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Attitude and Behavior towards Suicide: Role of Counseling as Prevention

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Abstract: The study explored the attitude and behavior of general people towards suicide with particular focus on role of counseling for suicide prevention in Bangladesh. Seventeen national newspapers were reviewed to look at the extent of suicide in Bangladesh and opinion of 50 people from different age, sex and profession was collected through Focus Group Discussions and an individual questionnaire. The analysis of reported news revealed that women committed suicide 5.68 times higher than men did; married people committed suicide more than unmarried people did. The data also revealed that the number of suicide is highest at age range of 16 to 20 years and family conflict is the number one cause of suicide in Bangladesh. Hanging from the ceiling and poison are the most popular method for committing suicide. Focused group discussions revealed a common belief of suicide as a sin and considered not as a right decision. All the participants undoubtedly believed that counseling is helpful in preventing suicidal behavior. The result of personal questionnaire showed that 20% of the participants thought about ending their life in their lifetime.

1. Introduction

Suicide is a burning issue at all times all over the world and majority of suicidal deaths occurs in lower middle-income countries (WHO, 2003). According to suicide prevention foundation in America, it is the 3rd leading cause of death in most states (WHO, 2001). In Bangladesh, self-inflicted injury is one of the top ten causes of death (WHO, 2006). A recent government survey reported that pesticide-related poisonings account for 8% of deaths in Bangladesh for people aged 15-49 (Paul Burke, 2010). Compilation of statistics on suicide from all the Thana's of Bangladesh from 2003 to 2008 shows that 68% of all unnatural death was suicidal case.

The phenomenon of "Suicide" requires extra attention and deep knowledge because it is the most preventable form of death at any age. Several recent reviews of interventions provide evidence for effectiveness in reducing suicides (Goldney, 2005; Beautrais, 2005; Mann, *et al*., 2005; Bertolote, 2004). Suicide prevention is an umbrella term for the collective efforts of local citizen organizations, mental health practitioners and related professionals to reduce the incidence of suicide through prevention and proactive measures. For successful effort against suicide, clear understanding about the phenomena is essential.

Table 1. Statistics on unnatural death from 2003 to 2008.

Year	Hanging	Poison	Other methods	Total unnatural death
2003	4374	6009	4631	15014
2004	4452	5712	4640	14804
2005	4344	6013	4589	14946
2006	4468	6212	4018	14698
2007	4867	6338	5047	16252
2008	4730	5860	5662	16252
Total	27235	36144	28587	91966

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1.1 What is Suicide?

The word 'suicide' came from the Latin word 'suicidium' meaning Kill oneself (Internet 1). The term is used to represent the deliberate self-destruction by a living being, resulting in their own death. Such actions are typically characterized as being made out of despair or attributed to some underlying mental disorder which includes depression, bipolar disorder, schizophrenia, alcoholism and drug abuse. Financial difficulties, interpersonal relationships and other undesirable situations also play a significant role.

1.2 Suicide from different perspectives

"Why people die by suicide?" Sigmund Freud and his followers answered this question through the concept of 'death instinct' or 'Thanatos'. His student Karl Menninger elaborated the concept of a death instinct, which he viewed as being in constant conflict with the opposing force of the life instinct, or Eros. According to Menninger (1938), there is an inherent tendency toward self-destruction that may, when not sufficiently counterbalanced by the life instincts, result in both direct and indirect self-destructive behavior.

Maurice Farber (1968), a psychologist, proposed that the tendency to commit suicide is a function of the extent of the threat to acceptable life conditions experienced by the individual, the individual's sense of competence, and therefore the individual's degree of hope.

Aaron Beck and his associates (1974) showed that hopelessness is one component of the syndrome of depression and is a much more powerful predictor of subsequent suicidal behavior than other components of the syndrome.

Edwin Shneidman (1996), the founder of the American Association of Suicidology, proposed that all suicides share ten common qualities, which include the following:

1. Common purpose of seeking a solution;
2. Common goal of cessation of consciousness;
3. Common stimulus of unbearable pain;
4. Common stressor of frustrated psychological needs;
5. Common emotion of hopelessness, helplessness;
6. Common cognitive state of ambivalence;
7. Common perceptual state of constriction;
8. Common action of escape;
9. Common interpersonal act of communication of intention; and
10. Common pattern of consistency of lifelong styles.

Emile Durkheim (1951) conducted Archival research on suicide. He found that suicide is related to lack of integration into a social group (example of social integration: religious, familial and political etc.). She also found seasonal variation in suicide (higher in winter) which was correlated with social connectedness rather than daily temperature.

