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Perceptions of suicide and their impact on policy, discourse and welfare

תפיסת תופעת ההתאבדות והשפעותיה על שיח מדיניות חברתית

Orit Nuttman-Shwartz, Udi Lebel, Shirley Avrami & Nirit Volk

In recent years, there has been an increase in suicide rates throughout the Western world. However, psycho-social responses to the problem are limited, as is public awareness of suicide and its consequences. This article presents findings from a survey on public attitudes toward suicide in Israel. The survey was conducted among a representative sample, and examined the extent to which the problem is a public priority for developing interventions aimed at preventing and reducing the rates of suicide. The findings revealed that despite the prevalence of suicide in Israel, and even though many of the participants had been personally acquainted with the families of suicide victims, suicide still ranks low on the hierarchy of bereavement. The Israeli public is ignorant about suicide, and does not consider it a problem that calls for government intervention and accountability. The study highlights the need for social workers to play an active role as social agents in an attempt to change the social 'bereavement pyramid' perception and effect on government policy toward suicide.

Keywords: Suicide; Bereavement; Social Attitudes; Public Awareness

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בשנים האחרונות נרשמה עליה בשיעור מקרי ההתאבדות בעולם המערבי כולו. למרות עליה זו הטיפול והמענים הפסיכו-סוציאליים הינם מוגבלים למדי וכך גם המודעות הציבורית לתופעה ולהשלכותיה. המאמר הנוכחי המתבסס על סקר עמדות מייצג בקרב הציבור בישראל ביחס לתופעת ההתאבדות. הסקר המתבסס על מדגם מייצג, בחן את הקשר והזיקה שבין עמדות הציבור לבין המרחב הציבורי הניתן לתופעה ההתאבדות, למענים הקיימים, לפעילות המניעה ולצמצום התופעה. הממצאים מראים כי בחברה הישראלית שכול זה, למרות שכיחותו ורמת ההכרות האישית הגבוהה של המשיבים עם משפחות מתאבדים, נמצא בתחתית ההיררכיה החברתית של השכול, מתאפיין בבורות של הציבור ואינו נתפס ככזה הדורש את התערבות והאחריות המדינה. המחקר מצביע על נחיצות פעילות אקטיבית של עובדים סוציאליים כסוכני שינוי היכולים לסייע בשינוי תפיסת היררכית השכול ועקב כך לשנות את המדיניות הציבורית ביחס למניעה ולטיפול על מנת לצמצם את תופעת ההתאבדות ולסייע למשפחות שאירי מתאבדים.

מילות מפתח: התאבדות, שכול, שיח ציבורי, גישות חברתיות ומודעות חברתית וציבורית

The World Health Organisation (1996) has recognised suicide as a growing problem throughout the world, with nearly one million deaths from suicide every year. As such, the 'global' mortality rate from suicide has reached 16 per 100,000 deaths. Modern sociological theories about suicide, which are based mainly on Durkheim's studies, will probably argue that this growing phenomenon is a result of complex social arrangements in our globalised society. In this society, the social solidarity that maintained the social order in the past has become weaker. The rate of increase in suicide incidents varies from country to country—from about 30 per 100,000 of population in Lithuania, the Russian Federation, Belarus and Kazakhstan, to about 1–2 per 100,000 in Cyprus, Azerbaijan, Georgia, Armenia and Greece (Rozanov & Reytarova, 2009). However, despite the growing number of suicide cases, there is a lack of research on attitudes towards the issue among politicians (Knizek *et al.*, 2008), as well as among the general public and health care professionals, including social workers (Domino & Takashashi, 1991; Domino & Perrone, 1993; Domino *et al.*, 1993–1994; Etzersdorfer *et al.*, 1998; Joe & Niedermeir, 2008). According to Tolor (1986) a possible explanation for the lack of research relates to the difficulty entailed in reaching the general population and obtaining a satisfactory representation of opinions. Another explanation relates to the view that attitudes towards suicide among the general public are not important enough to warrant scientific research.

