

CHAPTER FIVE

CONCLUSION

Introduction

This research was carried out with the objective of identifying female youths who are prone to suicidal acts and what drove them to choose suicidal behavior as the way out. In addition, an attempt was also made to understand the underlying feelings and thoughts they experienced before and after the attempt, and to determine the role of counseling in dealing with the issue of suicide and attempted suicide with the objective of finding the means of helping these youth.

The method used was by interviewing those who had attempted suicide. The suicide attempters were interviewed using open-ended unstructured questions, which were guided by the research questions.

The findings of the research, its implications and possible suggestions to help these young women will be covered in this chapter. In addition, suggestions for further research would also be proposed.

Summary of Findings

Twenty-five young women who had attempted suicide within the period April to May 2000 who were warded at the General Hospital Kuala Lumpur were interviewed. The following were the results of the study.

Attributes of female youth identified as having the inclination too suicidal acts.

The following attributes were identified among the female youth who had the inclination too suicidal acts:

1. Single young women (eighty-four percent) are more inclined to suicide attempts compared to those who are married.
2. The majority (seventy-two percent), of these young women have secondary education and sixty percent of them are employed.
3. The majority, sixty-four percent, of these female youth are living within the family environment.
4. Eighty percent of the stressors experienced by these young women at the time of the suicide attempt were those related to interpersonal conflict. Quarrels with partners rank the highest under this category.
5. Young women who are prone to suicide attempts are within the younger age range of 13 to 24 years old, that is, ninety-two percent fall under this category.
6. For the majority (sixty-four percent) of these young women it was their first suicide attempt. Among those who attempted suicide for the first time, fifty percent fall within the 19 to 24 age range.
7. For those who have had previous suicide attempts, fifty-five percent fall within the age range of 13 to 18 years old.
8. Among the races, Indian youth were the majority at forty-eight percent. The Chinese were the minority at eight percent, while the Malays accounted for thirty-six percent.

9. Looking at the religious angle, the Hindus accounted for forty-eight percent of suicide attempters, followed by the Muslim youth at forty-four percent. The Buddhist and the Christian youth both accounted for four percent each.
10. Sixty four percent of them were not aware of counseling services that they can go to in time of crisis.
11. The most popular means of injury used by these young women was paracetamol overdose, that is fifty-two percent used paracetamol.

Factors that causes these female youth to resort to suicidal behavior

Among the factors that causes these female youth to resort to suicidal behavior were as follows:

1. There is no single cause or predictor for a suicide attempt. Various circumstances and life events can influence suicidal behavior. It is actually a culmination of various long-standing significant problems.
2. Childhood and family experiences, lack of attachment, loss of investment and lack of faith seem to have played a role in making these young women more vulnerable to suicidal behavior.
3. At the time of the suicide attempt these young women were alone and felt isolated. There was nobody whom they could reach out to for support or counseling to help ease the burden and pain experienced at the moment of despair.
4. Easy access and availability of the means to self injury assisted and facilitated these youth to their final act without having to put much thought into the method to be used for harming themselves.

5. They saw death or “temporary death” as a means of coping with the pressing problem.

The thoughts and feelings of suicide attempters that prompt them to contemplate suicide

Listed below are the thoughts and feelings that were present among the suicide attempters that drove them to contemplate the idea of suicide.

1. These young women were in great distress. They were overwhelmed by negative emotions. Fear, anger, disappointment, hurt, feeling torn, unloved, pressured and stressed seemed to envelop and take control over them. A sense of helplessness and hopelessness were present resulting in a state of restlessness and eventual suicidal behavior.
2. The majority of these youth acted on impulse.
3. While they express the intention of wanting to die or ambivalence about it, (these young women communicated their intention of self-harm) nobody took heed of their “cry for help”.
4. Focused on the emotional pain, these young women were blinded from seeing any possible options available. Feeling constricted by the situation they saw suicide as the answer to their problem. It was the solution, the escape route from an impossible situation and to gain relief from a terrible state of mind.
5. These young women had hoped that their suicidal act would in some way have an effect on their significant others.
6. For those young women who have had a previous suicide attempt, when the issue or problem was never really resolved, a second attempt was not uncommon.

The effects of the attempt and feelings after the attempt

After the suicide attempt these female youth experienced the following:

1. Immediately after the attempt, there seemed to be a sense of relief among these young women. The negative emotions that previously encompassed them diminished, and instead positive emotions emerged.
2. These young women felt remorseful and expressed that what they did was foolish.
3. The suicidal act seemed to have helped them find a solution to their predicament since they gained insight on their next course of action from their suicide attempt.

In addition to the above findings, interviews carried out among all the suicide attempters, including males and older females in the hospital during April and May 2000 the following were found:

1. Out of the total sixty-six suicide attempters interviewed, fifty-five percent are young males and females 30 years old and below. Among those, seventy five percent were women.
2. In terms of gender, the women are the majority at seventy-four percent, with a ratio of 1:2.88 with a female predominance.
3. Among all the women, fifty-five percent were within the lower age range of 30 and below. That is, there were more young women attempters compared to adult women above 30 years old.
4. A higher percentage (fifteen percent) of suicide attempters who had a previous record of attempts was found among female youth.
5. Among the races, Indians were the majority at fifty-seven percent. The Chinese was ranked second at twenty percent, followed by the Malays at eighteen percent.

