Idubor, Enaruna

Article

Establishing the interaction between the romanticization of suicide and the paradigmatic shift in Nigeria's sociocultural values

Accounting and taxation review

Provided in Cooperation with:
University of Benin, Benin City, Nigeria

Original Research Article

Establishing the Interaction between the Romanticization of Suicide and the Paradigmatic Shift in Nigeria's Sociocultural Values

Enaruna Ehimwenma IDUBOR

Department of Industrial Relations and Personnel Management, Faculty of Management Sciences, University of Benin, Nigeria

For Correspondence, email: *dreidubor@yahoo.com, enaruna.idubor@uniben.edu*

Abstract
The sudden rise in the number of suicides in Nigeria especially among the youths has become a source of grave concern in recent times. While many Nigerians have attributed this to the poor economic situation in the country, though this is certainly a factor, it does not sufficiently explain the situation as the accomplished and upwardly mobile are also in the statistics of those who have taken their own lives. This exploratory qualitative work examined the theory of suicide from both psychological and sociological perspectives. The psychological perspective holds that the incidence of suicide is directly proportional to the rate of insanity while the sociological perspective states that the suicide rate is closely linked to the relationship between individuals and society. The author posited that neither of these perspectives standing alone can adequately explain why people kill themselves, but if put together, they can offer a more holistic explanation for suicide. The study went further to examine some preeminent sociocultural values that were embedded into the Nigerian culture such as hard work, integrity, a sense of family/community, respect for elders/authority, among others which now appear anachronistic. The paper attempted to establish that the forces of globalization have eroded many of these values, gradually leading to cultural extinction which in turn has led to an increase in the rate of suicides in Nigeria by romanticizing suicide as a desirable solution to most unpalatable situations. Some of the recommendations made include an urgent renaissance of Nigeria's sociocultural values, indigenous languages should be spoken and taught both at home and in school, and mental health issues should be destigmatized.

JEL Classification Code: Z10, Z18

INTRODUCTION

Empedocles is the first person recorded to have committed suicide in the world; he believed that death was a transformation from one realm to another. He was a Greek philosopher who was said to have died by throwing himself into the Sicilian volcano on Mount Etna in 430 B.C. (Burnet, 1892). Since then, the recorded rate of suicide has grown steadily across the world; alarming so even in cultures and societies where the act was rare a few decades ago.

The word suicide is culled from the Latin word *suicaedere,* meaning to kill oneself or self-murder and the term was first coined by Sir Thomas Browne in 1642. Suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived to be the best solution (Schneidman, 1993 Shneidman, 2005). Amare, Woldeyhannes, Haile, and Yeneabat (2018) add that it is death from injury, poisoning, or suffocation where there is evidence that the injury was self-inflicted, and that the individual intended to kill himself. WHO/EURO (1986) defines suicide as an act with a fatal outcome that the deceased knowing or expecting a fatal outcome had initiated and carried out to provoke the changes he desired.

A study by Asuni (1962) claims that there was no record of previous studies on suicide in Nigeria prior to 1962, which is a pointer to how rare the act was then. After the study, Asuni (1962) found that the suicide rate in Western Nigeria was very low and that if it was true that suicide reflected the incidence of depressive illness, then he had to agree with other investigators who stated that depression was very rare in Africa (Tooth, 1950; Benedict & Jacks, 1954). This situation is no longer the case in Africa generally and in Nigeria in particular. It is important to investigate what has changed for suicide to have become a commonplace occurrence. Recent studies have revealed the rising incidence of suicide cases in Nigeria (Alabi, Alabi, Ayinde, & Abdulmalik, 2015; Fasogbon, Agberotimi, Olaseni, & Oladele, 2019; Offiah & Obiorah, 2014). Fasogbon et al. (2019) aver that suicidal behaviour is a growing public health issue in Nigeria, especially with the recent rise in reports of suicide cases among Nigerian youths. Other researchers also allude to the unpleasant situation in Nigeria (Alabi et al., 2015; Animasahun & Animasahun, 2016; Nnafor, Akhumu, &

Igbe, 2013; Offiah & Obiorah, 2014; Ugwuoke, 2016).

The literature on suicide discusses the types and causes of suicide. Society of old grudgingly tolerated suicide that was altruistic, that is to save the lives of others or to avoid being captured in battle, or suicide by the old and terminally infirmed. However, today we see young, seemingly able-bodied men and women who apparently have a lot to live for taking their own lives. The argument that persons who commit suicide are insane does not necessarily hold true because there are a lot of people who are insane and yet do not kill themselves. The link between suicide and depression which has been established by many studies (Takahashi, 2001; Roose, Glassman & Walsh, 1983; Bagge, Glenn & Lee, 2013) seems a better explanation for the act. Explanations for suicide will vary according to the perspective from which it is been viewed. Psychologists would attribute suicide to insanity claiming that a diagnosable mental disorder is a factor in 90% of all suicides (National Institute of Mental Health, 2006). Sociologists on the other hand argue that there is no relationship between the incidence of insanity and the suicide rate. Durkheim (1897) avers that the suicide rate is determined by the relationships between individuals and society and that it depends on the degree to which individuals are integrated into social groups and the degree to which society regulates individual behaviour.