Throughout the course of history, attitudes towards suicide have fluctuated from condemnation and contempt to tolerance (Avrami, 1999; Bille-Brahe, 2000). With regard to contemporary attitudes, Hjelmeland and Knizek (2004) found that in general, people still tend to attribute suicide to interpersonal causes. In a study of knowledge and attitudes about suicide among 25-year-olds in New Zealand, Beautrais *et al.* (2004) claimed that knowledge about suicide might contribute to shaping attitudes about the issue. In particular, they noted the lack of knowledge about youth suicide. The young

adults examined in that study overestimated the number of deaths due to youth suicide, as well as the proportion of youth suicides out of all suicides. They expressed a range of attitudes, where participants with lifetime histories of suicide or suicide attempts tended to be more tolerant. The findings also revealed that the most common source of information about suicide was the media. These results raised the concern that media coverage of the issue has the potential to normalise suicide as a common, acceptable response among young people. Wasserman (2004) pointed out that ambivalent and negative attitudes toward suicide prevention are also widespread among politicians, many of whom believe that suicide cannot be prevented because it is somehow predestined. In contrast, Brown (2001) claimed that 'even politicians are starting to accept that suicide is not just a private issue' (p. 123).

Many myths have developed about individuals who commit suicide. According to Moskos *et al.* (2004), certain myths have been encountered by suicidologists, health care professionals, school administrators and other government officials in their work with the general population, as well as in the media. Those researchers addressed six common myths about suicide in an attempt to distinguish fact from fiction, and recommended that future prevention programmes be based on research findings as well as on evidence-based methodologies.

The same situation has been revealed among social workers. Although suicide has become a highly publicised problem, and even though social workers work with people who have suicidal tendencies, suicide prevention has been neglected in social work research. Hence, social workers also tend to base their attitudes towards the issue on myths and personal impressions rather than on research evidence (Joe & Niedermeir, 2008). Moreover, Smalley *et al.* (2009) claimed that social workers are not familiar with the large body of research on the topic. In particular, they lack knowledge about the impact of social context on suicide, and have generally failed to consider the effect of risk factors such as employment or unemployment on those who fail to conform to normative social patterns. Nor have they recognised the need to consider people who commit suicide as a vulnerable population. In addition, little attention has been given to educating and training social work students and professionals about working with suicidal clients—even though most social workers will experience at least one client suicide attempt during the course of their career, and one-third of all social workers will have a client who has actually committed suicide (Sanders *et al.*, 2008).

In light of the above, several questions arise. Do perceptions of bereavement in general and suicide in particular derive from social values? Do those perceptions derive from a reality related to life events that centre around death? Do they derive from questions relating to the spirit of the times, and from policies that promote the trends of liberalism, globalisation and privatisation? Perceptions of suicide as a private or a public issue also play a role in determining who is responsible for promoting social services and prevention programmes. Therefore, we chose to examine the extent to which the above-mentioned processes are reflected in the

public discourse on bereavement in general and bereavement resulting from suicide in particular. Based on an Israeli public attitudes survey, we also examined how that situation has affected policies relating to welfare benefits for bereaved families, in an attempt to provide insights on formulation of social policies for families of suicide victims.

The Israeli case

The phenomenon of suicide in Israel

In Israel, suicide rates have increased over the past few years, from about 300 reports of suicides in the late 1990s to about 400 reports today (Israel Ministry of Health, 2005)—although the real suicide rate is estimated at about 500 per year (about 6–7 per 100,000), and the highest suicide rates have been found among elderly people (Israel Ministry of Health, 2008). Rates of suicide attempts are considerably higher than actual rates of death from suicide, and are higher for women than for men. Suicide has also been cited as the second most common cause of death among adolescent boys, and the third most common cause of death among adolescent girls (Israel Ministry of Health, 2008).

Israel is a multi-ethnic country, and it is not surprising that suicide beliefs and actions differ among the diverse ethnic and cultural groups. One of those disparities can be found between Jews and non-Jews. According to the Israel Ministry of Health (2008), Arab citizens of Israel are at much lower risk for committing suicide (66% lower) than Jewish citizens. In addition, comparison of the Jewish and Arab populations by age groups reveals that elderly persons had the highest suicide rate among the Jewish population, whereas younger people (aged 15–24 years) had the highest suicide rate among the Arab population. The relatively low suicide rates found among the Arab population are consistent with research conducted in Muslim countries (e.g. Koronfel, 2002), and can be explained mainly by the values and religious beliefs that typify Arab society (Lester, 2006). In the same vein, Durkheim (1897/1952/1997) emphasised how religion can affect attitudes towards suicide due to its influence on conscience, ideas and behaviour.

