Rather less than I used to
  Definitely less than I used to
  Hardly at all

I get sudden feelings of panic:
  Very often indeed
  Quite often
  Not very often
  Not at all

I can enjoy a good book or radio or TV programme:
  Often
  Sometimes
  Not often
  Very seldom
Reasons for living
How strongly do you or might you agree with each of the following reasons for not committing suicide?
Survival and coping beliefs.

Please rate how much do you agree with the following statements:

I would care enough about myself to live.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would believe I could find other solutions to my problems.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would still have many things left to do.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would have hope that things will improve and the future will be happier.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would have the courage to face life.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would want to experience all that life has to offer and there are many experiences which I haven’t had yet which I want to have.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would believe everything has a way of working out for the best.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would believe I can find a purpose in life, a reason to live.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I have a love of life.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

No matter how badly I feel, I would know that it will not last.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Life is too beautiful and precious to end it.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I am happy and content with my life.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be curious about what will happen in the future.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would see no reason to hurry death along.  strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree
I would believe I can learn to adjust or cope with my problems.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would believe killing myself would not really accomplish or solve anything.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would have a desire to live.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be too stable to kill myself.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would have future plans I am looking forward to carrying out.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would not believe that things get miserable or hopeless enough that I would rather be dead.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would not want to die.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Life is all we have and is better than nothing.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would believe I have control over my life and destiny.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Responsibility to family

Please rate how much do you agree with the following statements:

It would hurt my family too much and I would not want them to suffer.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would not want my family to feel guilty afterwards.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would not want my family to feel to think I was selfish or a coward.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

My family would depend upon me and needs me.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I love and enjoy my family too much and could not leave them.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

My family might believe I did not love them.

strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree
I would have responsibility and commitment to my family.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Child related concerns
Please rate how much do you agree with the following statements (if you do not yet have children, please answer as you think you would feel):

The effect on my children could be harmful.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

It would not be fair to leave the children for others to take care of.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would want to watch my children as they grow.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Fear of suicide
Please rate how much do you agree with the following statements:

I would be afraid of the actual "act" of killing myself (the pain, blood, violence)
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be a coward and do not have the guts to do it.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be so inept that my method would not work.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be afraid that my method of killing myself would fail.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be afraid of the unknown.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would be afraid of death.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I could not decide where, when and how to do it.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

Fear of social disapproval
Please rate how much do you agree with the following statements:

Other people would think I am weak and selfish.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree

I would not want people to think I did not have control over my life.
strongly disagree [0]  [1]  [2]  [3]  [4]  [5] strongly agree
I would be concerned about what others would think of me
strongly disagree [0] [1] [2] [3] [4] [5] strongly agree

**Moral objections**
Please rate how much do you agree with the following statements:

My religious beliefs would forbid it.
strongly disagree [0] [1] [2] [3] [4] [5] strongly agree

I believe only God has the right to end a life.
strongly disagree [0] [1] [2] [3] [4] [5] strongly agree

I would consider it morally wrong.
strongly disagree [0] [1] [2] [3] [4] [5] strongly agree

I would be afraid of going to hell.
strongly disagree [0] [1] [2] [3] [4] [5] strongly agree

**Please answer the following questions about your own attitudes to life.**

Have you ever felt that life wasn’t worth living? (Circle one)  Yes / no

Have you ever wished that you were no longer alive? Yes / no

Have you ever felt like ending it all? (Circle one)  Yes / no

Was it an impulse or were you thinking about it for a long time? (Circle one)
  Never thought of it / an impulse / thought of it for a long time

Did you actually try it? (Circle one)  Yes / no

Are you ever afraid that you will harm yourself? (Circle one)  Yes / no
Thank you again for taking the time and trouble to fill in this questionnaire. We appreciate that there were a large number of questions to answer, but this is necessary to cover the range of attitudes which people have to alcohol, suicide and depression. Your responses will be treated in the strictest confidence, and you will be identified only by a code which will not be related back to your true identity for the purposes of the study. If, however, you would like to be contacted at a later date with a synopsis of the findings of the study, then please provide a contact name and address here. (This address will be detached from your other responses before the information which you have provided is used).

Thank you

Dr Susan Cook
Dr Kate Loewenthal
Dr Andy MacLeod
Mrs Vivienne Goldblatt.

Yes, I would like to be sent a synopsis of the outcomes of the project when it is completed

Name _____________________________________________

Address (or email) _____________________________________________

Please return to Dr Susan Cook
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Royal Holloway College
University of London
Egham Hill
Egham
Surrey
TW20 0EX  In the envelope provided.