This work intends to combine the two arguments because neither can completely explain why people take their own lives but if the two perspectives are put together, a clearer explanation of why people kill themselves will become obvious. This is more so when either of the perspectives can

lead to the other thus reinforcing it. People who have mental health issues are less likely to be fully integrated into society than those who are healthy mentally. On the flip side, those who are excluded from society for any reason even if they were mentally healthy ab initio may develop mental health issues based on that exclusion.

An examination of the causes of suicide that have been documented in suicide literature will reveal that the factors that affect suicide rates include amongst others: gender, age, marital status, substance abuse, depression, hopelessness, worthlessness, antisocial behaviour, anxiety disorders, shame/humiliation, failure, rejection, and availability of means of committing suicide. The objective of this paper is to conduct a review of theories of suicide, examine some socio-cultural factors like hard work, respect, honesty, respect, sense of family/community and obedience; and demonstrate how changes in these socio-cultural factors have negatively impacted on the causative factors of suicide thereby making the rise in suicide cases inevitable in Nigeria, and lastly offer recommendations on how to stem the tide of suicide in Nigeria.

Conceptual Review
Romanticization is the act of indulging in sentiment synonymous with idealization, which is to portray something as ideal. It is also to believe that something is better, more interesting, or more exciting than it is. Culturally in many societies, death is something that is feared, and life is held sacred (Baloyi & Makobe -Rabothata, 2014). However, in the last decade or so people are beginning to become more comfortable with death to the extent of taking their own lives. We also see the advent of suicide bombings in Nigeria,

something that was hitherto unheard of at this clime (Allotey-Pappoe & Lamptey, 2019). At a time, suicide bombings were regarded as something that happened only in the war-torn regions of Palestine, Afghanistan, and other such places; however, it became almost a daily occurrence in Nigeria with many incidences of deaths recorded.

The Romanticization of suicide, therefore, is to believe that suicide is an acceptable, even welcome event that will somehow solve all the problems of the suffering individual. It has often been said that suicide is a permanent solution to a temporary problem but the individual who is suicidal does of course not see it that way. According to Garland and Zigler (1993), suicidal behaviour usually progresses from suicidal thoughts to threats, and attempts. An individual is unlikely to attempt suicide without first thinking about it and accepting it to be the best possible solution given his present circumstances. As we shall come to see shortly, people commit suicide for different reasons but whatever the reason is, the individual has romanticized suicide to the extent of wanting to do it.

A paradigm is regarded as a standard, perspective, set of ideas, and a way of looking at something. It is a framework that has unwritten rules that direct action (Yourdictionary, 2022). A paradigm shift occurs when one paradigm loses its influence, and another takes over.

Norms are standards of proper or acceptable behaviour; the way of doing something usual or expected. It is a principle of right action binding upon the members of a group and serving to guide, control or regulate proper and acceptable behaviour. Socio-cultural norms indicate the customs, lifestyles, and values that characterize a society (education, aesthetics, law, language, politics, religion, social organizations, technology, and material culture. It also includes values and attitudes, habits, traditions and beliefs). Bringing together the various concepts described above, we submit that a paradigm shift in Nigeria's socio-cultural norms and values has brought about the Romanticization of suicide in Nigeria.

THEORIES OF SUICIDE
The theories of suicide will be considered under two broad categories - psychological and sociological theories.

Psychological Theories of Suicide
Psychological theories of suicide are just as many as sociological theories if not more but according to Barzilay-Levkowitz and Apter (2014), there have been few attempts to fit the established data into a coherent overarching theory and they are mostly unsuitable for empirical testing.

Classical Psychodynamic theories
Freud (1920) was the pioneer in this area and his work led to many psychoanalytical theories and studies. Freud (1920) opines that there are internal forces that promote self-destruction and that the life and death drives were opposing basic instincts. While the life drive was directed at reducing the tension associated with survival needs, the death drive was directed at eliminating the tension of life itself. Menninger (1938) agrees with Freud's position and adds that every suicide is an inverted homicide. He puts forth a suicidal triad consisting of the wish to kill (murder), the wish to be killed (guilt), and the wish to die (depression). Menninger (1938) linked to suicide and self-harm to mutilating fantasies directed toward one's parents and siblings.

Klein (1946) postulated that suicide is caused by unbearable guilt over aggressive fantasies about internalising objects. This guilt he says causes feelings of destructiveness. Suicide is therefore an attempt to prevent one's own destructiveness. Although there have been some attempts to have empirical evidence for these psychodynamic theories, their major shortcomings is that they are mostly unsuitable for empirical testing.

Psychological pain theories
Shneidman (1993) proposed the theory of psyche ache in which he states that psych ache which is emotional or psychological pain is the major motivating factor for attempting suicide. He states that the individual will commit suicide when his individual threshold for tolerating psychological pain is exceeded and that this threshold varies for individuals. Baumeister (1990) propounded what he called the escape theory of suicide; this theory is based on constructs from cognitive, social and personality psychology. The theory suggests that many suicide attempts are motivated by a need to reduce aversive self-awareness and to obtain respite from an unbearable state of mind. Baumeister (1990) disagrees with the concept that suicide is a type of self–execution and postulates that the appeal of suicide is the loss of consciousness and cessation of psychological pain.