The remaining five percent were Indonesians. However, among the young, while the Indian youth ranked first, the Malay youth ranked second, with a very low rate of attempts among the Chinese youth.

Implications of Findings

This section would focus on the implications of the findings with reference to the purpose of the research and also look at possible suggestions that could be implemented.

To identify women who are likely to be suicidal so that preventive actions can be taken before the actual attempt at suicide

This research showed that suicide attempters were higher among women than men and the younger more than the older age group. Among the young, women again out ranked the men in terms of the number of suicide attempters. This finding is consistent with earlier research carried out both locally and overseas (Schmidtke et al., 1996, Hussain Habil, 1992/1993, Chastang et al.1998). The possible reasons for the greater tendency among women in Malaysia to attempt suicide could be because they perceived themselves as having an inferior position. They had to play a submissive role and feel insecure for being dependent emotionally and financially on their partners or parents. Passive and dependent, resulting in a poor sense of competence, low self-concept and self-esteem, these women may resort to self-destruction as a means of expressing anger, especially if their usual method of coping by influencing others fails (Suter, 1976; Peters, 1985).

The young women who are prone to suicide attempts are within the 14 to 24 age range. According to G. Stanley Hall and Erik Erickson (in Dacey & Kenny, 1997), at this age, youth are at the stage of their lives which is full of emotional upheavals, going through an identity crisis, while also struggling to achieve intimacy versus a sense of isolation. In addition, adolescence is a period where the parent-child relationship becomes stressful and they feel alienated from family members, thus lacking a primary source of strong attachment. Likewise, those youth that leave their homes and friends behind to start out on their own would be unattached. According to the Control Theory (in Stark, 1994), lack of attachment would result in youth having reduced stake in conformity, thus leading to deviant acts. The high rate of suicide attempts among the young could be better understood when suicide is seen as a form of deviance. Furthermore, possibly too, being young and lacking in experience, these women were not able to fall back on their limited resources to solve their problems. They lack the usual problem solving ability and experience which is available to an adult. For those who lack attachment while also having difficulty in communicating their troubles, their sense of isolation could drive them further to despair ultimately choosing suicide as a means of escape. This is affirmed by Eyeman, 1987(in Poland, 1989) who points out that suicidal youth are not only poor at facing problems but they are also not apt at expressing their emotions, thus they may resort to suicide so as to avoid confronting a frustrating situation.

However, after reaching 25 years and above women tend to get married (JPM, 1991) and have a secure job, thus creating a more stable and settled life. Having established new attachment and investment for the future, these older youth would

have more to lose than to gain from the deviant act, thus deterring them from suicidal behavior.

Chastang et al., 1998, also found in their research that single young women are more inclined to suicide attempts compared to married women. The marriage trend in Malaysia reflects a tendency for women to marry later in life, that is, from 25 to 34 years old (JPM, 1991). It would be possible then to expect more young women who have attempted suicide to be single relative to those who are married. According to Durkheim (Halbwachs, 1978), the pioneer social scientist, married people are less likely to attempt suicide because of the influence of family circle and children which increases their sense of attachment. Here again it points to young unattached women having a greater suicidal tendency.

While some of these female attempters have had some basic primary education, the majority has secondary level education. This is comparable to research carried out by Hussain Habil (1998). While research carried out by Simon and Sarbadhikary (1978) at the University Hospital Kuala Lumpur indicated that most are English educated and have completed Form Four or Five, in this study, almost all of them were not able to converse in English. The reason for this could be due to the change in education policy that does not emphasize the use and learning of the English language. With regard to why there are a higher percentage of suicide attempters having secondary education, it could be because of the government policy of automatic promotion allowing more students to continue to complete their secondary education.

A further explanation why most of these youth with secondary education became suicide attempters is perhaps because while our school system stresses on

academic achievement, it does not give enough guidance nor develops in students living and coping skills. Thus they learn how to get paper qualifications and be equipped to get good jobs but are not sufficiently prepared for life. Masaryk called this "half-education" and he deemed it dangerous, "*...if, as is mostly the case, it is identical with inharmonious, disunified and unmethodical organization of the mind*", (Masaryk, p. 67, 1970). Perhaps then with only 'half-education' while exposed to the traditional ways learned from the elders these youth become confused in coping with the transition to adulthood. Half equipped in the management of life, when faced with a crisis, they are unable to distinguish between constructive and destructive means of solving a problem.

With regard to employment, while other research (Chastang et al., 1998) found that there is a higher percentage of unemployed among suicide attempters, this research showed that sixty percent of these youth are employed. Perhaps having secondary education provided them the opportunity to secure jobs.

One significant finding is that a higher number of Malays were seen i.e. 36%, second after Indians at 48%, with the Chinese third at 16%, among the youth who attempted suicide. This is in contrast to studies done in the 1970s and 1980s and early 1990s (Hussain Habil et al., 1992/1993, Yeoh, 1981; Haq and Bunrich, 1980; Murugesan and Yoeh, 1978) which put the incidence among Malays as lowest of the three major communities, though these earlier studies did not single out the youth. The possible reason for this shift is due to the change in the life style of the Malays since the seventies. The uprooting of some Malays from communal living and relocating to urban environment has indirectly resulted in less social cohesion and increased social alienation with the growth of the nuclear family system with little

social networks being formed. This reduces the sense of belonging and community living that is favorable for good mental health and which can be a source of support in times of crisis. According to Durkheim (1966), suicide rate varies inversely with the degree of a person's social integration and regulation. The less integrated the society, the higher the suicide rate (Durkheim, 1966). He described this type of suicide as Egoistic, where the individual is detached from social life, with few social ties, thus finding no basis for existence in life.

