

SUICIDES AMONG YOUTHS IN NIGERIA: A COUNSELLING RESPONSE

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Abstract: In Nigeria, like most parts of the world, investigation revealed that suicide behaviour has being socio-culturally oriented, fueling negative attitudes toward the act, perpetuating secrecy which includes non-reporting. Suicide, which refers to taken one's life by self is associated with factors such as; depression, alcoholism, hopelessness, substance abuse, possession of lethal weapons, terminal illness, loss of loved ones and bankruptcy or collapse of business. The paper was an ethical appraisal of suicide in Nigeria. The objectives of the study were to establish the prevalence of suicide in Nigeria, identify the possible causes of the rising cases of suicide in Nigeria, examine the implications of suicide on the Nigerian society especially the youth and to proffer workable solutions through examining guidance and counselling ways through which suicide can be effectively managed in Nigeria. The study adopted a descriptive survey design. Materials for the study were drawn from primary and secondary sources. The study also found that most Nigerians viewed suicide unfavourably based on the belief in the sanctity of life argument. The paper also found that suicide had implications on the society. The paper suggests that all stakeholders, including government, nongovernmental organizations and others, should mount a formidable advocacy towards the reduction of suicide in Nigeria, the press and all media organizations should be involved in regular enlightenment of the public on the harm done by suicide, medical organizations, like the hospitals, should be involved in rendering prompt attention to those who exhibit suicidal behaviour and those at risk. The paper concluded that life is sacred nobody has the authority to take life.

Keywords: depression, alcoholism, hopelessness, medical organizations.

1. INTRODUCTION

Suicidal behaviour has been the focus of a growing body of research internationally, cross-nationally as well as comparatively. Durkheim (1896), describes suicide as any death that is the immediate or eventual result of a negative (e.g. refusing to eat) or positive (e.g. shooting oneself) act accomplished by the victim himself or herself. Similarly, Silverman (2006), also maintains that suicide is, by definition, not a disease, but a death that is caused by a self-inflicted intentional action or behavior.

Suicide, the action of taking one's life intentionally, has now become a social phenomenon. The rate at which people seem to commit suicide is quite appalling despite the fact that attempted suicide is a crime in Nigeria. "Suicide among the ten leading causes of death for all over the world, while in some countries it is among the top three causes of death for people aged 15 to 34 years for both males and females" (World Health Organization, 2008).

Discussions on suicide are mostly focused on the European countries with little or no attention to Africa, particularly Nigeria. This because of the paucity of information on suicide in Nigeria. This view seems to be in line with Alabi et al, (2009), when they maintained that "...Indeed, several countries, including Nigeria, do not routinely collect death records and have no reporting systems to document the causes of death". Consequently, lack of records of suicide cases in Nigeria seem to be a challenge to scholarship.

2. ON THE CONCEPT OF SUICIDE

Much literature exists on the phenomenon of suicide. For example, Stoff and Mann in their work, *The Neurobiology of Suicide: from the Bench to the Clinic*, argued that suicide is now an object of multidisciplinary scientific study with sociology, anthropology, psychiatry and (philosophy) each providing important insights into the phenomenon.

In another dimension, Dmian Anyam (2016) in a work titled, *Issues in Moral Philosophy*, observes that certain questions about suicide seem to fall at least partially outside the domain of science. According to him, "suicide raises a host of conceptual, theological, moral, sociological and psychological questions and this has attracted the attention of scholars across disciplines. This statement implied that the study of suicide has engaged various scholars, not just psychiatrist as once thought. Consequently, different scholars and professionals have approached the phenomenon based on their principles and ideological inclinations. The researcher is in agreement with this position of Anyam, since preliminary survey of literature revealed that academics, sociologists, theologians and psychologists among others are interested in the phenomenon of suicide.