Among the Jewish population, there is a difference between Israeli-born families and new immigrants, especially those who immigrated to Israel from the former Soviet Union and from Ethiopia in the early 1990s. The conclusion that suicide rates are higher among these groups of Israeli residents would be an understatement. By 2004, more than 30% of all suicides in Israel were committed by family members of new immigrants. Comparative analysis of the two groups of immigrants reveals that the suicide rate among Ethiopian immigrants is higher than among immigrants from the former Soviet Union (Israeli Ministry of Health, 2008). According to strain theory (Merton, 1938), the high suicide rate among new immigrants can be explained by their low levels of social integration—especially among Ethiopian immigrants, who had arrived in Israel with the expectation that they would return to the Holy Land and be

accepted as 'lost brothers' (Kurman *et al.*, 2005). In essence, whereas the Ethiopian immigrants were stigmatised as being 'Jews' in their country of birth, they were stigmatised in Israel as blacks (Smootha, 2004). According to Durkheim (1897/1952/1997), low social integration and the accompanying feelings of disconnection are the factors most likely to increase the risk of suicide. Therefore, it is not surprising that studies have revealed no decrease in psychological distress and no favourable change in objective parameters of absorption—even years after immigration (Lerner *et al.*, 2005).

Private or public: the public agenda in Israel

Since the establishment of the state, Israel has faced an objective threat to its survival, and security issues have been emphasised as a major component of the country's public agenda (Horowitz, 1993). When the existential threat intensifies, civilian issues that are not relevant to the struggle for survival almost completely disappear from the political, social and cultural agenda as well as from the agenda of the media (Lebel, 2002). Moreover, the security arena has played a major role in shaping this agenda (Ben Meir, 1987). In contrast to the role of the public arena in liberal social contexts, where individual issues are given a voice, the conservative, nationalistic political culture of Israel focuses on security issues (Ben Eliezer, 1998). In that context, emphasis is placed on cooptation and on promoting national priorities rather than on individual and professional priorities (Lebel, 2005). Hence, notwithstanding institutional changes that have taken place with the development of a civil society in Israel, issues related to defence policy still take precedence, whereas individual affairs have remained a marginal priority in public discourse (Yishay, 1998).

Nevertheless, the objective predominance of the phenomenon, when it comes to therapeutic responses and public policy, 'to date, special government budgets have not been allocated in Israel (in contrast to many Western countries) for prevention of suicide' (Vargon, 2007, p. 12). Moreover, as mentioned, in contrast to bereaved families who have come together to raise their voices in the form of social movements, protest movements, interest groups and associations that have promoted public policies to reduce the rates of deaths from various causes in the future, families of suicide victims in Israel have not made their voices heard.

Private loss versus public loss: on the phenomenon of suicide in the discourse on bereavement in Israel

Regarding the discourse on bereavement in Israel, emphasis has been placed on bereavement that can be defined as 'national'. This includes bereavement over the loss of soldiers in combat, and since the second Palestinian uprising against occupation (*Intifada*) in 2000, it also includes bereavement of civilians who lost loved ones in terror attacks. In that way, a hierarchy of Israeli bereavement has developed (Avrami, 2005; Ben David, 2006). Like many other social issues, bereavement has been treated as a national-collective concern. Thus, issues of bereavement and loss have been dealt