Joiner (2005) came up with the Interpersonal theory of suicide which states that two domains – perceived burdensomeness and thwarted belongingness interact to confer the desire for suicide. Williams (1997) avers in his theory that suicide is a product of feelings of defeat in response to humiliation or rejection which triggers perceptions of

entrapment, combined with a failure to find alternative ways of solving the problem. Beck, Brown, and Berchick (1990) in their theory, emphasized the cognitive aspect of suicidality. They aver that hopelessness plays a major role in suicide by disrupting all components of the classic cognitive triad of beliefs about self, others, and the future.

Diathesis stress theories
This set of theories that suicide behaviour occurs as a consequence of the interaction between predisposing vulnerability factors and a triggering stress factor. Schotte and Clum (1987) proposed the problem-solving vulnerability theory. In it, they maintained that cognitive rigidity in problem-solving causes a vulnerability to emergent hopelessness and suicidal ideation under naturally occurring conditions of high life stress. Mann, Apter, and Bertolote (2005) proposed the clinical model which suggests that psychiatric illness serves as a stressor but leads to suicide only when combined with vulnerability.

Sociological theories of suicide
Durkheim (1897) is regarded as one of the earliest sociologists to study suicide. At the time of Durkheim's study, there were already psychological theories of suicide but Durkheim argued that suicide could not be fully explained by those psychological theories. Durkheim (1897) debunked the claim of psychologists that associated insanity with the incidence of suicide by pointing out that Jews had higher rates of insanity than other religious groups but they had lower rates of suicide. He found that suicide rates were higher in predominantly protestant countries than in Catholic countries, that married people were less likely to commit suicide than those who were unmarried, and that a low suicide rate was associated with political upheaval.

Durkheim (1897) distinguished four types of suicide – altruistic, fatalistic, anomic and egoistic. He averred that the suicide rate was dependent on the relationship between individuals and society, and that suicide rates were dependent upon the degree to which society regulated individual behaviour and to which individuals were integrated into social groups.

Egoistic suicide results from the individual being insufficiently integrated into the social groups and society to which he belongs. Anomic suicide results when society did not sufficiently regulate the individual. This occurs when traditional norms and values are disrupted by the rapid social change which produces uncertainty in the minds of individuals as society's guidelines for behaviour become increasingly unclear. Altruistic suicide occurs when the individual is so well integrated into society that he sacrifices his own life out of a sense of duty to others (for example, Hindu widows in India killed themselves at their husband's funeral, and Ashanti society expected some of the king's followers to commit suicide at the death of the king probably to serve him in the afterlife). Fatalistic suicide resulted from society restricting the individual too much. This Durkheim (1897) described as the suicide of people whose futures were pitilessly blocked and passions violently choked by oppressive discipline.

Other sociologists also developed other theories of suicide, they include Douglas (1967) who claimed that the most common social meaning of suicide in western industrialized society is the transformation of the soul (as a way of going to heaven), the transformation of the self (suicide as a means of getting others to think of you differently), suicide as a means of achieving fellow-feeling (sympathy), and suicide as a means of getting revenge by making others feel guilty. Baechler (1979) developed his theory that sees suicide as a way of responding to and attempting to solve a problem and that suicide is adopted when there appears to be no alternative solution. Baechler (1979), based on his explanation for suicide divided suicide into four major types – escapist suicide, aggressive suicide, oblative suicide and ludic suicide.

Another sociological theorist of suicide is Dorais (2004) who attempted to explain the high suicide rate among young men. Dorais (2004) averred that a large number of suicides among young men can be related to their sexuality, or precisely to public attitudes towards their sexuality. He believed that it seems that having a homosexual or bisexual orientation in a highly homophobic environment adds to many of the reported risks associated with suicidal behaviour. Dorais (2004) agreed with Durkheim (1897) that the social regulation of these men led to "expectations" of social rules or demands they could not adhere to which were crushing them thereby leading them to believe that the only way out of their predicament was suicide.

Taylor's (1982) theory of suicide argues that suicide can either be ectopic – resulting from what a person thinks about himself or symphysic – resulting from a person's relationship with others. Taylor (1982) put forth four types of suicide. The first two types are submissive suicide, where a person has definite beliefs about his life and himself, believing that his life is in essence over and sees himself as already dead. This type of suicide is seen in the terminally ill or those grieving over the death of a loved one without whom they feel their own lives are

valueless. Thanatation is the second type of suicide which occurs when a person is uncertain about himself. The suicide attempt is a gamble that he may or may not survive. If he survives, the individual learns that he is capable of facing death or is exhilarated by the thrill of risk-taking. The other two types of suicide are symphysic (other-directed). The third type is sacrifice suicide which occurs when a person is certain that others have made their life unbearable. The person who commits suicide often puts the blame on others so that they will feel guilty and suffer the criticism of other members of society. The last type of suicide according to Taylor (1982) is Appeal suicide which results from the suicidal person feeling uncertainty over the attitudes of others towards them. Suicide is a form of communication in which the victim attempts to show how desperate he is to find out how others will respond. Suicide attempts involve trying to persuade others to change their behaviour or offer them opportunities to save the victim. Such attempts combine the wish to die and the wish for change in others and improvement in the situation; they are acts of both despair and hope.