The word suicide as used today differs from what it was conceived of in time past. Jenkins (1992), in *Contemporary Moral Issues* explained that the attitude towards suicide in the Orient during the ancient era was that of indifference and permissibility. According to him, the Japanese, for instance, especially those of the Bushido idea, felt that suicide was a right which everyone had access to. The Japanese term for suicide *hara-kiri* meant 'to avoid disgrace' such that anyone who felt he had lost his/her honour could regain it by self-killing. Jenkins position that suicide was a way of regaining ones' dignity is challenged by the researcher as dignity cannot be regained by killing oneself. Furthermore, Jenkins, following the Japanese term for suicide; *hara-kiri* says that the Japanese instead of facing the realities of life, took to suicide as a means of avoiding such 'realities'. As a result, John Cooper in the work, *Cognitive Dissonance, fifty years of a classic theory* noted that neither Greek nor Latin had a single word that aptly translated to contemporary idea of suicide, it was much later that the term *sui caedere* was applied to the act of killing oneself.

Etymologically, Anyam (2016), in the same work traced the concept 'suicide' to the Latin word *sui caedere* which means to kill oneself willingly. This imply that suicide is the act of killing oneself. This conception is in agreement with the researcher's as suicide involves the deliberate act of killing oneself. There are a number of actions that are arguably seen as suicidal, however, it must be noted that while smoking, sky diving and even sports like boxing are viewed by some persons as suicidal activities, the intentionality of the act is of paramount importance. If these activities are not engaged in with the intention to end one's life; then they are not necessarily termed suicide, even if they result in the demise of the individual who indulges in such activity.

Discourse about suicide goes back to the time of Plato. In the ancient period, Plato's (1553), *Phaedo* made it emphatically clear that suicide contravened the teaching of the Orphics. Orphism is an ancient Greek religious doctrine that taught that the human soul was imprisoned in the body. Through a series of re-incarnations, the soul was able to achieve a final liberation or release from the body. One could not quicken this release by suicide because it prevented the release of the soul from the body which the gods had placed upon man as a form of punishment. Hence, Plato's law saw suicide as one of the capital offences which man imposed upon himself in the spirit of slothfulness and abject cowardice. He advocated that the corpse of the culprit should be treated with scorn which served as a deterrent to those who were tempted to contemplate such act. The author shares this conviction with Plato to some extent. Apart from religious grounds, it is meaningless for a conscious human being that is mentally fit to even think of taking his or her own life, no matter how justifiable the reason. This is because naturally one is expected to have self-love and that means that killing of oneself is forbidden by that law. Therefore, self-killing ought to be abhorred in all facets.

In a similar vein, Aristotle (1817) maintained in the *Nicomachean Ethics* that suicide is an offence against the state, "a man who cuts his throat in a fit of anger is voluntarily doing contrary to the right principle, what the law does not allow". The state imposes a penalty and a kind of dishonor to deter such act. Furthermore, Aristotle's politics emphasizes the social roles and obligations which suicide deprives its members of. It robs the community of the service of one of its members. Nature has endowed each individual with different capabilities to serve the needs of each other in the society. This position of Aristotle is shared by the researcher; although man claims to have freedom to live or not to live, however, in an ideal state people are endowed with various responsibilities to serve each other in society. By taking one's life by oneself, the society has been deprived of basic responsibilities that would have been offered to the society if such an individual were still alive.

On the other hand, David Hume in his unpublished essay “*On Suicide*” (1783) proclaimed man’s right to dispose of his own life. He expressed that a man retires from life neither does any harm to society nor violate his duties towards himself or other people. The elements and other inanimate parts of creation carry out their action without their own interest and situation, men may employ every faculty, with which they are endowed, in order to provide their course, happiness and preservation. It is not an encroachment on the office of providence to disturb or alter these general laws. Just as God permits us to divert rivers for irrigation, so too ought he to permit us to divert blood in our veins. The position of Hume on suicide varies fundamentally from the researchers. The study holds onto the view that human life is more valuable than the river or other inanimate creations that Hume has cited as examples to prove his point. Killing of oneself is a violation of one's duty to oneself and to others in the society. Moreover, it is considered escapist.

