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Silence on the Endemic Suicides in Lithuania: Background, Causes, and Prospective Solutions

Monika Barta

Dominican University of California

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**Silence on the Endemic Suicides in Lithuania:
Background, Causes, and Prospective Solutions**

Monika Milda Barta

Submitted in Partial Fulfillment of the
Requirements for the Degree in
Bachelors of Arts in Communications and Media Studies
School of Arts, Humanities and Social Sciences
Thesis Advisors: John Duvall, LeeAnn Bartolini

Dominican University of California
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This thesis, written under the direction of the candidate's thesis advisor and approved by the Chair of the undergraduate program, has been presented to and accepted by the Faculty of the Department of Communications and Media Studies in partial fulfillment of the requirements for the degree of Bachelor of Arts. The content and research methodologies presented in this work represent the work of the candidate alone.

Monika M. Barta

05/05/2017

Candidate

Bradley Van Alstyne

05/05/2017

Chair

John Duvall

05/05/2017

Thesis Advisor

LeeAnn Bartolini

05/05/2017

Second Reader

Gigi Gokcek

05/05/2017

Honors Advisor

Abstract

Suicide has long plagued Lithuania, establishing the small country as one of the global leaders in suicide mortality. The gravity of this nationwide issue may be the result of a variety of factors, including the country's traumatic history, societal standards and taboos, high rates of alcohol consumption, and underdeveloped prevention programs. This research paper analyzes several decades of data obtained from prior studies to assess the underlying causes and contributing factors to Lithuania's high rates of suicide. The primary goal of this paper is to raise awareness of Lithuania's suicide epidemic and to propose feasible methods to ameliorate the problem.

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BRIEF OVERVIEW

The act of suicide is a universal problem affecting people from all walks of life. According to global statistics, 16 per 100,000 people take their own lives on an annual basis, amounting to approximately one million suicide victims each year (Suicide Statistics, 2017). Annual suicide rates vary geographically; whereas most Latin American and Northern African countries have relatively low rates (<5.0 per 100,000), India, Kazakhstan, Russia, and Eastern European countries report significantly higher suicide statistics (Suicide data, 2017). Lithuania, at a suicide rate of about 30 per 100,000 people, has been consistently documented as one of the leading countries in global suicides over the past few decades. Its rates are almost twice as high as the global measures. Today, the Republic of Lithuania is an independent country, a member of the European Union and a part of NATO. It has a population of less than three million people and is predominantly Roman Catholic. However, despite its superficial resemblances to other progressive, Western nations, the suicide epidemic and widespread ignorance of the problem among Lithuanians signifies an unhealthy departure from its NATO counterparts and warrants immediate further research of the issue. The primary aim of this paper is to set forth the findings from a diverse array of suicide-related sources with the intention of painting a more complete picture of the epidemic's history, documentation, causes, and finally, proposed solutions via improvements in social and interpersonal communication.

LITHUANIAN HISTORY

Belonging to the Baltic ethnic group, Lithuanians regard hard work and education as paramount values, and comport themselves in a serious, solitary fashion. Lithuanians place high importance on their country's history and their national identity (Breem et al., 2004). Given their

intimate relationship with their past and cultural heritage, any analysis of cultural phenomena -- including attitudes and behavioral tendencies -- demands an inquiry into the country's history.

Prior to the Second World War, eight out of 100,000 Lithuanians committed suicide (Barro, 2010). These rates rose significantly during and upon the collapse of the second Soviet occupation. According to a source published in 2005, suicide attempts are twice as common among Lithuanians who have been anyhow exposed to traumas imparted by occupying foreign governments (Gailiene & Kazlauskas, 2005). Lithuania has undergone three such occupations. The first occupation was a product of the Molotov-Ribbentrop pact, sometimes referred to as the Nazi-Soviet pact, signed in 1939 in Moscow. The pact divided parts of Europe between the two parties -- Lithuania was assigned to the USSR (Union of Soviet Socialist Republics), kickstarting mass deportations (Gailiene & Kazlauskas, 2005). The second occupation took place during 1941-1944, when Lithuania was occupied by Nazi Germany. The Nazis deported large numbers of Lithuanians who were forced to live in extremely inhumane conditions. Death in the Gulag camps was common. The mortality rate between the years of 1941 and 1944 was above 50 percent and up to 93 percent in some areas (Gailiene & Kazlauskas, 2005). During this period, around 8,000 Lithuanian political prisoners froze or starved to death. The last occupation began when the Soviet army reclaimed Lithuania from the Germans in 1944. This second Soviet occupation lasted until 1990 and was marked by brutal deportation, forced emigration, imprisonment and deaths. More than a million Lithuanians -- almost a third of the country's population -- died. Thousands of people continued to be deported to Siberian labor camps on an annual basis during this time (Gailiene & Kazlauskas, 2005).