Added to the sense of isolation above, in contrast to rural living, city life exposes one to more psychosocial stresses and higher frequency of adverse life events such as broken relationships, loss of job and financial losses (Ramli Hassan and Almashoor, 1992). It is noted in this study that these are some of the reasons that prompted these young women to suicide attempts. Moreover, exposure to different cultures for example, yellow culture, can further deteriorate the traditional and spiritual values of these impressionable youth. With the decline in spiritual and traditional values, lost within the city surroundings, without a sense of belonging and support when faced with a crisis they turned to suicide as a form of escape.

The faster pace of life, emphasis on materialism, productivity, educational achievement and the emphasis of Vision 2020 for a successful and progressive Malaysia have now perhaps brought a mental change in the thinking of the Malays. While previously more fatalistic in their approach to life, which helps them to cope with life stresses better, Malays are now in a transition stage of revamping their thinking and way of life. Changes are not easy to achieve and can cause a strain, and are difficult to handle. For these young women having to take up the role of an excellent student, employee, daughter, and mother or as a loyal citizen while still not

being given an equal status can be an added burden. This may drive her to suicidal behavior, as she has to adjust much more to meet the needs and demands of society.

While previous research carried out overseas (Chanstang et al., 1996, Schmidke et al., 1996 and Bland et al., 1994) showed that about forty to fifty-four percent of attempters were repeaters, this research showed a lower percentage of thirty-three percent. However, unlike the research carried out by Hussain Habil (1992) which indicated a higher rate of repeaters among the older female age group, there was a higher tendency of female youth to be repeaters in this study.

Considering that the greater proportion of them are within the age of 13 to 18 years this can be a cause of concern especially since their second attempt was partly due to unresolved issues from the first attempt. According to Shneidman (1973), most suicidal people are not intent on dying, instead they are uncertain about living or dying, leaving it to others to save their lives. Faber (1968) elaborated that suicide attempters, majority of whom are the young, women or those who are not married, usually used methods that are less lethal as they were only displaying suicidal gestures. Since the majority of repeaters in this research are the young women using less lethal methods, perhaps these youth were trying but failed to communicate with their significant others. Their repeated attempts were actually the final stroke in their desperate plea for attention. Bearing in mind that suicide attempts can be an indicator of further suicide risk and eventual completed suicide (De Moore and Robertson, 1998), these repeated attempts should be taken seriously as it could be their way of reaching out. Hence, the importance of taking heed before it may be too late.

The underlying factors that instigated the intention to attempt suicide

There is no single cause or predictor for a suicide; that is, there is no typical suicide. It is multifactorial, whereby various circumstances and life events can influence the suicidal behavior. The act of suicide is actually due to a culmination of various long-standing significant problems both within and outside the person only to be triggered by an incident which could be considered as “the straw that broke the camel’s back”. Thus prediction of suicide is complex. This seems to be the common theme shared among researchers both locally and overseas, and correspondingly the finding of this research. (Hussain Habil, 1998; Coggan & Patterson, 1998).

Notwithstanding, reasons conveyed by the attempters seem to indicate interpersonal conflicts as the more frequent trigger that drove them to despair leading to suicide attempts, similar to that of other research (Hussain Habil, 1995; Daradkeh and Al Zayer, 1988; Orr, 1985). Quarrel with partners, getting scolded by parents and marital discord seemed to be the top three reasons given by these young women.

With regard to the possible underlying factors that cause these young women to be more vulnerable to suicidal behavior, childhood and family experiences could have played a role. Beck saw childhood experience as the cause of the negatives towards self and the world (Diekstra and Hawton, 1987). Previous research also showed that unhappy family, parental aggression, fewer ties with family, and family instability seemed to be common among suicide attempters (Kok, 1986; Stiffman, 1989; Hawton et al., 1982). This research also found that most of them were in an unhappy family environment, growing up either in a disengaged family, enmeshed or authoritarian family system. In addition, research has shown that the product of such upbringing results in children who are detached from parents, have low social

competence, have feelings of rejection, lack self-confidence, a positive view of self and self-esteem (Kenny et al., 1993; Ryan & Lynch, 1989 in Dacey & Kenny, 1997). Miller and Bjerg (in Diekstra and Hawton, 1987), found that suicidal persons seemed to have negative view of self.

Another underlying factor found in this research was that most of these youth either have lost or never really had close attachment with their significant others, be it their parents, school peers, partners or family members. As a social being, humans need attachment to feel a sense of belonging. Attachment creates a mutual feeling of love, being cared for and concerned for each other. Being attached, people are conscious of wanting to look good and being accepted by others, that is, being recognized. Placing importance on what others think of them, they are careful of their action as it will influence others opinions of themselves. Hence, according to the Control Theory (in Stark, 1994), being part of society protects people from deviant acts as they have much to lose by their deviance. But lacking in attachment, the tendency to be alone, without a sense of belonging or connection with others, may draw a person away from society that could have been the protector against deviance. So, these young women, who detached from social life, with few or no social ties, have lost the link to society, may feel that there is no meaning to existence in life as there is nothing to hold them back. According to Durkheim (1966), this is considered as egoistic suicide, that is, a suicide that is caused by society's disintegration, losing the capacity to protect the individual from suicide.

