Suicide: Counsellor's Perspective and Mitigation

Alice Nabie

Alupe University

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ABSTRACT

Suicide is a serious psychosocial and public health concern that affects not only the affected individual but also immediate families, communities and the society as a whole. This paper examines suicide from the perspective of a counsellor, focusing on the nature of suicidal behavior, factors that may contribute to suicidal behavior, possible effects, and ways in which counseling can contribute to prevention and mitigation. The discussion draws from Emile Durkheim's sociological understanding of suicide, particularly his view that the relationship between individuals and society can influence suicidal behavior. The paper recognizes that suicide is rarely caused by one factor; it may arise from a combination of emotional, psychological, social, economic and environmental challenges. Experiences such as loss, loneliness, relationship difficulties, financial problems, trauma, substance use and feelings of hopelessness may increase an individual's vulnerability. The author further highlights the importance of recognizing changes in behavior and other warning signs that may indicate that a person is experiencing serious emotional distress. As a counsellor, the author recognizes that early identification, active listening, empathy, appropriate referral and continued support are important in helping individuals cope with difficult situations. Counsellors can also help clients identify their sources of support, develop healthier coping strategies and reconnect with people and activities that provide meaning and hope. The author also discusses the management of aggressive behavior in counseling settings, emphasizing calm communication, active listening, professional boundaries and the safety of both the client and counsellor. Overall, suicide prevention requires more than the efforts of one professional. It calls for cooperation among counsellors, health professionals, families, schools, communities and other relevant stakeholders. A caring, supportive and timely response can provide an important opportunity for individuals experiencing severe distress to receive the help they need.

Keywords Suicide, suicidal behavior, counseling, risk factors, mental health, coping strategies.

INTRODUCTION

Suicide is the act of intentionally causing one's own death. According to Emile Durkheim, suicide is any case of death resulting directly or indirectly from a positive or negative act of the victim, which he knows will produce this result. He associated suicide with the relationship between individuals and society, particularly the degree of social integration and social regulation (Durkheim, 1951). According to the World Health Organization, approximately 727,000 people died by suicide in 2021 with suicide taking the third leading cause of death among young people aged 15–29 years worldwide (World Health Organization [WHO], 2025). In the United States it is the leading cause of death while in Kenya, WHO estimated 2,438 suicide deaths in 2021. Suicide is therefore a serious public health and social problem whose effects lasts longer than one generation (WHO, 2026). Understanding the various categories of suicide, suicidal behavior, factors that cause such behavior, effects of such suicidal behavior and counsellors role may help prevent or mitigate the unGodly human loss. These forms the focus of the author.

Suicide Behavior

Suicide behavior includes suicide ideation, suicide attempts and completed suicide. Suicide ideation refers to the frequent thoughts of ending one's life. Suicide attempt refers to the actual event of trying to end one's life unsuccessfully while completed suicide involves death of victim. Statistics show that about a third of people

who try to take their own life will try again within one year and about 10% of people who make threats will eventually kill themselves. Suicide behavior is often accompanied by intense feelings of hopelessness, depression or self-destructive behavior. Such behavior may occur when there's a situation or event the person finds overwhelming such as death of a loved one, drug use, serious illness, unemployment or emotional trauma.

Durkheim identifies four types of suicide based on the different types of relationship between the actor and his society as follows (Durkheim, 1951):

Egoistic Suicide

It is committed by individuals who are social outcasts and see themselves as outsiders or feel that they have no place in the society. It results due to absence of social integration in which case the individuals become self-centered, lack altruistic feelings, are unable to find their own place in society and have problems adjusting to groups. Suicide is seen as a solution to free themselves from loneliness or excessive individuation (Durkheim, 1951).

Altruistic Suicide

It is committed by individuals whose integration to a group is too close and intimate. The individuals become willing to sacrifice their own life in order to fulfill some obligations for the group. For example, an individual may commit suicide due to religious or political causes (Durkheim, 1951).

Anomic Suicide

It occurs due to sudden and unexpected changes in situations. It may be caused by high level of stress, anxiety or frustration. For example, after bankruptcy or even after winning a lottery (Durkheim, 1951).

Fatalistic Suicide

It occurs due to overregulation into the society. An individual is placed under extreme rules or high expectations are set upon them which takes away a person's sense of self or individuality. Individuals feel that they are destined by fate to be in such conditions and choose suicide as a means of escaping the conditions. For example, a servant or slave under strict rules may opt to commit suicide. Similarly, a barren woman may decide to commit suicide to escape the high expectations of the society (Durkheim, 1951).

CAUSES AND TRIGGERS OF SUICIDE BEHAVIOR

Suicide is a highly individualized behavior in reaction to multiple life stressors and interactions that have prolonged negative outcomes. The Centers for Disease Control and Prevention (CDC) notes that suicide is rarely attributable to one circumstance or event. People who try to take their own life are often trying to get away from a situation that seems impossible to deal with. Individuals try to seek relief from feeling ashamed, guilty or like a burden to others, rejection and loneliness (Centers for Disease Control and Prevention [CDC], 2026).