More than any other group, the Soviets targeted for deportation to labor camps the highest-educated and most contributing members of society, including teachers, professors,

students, and farmers, along with political figures and public organization activists. The main goal of these concentration camps was not only to punish or mute the political rebels but also to annihilate their will, core beliefs, national identities, and hope (Corson, 1976). The majority of deportees did not survive the camps' brutally punitive physical conditions and mental degradation. Among the small numbers who did survive, reintegration proved difficult. They were viewed as "bandits" by the authorities and thus often couldn't find permanent residences or employment (Gailiene & Kazlauskas, 2005). Former deportees who spoke openly about their experiences risked subjecting themselves and their families to condemnation and persecution. Close relatives and other former political exiles were the sole sources of comfort and the only people who could be trusted, if at all. Past experiences in the Gulag and/or Siberian labor camps was one of many disturbing topics that fell into the wide range of social and public taboos that defined the cultural zeitgeist during, and in the immediate aftermath of, the second Soviet occupation (Gailiene & Kazlauskas, 2005).

In the former USSR, mortality and morbidity data were mostly secret and public discussion of the topic of suicide was prohibited (Värnik, 2012). Patrons of mental hospitals consisted of psychotic individuals, criminals, and those who displayed behavior that deviated from the expected norm (Corson, 1976). People with perfectly "normal" mental health could be deemed psychotic based on their political views (Dvorsky, 2012). Interpreting any "inappropriate" conduct as a symptom of a mental illness was an oft-used ploy by authorities to isolate or remove an individual from society. It also often resulted in inducing actual mental instability in the otherwise healthy patient, as he/she would be incarcerated with severely mentally troubled people in inhumane, prison-like conditions (Corson, 1976). Suicidal behavior was commonly paired with psychosis and generally characterized as a mental illness in

educational literature. Those who exhibited suicidal ideation, thoughts, or behavior were involuntarily placed in psychiatric facilities and treated with strong medication (Värnik, 2012). Psychiatric hospital patients would be stigmatized and avoided upon their release. This created distrust in the fields of psychiatry and psychology and fostered a national obstinate refusal of seeking professional help when in need (Dadašev, Skruibis, Gailienė, Latakienė, & Grižas, 2016).

MENTAL HEALTH SERVICES

Regardless of substantial improvements in the mental health services since the independence restoration in year, social stigmatization remains prevalent (Kazlauskas, Zelviene, & Eimontas, 2017). The objects of stigmatization include alcoholism, drug addiction, former prisoners, sexual minorities, prostitutes, people diagnosed with AIDS, and mental health service consumers (Puras, Germanavicius, Povilaitis, & Jasilionis, 2004). The mentally ill are perceived as dangerous, violent, and incapable in Lithuanian society (Puras et al., 2004). An individual who is known to have used mental health services is generally looked-down upon by his or her coworkers, employers, and even close ones. Receiving mental health services in disclosure or anonymously is a demanding task due to close-knit structure of the Lithuanian society, where *everyone knows everyone*. Prior American and Canadian research had marked that the primary source from which the public obtains information regarding mental illness is not psychology journals, as some may speculate, but rather the media (Mataitytė-Diržienė, 2009). Thus, the picture the media paints to represent those suffering from mental illness has a serious impact on their lives, subjecting them to stigmatization and discrimination (Mataitytė-Diržienė, 2009). Mataitytė-Diržienė (2009), who analyzed representations of the mentally ill in Lithuanian daily press and news websites, concluded that 30 percent of all news regarding mental illness address

criminal activity brought out by the mentally ill (Mataitytė-Diržienė, 2009). Opinions of those who have psychological difficulties are disregarded in these types of news stories. Thus, it may be stated that the Lithuanian media negatively portrays the mentally ill. The nature of such violent/criminal imaging results in the seclusion of the mentally ill, hindering their integration in the society (Mataitytė-Diržienė, 2009).

RELIGION

The majority of the Lithuanian population is Roman Catholic (85.9 percent) (Religion in Lithuania: An Introduction, n.d.). Prior research conducted in different centuries across various countries has concluded that suicide rates tend to be higher in Protestant countries than in those practicing Catholicism, implying that the Catholic religious denomination serves as a functional preventative factor in terms of suicide attempts (Gailienė, 2015). Interestingly, a contradictory preponderance is found in the Baltic States where suicide rates are lower in Protestant countries of Latvia and Estonia than in Catholic Lithuania (Gailienė, 2015). Death by suicide is considered a grave sin by the Catholic Church. Here, it is important to note that Lithuania is recognized to be the last pagan-practicing nation in Europe. Thus Catholicism in Lithuania remains, in part, amalgamated with some pagan elements (Gailienė, 2015). According to ancient Lithuanian mythology, those who died *prior time* (not by natural causes) are associated with the devil and ghosts. In turn, these fear-inducing beliefs prevent superstitious Catholics from openly discussing the suicide phenomenon (Gailienė, 2015). Some of the prevalent suicide-related myths include the following beliefs: 1) Nothing can be done -- if one wants to kill themselves they will do it; 2) Suicide rates would decrease if penury diminished and if the economic situation would prosper; 3) The government, its institutions, and help systems have nothing to do with suicide -- every person decides whether they want to live or not; and 4) The act of suicide is

inherent to those who are somehow special (for instance, to especially talented ones) (Pūras, 2013). The groundless myths and superstitions regarding suicide and its causes are not only characteristic to the general public -- they are also propagated amongst the potent and influential political figures (Pūras, 2013).