Causes of suicide
The causes of suicide are many and varied although research has shown that suicide is not usually a result of one cause but a combination of causes (Vaughan, 2010). Alabi, et al (2017) categorized the causes of suicide into five distinct groups thus:

1. Social causes: this includes the absence of meaningful ties or social interactions, estrangement or break in the relationship between an individual and society due to social or economic stratification, excessive integration and submersion can also be a cause of suicide where the individual sacrifices himself for the seeming good of the larger society.

2. Psychological causes: this includes feelings of aggression and hostility directed inwardly against self, feelings of hopelessness, worthlessness and feelings of constriction of choices where the individual feels that there are no other alternatives open to him except to take his own life.

3. Biological causes: this includes diminished levels of serotonin and some non-specific changes in the noradrenergic system of suicide victims.

4. Genetic causes: suicidal behaviour may run in some families.

5. Medical causes: chronic and debilitating physical illness, mental disorder, depression, personality disorders and schizophrenia.

Table 1: risk factors associated with suicide

INDIVIDUAL	SOCIO CULTURAL	SITUATIONAL
Mental disorder Substance abuse	Stigmatization of health seeking behaviour	Financial difficulties
Hopelessness	Lack of access to health care services, including mental healthcare services	Social losses and breakdown of relationships
Previous suicide attempt	Cultural and religious beliefs glorifying suicide as a noble outlet in the face of personal difficulties	Ready access to lethal means
Isolation and lack of social support	Exposure to suicidal behaviour through the media and the influence of other suicide victims	Stressful life events

Aggressive tendencies	Poor interpersonal relationship	Shame
Impulsivity		Humiliation
History of trauma or abuse		Failure
Acute emotional distress		Unemployment and poverty
Major physical/chronic illness		
Family history of suicide		
Depression		
Feelings of worthlessness		
Severe anxiety		
Panic attacks		
Rejection		
Sexual violence		

Source: Modified from the WHO publication, "Public health action for the prevention of suicide: a framework, WHO; 2012".

Sociocultural values in Nigeria

Sociocultural values are the beliefs, values, traditions and habits that influence our everyday behaviour, decisions and actions. Tanner (2016) avers that sociocultural values shape how people approach to risk, their perceptions of money, and their ideas of an ideal lifestyle, and they include: materialism, collectivism, innovation, religion, obedience, thrift and risk propensity (Tanner, 2016).

Values indicate that certain kinds of behaviour are right, moral, ethical, and desirable. Every society has certain values; it is however not enough to have values; the society should also have ways of enforcing those values otherwise they may become meaningless and frizzle away. Social values may also be regarded as a set of moral principles defined by society dynamics, institutions, traditions and cultural beliefs. These values are implicit guidelines that provide orientation to individuals to conduct themselves properly within a social system. Anwuluorah and Asike (2015) state that values are fundamental in all human actions and activities and that what constitutes the moral code of any particular Nigerian society – the laws, taboos, customs, and set forms of behaviour - all derive their compelling power from religion. Nigeria is a deeply religious country with Christianity and Islam as the two major religions. Those who favour traditional African religions are a smaller percentage although it is not uncommon to find those who profess either of the two foreign religions (Christianity and Islam) consulting the traditional religion surreptitiously from time to time.

Egbule (2019) indicates that Nigerian values are demonstrated through the marriage institution, respect for authority and elders, a sense of community, brotherhood, good human relations, faithfulness, honesty (for fear of the wrath of the gods), sense of dignity for human life and sense of religiosity. Although Nigeria has been independent of Britain's colonial rule for the past 60 years, there still exists an internalized cultural inferiority (colonial mentality) which perceives all things western or American good and to be desired, while all things African are archaic and should be discarded; this is however not true of these Nigerian socio-cultural values that have been highlighted above. Though

globalization has brought a lot of positive changes to Africa and Nigeria, it also brought some negative changes as well and the wholesome things in the African culture should not be denied in the name of civilization. Society develops the values that are suited to the way of life of that society, to help it survive and provide orientation for future generations. When there is a paradigmatic shift in socio-cultural values such as is taking place in Nigeria where people are abandoning home-grown values for foreign values, there are bound to be problems. No matter how much foreign values are imbibed, the reality is that one can never be in tune with those values like those the values are indigenous to. Blacks have been in America for centuries, they are now referred to as African – Americans, yet there is still a disconnect when it comes to internalizing the values of the white man. You can therefore imagine how disrupting it will be for a Nigerian living in Nigeria wanting to live by western sociocultural values. A situation where society discards its own values and seeks to adopt the values of another society will eventually lead to cultural extinction. Egbule (2019) states that cultural extinction is the falling apart or disappearance of once esteemed cultural values and that the forces of colonialism, cultural imperialism, Americanization and globalization have greatly influenced Nigeria's cultural values.

Some of the socio-cultural values will now be examined in closer detail
Hard work/thrift: Nigerians across the various cultures in the country are noted for hard work, industry and the sense of dignity of labour. The bronze casters of Benin, cocoa farmers in the west, coal in the east and the groundnut pyramids in the north all attest to the fact that Nigerians are hardworking people. Thrift was also a value

that was greatly priced as most people were able to achieve an acceptable measure of success in their prime and take adequate care of their families.