Some causes include:

- Drug and alcohol abuse. Suicide may be due to the influence of drugs and its effects to one's finances (CDC, 2026).
- Depression. It may result due to illness or loss causing the individual to opt for suicide (CDC, 2026).
- Bipolar disorder. It is associated with episodes of mood swings that may result due to a combination of genetic, environmental and altered brain structure and chemistry.
- Schizophrenia. It is a serious mental health condition characterized by disintegrating thought processes and perceptions of reality and diminishing emotional responsiveness.

- Post-Traumatic Stress Disorder (PTSD). It is a condition that may develop after exposure to an event that results in psychological trauma.
- Borderline Personality Disorder. It is a personality condition that is characterized by a prolonged disturbance of personality function, designed by depth and variability of mood.
- Stressful life issues such as serious financial or relationship problem (CDC, 2026).
- History of physical, sexual or emotional abuse (CDC, 2026).

RISK FACTOR FOR SUICIDE IN TEENAGERS

Although suicide is rare among children, the rate of suicide and suicide attempts increase greatly among teenagers. Suicide is the third leading cause of death for 15-24-year olds according to the Centers for Disease Control and prevention (CDC). The risk factors for suicide in teenagers include (CDC, 2026):

- Access to guns
- Family members who completed suicide
- History of hurting themselves on purpose
- History of being neglected or abused
- Living in communities with recent outbreak of suicide
- Romantic breakup
- Untreated mental disorder

Effects of Suicide Behavior

It is a traumatic event for the individual and all those who have some connection with the victim. Suicide and suicide attempts have far-reaching impact on the individual, family and society at large. It may cause serious emotional, physical and economic impacts (WHO, 2026).

For people who attempt suicide severe injury that may have long-term effects may result. The individual may also experience depression leading to brain damage, seizures, comma and damage of body systems. The survivor may also be consumed by a number of conflicting emotions such as guilt, anger and grief.

When suicide occurs, families experience a significant loss. They may also experience pain, shame and distress with potential for depression. They also experience anger, extreme guilt and a feeling that they could have prevented the loss. Wherever suicide attempt has occurred, shock becomes the immediate reaction by the family members. Guilt feelings occur as family members regret things they did or did not do. Some even feel that they directly caused it.

Family members express intense fear of another potential suicide attempt in the family. They may be affected physically i.e. weight loss or gain, insomnia, pain and aches. Stigma of the act brings shame not only to the immediate family but significantly affect others even including future generations.

To the society, suicide has a heavy financial impact. For example, in 2019, suicide and non-fatal self-harm cost the nation nearly $490 billion in medical cost, work loss cost, value of statistical value and quality of life cost. Other than financial implications, suicide attempts also affect the health and well being of friends, co-workers and the whole community at large. It may result in feeling of fear and psychological torture to some members of the society.

Role of the Counsellor

An individual who is at high risk of suicide requires to receive higher level of care such as hospitalization. In most suicide attempt cases the medical condition is dealt with while the psychosocial factors are left unattended to. Consequently, family members have to deal with the stigmatization and also provide care and guidance to the suicide attempter.

This is where the counselor comes in.

Psychotherapy considers hopelessness to be the strongest contributing factor to suicide ideation. Much of counseling should therefore aim to restore hope. This will enable the client to explore ways to resist urges to self-harm, address factors that led to suicidal thoughts and create a plan that includes copying strategies and methods to address suicidal thoughts in the event that they recur. A counselor may check out for the following symptoms for clients:

- Having trouble concentrating or thinking clearly
- Talking about going away or the need to get his/her affairs in order
- Sudden changing behavior especially calmness after a period of anxiety
- Losing interest in activities they used to enjoy
- Self-destructive behavior such as drugs and substance abuse
- Suddenly having trouble in school or work
- Talking about suicide or death or even saying they want to hurt themselves
- Talking about feeling hopeless and guilty
- Changing sleep and eating habits
- Arranging ways to take their own life such as purchasing a gun

As a counsellor, explore the suicide with the client. Let the client rate their intensity of suicide thoughts. Ask the client whether they have planned how they might kill themselves. Determine if the risk is from a more spontaneous or impulsive act. Help the client identify how or whether they feel able to resist such impulse by taking him/her through specific scenarios.

As a counselor, utilize the client's own coping strategies to manage suicidal ideas. Ask how they have kept themselves alive and in what way they have prevented themselves from acting on their thoughts to reinforce or develop future coping strategies.