Nevertheless, it is noticed that the majority of these youth are living with their families and interpersonal problems are what drove them to attempt suicide. Thus, these youth, although seeming alone, could actually be considered part of a society

and not as disintegrated as it seems. This indicates that the society that they are already part of, or struggling to establish a bond with, is the cause of their inner conflict, constrains and pressures that drove them to attempt suicide in the first place. Perhaps then, the hypothesis of Lester (1989) that suicide attempters are more prevalent among those who are socially regulated and integrated but however have a relationship that is full of conflict and failed to provide gratification, applies to the youth in this research. Their suicidal act is merely a way of communicating to others with the hope that the act would bring a change to the relationship. This is seen in the wishes of Nonie, Anita and Sima who hoped that their suicidal act would result in a change for the better between them and their significant others. They needed that recognition.

It is observed that loss can be a sad and painful experience, which can cause a devastating effect on anyone, much more so for the young. The absence or loss of what one has invested in the love relationship, education, job or social status can cause great grief, which could lead to intense pessimism, withdrawal and apathy towards life. Perchance, losing what was precious, life could now be perceived as meaningless for these people. Hirschi (in Stark, 1994), stated that investment, which is the extent a person develops a stake in life, is one of the components that binds a person to society. It deters a person from deviating, as all that have been invested could be lost because of the deviant act, thus one would not risk it. It is noticed that these young women, who had committed themselves in terms of time, emotions, love, patience, and care in their investment, hoping to reap the rewards in the future had perceived that all their effort had been wasted when they suffered a loss. This loss of their investment then could have stimulated these youth to deduce that they

have nothing more to continue living for as they had nothing at stake left.

Shneidman (1986) further elaborates this when he explained that the stressor in suicide is frustrated psychological needs. That is, the need to find meaning and purpose in life. As mentioned above, these young women had a meaning and purpose in their lives. The commitment and investment had given them the desire to gain mastery over their lives, to be in charge, to be successful, to be wanted and needed. During a crisis, these needs were not fulfilled or met, driving them to frustration and mental pain because they now have lost the related meaning and purpose in life. When they lost what they have invested, which is equivalent to the psychological needs as mentioned by Shneidman (1986), it became the stressor leading them to suicide.

Compounded to their sense of loss is the sense of isolation that seemed to be present among these female youth. Hawton, 1982 (in Martin and Dixon, 1986) affirms that adolescents experience a sense of isolation before their suicide attempts.

Similar to previous studies done locally and abroad, self-poisoning was the most popular method in attempting suicide in this research. (Hussain Habil, 1995; Bland et al., 1994; Naidoo and Pillay, 1993; Chia, 1990; Kok, 1986; Murugwsan and Yeoh, 1978). Identical to research carried out by Chia, 1990 paracetamol at fifty-two percent was the most popular means of self – harm. The possible reason for this is the ease of purchasing paracetamol, which is not a controlled item and the price is affordable. Moreover, as can be seen from the annual report of the Chemistry Department of Malaysia, the top five poisons detected in stomach samples and/or post-mortem specimens analyzed showed that paracetamol was ranked second only to paraquat (Rahman Awang, 1999), and paraquat is known to be easily available

(Maniam, 1988). Thus the ease of access to the means had made it much easier for these young women to consider and attempt suicide.

According to Durkheim (1966), a society that is closely knit religiously would be an integrated society, thus reducing the vulnerability of that society to suicide. From the religious point of view, Christianity and Islam are quite clear in prohibiting self-murder, while valuing life in all circumstances. Buddhism and Saivism, which is the scriptures used by most Hindus in Malaysia, also prohibits self-killing. However, among the eight cases of suicide attempters, it was found that the majority claimed to be religious, practicing the tenets of their respective religions. If religion is supposed to protect one from suicidal behavior, why then did these youth, in their moments of despair, not find solace in their faith? Masaryk (1970) explained that the suicidal tendency is dependent on the quality of religious and spiritual feelings or the inner faith of an individual. In addition, he also claimed that "half-education" is the cause of irreligiosity. Among these young women it could be seen that despite practicing the rituals and being aware that suicide is not allowed, in general they lack faith and an understanding of their religion. Mr. Thuravasigam, a religious Hindu leader affirms that most young Hindu's lack depth and understanding of their scriptures because most reference materials are in Sanskrit, a complex language. Thus, their understanding of religion is basically handed on from generation to generation lacking in depth but based more on ritualistic practices. Among the Malays, while most can recite the Quran, not many understand the meanings of the words. It has been observed that while children were given religious lessons, they were not allowed to question and had to accept blindly. Thus youth practice their faith merely as an obligation, as claimed by Nonie, but never really appreciate the essence of their

religion. Moreover, some feel that religion has been forced on them, as is the case with Yuma; she stopped practicing the five daily prayers when her father was not around to pressure her to pray. So, one can say that among those in this study, while they have some knowledge of their religion, their belief does not come from within. Their faith and spirituality is not deep or strong enough to prevent them from attempting suicide as viewed by Masaryk.