Respect: respect for constituted authority and elders is a major socio-cultural value in Nigeria. Every tribe and ethnic group value their elders and give them due respect and consideration. This respect is also seen in traditional institutions where the words of the monarch or traditional ruler are seen as final and adhered to religiously.

Honesty, justice and fairness: are virtues that are lauded in Nigeria. It is shown in folktales, songs and dramatic enactments where greedy and dishonest people are always found out and punished while the honest get rewarded. Also, the fear of being punished by the gods for dishonesty kept many that were inclined toward dishonesty on the right path.

Responsibility: this is another value that is taken seriously in Nigeria's culture, so much so that a father could afford to train his most senior son and leave the younger children to be trained by that eldest son regardless of whether they were born of the same mother or not. Care was also taken of aged parents and other family members and befitting burials were accorded them at death.

Sense of family and community: socioculturally, the family was everything in Nigeria. There was a cohesiveness that is lacking in modern-day families. The honour of the family was protected; the name of the family was sacred as fathers would always tell their children, especially when leaving home to remember whose children they were. Children were proud of their parents regardless of the heights they attained and

they always came back to the family house during festivities and would prefer to modernize the family house before building their houses. The concept of the extended family was also a very real one as relations could live with each other no matter how distant the relationship was. Family meetings were regular and all members of the family came together to know each other, discuss matters that were affecting them and built a close and enduring kinship. The community was an extension of the family as people from one community were regarded as brothers and sisters. When it was farming season or when building a house, the communal effort was what it took as they took turns to help each other.

Mode of greeting: in some ethnic groups, for example in most places in Edo state and some other states, the family or clan one belonged to could be deduced by his mode of greeting. Thus one could be far from home but get assistance from a far kinsman who has that same mode of greeting. The mode of greeting also served another purpose during courtship. People could identify their near relatives even in far-off lands though not having met physically, this served to prevent incestuous relationships. Moreover, they could also through the mode of greeting identify those from families they traditionally cannot marry. The case is unfortunately different today as most people especially the younger generation cannot speak their dialect let alone offer greetings in it.

Materialism: materialism was frowned upon though hard work and industry were encouraged. Unhealthy competition was rare and those who acquired questionable wealth were treated like outcasts of society and not eulogized like they are today. This attitude was exhibited in the taking of

traditional titles and marriage. Society avoided such people and even their largess was shunned.

Traditional African religion: the traditional religion was strictly adhered to and the various gods were served with dedication and piety. The fear of dire repercussions from the gods for wrongdoing kept many from engaging in evil deeds as the offender would always be exposed and punished by the gods. The early adherents to Christianity and Islam tried to be committed to their new religions as they were to pagan worship but when it was discovered that the new gods were more lenient and did not mind if other gods were worshipped also, the fear of the divine Being slowly began to dwindle.

Obedience: obedience to parents, elders, and society was a given as to disobey was to be ostracized as it were from society. Even after death, admonitions from parents concerning marriage, child-rearing practices, dressing, reputation, food, rituals and taboos were still strictly adhered to. The propensity for risk-taking was also limited though acts of necessary bravery were applauded.

The Interaction between Nigeria's Changing Sociocultural Values and suicide

A review of the literature on the causes of suicide in Nigeria reveals five categories of causative factors – sociological, psychological, biological, genetic and medical. There is very little that can be done about biological, genetic and medical causes; however, the sociological and psychological causes leave a lot of room for intervention. Among the social causes is the absence of meaningful ties or social interactions, estrangement or break in the relationship between an individual and

society due to social or economic stratification. A critical examination of these causes reveals that they may arise due to a change in the socio-cultural values of Nigeria. In the past, the sense of close family ties and community made it difficult for an individual to be estranged from his family. Even where there are feuds, these are settled by the large family or clan. As the population grew more diverse and people moved to the urban areas, people from the same community still stayed close to one another hence in city centres, you have what is referred to as Igbo quarters, Hausa quarters, Yoruba quarters, etc. though far from home, people still found a way to stay in touch with their roots by living among people from the same place, and offer help to each other in times of bereavement, the birth of a child, marriage or during any problem any of them may encounter. They had their town association meetings, and attended mostly the same church or mosque, thereby developing meaningful ties and social interactions. However, the case is now different due to the westernization of Nigeria's culture. There is a lot of social distancing nowadays even among family members, many children do not speak their indigenous languages and since language is the vehicle of culture, the once-revered sociocultural values are lost. Those who migrate to the urban areas to work or school are thrust into a vortex of humanity with whom they are not familiar and who are either unwilling or unable to render any assistance to outsiders. The burden of being alone coupled with the lack of restrictions and guidance that sociocultural values would have provided creates a void that the vulnerable fall into. There are cases of people who have lived in urban areas for so long and because they have nothing to show for their stay, rather than go back home, chose to remain

rudderless in a "strange land". Suicide is more common in urban areas than in rural areas, probably for this reason. Studies conducted in America and parts of the western world reveal that suicide rates are higher in rural areas than in urban areas (Israel, 2020; Rural Health Information Hub, 2021), however, the case is different in Nigeria and other African countries as urban areas have a higher suicide rate than the rural areas (Oyetunji, Arafat, Famori, Akinboyewa, Afolami, Ajayi, & Kar, 2021).