POLITICIANS' ATTITUDES

Skruibis, Gailiene, Hjelmeland, Fartacek, Fekete, Knizek, Osvath, Renberg, and Rohrer (2010) investigated the differences of politicians' attitudes towards suicide in Austria, Hungary, Lithuania, Norway, and Sweden. Politicians' attitudes are significant because they play key roles in suicide prevention programs. Prior research, cited by the authors, suggested that countries with high suicide rates usually have permissive attitudes towards suicide. The authors implied hypothesising that regional politicians would have different attitudes towards suicide in different countries.

The study sample consisted of 49 Austrian, 23 Hungarian, 32 Norwegian, 44 Swedish, and 32 Lithuanian politicians. The English version of the "Attitudes Towards Suicide" questionnaire was translated to Austrian, Hungarian, and Lithuanian. The Norwegian translation was based on the Swedish questionnaire. The 61-item questionnaire was sectioned into five parts: 1) Experience of suicidal problems among significant others; 2) Attitudes towards suicide; 3) Demographic data; 4) Life satisfaction and suicidal expressions; 5) open-ended questions on suicide causes and means of prevention. The six measures included: 1) Acceptability ("There may be situations where the only reasonable resolution is suicide"); 2) Preparedness to help/tabooing ("I'm prepared to help a person in a suicidal crisis by making contact"); 3) Preventability ("It is always possible to help a person with suicidal thoughts"); 4) Incomprehensibility/Condemnation ("Suicide can never be justified"); 5) Unpredictability

(“Suicide happens without warning”); and 6) Relation caused (“Many suicide attempts are made because of revenge or to punish someone else”).

The results showed that differences among all countries were significant in all six measures while gender differences were only significant in “Preventability”. Male politicians had more positive attitudes on suicide prevention possibility. Attitudes towards suicide were more permissive in Lithuania, Hungary, and Austria, while Norwegian and Swedish politicians felt more competent to help in a suicide crisis. Swedish politicians believed in suicide preventability while Austrians held negative attitudes towards it; Hungarians and Lithuanians were also more optimistic than Austrians. Suicide was most incomprehensible for Norwegians -- significantly different from Swedens and Austrians. Norwegian politicians also viewed suicide as least predictable. Swedish politicians thought that suicide attempts were not likely to be a product of revenge-seeking, while Lithuanians, Austrians, and Hungarians saw it as a possibility. Skruibis et al concluded that politicians from high suicide rate countries (Austria, Hungary, and Lithuania) held more permissive attitudes towards suicide. Interestingly, all of these countries are predominantly Catholic. The response rate was low in Hungary and Lithuania. The authors suggested that this might indicate that suicide was a taboo topic in those countries (Skruibis et al., 2010).

UNDERDIAGNOSING

The prevalent stereotypes, mythical beliefs, and politician’s attitudes could, perhaps, play crucial roles in the avoidance of seeking psychological help from professionals that is characteristic to Lithuanians. As previously noted, today the Lithuanian health care system is advanced and resembles that of other countries that belong to the European Union (Kazlauskas et al., 2017). The national health insurance is mandatory, and private health insurance exists,

though the latter is comparably underdeveloped (Kazlauskas et al., 2017). For instance, a study concentrating on premorbid, clinical symptoms and the course of bipolar disorder in adolescents hypothesized that the mental illness is underdiagnosed in Lithuania; this assumption was provoked by the obvious discrepancy between diagnostic statistics of other countries and those of Lithuania. The authors proposed that the focal problem may be the failure of recognizing and correctly identifying the symptoms characteristic to bipolar disorder or interpreting the symptoms falsely, resulting in common misdiagnoses (Gudienė, Leskauskas, Markevičiūtė, Klimavičius, & Adomaitienė, 2008). Kazlauskas, Zelviene, and Eimontas (2017) investigated the annual rates of posttraumatic stress disorder (PTSD) and other stress related disorder diagnoses in Lithuania. While the prevalence of PTSD ranges from 1.1 percent to 4.5 percent in Europe and the United States, only 0.02 percent of the Lithuanian population was diagnosed with PTSD in 2014 and this percentage fell to 0.01 percent in 2015. The authors concluded that PTSD is also underdiagnosed due to the health care system's failure of identifying it. Another assumption stated in Kazlauskas's et al (2017) study proposed that multiple decades spent under Soviet repression and the communist regime may have ingrained stoicism into the Lithuanian psyche.