with primarily in the context of national security and survival, whereas the civilian, individual aspect of bereavement has been given a marginal place in the media and in social policy (Nuttman-Shwartz *et al.*, 2004, 2005). On the individual level, the main emphasis has been on public policies for provision of instrumental and emotional support to bereaved families. On the national level, bereavement for fallen soldiers and civilians killed in terror attacks has become a symbol of the Israeli ethos and Israeli identity (Weiss, 1997). As such, families of fallen soldiers and victims of terror have been given preferential social status and special recognition (Lebel, 2006a). If bereaved parents are invited to enter the public domain and promote civil or political initiatives aimed at shaping public policy, their special status is usually used as part of a conscious effort to influence defence policies (Ronel & Lebel, 2006). However, people who have experienced individual bereavement as civilians are not recognised in the same way as those who have made a collective sacrifice for the country. Thus, in cases of death due to causes such as work accidents, road accidents, suicide, illness and environmental pollution, there is a lack of public awareness regarding the scope of the phenomenon, the causes of bereavement, ways of preventing or reducing those deaths, and the nature of public policy relating to those cases (Avrami, 2006; Ben David, 2006). As a result, contrary to the myth that there is broad public sensitivity to bereavement and loss in Israeli society, where the country's borders are 'marked in blood' and death is a dominant organising value, it appears that beyond cases of collective-national bereavement, issues of individual-civilian death have been pushed to the margins.

Against this background, the present study sought to examine the reasons for suicide, with the emphasis on exploring public knowledge and attitudes about the problem. In that context, we examined the beliefs in society at large about how family members of suicide victims are expected to behave. We also examined social and public attitudes about suicide in general and ways of preventing suicide in particular. Based on Durkheim's theory, we argue that the 'social facts' that determine public opinion towards suicide are not limited to the act itself, but also relate to the perceptions and self-perceptions of those who are left behind (Smalley *et al.*, 2009). Therefore, our assumption is that private opinions about whether the families of people who committed suicide are entitled to acknowledgement by the state also derive from the local 'national bereavement' construct. This pattern might be one of the obstacles that prevent families of suicide victims from asking for help and receiving social services, and which prevent the state from viewing those families as a vulnerable population and reaching out to help them.

Methodology

We conducted a public opinion telephone survey in September 2007. The survey was designed by the authors of this article, and conducted by the *Ma'agar Mohot* research corporation with funding from Sapir College. The survey was conducted among a random probability sample of 578 participants, who constituted a representative cross-section of the adult population (aged 18 and over) in Israel. Representativeness

was achieved by consideration of diverse socio-economic factors, such as nationality (Jewish and Arab), type and size of locality, gender and age. Thus, the maximal sampling error for the various estimates was 4.5%.

Telephone interviews were conducted in Hebrew, Arabic and Russian from the interview centre at the *Ma'agar Mochot* research institute. When the sample population was finalised, participants were reached through a CATI (Computer Assisted Telephone Interviewing) programme. Interviewers were instructed to clarify that anonymity will be maintained in the survey. Participants did not receive any compensation, and they agreed to participate of their own will. Each participant was asked a series of closed-ended questions about the phenomenon of suicide in Israel, and no qualitative data were collected. The survey was conducted by the *Ma'agar Mochot* institute, which is an independent research institute that conforms to the code of ethics of the ESOMAR and WAPOR international organisations. The mean age of the participants was 40 years; 50% were men and 50% were women; 87% were Jewish, over half of whom were secular, and 12% were Christian or Muslim Arabs; and 16% of the participants were new immigrants. Most of the participants had post-secondary and academic education, and about one-third had been personally acquainted with someone who committed suicide.

The conclusions derived from analysis of the survey findings are at a confidence level of 95%.

Results

Social ignorance

The survey findings indicate that the Israeli population is unaware of the annual rate of suicide in Israel. According to the survey, the public believes that the number of suicides is lower than it actually is: 49% of the participants indicated that fewer than 100 people commit suicide each year, whereas the actual number of suicides is 400 each year.

The high level of ignorance is surprising, especially considering that 35% of the participants reported that they had been personally acquainted with a person who committed suicide. Similarly, with regard to perceptions regarding populations that are at risk for suicide, inconsistencies were found between the participants' responses and the actual situation. According to the participants, the group at highest risk for suicide is between 15 and 24 years of age: 25% of the participants identified early adulthood as the age group at highest risk for suicide, whereas they believed that after the age of 45 there were no cases of suicide at all. In reality, elderly people are the group with the second highest suicide rate.

Private or public?