Another social cause of suicide is the break in the relationship between the individual and society due to social or economic stratification. Many of the people who attempt suicide cite poverty and unemployment as their reasons. Some of this can be traced to materialism and wanting to measure up to a faulty idealized image that present-day society will approve of. The value of being content with what one has no longer holds for many people of the younger generation. There is a lot of internet fraud (Yahoo, Yahoo plus, Ghana burger etc.), occultism and horrendous crimes that people now engage in a bid to get rich quickly. This is against the cultural values of yesteryears where illicit wealth was frowned at. Now society celebrates the rich irrespective of how the wealth was acquired. This puts a lot of pressure on others who may want to be respected in society therefore they do all sorts of things to acquire wealth. However, when they are unable to attain their goals or are caught by the law, the disgrace may cause them to have suicidal tendencies.

Psychological causes of suicide include feelings of aggression and hostility directed inwardly against self, feelings of hopelessness, worthlessness and feelings of constriction of choices (Shneidman, 1993;

Joiner, 2005). Wanyoike (2015) also found that loneliness, hopelessness, anger and conflict are common causes of suicide among university students in Kenya. It has even been suggested that the feelings of aggression that a suicidal person directs at himself were originally directed at his parents and siblings but because the individual is unable to act on those feelings, he then directs them inwards towards himself (Klein, 1946). The feeling of hopelessness may stem from the fact that the individual is lonely and lacks help (financial or psychological) and he is unable to do anything about it. The changing socio-cultural values that now emphasize achievements regardless of the means combine to make the individual feel a sense of worthlessness that makes suicide look like a viable option. Rudd, Rajab and Dahn (1994) state that people who are experiencing homelessness may conclude that death is a better alternative than living a life in which they believe there is no hope for a positive future.

Other psychological causes of suicide include poor interpersonal relationships, humiliation, failure and shame. Perhaps one of the major issues facing Nigerians today, especially the youths is the exposure to suicidal behaviour through the media and the internet. The way people react to suicide in western culture somehow portrays the suicide victim as a hero who suffered at the hands of an uncaring society, suicide is romanticized thus giving the impression that it is okay to engage in it. They are somewhat silent about the lifestyle of the suicide victim who most likely had mental health issues and was abusing drugs and alcohol. Nigerian socio-cultural values frown at suicide but is however sympathetic towards those going through the hardship of any sort. The outpouring of care for the mentally challenged and downtrodden in Nigerian communities was very pronounced as people believed that showing kindness to such people will attract the blessings of God.

Nigeria's socio-cultural values place a premium on the marriage institution. Virginity was highly-priced and a chaste young lady was a pride to her family. Having children outside wedlock was not encouraged and divorce was almost unheard of. Changing sociocultural values now make marriage seem anachronistic as households of single parents are on the increase. Single parentage comes with a lot of stress and pressure not only for the single parent but for the children as well. Studies have consistently shown that many children from broken homes are maladjusted (Brown, 2016; Seigleman, 1966). Research has also revealed that the leading cause of suicide among teenagers is a broken love affair and sexual violence (O'Sullivan, 2017; Olshen, McVeigh, Wunsch-Hitzig, 2007), chances are that these issues are more likely to be safely resolved in a balanced home than a broken home.

Another changing value is the traditional sexual roles of men and women. Homosexuality is on the increase and all sorts of sexual deviance (rape, defilement, bestiality) is been practised. Though Nigeria's society is in a state of flux, it has not reached the stage of openly accepting homosexuality as normal. As Dorais (2004) states, this lack of acceptance by society and the inability of homosexuals and lesbians to openly declare and live their sexual preference is responsible for many suicides, especially among young men.

115

Conclusion

Suicide was a rarity in Nigeria not so long ago but it is no longer shocking today to hear that someone has committed suicide. This paper examined the causes of suicide, and the sociological and psychological theories of suicide to lay a foundation for why suicide is on the increase in Nigeria. Nigeria's socio-cultural values were also examined and the shift that has occurred in those values due to the forces of globalization and westernization. Finally, the paper attempted to draw a link between the paradigmatic shift in Nigeria's socio-cultural values and the rising cases of suicide in Nigeria. The researcher holds the opinion that if Nigerians revert to those useful and beneficial sociocultural values discussed in the paper, many of the pressures that become causative factors for suicide will be greatly reduced.

Recommendations

1. The forces of colonialism have to a large extent eroded the traditional socio-cultural values of Nigeria. While one cannot deny some of the positive innovations that globalization brought, one cannot also hide from the fact that not everything American or western is good. It is therefore imperative that an urgent renaissance of Nigeria's socio-cultural values is done. Those laudable and esteemed aspects of the Nigerian culture must be taught via all media possible – at home, in schools, the workplace, in places of worship and in society in general. The belief that all things local are bad must be done away with and Nigerians must be encouraged to take pride in their culture.