Feelings and thoughts of attempters before and after the attempt

This research found that suicide attempters were in a state of ambivalence before their attempt. On one hand they seek to live and desire resolution but on the other hand they also see death as providing a resolution, thus opting suicide. It was seen among these young women that although they did not express their desire to live, and some even expressed the wish to die, they actually stated it in their reaching out to others. This is seen when they tried to communicate their intention directly or indirectly to their loved ones. They struggled to be heard by giving signals about their intention, however, this was not picked up by those around them. According to Shneidman (1973), eighty percent of people who actually kill themselves tried to express their inner state of mind by giving warning of their intentions. Shneidman (1986), when describing the ten characteristics of suicide included ambivalence as one of them. He said that the internal attitude in suicide is ambivalence. He said that people who commit suicide do not really want to die, but they want to do two things at the same time. They want to die but they also yearn to be rescued. This ambivalent state and reaching out and telling others of their intention, especially among women,

was also present in various research that were carried out both locally and overseas. (Isomestsa et.al, 1995; Hussain Habil, 1995; Konochuk, 1989; Kok, 1986).

It is also seen that these young women had acted on impulse triggered by a negative event. This may explain why the circumstances of the act did not suggest careful planning and precautions to avoid discovery, which would have been the case if they had a serious intention of dying. This finding is similar to that in research carried out by White, 1974 and Hawton, 1982.

In this study, it is also found that these young women had a gamut of negative feelings because of the loss in their investment, which drove them to despair and eventual suicide attempts. The most common negative feelings expressed by these youth were feelings of fear, isolation, shame, restlessness, anger, disappointment, helplessness and hopelessness, hurt, stress, being torn and feeling unloved. Negative emotions are said to arise due to events that block or interfere with goal attainment or wish fulfillment (Tangney and Fischer, 1995). Further, according to Strasser (1970) emotional behavior is the result of not being able to comprehend objectively the situation that seemed to have threatened one's existential needs, resulting in being overwhelmed by the emotions, becoming disorientated and thus acting without due consideration. Shneidman(1993), further elaborated that feelings alone may not drive a person to suicide but the painful effect of the feeling on the person may. People attempt suicide because there is an absence of happiness and the presence of unbearable pain and hurt that is experienced because of unfulfilled psychological needs. Shneidman calls it "psychache". This is clearly seen among these female youth in this research. When they could not see any hope in fulfilling their needs, they suffered an unbearable psychache, were unable to think straight, felt restless and

tense. They were not able to make decisions with a cool head, and reacted to the situation in the only way they knew - suicide. The statements made by these youth expressing their pain that led them to suicide demonstrate this. Examples of the statements are " ... my heart hurts more. More than all these (referring to the medical treatment). It is truly more painful. More hurtful", " I thought if I am not around, I will not see all this," or " I was not going to think anymore, I was determined; for me life has no happiness now".

It is seen from this research that these youth that were too focused on their emotional pain were blinded from seeing any possible options. Feeling trapped in the situation they saw suicide as the answer to their problem. It was seen as the solution, the escape route from an impossible situation and to gain relief from a terrible state of mind. Davidson, 1934 (in Jackson, 1957), affirmed that people who are suicidal had reached the limits of their resources and had lost their goal, feel overpowered by the situation, lost the ability to think, and are incapacitated. Thus, resulting in not able to choose a healthy action and instead choose suicide as an option. Konochuk (1989), too found that the women in his research wanted relief from their affective strain, escape from life problems, and as a cry for help, reflecting the absence of a true desire to die. Shneidman (1986), mentioned that the cognitive state in suicide is constriction. Not seeing any way out, suicide becomes the solution and the escape route, with the goal of stopping the unbearable pain. Thus, these young women, as if stuck in quicksand, and unable to see any way out, saw suicide as the means to solve all problems and thus be at peace. To quote a phrase used by one of these young women to depict their state of mind " Because I could not think anymore... my mind was jammed. I took it (overdose) to have peace of mind".

Another finding from this research is that these young women had motives for their suicidal act. Their motives or intended effect of their action vary from showing how much they love their significant others to making others feel sorry and remorseful for what they did. This is similar to the theory expounded by Sullivan, 1956 (in Lettieri, 1978). In addition, these young women also hoped that by their suicide life would be made easier for others or alternatively they had exacted revenge. Hendin (1991,1971), a proponent of psychoanalysis, explained that the wish to die, especially among the young, is motivated by a desire for a reunion, rebirth, retaliatory abandonment, revenge and self-punishment.

While suicide should not be seen as a means to solve a problem most of these young women had experienced a positive effect from the attempt. Studies in Singapore had noted a similar experience (Kok, 1986; Methra, 1976). For most of these young women in the study, the attempt helped to release all the negative emotions resulting in a clearer state of mind. This had facilitated their gaining insights to their next course of action, and forming a connection with their significant others. So, for these female youth, the act of suicide is a coping mechanism used to release their psychological pain. This than could also explain why for those who had experienced a suicide attempt; it was easier for them to repeat the attempt again.