(NOT) SEEKING HELP

This nationwide learned habit of ignoring traumatic events not only prevented necessary psychological research but also allowed the further growth of many unaddressed issues. A research article published in 2016 analyzed the prevalent reasons wherefore Lithuanians prefer not to seek psychological help (Dadašev et al., 2016). According to a sample of 21 people who had been hospitalized in general and psychiatric facilities upon their attempted-suicides, 20 participants avoided attaining professional or any kind of help from external sources (Dadašev et al., 2016). The main reasons for not seeking help are the following: "Lack of trust in other

people, thinking that one must solve problems independently without sharing them, avoiding troubling others, and a belief that showing genuine emotions is a sign of weakness” (Dadašev et al., 2016, p. 2). The majority of the sample expressed the notion that others appeared to be unmoved by and uninterested in their problems. According to them, their willingness to seek for help was quelled because nobody genuinely cared nor listened (Dadašev et al., 2016). Some of the study participants claimed that voicing their suicidal ideations would have resulted in mockery, condemnation, and shaming. Self-reliance was cited as another strong theme. Slightly under half of the respondents held the belief that they ought to deal with their issues independently: “I myself have to deal with it. Same as always [...] I have to do everything myself. I did not want any help” (Dadašev et al., 2016).

GRIEF

Regardless of suicide as a topic of relevance, research on the grief of survivors of those who committed suicide in Lithuania has only begun in 2013 and remains scarce (Klimaitė, 2015). Cultural differences, as well as peculiarities of the views on grief and suicide in Lithuania disqualify the validity of directly applying results of respective research studies conducted in other countries (Klimaitė, 2015). Lithuanians show much less interest in participating in suicide-related studies than Slovenians or Norwegians. The same recruitment procedure employed in studies conducted in Lithuania, Slovenia, and Norway resulted in three Lithuanian, 60 Slovenian, and 600 Norwegian respondents (Klimaitė, 2015). Such differences within the response rates signify that high suicide rate is not the sole suicide-related issue in Lithuania.

Klimaitė (2015) investigated grief coping mechanisms of Lithuanians who had lost a close family member (mother, father, brother, sister, son, daughter, husband, or wife) to suicide within two years prior to the study (Klimaitė, 2015). The results revealed that rethinking or ruminating over the loss was more commonplace than withdrawing from it (Klimaitė, 2015). However, another research article investigating help-seeking of Lithuanians, who had lost a nuclear family member to suicide concluded that they were not willing to attain psychological help due to the general inclination to evade any discussion about suicide and grief (Klimaitė, Skruibis, & Gailiene, 2014). Those who have lost a loved one to suicide also feared condemnation, blame, and being misunderstood by others upon revealing their feelings and grief (Klimaitė et al., 2014). Some also cited unpleasant past experiences and negative attitudes towards mental health professionals as reasons for not seeking help (Klimaitė et al., 2014). This ties into the topic of stigmatization and negative views surrounding mental health services in Lithuania.

ECONOMY

The minimum wage in Lithuania is 380 EUR/Month (\$401.30), and the average monthly salary is approximately 793.30 EUR (\$837.76) (“Lithuania Average Monthly Wages,” n.d.). According to the most recent data, the unemployment rate is 8.70 percent (“Lithuania Unemployment Rate,” n.d.). According to an epidemiologist Dr. Alex Crosby who studied the association between suicide rates and economic downturns, one of the highest suicide rates in the modern history of the United States was documented during the Great Depression (Tavernise, 2016). Another study focusing on European countries has found a correlation among male suicides and low GDP per capita, high inflation, and high unemployment (Fountoulakis et al., 2016). These findings suggest that low socioeconomic levels may result in higher suicide rates.

The Lithuanian suicide rates rose upon the country regained its independence, rocketing up to 45.6 suicides per 100,000 individuals in 1995 -- the increase might have been influenced by the economic shift (Clemens, 2014). Even though, as previously mentioned, the Lithuanian economy has been strongly improved since the last occupation, it remains flawed. As most of the population is poor, the only way for the majority to access psychological help is through state health-care. But no one, and reasonably so, wants to be included in a psychiatric “zombie” registry. Private psychological care is available, however not affordable for everybody. Thus, many Lithuanians turn to other methods of lessening their pains. Access to alcoholic beverages was eased during the occupation as the Soviet Union took active action to physically and mentally weaken the masses (Barro, 2010).

ALCOHOLISM

Alcohol continues to be commonly employed as an anesthetic and an affordable method of self-medication; according to a 2010 World Health Organization report, Lithuanians consume 15.4 liters of pure alcohol per capita (“Lithuania,” 2014). Many other sources have listed Lithuania among the top five alcohol-consuming countries in the world (“Which Country Drinks The Most Alcohol?” n.d.). Lithuania has the highest alcohol consumption in the European Union (President Dalia Grybauskaitė's nationwide social campaign “For A Safe Lithuania”, n.d.). Thirty-six point seven percent of the population, including nearly one-quarter of women, indulges in binge drinking. Additionally, 30.9 percent of deaths involve alcohol (Hess, Frohlich, & Calio, 2014). In the Baltic Republics all combined, approximately 60 percent male and 26 percent female suicides were linked to alcohol in 2006 (Värnik, Kõlves, Väli, Tooding, & Wasserman 2006). Furthermore, according to a research article published in 2002, between 50

percent and 70 percent of Lithuanian suicides were committed while people were intoxicated (Mite, 2002).