2. Parents and guardians should shun the western attitude of giving children so much latitude to do whatsoever they want without adequate supervision. It has been said that freedom in the hands of a child is a dangerous thing. The internet and cable television has made the world a smaller place and all sort of things are available to watch and read at the press of a button. Parents should therefore supervise what their children have access to. In the same vein, they should also tactfully monitor the company their children keep.

3. Government and organizations can also help by organizing cultural activities to promote cultural values, art and history.

4. Indigenous languages should also be taught at schools and spoken at home. A Benin parable says that the man who cannot speak his language is lost. Language is the vehicle of culture and if the language is lost, so are the culture and its values.

5. A large number of those who commit suicide in Nigeria are teenagers and young people, many of which are in tertiary institutions or aiming to enter. Some kill themselves over failure to get admission into the university, others because they failed to get good grades. On the basis of this, university education and paper qualification should be deemphasized. Technical and vocational schools should be brought up to the standard of universities and made degree-awarding institutions; youths should be encouraged to attend such schools at subsidized rates.

6. Young entrepreneurs should also be given startup funds and other forms of assistance to enable them to combat the harsh economic conditions of the times.

7. Mental health facilities and guidance/counselling units should be made readily available to those who require such services. Secondly, the stigma attached to seeking psychiatric

help should be eliminated; people should be encouraged to seek help early.

8. Stress has been implicated as one of the risk factors for suicide. People should be taught the signs and symptoms of stress so they can recognize it in themselves or others. There should be facilities and toll-free numbers people can visit and call when they feel overwhelmed by life's challenges. These facilities should be staffed with well-trained and empathetic people who are always willing to help the vulnerable.

9. Finally, religious bodies should also teach about the evils of suicide, and that it is never an answer to any problem. Messages that are practical, useful and hope-inspiring should be preached. Shrines, Churches and Mosques can also become places of social equality where economic stratification is not practiced, this can also help to bridge the gap between the haves and have-nots.

REFERENCES

Alabi, O. O., Alabi, A. L., Ayinde, O. O. & Abdulmalik, J. O. (2015). Suicide and suicide behaviours in Nigeria: a review. *Medical Students Association Journal of University of Ibadan* 20(2) 1-5.

Allotey-Pappoe, S. & Lamptey, A. (2019). Pawns, Puppets or weapons of choice: Examining Boko Haram's use of Female Suicide Bombers in Nigeria. KAIPTC Occasional Paper No. 42, September 2019.

Amare, T., Woldeyhannes, S. M., Haile, K., & Yeneabat, T. (2018). Prevalence and associated factors of suicide ideation and attempt adolescent high school students in Dangila town, northwest Ethiopia. *Hindawi Psychiatry Journal*, 2018, 1-9.

Animasahun, R. A., & Animasahun, V. O. (2016). Psychosocial predictors of suicide mission among Nigerian youths. *African Journal for the Psychological study of Social Issues* 19(1), 79-102.

Anwuluorah, O. P., & Asike, J. C. (2015). Nigeria traditional moral values in the context of globalization: approach of justice and responsibility. *Journal of Religion and Human Relations* 7(2) 7-12.

Asuni, T. (1962). Suicide in western Nigeria. *British Medical Journal* 1091-1097.

Baechler, J. (1979). *Suicides*. Oxford, U.K: Basil Blackwell.

Bagge, C. L., Glen, C. R., & Lee, H. J. (2013). Quantifying the impact of recent negative life events on suicide attempts. *Journal of Abnormal Psychology*. 122(2) 359 – 368.

Baloyi, L., & Makobe-Rabothata, M. (2014). *The African Conception of Death: A Cultural Implication*. In L. T. B. Jackson, D, Mering, F.J.R, Van de Vijuer, E.S, Idemoudia, & W. K, Gabrenyajr. (Eds.). toward Sustainable development through nurturing diversity: Proceedings from the 21st International Congress of the International Association for cross-cultural Psychology. Retrieved it from https://scholarworks.gvsu.edu/iacc_papers/ on 24th December 2021.

Barzilay – Levkowitz, S., & Apter, A. (2014). Psychological models of suicide: archives of suicide research. Doi:10.1080/13811118.2013.824 825. Downloaded 25 May 2020.

Baumeister, R. F. (1990). Suicide as escape from self. *Psychology Review*. 97: 90-113.

Beck, A. T., Brown, G. K., Berchick, R. J., Stewart, B. L., & Steer, R. A. (1990). Relationship between hopelessness and ultimate suicide: a replication with psychiatric outpatients. *American Journal of Psychiatry*. 147(2)190-195.

Benedict, P. K., & Jacks, I. (1954). Psychiatry 17, 377.

Brown, G. M. (2016). Examining Parents Marital Adjustment and Children's Social Behaviour in Nigerian Secondary Schools. *International Journal of Sustainable Development*. 2(1)75-74

Burnet, J. (1892). *Early Greek Philosophy*. London: A & C Black, Ltd.

Dorias, M. (2004). *Dead boys can't dance: sexual orientation, masculinity and suicide.* McGill – Queen's University Press, Montreal.

Douglas, J. D. (1967). *The social meanings of suicide*. Princeton University Press, Princeton NJ.

Durkheim, E. (1897). *Suicide: A study in sociology*. New York: Free Press.