Awareness of the availability of emotional support

This research revealed that about eighty percent of the sixty-six suicide attempters were not aware of counseling services that they could approach for support in their times of need. However, among the female youth, a slightly greater awareness was present since only sixty-four percent were not aware. Perhaps they

have this awareness because they had counselors in their schools. This finding thus differs from that of foreign studies (Brancroft, 1977; in Nizam 1995) where there was a higher awareness of and contact with helping agencies. A study carried out by Nizam (1995) locally also indicated a low awareness and usage of counseling services. A possible explanation is that there are not many organizations that provide counseling services for the suicidal, besides The Befrienders (The Befreinders, 1998). There are other non-governmental organizations that one could go to for help, but they too lack publicity, especially in terms of targeting the promotion towards those in the lower income group and those who are less literate, where the majority of the attempters in this research falls under. In fact, among the sixty-six attempters, only two who could be categorized as professionals and a university student were aware of the existence of The Befreinders. However, all three did not feel that they would benefit from the service. Thus, although counseling or aid organizations exist, due to lack of awareness of their existence and knowledge of their benefits, those who need the service do not get the benefits of these organizations. Perhaps too, being a more reserved and private people, Malaysians are hesitant to disclose their private lives, thus their reluctance to seek help. Malaysians have yet to develop a culture of seeking counselors or psychotherapists to help them, which is prevalent overseas. This can be seen by the comments made by most of the attempters, which implied that, they would rather keep things to themselves then disclose their "dirty linen".

Among the female youth, despite a higher percentage of awareness none actually made use of the services available. The reasons given by them include a) they would rather work it through themselves b) they did not trust others and felt betrayed by counselors at school, either in their own personal experience or that of

friends' c) they felt that counselors were inept, too directive and judgmental. These findings are similar to research carried out by Coggan & Patterson (2000) where it was found that youth placed importance on trust with counselors and if it was broken they would then become very reluctant to use the services, leaving them feeling isolated. In the local scene, Tan (1989) who carried out a study in schools showed that counselors were regarded as almost the last resort of help after other avenues like seeking help from friends and parents had failed.

In this research, counseling has not played a role in the helping process for the attempters because of a number of barriers which restricted the young and others from making use of the help services that are available. The barriers would include lack of access coupled with the lack of publicity of the few that are available, which resulted in lack of awareness of its existence and lack of knowledge of its benefits. In addition, while it is not in the nature of Malaysians to disclose their troubles to outsiders, the negative perception and image of counselors too does not help in allaying their skepticism of using the available services.

Suggestion

Worldwide, suicide is among the top five causes of mortality in the 15 to 19 year's age group. In many countries it ranks first or second as a cause of death among both boys and girls (WHO, 2000). This research has shown that youth ranked the highest among suicide attempters, while female youth were the majority. The average mean age among these female youth was 19 years old, and mode was 16 years old at a standard deviation of 2.96. Although, in Malaysia we have not reached the

phenomenal level of those in other countries, this study indicated that Malaysian youth are prone to suicidal behavior compared to the adults at a ratio of 1:2.2. Thus, efforts should be made to ensure that the situation does not deteriorate further. Hence, there is a need to carry out prevention and intervention programs to curb and reduce the growing trend of suicidal behavior among the population, especially among the youth. Following are seven possible suggestions of prevention and interventions programs that could be implemented to minimize the incident of suicidal acts. These are removing means of suicide, education in self-development and suicide prevention and being aware of distress and warning signals of a suicidal person. In addition, hospitals should work closely with suicide crisis intervention centers and there should be more community services catering for those who are suicidal so that they have easy access to help. Moreover there should be proper knowledge of how to counsel a suicidal person.

Removing means of suicide

Various forms of supervision and removal or locking up of dangerous medicine, chemicals (like detergent and pesticides) and so forth from homes and other premises are very important life-saving measures. Also people should be educated to throw away unused medications from homes. Elimination of the means is helpful in minimizing potential suicide, and research has shown that restricting access to the means can reduce suicide rates (Diekdtra, 1993). Improved control of prescribing and sales of drugs, especially the sale of paracetamol, which is the most popular method, would be important to reduce the access to the medicine as a means. In addition, people should be made aware of the potency and harmful effect of

paracetamol if taken inappropriately. Most people just see it as the cure for all aches and pains, and store it in the open at home. Youth's attitude towards using paracetamol as a means of self-harm has to be changed too. The major role of educating and creating awareness is taken up by the National Poison Center of Malaysia. Also, physicians and pharmacist could assist in creating the awareness.

Education

The educational institution is the primary place where youth spend a large part of their time. What they can learn here would have a far reaching and lasting effect on their lives. Thus, this would be an ideal place that these youth can get assistance in developing themselves in all aspects, not only in academics. Schools could organize curriculums that deal with issues of conflict resolution, coping and problem solving skills, social skills, overcoming depressions and stress, being happy, and ways of handling emotional trauma like broken relationships. These skills will help strengthen the individual's self-concept and self-esteem which can protect them against mental distress and enable them to cope adequately with difficult and stressful life situations. WHO has attested that these techniques carried out in schools have helped reduced the risk of suicide among youth (WHO, 2000).

Teachers and school counselors too should develop a closer bond with students by talking to them, understanding them and helping them. A rapport should be built so that these youth will not be hesitant to reach out to those in authority when they are feeling helpless.

On a national scale, perhaps the Ministry of Education can work closely with mental health professionals in implementing training packages in suicide prevention and intervention.

Professionalism in counseling

A school counselor is one of the sources of help available for youth within the school environment. Especially among suicidal youth, where research has shown that there is lack of communication with their parents, school counselors apart from teachers would need to play a bigger role in their lives. Thus, it is important that a certain level of professionalism exist among school counselors to ensure that students have trust and are willing to communicate with counselors in their times of need. So, it is crucial that the Ministry of Education ensure that those who are stationed in schools are counselors who are qualified and have a professional attitude. Otherwise they not only compromise the image of counselors, but also jeopardize the lives of these vulnerable youth that may be saved if a professional attitude is maintained.