Alcohol restrictions, such as the Prohibition in United States during the years of 1910-1920, increased costs of alcohol in Denmark in 1911-1924. Furthermore, alcohol sale restrictions imposed in Sweden in the beginning of the 20th century are known to have resulted in significant decreases of suicide rates (Wasserman & Värnik, 2016). Other evidence that may be used in support of the argument that suicides are linked to excessive alcohol consumption can be found by looking into Gorbachev's Perestroika, when the first suicide mortality rates were released under his control in 1989 (Värnik, 1997). A substantial decrease in Lithuanian suicide rates was documented during 1986-1990, in conjunction to the restricted alcohol policies initiated by Gorbachev (Värnik, Wasserman, & Eklund, 1994). His anti-alcohol campaign, launched on June first, 1985 resulted in a substantial increase of alcohol prices (Wasserman, Värnik, & Eklund, 1998). Production as well as sales of alcoholic beverages diminished sharply and intoxication in public or workplaces would call out a variety of different penalties (Wasserman & Värnik, 2016). Under Gorbachev's rule, even proposing alcohol toasts during official dinners was forbidden (Wasserman & Värnik, 2016). Alcohol falls into the depressant class of drugs; it is well known that excessive consumption of alcoholic beverages diminishes serotonin levels in the brain. The reduction of this neurotransmitter leads to depression, which may be yet another factor contributing to high suicidality in Lithuania.

DEPRESSION

Depression is an endemic disease that often results in tragic consequences if unaddressed (Wolfgang, Wålinder, Knorring, Rihmer, & Pihlgren, 1997). It is a haunting and recurrent illness; research has shown that even 90 percent of depression patients relapse after three courses

of treatment (Kavaliauskienė, Pečiūra, & Adomaitienė, 2011). Depression is recognized as one of the main suicide risk factors worldwide. In Lithuania, antidepressant consumption grew by 30.55 percent over the years of 2002-2004 (Kaduševičius, Mikučionytė, Mačiulaitis, Milvidaitė, & Sveikata, 2006). A more recent study showed a 48 percent increase in the span of a six-year period (2004-2009) (Kavaliauskienė, Pečiūra, & Adomaitienė, 2011). Prior studies have found a correlation between unemployment and depression. Individuals experiencing long-term unemployment had more depressive mood episodes during a 12-month period than those who were short-term unemployed (Stankunas, Kalediene, Starkuviene, & Kapustinskiene, 2006). In the group of the short-term unemployed, depression risk was significantly higher for older-aged females who had more episodes of unemployment. Older age was also a risk factor among the long-term unemployed, while higher income and education levels decreased the risk of developing depression for both short-term and long-term unemployed individuals (Stankunas et al., 2006).

SEASONAL SUICIDALITY

Seasonal affective disorder (SAD) is a form of depression which is related to season changes (Mayo Clinic Staff, 2014). Symptoms of this type of depression usually emerge during fall season and continue into the winter. SAD tends to occur less often during the spring and summer seasons. Lithuanian climate consists of warm and dry summers and severely cold winters. Previous international research has found suicide seasonality to be a universal phenomenon (Kalediene, Starkuviene, & Petrauskiene, 2006). Surprisingly, in Lithuania, both male and female suicide rates tend to increase during the months of May, June, and July and decrease in the winter. To be precise, male suicide frequencies fall by more than 23 percent in December, while female suicide rates decline by approximately 30 percent (Kalediene et al.,

2006). In June, male suicides peak by nearly 23 percent and female suicides increase by 29 percent (Kalediene et al., 2006). As for the method of suicide, hanging showed a significant difference in terms of seasonality. According to the findings of Kalediene, Starkuviene, and Petrauskiene (2006), male suicidality by hanging peaked over 24 percent in June and decreased over 24 percent in December; these fluctuations were even higher for women.

SUICIDE METHODS

Hanging had long been and remains to be among the most common suicide methods carried out in Lithuania. A study investigating suicide methods with respect to age, gender, residence location, and their variations in the years of 1993-1997 and 1998-2002, found that hanging was the leading suicide method in Lithuania (Tamosiunas, Reklaitiene, Virviciute, & Sopagiene, 2006). In general, hanging was more prevalent in the male population and was more common in rural rather than urban areas (Tamosiunas et al., 2006). Other often-used suicide methods included strangulation, firearm, and suffocation (Tamosiunas et al., 2006). Another study, published in 1997, noted that around 80 percent of all suicides were committed using the method of hanging (Haghighat, 1997). Suicides by hanging increased from 87.3 percent during the years of 1993-1997 to 90.1 percent in 1998 through 2002 (Tamosiunas et al., 2006). This method increased significantly among young girls, specifically, 10-to-19 year-olds (Tamosiunas et al., 2006).