Also holding a similar idea to David Hume is Schopenhauer. He expressed these beliefs in his essay “*on suicide*”. He conceived suicide as a courageous act of honour, the chief of all remedies for a troubled mind. Among the blessings that nature has given to man none is greater than opportune death, and the best of it is that every one of us can avail himself of it. As soon as the terrors of life reach the point at which they outweigh the terror of death, man will put an end to his own life. He even regards the state criminal law’s stance as ridiculous (66-67).

In line with this, Jean-Paul Sartre (1953) in his work: *Being and Nothingness* was struck by the possibility of suicide as an assertion of authentic human will in the face of absurdity. He however determined that it would be in vain for people to resort to suicide in order to escape absurdity of life since, “Suicide cannot be considered as an end of life which should be unique foundation... if I escape death, or if I misfire should I not judge that my suicide was cowardice? Will the outcome not show me that the other solutions were possible? But since these solutions can be only my own projects, they can appear only if I live”. Through a series of questions, he shows that suicide was itself absurd as it proffered no solution.

In the contemporary period, Emile Durkheim in his famous work: *Suicide: A study in Sociology* explored the social dimension of suicide. Suicide is understood in reference to the relationship between the individual with the society. He classified suicide under three categories as egoistic, altruistic and anomie suicide. Egoistic suicide is a personal isolation consequent upon a lack of meaningful social integration of the individual into society or family life.

3. CATEGORIES OF SUICIDAL BEHAVIOUR

Many scholars have categorized suicidal behaviour in a way and manner suitable to them. In his understanding Shneidman (1998:99) categorized suicidal behaviour into four namely:

surcease, psychotic, cultural, and referred. Surcease suicidal behaviour is an attempt with the desire to be released from pain, which can be emotional or physical. Psychotic suicidal behaviour results from the impaired logic of the delusional or hallucinatory state of mind associated with clinically diagnosed schizophrenia or manic-depressive psychosis. Cultural suicidal behaviour results from the interactions between self-concept and cultural beliefs about death; while referred suicidal behaviour results from destructive logic, such that the victim “confuses the self as experienced by the self with the self as experienced by others.

The implication of Shneidman’s categories of suicidal behaviours is that people with terminal illnesses or those who are mentally deranged might engage in suicidal behaviours. Those who have negative self-images about themselves or those confused of what others think about them might also be tempted to engage in self-destructive behaviours.

In another dimension, Robert (210) classified suicidal behaviour into four, namely: completed suicide, suicidal attempts, suicidal ideation, and self-destructive acts. According to him:

Completed suicide, is a behaviour that results in the death of the victim. Suicide attempts involve a suicidal behaviour where the attempter survives. Suicidal ideation includes all overt suicidal behaviours and communications such as suicide threats and expressions of wish to die. Self-destructive acts include behaviours that do not lead to immediate death but gradually lead to death after a long time such as alcoholism, sex abuse and drug abuse.

Many people face some excruciating economic difficulties such as inability to pay their children’s school fees, purchase essential textbooks for their courses, feed and clothe themselves or cope with other life challenges like accessing good medical care (Eneh, 98). These economic difficulties could predispose them to suicidal behaviours which could be found among people of various ethno-cultural backgrounds in Nigeria. These suicidal behaviours include, completed suicide, attempted suicide, suicidal ideation, and indirect self-destructive behaviours such as alcoholism, substance abuse, possession of lethal weapons, cultism, sexual abuse, reckless driving, armed robbery, and abuse of electrical appliances.

Durkheim (2013:175). also classified suicide into four groups which include: Egoistic, anomic, altruistic and fatalistic suicide. His classification of suicide is based on the belief that suicide rate is determined by the relationship between individuals and society especially the degree of individuals' integration into social groups and the level to which society through set laws, roles, values, norms, morals, etc regulate individual behaviour. According to him:

Egoistic suicide occurs as a result of individual sufficient integration into the society of social group. Anomic suicide occurs through its norms and value when society cannot sufficiently through its norms and value regulate individuals' behaviour; because of the rapid change occasioned by industrialization. Altruistic suicide occurs as a result of individuals over integration or affiliation to a social group or society to the extent that they can sacrifice themselves /life out of sense of duty. Fatalistic suicide occurred when the individual is over regulated or controlled by social group or society.