It is also the responsibility of school counselors to be well informed on the subject of youth suicide - regarding profiles, typical characteristics of a suicidal person, sources of help and appropriate intervention techniques. They can also assist the school in creating awareness and arranging workshops to educate others. Perhaps here they can work together with mental health professionals or NGOs dealing with suicide to have a comprehensive package on suicide prevention and intervention.

Awareness of warning signs and distress signals of a suicidal person

Most suicidal acts are made only after giving warning signals of their intention, which went undetected. It is only after failing in communicating their intention that these youth resort to the act of suicide. Thus, early recognition of these signals would be effective suicide prevention. Research has shown that suicide attempters made contact or sought help from someone prior to the attempt, be it their physician, friends or their significant others (Isomesta et al., 1995; Kok, 1986). Thus, by improving the training of physicians, social workers, counselors, teachers, and educating parents and members of the public in identifying youth who are in distress and at possible risk of suicide, and being sensitive to the warning signs could help deter the eventual suicide of these youth. In addition, knowledge about where one can get support is also an important means of suicide prevention.

Hospitals working closely with suicide crisis intervention organization

In an effort to combat suicide among the youth, every effort and means should be garnered to the maximum. While psychiatrists are doing an excellent job working with suicide patients and offering them follow up visits, most are overworked. As such, they may not be able to give much time in counseling the suicidal patients. Since these patients would need an outlet to vent out their pain and suffering, working together with outside agencies that are trained in handling suicidal people would be an added help for these patients while relieving some of the load from the psychiatrist. A system could be arranged whereby during their stay in the hospital, these attempters would be befriended by volunteers who are well trained in dealing with suicide issues. This perhaps would not only help patients to cope with

their predicament but also create an awareness of the availability of alternative sources of help that they can refer to instead of the ultimate choice of suicide. In the long run this could be beneficial to them as research has shown that most would repeat their attempts (Hussain Habil, 1992).

In addition, perhaps a systematic approach to determine the lethality of the act by the attempters may help identify the more serious attempters so that intensive treatment and follow-up measures could be given. Better prediction in assessment and extra measures taken may help reduce the rate of repeat attempts.

Communities service and access to help

As research (Hussain Habil, 1995;Ladder,M.H in Eldrid, 1988) has shown that suicide attempters actually tried to communicate their intention to others, indicating that they want to be rescued, it would be prudent if facilities are made available for them to get access to a listening ear, as this source may help them to feel recognized and perhaps abort their suicidal intention. While The Befrienders a suicide crisis center (Befreinders Kuala Lumpur, 2000) is available for those who are distressed on a 24 hours basis, it seems that this group of attempters is not aware of the services. Perhaps the location of the center and the publicity drive had not catered for this marginalised group of people. As The Befrienders is the only non-governmental organization that professes expertise in dealing with potential suicide at no cost, while providing confidentiality and anonymity, the availability and awareness of such services would go a long way in helping those who are suicidal. Overseas, especially in United Kingdom, Samaritans/Befrienders has been a valuable source of support for those who are suicidal (Befrienders International, 2000). Thus

greater publicity, organizing workshops, training and out-reach programs to schools, squatter areas and low cost housing areas could be carried out more extensively by these NGOs to create greater awareness of their services and benefits. Perhaps too, The Befrienders could work closely with the Ministry of Education in implementing training packages in suicide prevention and out-reach programs to the various schools to help school counselors in primary suicide prevention and intervention.

Counseling the suicidal

WHO (2000) had provided a list of how to identify students in distress and at possible risk of suicide. According to the list any sudden or dramatic change affecting a youth's performance, attendance or behavior ought to be taken seriously. This is because it may indicate a mental or social distress and the possibility of the youth having suicidal thoughts that might ultimately lead to suicidal behavior. This list would include, lack of interest in normal activities, declining grades, decrease effort, misconduct, unexplained or repeated absence or truancy, excessive tobacco smoking or drinking and misuse of drugs. Furthermore, the American Academy of Child Psychiatry added three more to the list, and they are - changes in eating and sleeping habits, withdrawn from friends/family and frequent complaints about physical symptoms that are often related to emotions, such as fatigue, headache and stomachache (Peach & Reddick, 1991). Thus, if any of these signs are identified it would be prudent that a thorough evaluation be carried out to identify the distress level and state of mind of the youth. Help can then be offered to reduce the stress, or if suicidal thoughts are present, action can be taken to avoid loss of life.

In attempting to counsel a suicidal youth, to begin with, the school counselor should be comfortable with the subject matter of death and suicide. The next preliminary task of the counselor is to build a rapport with the youth, and be supportive and sensitive to the thoughts and feelings expressed. This is essential as the progress of the session and possible disclosure of suicide thoughts would be dependent on this initial contact. Counselor should display positive regard, trust, and concern and reflect understanding and acceptance.

If a suicide intention were indicated by the youth, it would be necessary to determine the suicide potential or lethality of the act. This could be carried out by determining if he/she has any definite plans on how it is to be carried out. Exploration of the plan would be necessary if there was a plan. Another aspect is to check the reversibility of the act, as time is a crucial factor. That is, to find out how they intend to carry it out. As an example, taking pills might be less lethal than jumping from a high rise building which cannot be reversed. Their sense of isolation and possible contact with others could also be looked into, for those who are intent on dying would avoid proximity with others. Here availability of family support may reduce the risk. A previous suicide attempt is an important predictor of lethality, and family history or close friends who had attempted before can have an influence too.