ADOLESCENT SUICIDE

Wasserman, Cheng, and Jiang (2005) investigated the global suicide rates among teenagers (ages 15 through 19) in 90 countries and found that Lithuania was the second of 13 countries with teenage suicide rates, one and a half times or more above the mean (Wasserman, Cheng, & Jiang, 2005). According to this study, 54 male and 12 female teenage suicides were

recorded in Lithuania in 2002 (Wasserman et al., 2005). A research conducted using a sample of $n = 3572$ Lithuanian adolescents ages 13 and 15, found that 43 percent of the participants had experienced feelings of apathy and languor during a 12 month period prior to the study (Zaborskis, Sirvyte, & Zemaitiene, 2016) Twenty-three point eight percent of the sample reported to have seriously considered committing suicide, while 13.7 percent had made suicide plans and 13.2 percent carried out suicide attempts. Four point one percent of the adolescents had to receive medical treatment upon their suicide attempts. Dysfunctional family settings, low parental support, as well as authoritarian or neglectful parenting styles resulted in promoting suicidal behaviour (Zaborskis et al., 2016). The presence of mental illnesses, dependence disorders, and drug or substance addictions are other factors plausibly contributing to high suicide rates of the Lithuanian youth. One hundred and fifty-two males and 126.2 females (per 100,000) of ages 10-to-24 were diagnosed with mental disorders in 2005. Both male and female diagnostic rates were much lower in dependency disorder and addiction departments (Zaborskis, Zemaitiene, Grabauskas, Pūras, & Povilaitis, n. d.). However, there is a chance that mental disorders were highly underdiagnosed due to previously discussed stigma surrounding mental illness. Another fact that needs to be taken into consideration is that Lithuania has a drinking culture; thus, it is possible that cases of substance addiction (mostly alcohol and tobacco) are underlooked and categorized as normal, standard, and habitual.

CHILD SUICIDE

The overall child wellbeing indicator, determined in accordance to child prosperity, education, behavior and risk factors, health and safety, as well as living conditions, rated very low in Lithuania, taking the 27th position of 29 countries (Butkevičius, & Šalaševičiūtė, 2015). In 2009 and 2010, Lithuania was one of the countries with the highest bullying rates when

compared to 37 other countries (Butkevičius, & Šalaševičiūtė, 2015). Fifty percent of child abuse involved physical violence and more than 44 percent of all cases were classified as psychological abuse in 2012 (Butkevičius, & Šalaševičiūtė, 2015). Almost 40,000 domestic violence reports were filed in Lithuania in the year of 2015 (President Dalia Grybauskaitė's nationwide social campaign "For A Safe Lithuania", n.d.). Children who had been exposed to physical or psychological abuse have higher risk of behavioral and psychological issues including depression, anxiety, and substance abuse, which may be linked to high teenage suicidality in the country (Butkevičius, & Šalaševičiūtė, 2015).

According to Dr. Danutė Gailienė, Professor and Chair of the Department of Clinical and Organizational Psychology at Vilnius University, the parental approach to suicidal thoughts expressed by their children is of substantial importance (Gailienė, 2004). Dr. Gailienė is one of the few Lithuanians who are not reluctant to address the issue of suicide in the country. In one of her interviews regarding child suicidality, she encouraged parents to be more attentive to suicide notions or threats voiced by their offsprings (Gailienė, 2004). Lithuanian parents commonly fail to identify their child's psychological pain and misinterpret phrases such as "I'll kill myself" to be simple attention-seeking mechanisms or sometimes blackmailing. The reality is, however, that eight out of 10 children express their suicidal plans prior to taking their own lives, whether the medium of such expressions would be writing or talking about it; it's not a cry for attention, it's a cry for help (Pivorienė, Sturlienė, & Auškelis, 2004, p. 17). Sadly, many parents chose to ignore these expressions while others may attempt threatening their children to be locked up in mental facilities (Gailienė, 2004). Dr. Gailienė suggests that even in the event of a child employing suicidal ideation in order to to attain attention, such behavior signals underlying

psychological problems and calls for immediate professional help, not ignorance or threats (Gailienė, 2004).

GENDER

According to Dr. Algirdas Jaras' study (2008), suicidal behavior exposed by girls was highly different than that exposed by boys (Suicidologiniai tyrimai LSMU Psichiatrijos klinikoje, 2015). Boys tended to choose methods that were more fatal, attempted suicide in remote sites, and were usually saved by strangers, while girls most commonly tried committing suicide via medication overdose in their parents' households and would be saved by their relatives (Suicidologiniai tyrimai LSMU Psichiatrijos klinikoje, 2015). Suicidal boys had diagnoses of depression and schizophrenia three times more often than suicidal girls, who were diagnosed with adjustment and behavior disorders twice as much as suicidal boys (Suicidologiniai tyrimai LSMU Psichiatrijos klinikoje, 2015). Overall, approximately a quarter of all boys and girls who had prior suicide attempts were suffering from depression and anxiety disorders (Suicidologiniai tyrimai LSMU Psichiatrijos klinikoje, 2015). Suicidal behavior in teenage boys was mostly promoted by uninvested and non-strict parenting styles propagated in their family settings, bad habits, such as excessive alcohol consumption, and poor social adaptation, while girls' suicidal ideation was mostly fertilized by divorced parents, unemployed fathers, and physical punishments carried out by their close family members (Suicidologiniai tyrimai LSMU Psichiatrijos klinikoje, 2015). According to Lithuanian research both boys and girls were equally prone towards suicidal behavior.

