



The psychological wellbeing of the Lebanese society lies between incremental suicide rates and financial stress

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ABSTRACT

Suicide rates have been suspected to increase in Lebanon during the last couple of years. While these rates might be increasing due to an increase in the probability of declaring suicide, it seems important to study why suicide, as a phenomenon, might be possibly increasing in the Lebanese society. One of the most important reasons behind this rise in suicide rates could be related to the economical crisis that has been striking the country for more than two years.

“Raouche rock is really not too far.
We only need a bit of disappointment.
A bit of loneliness.
And a little headache”.

It is with those words that Rabih Jaber, the author of the book “Ralf Rizqallah through the looking glass”, described the suicidal thoughts that had Professor Ralf Rizaqallah, a clinical psychologist, who committed suicide by jumping into the sea in 1995 (Jabir R. 1997; Halabi Z. 2013). This intellectual celebrity’s suicide is one of a few suicides in the Lebanese society that have come out to the light especially because it took place at a special location. The Raouche rock, also called the Pigeon’s rock is a natural landmark constituted of two giant rocks overlooking the west coast of Beirut city (Richa and Richa, 2015). Although an attraction site for tourists, these rocks have been linked to suicide since many suicidal attempts took place from or in front of their cliffs. Jumping from the Raouche rock is a fatal way for committing suicide. It denotes patient’s determination to put end to an unbearable suffering. In his book, Rabih Jaber described Ralf Rizqallah’s suicide in that location as follows (Rabih, 1997; Halabi, 2013):

“He stopped his” ... “car parallel the pavement, right in front of” ... “Cafe. He rushed out of the car, climbed the parapet, and threw himself over the edge into space. Before jumping, he opened his arms as a cross. Behind him was Beirut, before him the Raouche rock. He was wearing his old blue jeans and his khaki shirt, which he bought two years ago. He was 45 years old. And he threw himself over. He fell from a height of 45 m, hit the rocks, and then floated on the surface of the water. Everything came to a standstill”.

The World Health Organization (WHO) has documented about

800,000 every year accomplished suicides worldwide the majority of which occur in low- and middle-income countries. It is an important cause of premature death and the second leading cause of death in young adults. Men are more frequently represented in the population of individuals who accomplish their suicide and women are more represented in the population of individuals who attempt suicide. Suicide attempts are more frequent than accomplished suicide and constitute an important predictor of death by suicide in the future (Bachmann, 2018). Although reported national suicide rates of countries from Asia in general and the Middle East in particular are unreliable, it is significant to note that in all Asian countries, death because of suicide is among the top 15 leading causes of death in the entire population and among the top 5 causes of death among adolescents (Tandon and Nathani, 2018; Tøllefsen et al., 2012). From another perspective, it seems that some Asian countries, including countries in the Middle East, have more frequently used methods of suicide such as hanging and self-immolation when compared to other countries in the world (Veisani et al., 2018; Snowden, 2018).

Lebanon is a small country in the Middle East characterized by cultural and religious diversities. It is a country where mental health practice is influenced by the “Western World” practices and guidelines while the Lebanese society is closely attached to religious teachings and beliefs. Despite all the stigma related to mental disorders and suicidal ideation, suicide rates estimates in the country seem to be the lowest in the Middle East region (3.2 per 100,000 inhabitants for 2016 according to the World Health Organization) (World Health Organization, 2018). However, unofficial sources show that approximately two third of the number of documented suicide cases in 2017 have been spotted until

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the end of May 2018 (The monthly, 2018). While suicide has not been considered a public health issue during the Lebanese war and the post-war era, it seems important to investigate why the country is witnessing this yearly rise in suicide rates. In this regard, two hypotheses may be considered. The first is related to an increase in suicide declaration and the second is related to an increase in suicide as a phenomenon regardless of its declaration methods.

One of the most important reasons to consider when approaching the subject of suicide rates in Lebanon is related to the fact that declaring a suicidal death or attempt is still considered stigmatizing to its author and his/her family. From a religious perspective, this behavior is condemned and considered to be sinful to a level that some authorities may refuse to offer appropriate burial ceremonies to those who committed suicide. From a social perspective, families where suicide occurs are affected with mental illness stigma. From an economic perspective, most health coverage parties and insurances do not cover any hospitalization cost or life-indemnities related to suicide. Accordingly, it is more convenient to announce and pretend that death from suicide has actually occurred from an accident or from a homicide. The recent rise in “declared” suicide rates would be, in these circumstances, related to the fact that suicide declaration is getting more and more dependent, with the social media utilization spur, on what the suicidal person or his/her friends and even witnesses may have posted before, during or after the suicidal behavior.

The second important reason to consider is related to the fact that suicidal behavior, as a phenomenon, has increased in the Lebanese society. Unfortunately, no reliable national mental illness prevalence rates for the last years exist in order to explain this rise in suicide rates. However, many psychosocial stressors may have been contributing to the occurrence of mental and substance use disorders in Lebanon. Aside from some national security threatening and incidents that have never been different from what the country has faced in the last decades, an important psychosocial stress factor has been recently operating. This factor is related to an economic crisis manifesting in higher unprecedented rates of unemployment, inflation and poverty (The World Bank, 2018). It is believed that, with stable religious beliefs and family bonds, the resilience capacities among Lebanese have been altered due to financial stress. This has been witnessed in other countries such as the United States and Greece during periods of economic turmoil (Agrawal et al., 2017; Fountoulakis et al., 2013). It might also be speculated that financial stress can alter psychological wellbeing by targeting the daily-life experiencing of fundamental positive emotions such as faith, trust, pleasure and self-satisfaction (Bou Khalil, 2018). Most recently, the public opinion was shocked by the suicide from self-immolation of a father in his daughter school because he couldn't pay some fees to the school management. In the online protests of his death, he has been considered “a martyr of taxes and the high cost of living” (Houssari, 2019).

Of all the suicide-prevention strategies that might have been assessed worldwide, only a few have been found to have substantial efficacy in reducing suicide rates in countries who implemented them (Zalsman et al., 2016). The most important strategy is early management of depression and other mental disorders leading to self-harm with adequate psychopharmacologic agents such as clozapine and lithium. This strategy has been highly promoted for due to general public education effort from the ministry of public health and non-governmental organizations. However, systematized national restrictions to access lethal means as well as systematized school-based awareness programs are still lacking. In addition, financial stress with

accompanying poverty and unemployment imposes a call for action that should be launched on the local, regional and international scales. Finally and most importantly, a complete third-party coverage of the medical management of mental disorders (consultations, pharmacologic treatment, hospitalization, etc.), whether from public or private parties, is urgently needed.

Conflict of interests

I, Dr Rami Bou Khalil, as the sole author of the manuscript entitled: “The psychological wellbeing of the Lebanese society lies between incremental suicide rates and financial stress” certify that I don't have any conflict of interest to declare behind this work.

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