Belatedly, Taylor (1990), classified suicide into four categories: submissive, thanatation, sacrifice and appeal suicides. According to him:

Submissive suicide occurs when an individual is so certain about their life, believing that life is over and that there are dead alive. Consequently, they submit to death by killing themselves. Thanatation suicide is the opposite of submissive suicide. It occurs when individuals are uncertain about themselves and their life. Sacrifice occurs when an individual feels he/she is treated unfairly or other have made their life unbearable. Victim of this type of suicide attribute the cause of their actions death to others. Appeal suicides occur when an individual is feeling uncertainty over other members of society's or social groups' attitude towards them.

4. FACTORS ASSOCIATED WITH SUICIDE BEHAVIOUR IN BENUE STATE

Various factors have been adduced to be associated with suicidal and self-destructive behaviours. These factors include depression, alcoholism, hopelessness, substance abuse, possession of lethal weapons, terminal illness, loss of loved ones, crashing of a booming business, among others. Depression refers to a state of heavy sadness, low spirit and isolation.

Depression when accompanied by psychosis or anxiety could trigger off the feeling of despondency and suicidal ideation. A person in this frame of mind could resort to suicidal behaviours. Experts show a high incidence of psychiatric disorders in suicide victims at the time of their deaths with the total figure ranging from 68 to 87.3 per cent (Green and Irish, 2008). Long lasting sadness and mood swings can be symptoms of depression and a major risk factor for suicide.

Lewinsohn, Hops, Roberts, Seeley and Andrews (2001), argued that people with a history of suicidal attempts are more likely to be depressed and to be experiencing significant psychosocial deficits. Gould, King, Greenwald, Flisher, Swab-Stone, Kramer, Goodman, Canino, and Shaffer (2008), also note that "mood, anxiety and substance abuse disorders substantially increase the risk for suicide attempts in people". This view was affirmed by Hakim who reported that suicidal behaviours often occur in response to a situation that the person view as overwhelming, such as social isolation, mood, anxiety, substance abuse disorders, death of loved ones, emotional trauma, and serious physical illness.

Alcoholism is a state of poisoning by excessive consumption of alcohol. Robert (2011), maintained that alcoholism is linked to hopelessness for inducing suicidal behaviour. He asserted that when hopelessness is accompanied by intoxication, it can intensify suicidal feelings. Drunkenness may intensify feelings of depression, panic and anxiety that can cause blurred vision, false sense of estimation and judgment while driving. This can lead to fatal accidents that may sometimes affect the victim. Moreover, experts have found that higher levels of suicide attempts were associated with alcoholism (May and McClosky, 2009). Alcohol also reduces self-control. Many people who attempt suicide drink alcohol before the attempt. Because alcoholism, particularly, binge drinking, often causes deep feeling of remorse during dry periods, alcoholics are suicide-prone even when sober.

Substance abuse which may involve over-dose of drugs, gas poisoning, inhaling carbon monoxide, swallowing of poisons, pesticides, and the use of other chemicals to end one's life is another major form of suicidal behaviour. Most psychoanalysts including Fleming accept this. Fleming reported that "substance abuse and other forms of abuses such as sex abuse are some of the precursors of suicidal behaviour" (64). People who had traumatic childhood experiences including physical and sexual abuses are more likely to attempt suicide, perhaps, because they are at risk of becoming depressed. Substance abuse and sexual abuse which are predominantly prevalent in the Nigeria society and other parts of the world, including South Eastern States of Nigeria can lead to suicidal behaviours.