Another important topic addressed in Dr. Gailienė's interview was the ratio of male-female suicides. In 2004, men committed suicides six times more often than women (Gailienė, 2004). In 2005, suicide mortality for the male cohort consisting of 10-to-24-year olds was 26.1

per 100,000 individuals (Zaborskis et al., n. d.). Dr. Gailienė tied this phenomenon to the gender specific child-raising methods commonly practiced in Lithuania (Gailienė, 2004). The idea that boys are not supposed to cry and the fact that they tend to receive less external emotional support than girls in cases of a traumatic experiences may be factors influencing the Lithuanian man's stoicism and introversion when it comes to psychological difficulties or seeking affective help (Gailienė, 2004). According to Lithuanian psychologist Marius Daugelavičius, men feel responsible for their families' financial well-being and are striving to actualize their self-concept through their career attainments (Armoškaitė, 2011). Failing to succeed in this department commonly results in feelings of inferiority, which lead to depression and in some instances, suicide (Armoškaitė, 2011). Another psychologist, Paulius Skruibis, suggested that the surplus of male suicides is partially dependant on men choosing more lethal methods that are more likely to result in death (Skruibis, 2014). Another factor influencing higher suicide rates among men is the fact that, contradicting the stereotypical view, they tend to be immensely affected by breakups or divorces (Skruibis, 2014).

SUICIDE & THE MEDIA

The nation-wide view that “boys don't cry” or that everybody should deal with their issues personally, without burdening others, might not be the sole reasons motivating suicide ignorance. Previously mentioned psychologist D. Gailienė believes that suicide *can* be contagious (BNS, 2011). The mass media's approach to suicide is therefore crucial; if the topic of suicide is addressed in an inappropriate, insensitive manner, it may trigger suicidal individuals in a negative way. The act of committing suicide may then be normalized and viewed as a proper way out of an unpleasant situation, an acceptable problem solution, and a viable option. According to Gailienė, the media may publicly discuss suicide events as long as other, non-life-

threatening solutions are proposed, and the tragic nature of such instances is recognized (BNS, 2011). Suicide should not be romanticized, and the site and method of suicide shouldn't be disclosed. The phenomenon of the suicide rate increase following media stories covering nonfictional suicides is often referred to as the Werther effect (Gould, n.d.). This term is employed because of the popular idea suggesting that many suicides were impelled after the release of Goethe's novel *The Sorrows of Young Werther* in 1774 (Gould, n.d.). In order to prevent suicide contamination, official guidelines for media suicide-news coverage are currently established in other countries including Austria, Canada, Australia, Germany, New Zealand, Japan, and Switzerland (Gould, n.d.).

Other foreign research has concluded that public figure and famous politician suicides were 5.27 times more likely to result in the Werther effect (Stack, 2005). This may be confirmed by several cases of Lithuanian celebrity suicides as the suicide rates grew subsequently to the suicides of a famous television hosts Aurimas Dautartas and Vytautas Šapranauskas (Širvinskis, 2013). Here, it is important to note that the Lithuanian media tends to predominantly, if not solely, focus on broadcasting stories of suicides committed by attractive and prominent personas (Gould, n.d.). Suicides of common people, even though frequent, are extremely rarely addressed in the news. However, the findings regarding media covering suicide stories and its effects on increased public suicidality are not entirely consistent. Studies based on television media found a 79 percent less chance of the Werther effect while news stories that portrayed the act of suicide in a negative light engendered an 82 percent less possibility of a copycat effect in 2002 and were 99 percent less likely to result in a chain reaction in 2005 (Stack, 2000, 2005).

IS IT CONTAGIOUS?

Whereas suicide is a word that commonly awakens atrocious emotions, discussion regarding suicide in the media realm cannot be claimed to be unquestionably contagious. While there are numerous research studies linking increased suicide rates to increased suicide media coverage in positive proportion, an article found in Psychology Today proposes an interesting statement which reads, “We know that suicide is not contagious. It doesn’t work that way. It just feels that way. Sometimes. To some people.” (Kleiman, 2014). The long lasting belief that discussion about suicide may have a domino effect has influenced prevention programs, and since the Werther Effect was thought to be especially characteristic to the children and adolescent populations, school counselors would, at times, restrain from addressing suicides committed by pupils with their fellow classmates (Surendran, 2001). However, a study comparing two groups consisting of 153 people of ages 13-to-34 each, found that the group of participants who had a past of nearly lethal suicide attempts had much less previous exposure to or knowledge of suicides of others than the control group, which consisted of people who had never attempted suicide (Surendran, 2001). Even though the authors of this study hypothesised the contrary, no evidence of suicide contagiousness were found and these results were obtained after considering effects of depression, alcoholism, and other suicide risk factors. Perhaps suicide contagiousness is a question of correlation rather than causation?