An attempt was made to examine whether the public perceives suicide as a private or public concern. Most of the participants believed that suicide was a private concern:

66% believed that suicide rates are related to personal and economic crises, whereas only 6% attributed suicide rates to the situation of war and terror. This finding also has implications regarding the question of the state's obligation to provide assistance to survivors of suicide victims in the same way that it assists families of fallen IDF soldiers and victims of terror attacks. According to the participants, the first priority of the government should be to support families of soldiers who fell in battle ($M = 1.90$), followed by terror victims ($M = 2.25$), people killed in car accidents ($M = 3.14$), and patients with terminal illnesses ($M = 3.38$). Families of suicide victims were mentioned as the last priority for government support ($M = 4.33$). Table 1 presents the breakdown of responses relating to perceptions of priorities for government assistance to bereaved families, by cause of bereavement.

This perspective was also reflected in the participants' responses regarding the parties that should be responsible for reducing suicide rates. About one-third of the participants indicated that family members should bear the main responsibility for preventing suicide (32%). A considerably smaller proportion of the participants indicated that the education system or other governmental organisations play an important role in preventing suicide (19% and 19%, respectively). Moreover, helping family members become more aware of the situation was mentioned as the main factor that can reduce suicide rates (40%), followed by information campaigns in the education system (17%). Only 14% of the participants believed that psychological help can reduce suicide rates or prevent people from committing suicide.

The role of the suicide victim's family

Regarding the participants' expectations of family members of suicide victims, the findings indicate that the public does not view those families as legitimate beneficiaries of government assistance, so that they are essentially left to cope with their bereavement on their own. Thus, 70% of the participants indicated that while those families are in the process of mourning and bereavement, they should return to their normal routines as soon as possible; 59% of the participants believed that the families of suicide victims should take the initiative to contact the families of other victims in order to receive emotional support; 47% of the participants indicated that family members of suicide victims should receive psychological and economic

Table 1 Priorities for provision of governmental assistance to bereaved families, by cause of bereavement

Factors	Mean	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Other responses
1. Killed in war	1.90	46%	23%	10%	7%	4%	10%
2. Victim of terror	2.25	24%	39%	11%	11%	5%	10%
3. Car accident	3.14	7%	12%	39%	21%	9%	12%
4. Terminal illness	3.38	10%	11%	19%	31%	18%	11%
5. Suicide	4.33	3%	3%	8%	22%	53%	11%

assistance from private non-profit organisations; and only 44% believed that family members of suicide victims are entitled to any assistance from the government. Notably, only a minority of the participants (15%) indicated that assistance, preventive care and professional responsibility should be assumed by practitioners in the helping professions, including social workers.

The role of socio-demographic characteristics

Religious and secular participants differed significantly in their attitudes toward families of suicide victims. The religious participants gave higher priority to providing assistance to family members of victims of terror attacks than did the secular participants. A significant difference was also found between residents of large cities, small cities and rural localities in the mean responses regarding most of the causes of death. Residents of rural localities gave higher priority than residents of large and medium-sized cities to providing support for families of people killed in car accidents and families of suicide victims. However, residents of large and medium-sized cities gave higher priority to providing support for family members of victims of terror and family members of soldiers killed in military operations than did residents of rural localities. Table 2 presents the correlations between the participants' socio-demographic characteristics and their beliefs about the government's responsibility to assist family members of suicide victims, on a scale ranging from 1 (*high priority*) to 5 (*low priority*).

The findings indicate that across all of the socio-demographic variables that predict attitudes toward bereavement among the Israeli population, nationality (Jews versus Arabs) was correlated significantly. Whereas the Jewish participants gave highest priority to support for families of soldiers killed in military service and for victims of terror attacks, the Arab participants gave highest priority to support for families of patients with terminal illnesses, as well as support for families of people killed in car accidents and families of suicide victims. The Jewish participants, regardless of socio-demographic characteristics, expressed a clear preference for 'national-collective' bereavement. By contrast, among the Arab participants, bereavement resulting from personal causes such as terminal illness and car accidents was viewed as a priority for provision of support. Only a minority of participants in all of the socio-demographic groups believed that families of suicide victims deserve any assistance.