People with terminal illness, such as cancer, AIDS, and other disorders that affect nervous system and brain (such as dementia, or temporal lobe epilepsy) can lead to suicidal and self-destructive behaviours. Other mental health disorders besides depression also put people at risk of suicide. People with schizophrenia and other psychotic disorders may hear voices (auditory hallucinations) commanding them to kill themselves. People with borderline personality disorders or antisocial personality, especially those with a history of violent behaviour, may use suicide gesture or attempted suicide as a means of getting back at someone or making a statement. "Most people who attempt suicide do not complete suicide on a first attempt; those who later gain a history of repetitions have a significantly higher probability of eventual completion of suicide" (Shaffer, 2008).

Sex abuse is another form of indirect self-destructive behaviour that individuals indulge in. Sex abuse is any unlawful, forceful, sexual intercourse such as fornication, adultery or rape. Cult members sometimes engage in raping sprees of female students in institutions of higher learning. The survivors run the risk of becoming pregnant or contracting HIV. If the raped victims become pregnant, they run the risk of committing abortion and dying in the process, or dying during delivery. If, however, they contract human immune-deficiency virus, it gradually leads to full blown AIDS which may in turn, lead to death. The rapist may also contract HIV which may eventually cause AIDS and death. Sex abuse by cult members has been reported in various Universities in Nigeria.

5. SUICIDE AND THE NIGERIAN SOCIETY

Previously, cases of suicide were hardly heard of in Africa and Nigeria in particular. Most of suicidal ideation cases were in the western and eastern countries. The trend seems to have changed since the last decade has significantly recorded a number of suicide related death in Nigeria. Suicide facts released by National Centre for Injury Prevention and Control (NCIPC), revealed that suicide rate increased in 2011 when compared to 1999-2010 mostly among the young folks.

In Nigeria, statistics released by *Today Newspaper*, on the recent increase in suicide cases in Nigeria showed that between 2015 and 2017, there have been mind-boggling rate of suicides. For instance, in 2015, "a 65-year-old businessman committed suicide in Kano on 24th November, an adult of 78 years of age killed himself in Kano on 20th October, a civil servant killed himself in Bayelsa on 2nd October and at Oke Onitea in Osun State, a young man of 27 years committed suicide on 19th of August".

The Newspaper further reports that more suicides occurred in 2016 with the death of "a student of University of Nigeria Nsukka (UNN)-Tobechukwu Okeke on 29th November, a commuter taxi driver in Abia State on 25th August, a former NEPA worker in Ibadan on 3rd of August, death of a Chinese man in Lagos on 1st of August, an ex-permanent secretary committed suicide in Abia State on 29th May, a student of Ado Bayero University took his life on 28th May, ex-army officer hung himself on 19th May, a seventeen year old teenager committed suicide in Ganjuwa local government area of Bauchi State on 14th May as a result of marriage disappointment. A teenage suicide bomber exterminated eight lives at Maiduguri on 21st April. On 12th April, a young man committed suicide in Abaranje Area of Ikotun, Lagos" (45-47). Information released on the 26th of March by *Today Newspaper* revealed that, 10 per cent of referrals to Lagos State University Teaching Hospital (LUTH) were attempted suicides, a civil servant killed himself in Ekiti State in 15th January and many more".

Similarly, Ekaette (2014) in a work titled, *Rising Cases of Suicide and Suicidal Attempts Among Nigerians* reports that the suicide committed by Motunrayo Ogbara, a 26-year-old ex-banker in Lagos State, is still generating many comments in the metropolis and beyond, as many people are still shocked that a young lady that was full of life could have killed herself. It is speculated that Ogbara, a graduate of Economics from the University of Lagos, was depressed and had made an earlier attempt at suicide last year. In another case, *The Nation's Newspaper* of March 20th 2017 reported that a Lagos Medical Doctor, Allwell Oji, was also said to have jumped into the Lagos lagoon, after he alighted from his chauffeur-driven car at the Leventis Bus Stop, Marina. Ogbara and Abaniwonda are among the many Nigerians who are reported to have taken their lives in 2017 (5).

In the month of March 2017, three suicide cases were also recorded in Lagos. The State Criminal Investigations Department got a report on March 26 that one Nnamdi Osita was found hanging in a classroom in a primary school at Satellite Town. Just before Osita's case was reported, Ekpesikpe Iman was found dead in her brother's Ajegunle house after hanging herself.