Mental illness is a common risk factor for suicide. In a study of 241 mental health counselors, Rogers, Gueulette, Abbey-Hines, Carney and Werth (2001) found that 71% of those surveyed reported working with a client that attempted suicide. Granello and Granello (2007) also worked with mental health counselors. They found that approximately one in four mental health professionals experiences a client commit suicide. High positive correlation exists between suicidal ideation and depression (Astruc *et al.*, 2004; Scocco, Marietta, Tonietto, Dello Buono & De Leo (2002); Howlin, 2005; Sultana, *et al*., 2011).

American Foundation for Suicide Prevention (AFSP) plays an active role in seeking ways to reduce suicide rates. AFSP found that graphic, sensationalized or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion, popularly referred to as "copycat" suicides.

Considering the gravity of the suicidal phenomena, it is pertinent to have accurate information on risk factors and existing attitude in the community to establish effective preventive and intervention strategies. Increase awareness will help to identify red alerts to predict the likelihood of looming danger of suicide and take necessary actions. This research is an attempt to gather in-depth information about the suicide in respect of its nature and extent, related attitude and behavior in order to assess what role can mental health counseling play in preventing suicide in our country.

1.3 Objectives

1. To review the nature and extent of suicide in Bangladesh through newspaper reporting.
2. To explore the attitude of general people towards suicide and prevention.
3. To identify the behavior of general people towards suicide and prevention.
4. To investigate whether general population is considering counseling as a method of suicide prevention.
5. To know the extent of suicidal ideation and behavior among the participants.

2. Methods

To study the phenomena of suicide the present research utilized both phenomenological and archival research method to collect data from primary and secondary source.

2.1 Participants

As a primary source, the study included 50 people from five different types of groups, i.e., trainee counselor, inmates from half-way home, student, general people, and other professionals. The age ranged

from 18 to 50 years old and 29 were male and 21 were female.

Secondary source included review of 17 daily newspapers of the last six years.

2.2 Instruments

2.2.1 Newspaper review

17 national level Newspapers of Bangladesh were reviewed in order to find out the nature and incidence of suicide in Bangladesh. Most circulated daily newspapers were selected for the review. An information intake form was used to collect data from the newspaper.

2.2.2 Focus Group Questions

Focus Group Discussion (FGD) was used as a tool for collecting phenomenological account of the participants. To conduct FGD 14 open-ended focused questions were prepared. Following is a brief description of the five focus groups:

Table 2. Description of FGD groups.

Group number	Participants	Male	Female	Total
Group I	Trainee counselor	3	7	10
Group II	Inmate of halfway home	0	10	10
Group III	Student	8	2	10
Group IV	General people	10	0	10
Group V	Professionals	8	2	10
Total		29	21	50

2.2.3 Individual questionnaire

In order to know the subjective feeling about suicide, a qualitative survey questionnaire was developed. The questionnaire included 16 questions (10 open-ended and 6 closed-ended).

Development of FGD and individual questionnaire: Initially 30 questions related to attitude and behavior towards suicide and prevention and the role of counseling in preventing suicide were constructed through a survey of related literature, opinion of experts in this area, newspapers and case studies. Among these questions 24 were open-ended and 6 were close-ended.

After initial scrutiny, the initial questions were given to 5 counseling psychologists to judge the statements according to their appropriateness to measure attitude and behavior towards suicide and prevention and the role of counseling in this regard. As suggested the questions were divided into two parts for the purpose of FGD and for surveys. FGD questionnaire included mainly common aspect of suicide and prevention in terms of other's cases. Individual questionnaire included subjective feelings towards suicide (e.g., did you ever thought about ending life?).

2.3 Procedure

Newspaper review, conduction of FGD and administration of survey questionnaires were done consecutively.

2.3.1 Newspaper Review

17 newspapers were surveyed to collect data about suicide in Bangladesh from 2004 to 2009. The information intake form included data on date, place; age, sex and marital status of the deceased; cause and method of suicide etc. Data were collected by mutually exclusive way (i.e., same news was not duplicated).

2.3.2 Conducting FGD and administering individual questionnaires

Participants for each FGD were homogeneously selected. At the beginning of each FGD, participants were provided with necessary information about the purpose, time limit, confidentiality etc. The participants were introduced to each other. To make the participants easy discussion started with some common issues e.g., weather, drama, festival etc. After breaking the ice, the main issues were presented. The moderator facilitated the discussion with some questions to clarify and probe. The moderator summarized the findings from that group at the end. Afterward, the participants were asked to fill up the personal questionnaire. The session was closed with cordial thanks to the participants for their cooperation.