The finding that participants in all of the groups ranked suicide lowest on the scale of priorities is highly significant (only 0–7% of the participants indicated that any type of support or therapeutic intervention should be given to families of suicide victims). In addition, the participants' responses regarding the agents responsible for reducing suicide and providing assistance to suicide victims are noteworthy. Whereas the Arab participants indicated that the government is the main agent responsible for intervention in cases of suicide, the Jewish participants indicated that the family members of other suicide victims and voluntary non-profit organisations are the ones who should provide support.

Table 2 Priorities for provision of government assistance, by participants' sociodemographic characteristics

Background characteristics	Categories of characteristics	Average priority				
		Terminal illness	Suicide	Terror	Killed in the army	Road accident
Age	Aged 18–40	3.43	4.36	2.28	1.89	3.09
	Aged 41+	3.31	4.30	2.22	1.92	3.20
Sex	Men	3.38	4.33	2.24	1.91	3.14
	Women	3.37	4.34	2.27	1.90	3.13
Nationality	Jews	3.45***	4.38**	2.14***	1.79***	3.25***
	Arabs	2.78	3.96	3.21	2.85	2.17
Education	Primary	2.88	4.55	2.44	1.66	3.44
	High school	3.39	4.31	2.46	1.91	3.05
	Academic	3.36	4.34	2.12	1.95	3.18
Religiosity	Secular	3.42	4.37	2.19**	1.74	3.26
	Religious	3.64	4.45	1.97	2.00	3.16
Locality	Large city	3.35	4.30*	2.18*	1.92*	3.19*
	Small city	3.44	4.51	2.35	1.69	3.17
	Rural locality	3.30	4.10	2.58	2.19	2.86

Notes: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Evaluated using the Chi-square test.

Differences between the Jewish and Arab participants were also found with regard to perceptions of the behaviour expected of family members of suicide victims. The Arab participants and the participants residing in small rural localities, kibbutzim and moshavim showed significantly higher tolerance for prolonged mourning processes among families of suicide victims than did the Jewish participants residing in large cities. The Arab participants and residents of small localities also believed that the government should be responsible for providing psychological and economic assistance to families of suicide victims, whereas the Jewish residents of large cities believed that families of suicide victims should receive assistance from non-governmental organisations.

These differences in the participants' perceptions are highlighted in responses to the statement 'family members of people who commit suicide should cope with the tragedy on their own, mourn their loss, and return as soon as possible to their routines'. In addition, the expectation that bereavement following suicide should be kept within the personal domain of the families was significantly more prevalent among participants with low levels of education and those who had been personally acquainted with someone who experienced suicide in the family. Regarding other socio-demographic characteristics such as age, sex, nationality, religiosity and type of locality, no significant differences were found in attitudes toward that issue. In contrast, with regard to systems of assistance and support, a significant difference was found, as mentioned, between the Jewish and Arab participants. A larger percentage

of the Arab participants agreed with the statement that 'family members of suicide victims should receive psychological and economic support from the government as well as from private non-profit organisations'.

Regarding activities aimed at preventing or reducing suicide, a significant correlation was found between the attitudes of the Jewish and Arabs participants. The Jewish participants identified the family as the significant agent responsible for preventing suicide, whereas the Arab participants believed that government agencies are the ones that should bear responsibility for such activities. Table 3 presents correlations between socio-demographic variables and attitudes about the parties responsible for reducing or preventing suicide in Israel.

Discussion

The survey, which was conducted in Israel in 2007, supports the argument that despite the increase in suicides, there is a lack of knowledge, information and research on the topic (Beautrais *et al.*, 2004; Joe & Niedermier, 2008). In general, the findings indicate that in Israeli society, as in other societies in the Western world, family members are expected to bear the main responsibility for preventing and reducing suicide (Hjelmeland & Knizek, 2004). Taken together with the finding that 70% of the participants expected the family members of suicide victims to return to their routine as soon as possible, it can be concluded that Israeli society tends to distance itself, and suppresses or avoids discussion of the issue. One explanation for this finding can be attributed to the belief that suicide is a result of disappointment with other people and with one's surroundings (Orbach *et al.*, 2008). Therefore, as a conscious or unconscious defence against that sense of disappointment, society distances itself from direct, open discussions about the meaning of suicide just as it distances itself from other traumatic situations (Gould, 2001).