Similarly, Azeez Nurudeen of No. 9, Amusa Street, Layeni, Ajegunle, was found hanging in his apartment. These suicide cases are among the few that were reported to the police in Lagos state in 2017 alone. The suicide cases are not limited to Lagos state alone. In Jalingo, Taraba State, Albert Usman maintained that a thirty-year-old woman, Mrs. Bilkisi Gidado, committed suicide after her husband reportedly took a second wife. Gidado was said to have set herself ablaze and eventually fell into a well in her residence. (News watch "30, Commits Suicide").

According to Eniola Samuel, in Ajuwon, Ogun State, Tobilola Ajihun killed herself after her longtime boyfriend, Simeon Akinremi, rejected her pregnancy. Her suicide note read, "Please, I killed myself by taking rat poison because he rejected my pregnancy. I was sincere to him and I never double-dated. So, I decided to take my life and my God will revenge because I did not forgive him." (News watch "Woman Commits suicide"). In the case of Ajihun, it is clear from her suicide note that disappointment at the deceit of her longtime boyfriend caused her suicide

In Katsina State, Salamatu Umar revealed that a 36-year-old man, Sabo Lawal, was said to have committed suicide by hanging himself with an electric cable in his house at the abattoir area of the town on July 1 2017. According to the witness, Lawal was a drug addict and had been living alone since he divorced his wife a few months ago. Whereas the other examples dealt with are more of emotional stressors, Lawal's is due to the effects of drugs.

Ogbonna Sylvanus affirmed the reality of suicide in Nigeria when he states that, Andrew Uba, in Okigwe, Imo State, reportedly committed suicide over Manchester United's inability to win the UEFA Champion's league final on Saturday after placing a One hundred naira bet on them to win ahead of FC Barcelona, reports said. A few days before Uba's death, a twenty-nine-year-old man, Emmanuel Peter, allegedly committed suicide in the Girei Local Government Area of Adamawa State after medical results revealed that he was HIV positive (oral interview). Whereas Uba's case could be said to be one that was self-inflicted, apparently, the Manchester United loss was what he could not live without. Given the second suicide died for a cause that others have surmounted. It therefore goes to say that peoples' ability to handle the issues that causes suicide vary. No doubt, Nigeria has witnessed an increase in the number of suicide cases recently; and the causes of the deaths vary irrespective of sexes, while the method used predominantly are hanging, followed by self-poisoning. This may be due to Nigeria's gun laws which prohibit ownership as in the case of United States of America.

In a report released by the International Association for Suicide Prevention (IASP), the number of reported cases for 2009 was 21,500, and the statistics has continued to increase. Most of the reported cases, according to the IASP, resulted from the complex interaction of causal factors, including mental illness, poverty, substance abuse, social isolation, losses, relationship difficulties and workplace problems. The main methods used by the victims, IASP says, are hanging, shooting with fire arms and poisoning.

According to Adeoye Oyewole (2017), though there is an increase in the number of people committing suicide, cases of this nature have always occurred but people were hardly open about them. In his words, "Suicide is not just happening. It's just that Africans have mechanisms in their culture and religion that hide it. It is often considered a taboo for anyone to broadcast information that pertains to suicide, especially when it concerns royalty (oral interview). In the past, we have had so many kings and monarchs that committed suicide, but no one was willing to discuss such incidents. The implication of this is that suicide is underreporting of suicides and even the police do not get to hear about it because of the stigma attached to it. So, under-reportage is a major challenge in ascertaining the accurate statistics on suicide rate in Nigeria.

The *Telegraph Newspaper* (2010), in a six months' review, maintained that recession is one of the reasons for the increase in suicide rate in Nigeria. It pointed out that "seven states are the worse hit by the wave of suicide. In the review, out of the 62 recorded cases, Ogun and Lagos State had the highest record of 25 and 12 cases respectively. Other states include Ebonyi state 10, Delta State 4, Oyo State 4 and Ondo State 1. As opined by *Telegraph*, the high rate of suicide ravaging the Nigerian state is being aggravated by the declining economy of Nigeria.