EDUCATION

This question calls for a discussion apropos suicide education/prevention and conceivably acceptance of psychological difficulties and/or mental illnesses. Unquestionably, the former as well as the later factor vary among different societies and cultures. A Lithuanian document addressing suicide prevention in school settings proposed that teachers, social workers, and

students should be introduced to the prevalent issue of suicide and claimed that open discussion regarding suicide resulting in the rise of suicide rates is a myth, stating that conversations of such nature offer an opportunity to freely express one's hardships rather than provoke suicide (Pivorienė, Sturlienė, & Auškelis, 2004). And yet later in the same source the authors make a contradictory argument claiming that suicide is contagious. The backup evidence for this claim is again, Goethe's novel *The Sorrows of Young Werther*. Here it may be important to note that the book was published in 1774, while the Lithuanian document being analyzed here was released 230 years later, in 2004. Even assuming that the significant interval between these dates may not hinder the validity of the older source's application in the twenty first century and in a different country, the Lithuanian document fails to clearly describe the sensitive line between the *appropriate suicide talk* which would promote openness regarding one's suicidal ideation and the *contagious suicide talk*. The sole suggestion proposed by the authors in the attempt of cultivating education regarding suicide is to avoid portraying suicide as heroic or romanticizing it. Furthermore, while they do note that pupils who seem likely to have suicidal thoughts should be approached in Ethics and Religion classes, these approaches remain undescribed (Pivorienė, Sturlienė, & Auškelis, 2004, p. 17).

PREVENTION

The document discussed in the paragraph above contains an *Intervention* section in which those who have recognized or suspected suicidal behavior in others are encouraged not to stay neutral and take action into their own hands by approaching the ones in concern. This, however, signals that in Lithuania, suicide prevention or knowledge of available sources of help are viewed as relevant only when suicidal ideation is already manifesting. Psychological help for those who are not willing or not able to seek out professional assistance of a psychologist or a

psychiatrist due to financial restrictions is available through online or phone suicide prevention hotlines. There are nine phone numbers listed; however, five of them are not available on a 24/7 basis and only one of the four online, writing based hotlines responds to emails in two days while the remaining respond within three day periods (Saukienė & Bružas, 2011). Here, it is important to mention that one of the phone hotlines (youth line) can only pick up every fourth or fifth call due to lack of funding (Sakalauskas, 2015).

Overall, Lithuania lacks a strategy that would effectively circumscribe suicide prevention, nor does it have an institution that would qualify to successfully implement such a strategy (BNS, 2017). The suicide risk assessment audit claimed that the suicide rates in Lithuania had been diminishing by very little during the past few years; even though the current goal is to lessen the rates to 19.5 cases per 100,000 by 2020, and by 60.5 percent (12 cases per 100,000) by 2025, the rates had only been reduced by 1.6 percent from 2012 to 2015 (BNS, 2017). A fraction of at-risk individuals remains unidentified and help-offering institutions often fail to react in a timely manner and to provide help throughout the country (BNS, 2017). A support/help system that would specialize in monitoring individuals upon suicide attempts is also unheard of. Furthermore, there is a clear gap present in suicide-related education as not all citizens (including pedagogues, police officers, and firefighters) are trained to act efficiently when facing possible suicide risks or suicide attempts in progress (BNS, 2017). The National Audit Office suggested that the Ministry of Health as well as the Ministry of Health and Science should pay immediate attention to advancing the quality and accessibility of suicide prevention measures and ensuring psychological help for students and pupils (BNS, 2017).

CONCLUSION

This research paper has adduced a wide-ranging analysis of root causes of the suicide epidemic prevalent in the Lithuanian republic. Upon the conduction of this research, it seems that suicidality in Lithuania has been undoubtedly affected by the long lasting suppression imposed by foreign governments. The most equitable manner of proposing this notion may be achieved through the recognition of the fact that the occupations resulted in the metamorphosis of many personal and social views, as well as the economic structure. The perception of mental health services as being ineffective and inimical impedes individuals from seeking constructive help and promotes turning to less costly and less socially denounced self anesthetization methods, such as alcohol. The distorted concept of strength also plays a vital role in the nation-wide reluctance towards attaining professional psychological help and hinders the people's' self-esteem through persuading them of being weak rather than suffering from mental illnesses. Regardless of suicide being a grave public health problem and one of the most common causes of death in the country, the issue remains under-discussed. One colloquial definition of insanity proposed by Albert Einstein is "doing the same thing over and over and expecting a different result." Lithuania can be fairly diagnosed under this condition; even though the issue of widespread suicide has been prevalent for many years, comparably little change has been implemented.

In order for things to change, the stigma surrounding mental illnesses ought to be annulled, the suicide prevention programs must be amended, and the phenomenon of suicide needs to be addressed through earlier, more comprehensive psychological education. This research paper is composed in the hope of a better tomorrow. I encourage the new generations to extricate from the vestiges of the non-progressive mindset brought by Soviet Russia and to take immediate action. Volunteers and funding are needed at suicide prevention hotlines, and those

who are suffering in silence are begging for acceptance, and bright voices must strike education based discussions regarding this issue. Tough mentality should not be viewed through heroic lenses to the extent of it turning into solitary confinement.

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