Once lethality is determined, measures should be taken to ensure that the safety and welfare of the youth is taken care of and that he /she is assured that all efforts would be made to ease their burden. Depending on the lethality, it may be necessary to stay with the youth until help arrives, or to refer him/her to a specialist, or alternatively offer a contact number that he/she can reach at any time they feel the need to.

In counseling the suicidal person, active listening and empathy is essential. Based on Shneidman's (1986) ten common characteristics of suicide and Eldrid's (1988) practical measures of helping a suicidal person, a counselor during the helping process would need to bear in mind the following:

1. As the suicidal person would be experiencing unbearable pain or psychache which causes them to have negative emotions with a deep sense of hopelessness and helplessness, it would be the role of the counselor to help reduce the pain, lower the level of suffering and reduce their sense of despair. The goal of suicide is actually to end/stop the pain and not to end life per say. A listening ear and the presence of a warm and caring person may give them the comfort and warmth that could lessen and ease the burden that they are experiencing. The counselor then would have helped to reduce the sense of isolation, injecting some hope and possible alternatives to a situation that seems insurmountable.
2. The stressors that triggered the act were unfulfilled frustrated needs and loss of investments. Thus, counselors should work on fulfilling the frustrated needs by showing empathy and understanding of the loss experienced. This may help release the load and sense of loss.
3. As a suicidal person is ambivalent towards their death they also seek to communicate their intention. Thus the role of the counselor is to listen to their cry for help, and make use of their ambivalent state of mind to explore possible alternatives.
4. The cognitive state of a suicidal person is constriction, a sense of being trapped with no possible options available. So, they may not be in a rational state of mind to make wise and healthy decisions, thus resorting to suicide as the conceivable

escape route. It would be the role of the counselor to help them through this state of mind, releasing the impasse and assisting them to see other options, hence, stopping them from seeking escape through suicide.

5. During the helping process counselors should explore previous positive coping patterns used by the youth. This can be evoked in this instance to help the youth see the possibilities of successfully coping with a situation that was deemed impossible.

Suggestions for Further Research

This research has shown that female youth are highly vulnerable to suicidal behavior especially among the Indians and Malays within the age range of 13 to 24 years old. However, the sample of this research was obtained from one specific government owned hospital during a short period of time thus this research cannot be generalized. So, it would be ideal if research could be carried out that covers both government and private hospitals over an extended period of time to look at the overall trend of suicidal behavior among the general population and the young specifically.

While this research covers the feelings and emotions of the suicide attempter during and immediately after the suicide attempt it would be interesting to find out what became of these young women after a lapse of time. A possible research direction could be that which considers including a follow-up study of these young attempters.

In addition, while this research looked at suicide after the attempt, it would be prudent too for a study to be carried out looking at the presence or absence of suicidal thoughts or ideation among youth. That is, looking at the potential or /and resilience to suicide among youth. This could be carried out at school level.

This research had sought to look at the suicide question from the suicide attempters' perspective. Perhaps with a control group, comparison could be made and further discovery could bring a different light to the issue of suicide and attempted suicide, which could be a useful tool in curbing the increasing trend of suicide and attempted suicide.

While the issue of religion and lack of faith in relation to suicidal behavior is beyond the scope of this study, further research looking into this perspective would be interesting and challenging.

Conclusion

According to WHO (2000) in the last forty-five years the rate of suicide has increased by sixty percent worldwide. It is estimated that for the year 2000 approximately one million people will die from suicide. In Malaysia, although lacking in the latest data on completed suicide, it is said that it has been increasing from 0.38/100,000 in 1975 to 1.67/100,000 in 1986. Moreover, it is said that suicide is underreported in Malaysia due to its social stigma (Ong & Yeoh, 1992). In relation to suicide attempts, this research has shown that there is at least one attempted suicide per day at the General Hospital in Kuala Lumpur. The incidence in other hospitals within the Klang Valley is not taken into account. Granted that not all

suicide can be prevented, a majority is still preventable. Based on literature review most suicide attempters are said to be ambivalent about their suicidal act and that they made attempts to communicate their intention, thus the act could be considered as a cry for help. Therefore, it is our responsibility, as teachers, school counselors, physicians, parents and the public at large to reach out to these people so that a life can be saved.

This research has identified that female youth are vulnerable to a suicidal tendency especially those who are within the 16 to 25 years age range. As these youth are of school going age, schools have a role to play. Schools are responsible for the protection and safety of every student, therefore it should take a proactive role, be open and receptive to introducing programs that foster better balanced and resilient individuals that can cope well with the vicissitudes of life, and not merely focus on academic achievement. This would be an effective preventive strategy as we are then equipping our youth to face the world and manage their lives.

As teachers are the best personnel to identify suicidal individuals they are in a key position to assist counselors. Thus, they should be equipped with knowledge of distress and warning signs in youth that may indicate mental stress and suicidal behavior as part of their training programs. Counselors in turn ought to be more professional in handling students' problems so that youth are more willing and receptive to approach them for help. Counselors too should constantly up-grade their skills and practice suicide prevention and be prepared for suicide intervention and post-intervention.

The choice of suicide as the answer to one's problems can be minimized among the youth if there is a join effort among schools, mental health professionals

and NGOs in helping the youth manage themselves better, and provide them a ready listening ear in their time of need.