As in the case with Nigeria, suicide has been made illegal in many societies. For example, Plato, the ancient Greek Philosopher vehemently disapproved of suicide (Carrick, 2001). Generally, ancient Roman Governments countered suicide because the nation tended to lose assets such as slaves and soldiers. Moreover, Judaism clearly prohibited suicide except when one faced capture by an enemy, as in the mass suicides of Masada (Witztum and Stein, 2012).

It is common knowledge that in most parts of Nigeria, morality is held in high esteem. It is reflected by the character of the one in question, and as such is accountable to the society, whose norms and mores are said to be upheld or broken by

the individual. Aderibigbe (2007) argued that, “morality when considered from the operational and practical perspective, could be defined as the pursuit of the virtues or a way of life that reflects principles, behaviours and attitudes that determine relationship in any given society which ultimately would produce a cohesive, harmonious, peaceful and stable society”.

In contrast, Hassan (2001), argues that the incessant acts of suicide perpetrated by Hausas seems to indicate that suicide is acceptable in their culture. According to him:

In northern Nigeria, for religious purposes, there is an ardent desire among individuals to enlist as suicide bombers. They practically go on their knees begging, and are ready to do anything just to get an opportunity to be sent as attackers. Apart from the religious determination, there is a cultural determination anchored on a simplistic concept of life expressed in Hausa sayings such as: *me duniya?* What is life? *Duniya runfan kara*. Life is a roof made of the stem of maize. This reduces the depth of the value life possesses.

Such conception of life and action seem to be acceptable of suicide behaviour at least in some quarters.

In the South-Western part of Nigeria, particularly among the Yorubas, suicide is seen as “bad death” (Omomia, 2009). Therefore, those who commit suicide are not given full burial rites but are buried in the “bad bush” (otherwise called evil forest) outside the village (Aderibigbe, 2007). However, the researcher notes that there may be exceptions to the general rules concerning suicide among the Yoruba. Smith maintains that “an *Arema* (that is the eldest son of the *Alafin*), is expected to kill himself on the death of his father. This is due to the fact that, the *Arema*, who may be overambitious, is then eliminated from wishing to succeed his father. This aspect of suicide for the rejected *Alafin*, according to Smith started from the 1700-1730, during the reign of Agaju and Abiodun, and the rejected *Alafin*’s oldest son was expected to die with his rejected father”. From the Yoruba example, it is evident that there were culturally sanctions suicide.

Moreover, suicide has been reflected in their thought as *iku ya j’essin* (death is preferable to shame, dishonour and indignity). Thus, according to Asiata (2010), dignity plays a significant role in the choice of suicide. Here, death (*iku*) is conceived as a better option than shame (*essin*). Mazrui explained further the Yoruba rationale for suicide when he wrote, “suicide becomes respectable when the life which it ends had at once aspired to great heights and is now descended to such depths”. Asiata (2010) further avers that “such a life in essence lacks quality and value, devoid of the features of a good life and thus not worth living”. The Yoruba beliefs for a life worth living are described thus: *aye alaafia, irorun ati idera* (a healthy life devoid of pain and suffering). For the Yoruba, when it comes to the issue of autonomy and competence as regards deciding on suicide, they would metaphorically claim that *bose wuni lase imole eni* (one determines one’s fate the way one deems fit) (Asiata 57). This understanding of life creates room for suicide.

According to Aderibigbe (2007), suicide committed for certain reasons such as escaping terminal illness, being captured in wars, protecting family and personal honours, avoiding shame and disgrace, either personal or communal is not only tolerated, but is praised for being a demonstration of rare courage among the Yoruba. For instance, a defeated Yoruba Balogun who engages in heroic suicide to avoid shame as a defeated general is praised for such act.