Moreover, families of suicide victims have not been given an opportunity to play a dominant social role in demanding assistance from the government, and the issue of suicide has been depoliticised. This argument is also supported by the finding that the issue of suicide has been removed from the public agenda in Israel. Specifically, the survey findings indicate that deaths due to suicide rank lowest on the scale of social priorities, and that suicide is still perceived as a private issue. This finding is in accord with the social policy of the United Kingdom, which assumes that suicide is a family phenomenon (Wannan & Fombonne, 1998; Smalley *et al.*, 2009).

As such, there is no public legitimisation for families of suicide victims and no energy to demand government support in attempts to prevent or reduce the phenomenon (Nuttman-Shwartz, 2007). This is especially true in Israel, where the public discourse on death emphasises the security situation and the national agenda. In that context, the perspective on death is dialectic. On the one hand, death is considered heroic and justified in the light of the tense security situation; on the other hand, every effort is made to preserve life, and particularly the lives of soldiers. Other aspects are viewed as less important, and are given low priority on the public and

Table 3 Attitudes about the main parties responsible for reducing or preventing suicide in Israel, by participants' sociodemographic characteristics

Background variables	Categories of background variables	Family members	Close friends	Government and government institutions	Health plans	Education system	The media	Other agents	Other responses	Total
Age	18–40 years	33%	6%	17%	2%	19%	6%	3%	14%	100%
	41 and over	31%	1%	17%	4%	18%	2%	4%	23%	100%
Nationality	Jews	31%	3%	18%	3%	19%	5%	4%	17%	100%
	Arabs	38%	12%	9%	0%	15%	3%	0%	23%	100%
Education	Primary	20%	5%	30%	0%	10%	20%	10%	10%	100%
	High school	26%	5%	23%	1%	19%	5%	6%	15%	100%
	Academic	38%	3%	13%	4%	21%	4%	1%	16%	100%

government agenda (Nuttman-Shwartz *et al.*, 2004, 2005). This situation makes it extremely difficult for families of suicide victims to join other groups of bereaved families and to involve themselves in activities that relate to society at large. Another possible aspect of the security dimension relates to public responses to suicide bombings. In that connection, the public might consciously or unconsciously associate those suicides with the general phenomenon of suicide. As a result, the public might develop negative attitudes toward the phenomenon of suicide in general and stand in the way of discussions about civilian suicide. This aspect deserves further scrutiny, in light of the increasing prevalence of suicide bombings throughout the world.

Another view relates to the finding that suicide rates are associated with deprivation and social fragmentation (Lewis & Sloggett, 1998). The variance found in beliefs about suicide among participants with different socio-demographic characteristics will not suffice to bring about the desired change in social attitudes. The survey did reveal differences in beliefs about suicide among the Jewish and Arab participants, as reflected in the finding that the Arabs expressed more support for bringing the issue to the forefront of the discourse about suicide. Nonetheless, because the general discourse in Israel and discourse on bereavement in particular focuses on the national and military aspects of bereavement (Peled, 1992), it is unlikely that the Arab population, as represented by the participants in this survey, will be able to change priorities relating to bereavement in Israel. Thus, the survey findings corroborate existing knowledge about the discourse on bereavement in Israel, which focuses on loss resulting from the national security situation (Lebel, 2006b). The finding that the Arab participants were more willing to focus on aspects of bereavement that are not related to discourse on defence, as reflected in the hierarchy of loss examined in this study, is indicative of the political culture in Israel which gives priority to the mainstream (Jewish) population rather than to the (Arab) periphery. Despite processes of globalisation and lowering expectations of the government among the mainstream population, the government has remained the main address for the periphery to voice protests and anger (Ben Ami *et al.*, 2000).

Regarding social work, the reality as described in the literature review and in the findings presented here highlights that social workers as well as families of suicide victims continue to consider family functioning and family support as an important factor for prevention of suicide (Wannan & Fombonne, 1998; Sanders *et al.*, 2008; Smalley *et al.*, 2009). The findings indicate that many people do not seek help due to their social attitudes, social comparisons, embarrassment and fear of stigma. They do not contact helping professionals such as social workers in order to discuss issues related to suicide. Because social workers are the largest group of professionals that provide care to clients in the community and often provide treatment to suicidal clients (Farifteh *et al.*, 2002), efforts should be invested in making social work services more accessible to people at risk for suicide and to suicide victims. Moreover, efforts should be made to help social workers recognise suicidal communication and behaviour, as part of an attempt to develop suitable intervention programmes. There is

also a need to highlight the importance of social context, including social deprivation, and to develop macro level social policies that can help prevent suicide. These policies include reduction of poverty, community development, education and training.