Five FGD was conducted following the same procedure at convenient places. Each FGD session was recorded with prior permission of the participants. A co-moderator was there to keep important notes during the discussions. Each FGD took about one and a half to two hours.

3. Results

In total 1122 incidence of suicide were reported in the newspaper during last six years (2004-2009). Of them 168 were male and 954 were female. A summary of reported newspaper review is presented in box 1.

Box 1: Summary of newspaper review

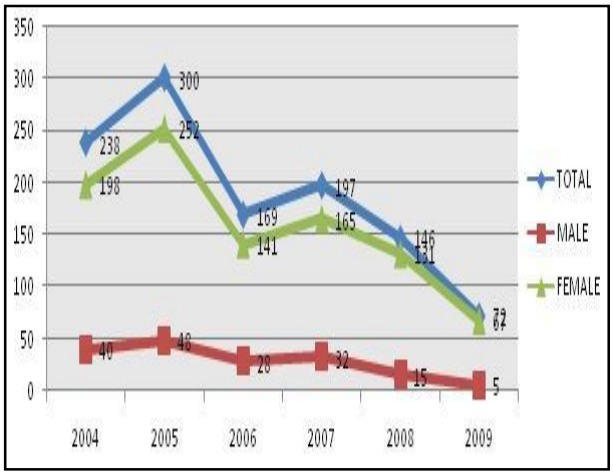
- **Suicide rate is 5.68 times high in female than male.**
- **Suicide rate is 1.9 times higher in married people than unmarried people.**
- **Suicide rate is highest in the age range 16 to 20 years. Highest number of suicide occurred at the age of 18 years.**
- **Hanging and poison are the most popular method for suicide in Bangladesh.**
- **Family conflict is the number one cause of suicide in Bangladesh.**

Contrary to overall world statistics, higher rate of suicide among female in Bangladesh may be due to the prevailing gender discrimination in our society. Women are socially, financially and legally at disadvantage position than men in life. Girls are considered only as house-maker and expected to be obliged provider, often no better than a servant in our country. Dowry, neglect, sex-selective abortion, abuse, workplace inequity etc. are an example of gender discrimination. Moreover, financial dependency of women makes them more powerless and may create hopelessness. Hopelessness may be a strong predictor of subsequent suicidal behavior (Beck, 1974). Survey results also showed that 60% of the participants who were suicidal were female. This could be a significant area for research to verify against reporting bias. Women's issues are getting more attention from a human right organization to establish women right against oppression and violence.

The news review indicates a higher rate of suicide in married than unmarried people do. This finding also contradicts the result of Emile Durkheim (1951) who found that the suicide rate is lower in married people. Time and culture may account for the discrepancy. Increase complexity of conjugal life as reflected by the increased rate of divorce may play a mediating role in developing psychological problems. Suicide is predominantly associated with mental disorder (Granello and Granello, 2007). Newspaper review also revealed that family conflict and couple conflict is the number one cause of suicide in Bangladesh. Almost 30% of the total suicide took place because of the family conflict. Domestic violence is a grave issue in our country.

The number of suicides over the years presented in Chart 1 shows the gradual decrease in reported incidence of suicide. Further probe can verify whether it is a consequence of increased awareness among the community and considerable availability of counseling services.

Chart 1. Line chart on suicide per year



In addition, the number of suicide is highest at 16 to 20 age range of late adolescent and early adulthood. This period is characterized by emotional turmoil. Changes taking place during this period create many foreseeable educational, social and occupational demands. The subsequent adjustment problem and mental distress may the reason underlying the high rate of suicide in this period.

Hanging is the first leading method of suicide in Bangladesh followed by use of poison or pesticides. Convenient and availability of means may play provoke suicidal attempt in time of crisis.

3.1 Attitude towards suicide and its prevention

Attitude towards suicide and prevention of the general population were projected from the experiential account of FGDs. Observable responses and reactions to focal points of discussion are noted below:

1) Prevailing ideas about suicide

People who talk about suicide are just trying to get attention & manipulate others: 60% (30 participants out of 50) of the participants had the idea that most of the people who talk about suicide are just trying to get attention and manipulate others but none of them knew a single person who has committed suicide. The participants who knew people who attempted suicide told that the vulnerable person does sometimes talk about suicide. Remaining 40% were very empathetic and emphasized on paying more attention to any person talking about suicide.