In Eastern Nigeria particularly among the Igbos, because of the prime place that life occupies in Igbo philosophy, Obi maintains that everything that the Igbo does is geared towards the preservation of life: Eating, drinking, sacrifices, rituals and rites, kinship, taboos and other moral provisions, worship and even the existence of sacred specialists is for the preservation of life. Nothing is done without a bearing to life. Therefore, the Igbo does everything in his or her power to preserve this life and suicide is not an option.

6. SUICIDE PREVALENCE AND THE COUNSELING RESPONSE

With the prevalence of suicide death and other forms of suicidality in our current culture, counselors are highly likely to encounter suicidal clients. As an extensive and growing body of research clearly demonstrates the prevalence of suicide and necessity for the counseling profession to address it, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) included in their standards for training in accredited counseling programs a requirement for crisis-response training in the form of “crisis intervention and suicide prevention models, including the use of psychological first aid strategies” (Section II.G.5.g.) Specifically, CACREP (2009) requires counselor training programs to demonstrate student learning outcomes in crisis intervention, and assessment and management of suicide risk.

In response to the prevalence of suicide, counsellors through counseling, has helped in the enhancement of self-esteem among the people. This has contributed in creating a sense of self-worth and would always want to do the right thing in the heart of most people. The implication of this is counseling makes people feel that they are worth being listened to, and somebody is paying attention to them.

Relatedly, counselling is moderately effective in the management of human behaviour. This view is affirmed by Renuka (2013) study in India which agrees that guidance and counselling is instrumental in solving emotional and social problems of the people. The same view is shared by Eliamani, Mghweno and Baguma (2014) study in Uganda that the study life of a human person is moderately influenced by guidance and counselling.

Also, counselling is effective in the management of people's behaviour. This view is supported by Deidra (2013) study in America which argues that many positive behavior intervention strategies are instrumental in the management of peoples' behaviour. This has also helped in developing self-esteem as people are taught not to repeat mistake.

However, the extent to which counselor educations programs have historically done so suggests there is more work needed in training counselors in these arenas. Despite the high levels of exposure to suicidal clients among counselor trainees and even more so for counseling professionals, training in suicide prevention and intervention in counselor education programs is inconsistent at best, and largely ignored in the literature (Wachter Morris & Barrio Minton, 2012; Barrio Minton & Pease-Carter, 2011).

Generally, incongruence exists between the perceptions of importance of the incorporation of suicide intervention and prevention training in counselor education programs and the actual implementation of formalized or evidence-based instruction methods. While counselor educators maintain that suicide intervention preparedness is a very important component of counselor training, Reeves, Bowl, Wheeler, and Guthrie (2004) found that far fewer formally incorporate theoretically or empirically valid approaches to in their curricula. Approximately one third of counselors' report having received no training in suicide issues at the master's level (Allen, Burt, Bryan, Carter, Orsi, & Durkam, 2002).

7. CONCLUSION

A society is, in fact, a moral society wherein cultural constrains upon one's behaviour is dominated by moral reality that is greater than one. One's consciousness is a social fact as it is extended to us through socially agreed reward or punishment. The variation of suicide rates of different ethnic groups within the country and communities assumed suicide varies inversely with the degree of integration of religious society, domestic society and political society.

The incidence of suicide is increasing at alarming rate all over the country. Factors such as social problems of unemployment, poverty, un-matched marriages, injustice, and domestic violence all responsible for suicide behaviour in the country. The person who is dismayed or depressed and has lost self-control is compelled to commit suicide without comprehending the consequences of his separation from the family members, who will have to face afflictions and financial problems. Thus they will be burden on the society or they will also involve themselves in acts, which are harmful to them and the society.

There is a sincere need to realize this problem and its consequences. To solve these problems good governance, training and education is required. Religious scholars and mass media can play very important role in creating awareness about this condemned act. The dismayed persons need special attention and loving treatment: spiritual and psychological. Teaching and training at the grass-root level, based on moral education, can help to solve in presenting spiritual solution to the society. Counselling education and training can mold and produce creative minds which may be strong enough to face problems of life.

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