In addition, it is important to promote the issue of suicide and place it on the public agenda in order to initiate social policies that will benefit populations in distress and reduce suicide rates. In recent years, the social work profession has become increasingly involved in political activities aimed at changing social policy and helping marginal populations exercise their rights (Ife, 2008). In that context, social workers and mental health practitioners have promoted the issue of suicide and intervened at various levels. It should also be emphasised that suicide is a phenomenon which combines insights from the fields of education, health and welfare. Hence, efforts should be made to pool resources and encourage development of multi-disciplinary programmes aimed at helping individuals become connected with their surroundings. Those efforts should be based on the PIE (person in environment) system (Karles & Wandrei, 1994; Simpson *et al.*, 2007), with an orientation toward human rights. Specifically, social workers can focus on addressing the needs of populations at risk for suicide, and on dealing with the stressors faced by potential suicide victims and their families. Social workers can also focus on helping the families of suicide victims exercise their rights, and on increasing personal involvement (social activism) in an effort to promote the interests of those families.

Summary

The survey findings indicate that in the future, the issue of suicide will continue to be on the margins of public discourse in Israel. Nonetheless, there is still some mutual agreement between the general public and families of suicide victims in regard to this issue. Both populations identified suicide as a private issue that concerns the family, and that should not be brought to the forefront of the public agenda. This finding is indicative of the prevailing sentiment that there is no need to promote efforts to reduce suicide rates or to demand governmental support for families of suicide victims, and that those efforts should be left to voluntary agencies and family members.

In essence, the survey findings show that to date, no national plan to prevent suicide has been implemented under the auspices of the Ministry of Health or the Ministry of Social Affairs. Nor has there been any public call to promote such a plan (Zaltzman, 2007). This lack of activity stands out against the background of knowledge gathered by Israeli professionals, who have proposed policies and practices that can be implemented to reduce the phenomenon, particularly in the education system (Vargon, 2007). Evidently, the families of suicide victims perceive themselves as unworthy of being part of the public arena, and the issue of suicide has remained within the private domain. Hence, welfare agencies and social workers need to make a

concerted effort to see that policy makers do not remove the issue of suicide from the public agenda.

Before concluding, some limitations of the study need to be mentioned. First, although the survey covered a representative sample, the generalisability of the findings is limited. Notably, notwithstanding the increasing trend toward individualism in Israeli society, emphasis is also placed on collectivist values against the background of ongoing war and terror. Moreover, owing to the correlative nature of the survey, we could not identify which of the variables (nationality, collectivism and high exposure to death from war and terror) affected attitudes toward suicide. Despite these limitations, Israel is an interesting context for examination of personal and social issues related to loss. Thus, it would be worthwhile to conduct more comprehensive research on the relationship between social and cultural norms, and on public willingness to deal with the issue of suicide. It would also be valuable to deal with the relationship between awareness of the issue on the one hand, and the range of interventions that society offers in an attempt to reduce the growing rates of suicide on the other.

Nonetheless, the professional social work literature usually deals with direct treatment of the survivors of suicide victims (Sanders *et al.*, 2008), and with the effects of treatment on the survivors of suicide victims or on the workers who provide direct treatment (Figley, 2002). Therefore, the present article aimed to enhance social workers' awareness of the prevalence of the phenomenon of suicide in society, and to shed light on the impact of social attitudes on social workers and on others. In that context, we examined how those attitudes preclude preventive and therapeutic intervention among the populations that need such assistance, and we highlighted the lack of public and social activities that will facilitate a change in social attitudes which might help reduce the phenomenon of suicide. All of these aspects reflect the multi-disciplinary role of social workers, and highlight the need for systems-based and macro-level intervention—a perspective that is prevalent in the professional literature.

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