People who are suicidal do not seek help: Most participants of group-4 (general people) strongly believed that people who are suicidal never seek help. One of the participants told "**People who are really suicidal remain silent. They make plans and keep the plan secret. When opportunity comes they just do it. A real suicidal person never ever seeks help**".

However, the counselor group gave different opinion. All of them believed that in most cases a suicidal person seeks help because nobody wants to end their life; they just want to end their pain.

The other groups though did not take any firm stand in this regard but 50% of the participants believed the statement as true.

You should never ask a suicidal person whether they are thinking about suicide or made any plan because just talking about it will give them the idea: 98% of the participants (49 out of 50) believed that the above statement is true. Only one male teacher (age 50) believed the contrary. He said that "**it is important to talk about suicide with people who are suicidal because we will learn more about their mindset and intentions, and allow them to diffuse some of the tension that is causing their suicidal feelings**." The teacher also mentioned that before asking such

questions, one must carefully observe the mental state of the vulnerable person. Support for the vulnerable person must be ensured to resolve his/her crisis.

2) Know someone who committed suicide or attempted suicide and opinion on the righteousness of the decision

20% of the participants (10 out of 50) knew some people who committed or attempted suicide. Family conflict was the number one cause of attempting suicide and hanging was number one method as reported by the 20% of the participants who knew some suicidal cases. This result is also inconsistent with the result of newspaper review. Some participants also revealed their own suicidal history.

Box 2: Suicidal History

Honest admission of Lalon (false name), 22 years old University student about his suicidal attempt.

"I was a college student at that time. My mother was ill and she wanted me to stop further study and start earning money. But I eagerly wanted to do higher study. It was like a blot from the blue for me. Neither I could say 'no' to her nor could I give up my dream. I did not find any way to resolve the conflict. I felt irritated and depressed; sometimes I broke things. After a long struggle with this conflict, I started to think about ending my life. One morning I took sleeping pills"

Lalon stated that it was a wrong way to solve the problem. There were other options than suicide but at that time, he failed to recognize them. Another narration of Wahid (false name), a 35-year-old teacher, illustrates the importance of self-esteem in bringing about suicidal thoughts.

"One day I was 30 minutes late to my class. It was a language class and students were of different ages. Some students verbally insulted me for being late. I was so ashamed and felt that death is better than dishonor. The next few days were like a nightmare to me. However, at the end of the course students gave me highest points in evaluation form and they also requested the administration to assign me to the next course. Although I felt better after the feedback, I cannot forget those days".

Affective components play a leading role in suicidal ideation. Refusal, internal and external conflict, disagreement, argument, relationship failure and many often put people at not-OK life position resulting in self-destructive suicidal thoughts. Shelter home inmate Nasima (22 years) shared that her uncle committed suicide at the age of 15. She was then 5 years old. He wanted some money and his elder brother (Nasima's father), refused to give it. He became very sentimental and committed suicide by hanging from the ceiling. He also had a conflicting relationship with other family members.

After such intense emotional discussion, 100% of the participants condemned committing or attempting suicide as a grave flaw having far reaching emotional distressed to family and dear ones.

3) Alternative options

The majority of the participants emphasized on 'sharing'. They believed that sharing could lead to a solution to the problem. Since conflict with significant others in life (e.g., parents, spouse, friends etc.) seemed to play a significant role underlying suicidal thoughts or actions, participants suggested that it is necessary for the vulnerable person to have open discussion with the person in conflict.

They also mentioned that taking time and thinking about alternative ways could be a good way out.

4) Preventing suicide

Noteworthy ideas about suicide prevention elicited from the participants emphasized on increasing awareness, the role of teachers, positive parenting, increase coping strategies, access to mental health services, and government initiatives.

1. **Increased awareness:** Role of media like radio, television, newspaper to build awareness about suicide prevention was highlighted. Mobile phone companies can raise awareness by sending messages on improving mental health. Inclusion of mental health issues in textbook. Campaign against suicide was also suggested as a helpful way to prevent suicide.
2. **Role of teacher:** Great emphasis was placed on the teachers' role to develop a positive attitude towards life and identifying risk children for help.
3. **Positive parenting:** Importance of strong family bonding through enhanced support and sharing among family members was underscored. Good parenting skill is essential for development of healthy children because physically and mentally healthy children are less vulnerable to mental illness.
4. **Establishing mental health facilities:** Increased number of professionally trained competent counselors should be assigned at every school, college and universities ensure mental health facilities at grass root level. A number of competent counselors and other mental health professionals need to be increased.
5. **Break the stigma:** People hesitate to seek professional mental health support because of existing stigma that "People who take the support of mental health professionals are mad". People may be encouraged to avail psychological

support system and build a group to share their feelings.