Egbule, P. O. (2019). Establishing the symbiosis between globalization and the extinction of Nigerian cultural values. A paper delivered at the 3rd international conference at the World Bank Development Research Group in Kuala Lumpur, Malaysia 15 - 16 January 2019.

Fasogbon, M. A., Agberotimi, S. F., Olaseni, A. O., & Oladele, O. T. (2019). Impact of religiosity and life orientation on attitude of youths towards suicide in Lagos, Nigeria: a religion community based study. *Covenant International Journal of Psychology* 4(1), 25-38.

Freud, S. (1920). *A general introduction to psychoanalysis*. New York: Boni and Liveright Publishers.

Garland, A. E., & Zigler, E. (1993). Adolescent suicide prevention. *American Psychologist*. 48(2)169-182.

Israel, R. (2020). Why are suicide rates higher in rural areas? Retrieved from https://www.google.com/amp/s/www on 28th February 2022.

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, M. A: Harvard University Press.

Klein, M. (1946). *"Notes on some schizoid mechanisms" In Envy and gratitude and other works 1946 – 1963.* Hogarth Press and the Institute of Psych-analysis (Published 1975). ISBN 9780-02-918440-0.

Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., et al (2005). Suicide prevention strategies as a systematic review. *JAMA* 294(16), 2064 – 2074.

Menninger, K. A. (1938). *Man against himself*. New York: Harcourt Brace.

National Institute of Mental Health (2006). The numbers count: mental disorder in America. Retrieved May 28, 2020 from http//www.nimh.nih.gov/publicat/numbers.cfm

Nnafor, C. C., Akhumu, W. O., & Igbe, A. P. (2013). Review of suicidal deaths seen in Nigerian tertiary institutions. *Pioneer Medical Journal* 3(5), 1-8.

Offiah, S. A., & Obiorah, C. C. (2014). Pattern of suicide in Nigeria: The Niger Delta experience. *Journal of Medical Investigations and Practice*. 9(1), 8-11.

Olshen, E., McVeigh, K. H. & Wunsch-Hitzig, R. A. (2007). Dating Violence, Sexual Assault and Suicide Attempts Among Urban Teenagers. *Arch Pediatr Adolesc Med* (6)539-545

O'Sullivan, L. (2017). Teenage Heartbreak doesn't just hurt, it can kill. Retrieved from https://theconversation.com/teenage on 24th January, 2022.

Oyetunji, T. P., Arafat, S. M. Y., Famori, S. O., Akinboyewa, T. B., Afolami, M., Ajayi, F. M., & Kar, S. J. (2021). Suicide in Nigeria: Observations from the content analysis of newspapers. Retrieved from https://gpsych.bmj.com/content/3y/ on 16th March, 2022.

Roose, S. P., Glassman, A. H., Walsh, B. T., et al (1983). Depression, delusions and suicide. *American Journal of Psychiatry*. 140(9) 1159-1162.

Rudd, M. D., Rajab, M. H., & Dahm, P. F. (1994). Problem solving appraisal in suicide ideators and attempters. *American Journal of Orthopsychiatry* 64, 136 – 149.

Rural Health Information Hub (2021). Retrieved from https://www.rural healthinfo.org/toolkit on 10th April, 2022.

Schotte, D. E., & Clum, G. A. (1987). Problem solving skills in suicidal psychiatric patients. *Journal of Consulting and Clinical Psychology* 55(1), 49-54.

Seigleman, M. W. (1966). Father's Absence During Early Childhood and Antisocial Behaviour. *Journal of Abnormal Psychology* 7:71-74

Shneidman, E. S. (1993). Suicide as psychache. *Journal of Nervous and Mental Disease*, 181, 147-149.

Shneidman, E. S. (2005). Anodyne psychotherapy for suicide: a psychological view of suicide. *Clinical Neuropsychiatry* 2(1), 7 – 12.

Takahashi, Y. (2001). Depression and suicide. *Journal of the Japan Medical Association*. 44(8) 359-363.

Tanner, A. (2016). Sociocultural factors impacting economic development. Retrieved from https://study.com/academy/lesson/sociocultural-factors-impacting-economic-developmenthtml on March 26, 2020.

Taylor, S. (1982). *Durkheim and the study of suicide*. Macmillan, London.

Tooth, G. (1950). Studies in Mental Illness in the Gold Coast. *Colonial Research Publ*. 6. H.M.S.O., London.

Ugwuoke, A. C. (2016). Precipitants of suicide among secondary school students in Nigeria. *Bassery Andah Journal,* 9(1), 147-156.

Vaughan, M. (2010). Suicide in late colonial Africa: the evidence of inquest from Nyasaland. *The American Historical Review* 115, 385-404.

Wanyoike, B. W. (2015). Suicide among university students in Kenya: causes, implications and interventions. *Journal of Language, Technology and Entrepreneurship in Africa*, 6(1)35- 53.

Williams, J. M. G. (1997). *Cry of pain: understanding suicide and self-harm*. London: Penguin Books.

World Health Organization. (1986). Summary report, working group in preventative practices in suicide and attempted suicide. Copengagen: WHO Regional Office for Europe

Yourdictionary (2022). Retrieved from https://www.yourdictionary.com/paradigm on 24th April, 2022.