6. **The role of the State:** Feeling of insecurity, whether emotional, physical, social or financial lead to depression and subsequent suicidal thoughts. The state has an important role to ensure security of life in the country.
7. **Developing self:** Each person should develop strong personal coping strategy. Increase leisure and recreational activity can be beneficial for people.

3.2 Behavior towards suicide and prevention

Focus on behavior towards suicide and prevention elicited a considerable amount of emotional response and interaction among the participants.

What will you do if you come to know that someone is going to commit suicide?

Some participants already had experience dealing with a suicidal person. They shared those experiences during focus group discussion.

Box 3: Response of participants to behavior

"John is my close friend. He had a deep relationship with a girl. One day we came to know that the girl got married to another guy. John was severely shocked. He could not attend classes, remain depressed and smoked heavily. In close contact, John admitted to me that he was thinking about ending his life. I let him express emotions; he cried a lot. We (me and some other close friends) started to give him more time. We showed him the other positive aspects of his life. John was a good singer. We encouraged this virtue and inspired him to practice it. We showed real concern to him. Gradually he started to think positively. With his consent, I also made an appointment with a counselor" (Student, age: 25).

"I told the person that I want to help him and requested to inform me before taking any final decision. I also referred him to a psychologist. Till now he is alive" (Teacher 50 yrs old).

Initially, I will take the person to a solitary place. Then I will listen to the person carefully and attentively. I will console the person and try to convince not to commit suicide. If the person is not convinced I will send him/her to a more experienced person. By observing verbal and nonverbal behavior I will be able to understand whether the person is convinced or not" (Female NGO worker).

The other participants also said that they would provide support to the person in concern and try to make a solution of the problem.

How will you understand that the person is thinking about it?

Participants from all groups identify depression and staying alone at the red mark for suicide. Inconsistent conversation or behavior, withdrawal from daily activity could be probable sign. Overreaction or sudden change in behavior may be noticed. All these identifies signs of suicide indicate that the participants have some awareness about the warning signs of suicide.

How can a suicidal person be helped?

Most of the participants turned the question to the moderator seeking answers to the ways of helping a suicidal person. Group discussion emphasized on sharing and talking with the person.

3.3 Counseling as a preventive measure

100% participants undoubtedly believed that counseling is helpful to prevent suicidal ideation. However, most of the participants, save counselors, had no clear idea about the process of helping in counseling. Guidance and direction were considered as means adapted to overcome suicidal thinking. Counselors should be very friendly to the vulnerable person. Three participants who had experience of counseling suggested certain useful strategies (Box-4).

Box 4: Counseling

Essentials for counselors:

- **listen attentively**
- **identify the actual problem**
- **apply theory to overcome crisis**
- **giving homework to facilitate improvement**
- **focus on the positive aspects**
- **teaching ways to use existing resources**

All participants, except one, preferred direct contact with counselor rather than telephone counseling.

3.4 Own personal feelings

20% (10 out of 50) of the participants reported that they thought about ending their life at some point in their life. 6 of them were inmates of shelter home. Only one went up to make plans to die by hanging herself from the ceiling. Duration of the ideation remained for 10 minutes to two days. The participant who made plan thought about it for three hours.

At present, all the participants seemed to be optimistic about their future and trying to make their future pleasurable except one female student. The female student stated that "My future is dim".

To get relief from the problem was most noted causes of suicide. Only one inmate of the shelter home talked about taking revenge by committing suicide.

In conclusion, suicide and suicidal ideation are a major mental health issue. The study reflected the magnitude of the suicidal problem in our community that demands immediate attention. Drive against suicide through the campaign and school-based program will act proactively by increasing awareness and removing the myths. Better understanding will foster ready identification of signs and referral to appropriate help. Proper execution of Governmental declaration to employ a psychologist in every school will make counseling service available to young risk groups. In addition, life-line services over telephone need to be established to provide immediate help in times of crisis. Mobile companies can play a leading role in this regards. The media has a powerful role in educating the public about suicide prevention. However, reporting of suicidal news needs to be made with caution to check 'copycat' suicide through identification with the victim. Training on positive parenting skills can act proactively to prevent suicide among teenagers. Counseling can address mental health issues and thereby may have served as a protective factor to reduce suicidal ideation and suicide.

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