Also discuss the support that might be available to the client out of therapy e.g. family, friend, professional. Let him be clear about willingness or ability to access such support at times of high risk. It is also important to utilize 'Crisis Plans' or 'Keep safe plans' when handling the client. This involves providing the client with information that details their individual risk factors as well as their protective factors. The risk factors would help the client recognize when they might be at a greater risk while the protective factor help outline specific things a client may be able to do to support themselves at times of crisis between sessions, including how to access additional help (CDC, 2026; WHO, 2026).

However, the counsellor's approach should also take into account the circumstances surrounding an individual's suicidal behavior. Durkheim's four types of suicide—egoistic, altruistic, anomic and fatalistic—provide a useful way of understanding how social relationships and life circumstances may influence a person's experience of distress. For a person experiencing egoistic tendencies, the counsellor may focus on rebuilding supportive relationships and helping the individual develop a stronger sense of belonging and connection with others. Where altruistic factors are present, the counsellor may help the individual recognize their own worth and needs while maintaining healthy relationships and boundaries. In situations resembling anomic suicide, counseling may focus on helping the individual cope with major changes, disappointments, loss of direction or uncertainty in life. For fatalistic situations, where a person may feel excessively controlled, trapped or without choices, the counsellor can help restore a sense of hope, personal control and confidence in making positive decisions. These approaches should not be viewed as rigid categories, since each person's experience is unique and may involve several interacting social, emotional and personal factors. Therefore, the counsellor needs to listen carefully, understand the individual's circumstances and provide appropriate support, while working with health professionals, family members and other relevant persons to promote the person's safety and recovery.

Management of Violent Behavior

Suicidal behavior may sometimes lead to violent behavior due to intense emotional distress, interpersonal conflict, social isolation, trauma, and difficulty in coping with stressful circumstances. Violence may be directed towards oneself, or it may be directed towards other people, pointing to the importance of understanding the social, emotional and environmental factors surrounding the behavior. Understanding this relationship is therefore important for counsellors because individuals experiencing severe distress may require support that addresses both their safety and the circumstances contributing to their behavior. A comprehensive counseling approach therefore considers the individual's emotional wellbeing, relationships, social environment and access to appropriate professional support.

Episodes of aggression are usually triggered by a particular event which may involve circumstances that have led the client to feel threatened or frustrated.

Potential violence of a client could be inferred from:

- Appearance. The client looks dirty, intoxicated, blood strained and even carrying a weapon
- Physical activity. The client looks restless, agitated, pacing, clenching of jaws with hostile facial expression.
- Mood. The client looks angry, irritable, anxious, tense, distressed and having difficulty controlling emotions
- Speech. The client is loud, swearing or threatening and sarcastic
- Workers reaction. They show fear, anxiety, frustration and anger.

To handle such a client, you need to:

Take self-care

Avoid physical contact unless absolutely necessary. Develop a friendly and open line of communication for the individual to feel more respected and to be able to open up about the frustrations. Remain calm and slow as you talk to help calm the victim and encourage similar talk from him/her. This helps prevent the situation from escalation.

Remain objective

Violence is in most cases not deliberate or personal. It could be due to frustrations originating from personal stress or intimidation. Therefore, do not take the situation personal and try to depersonalize the problem for the client. Let them understand that their frustration is about an issue and not you. Do not react to any insults.

Use non-verbal Communication

Non-Verbal cues can enhance or betray verbal communications. Use the open body language with respectful eye contact to encourage the client to confide in you.

Avoid defensive body language such as clenched fist which can be interpreted as hostile. Show that understand and sympathize with them through body language and voice

Be an active listener

Aggression could be caused by not being listened to or taken seriously. Allow the client to speak and listen to what they say to calm them down. Let them vent out the frustrations.

Active listening is about showing the person that you are listening and understanding what they are saying by engaging with them. Keep nodding, taking notes, remain empathetic and ask constructive questions. Seek clarification where necessary to reassure them.

Provide solutions

Aggression includes feeling of lack of control towards a situation they are in. If possible, try to offer a choice of proactive solutions and allow him/her choose between options to gain a sense of control.

Protect yourself

You need to respond to the situation effectively and safely when handling such a victim. Protect yourself whether by physical means or by getting support from a colleague or another person. Be aware of any nearby objects that could be used as weapons. It is also useful to make a mental note of a clear path that could be used to escape if you have to. Check the exits and identify any obstacles. Ensure that you arrange appointment in a safe environment. Have backup with personal safety devices.

DOs

- Stay calm and keep your emotions in check
- Adapt a passive and non-threatening body posture
- Let the client air his feelings and acknowledge them
- Ask open ended questions to keep the dialogue going
- Be flexible within reasoning
- Use space for self-protection-position self near exit
- Ensure other clients are out of harm's way.

DON'Ts

- Challenge or threaten the client by tone of voice, eyes or body language
- Say things that will escalate the aggression
- Yell, even if the client is yelling at you
- Turn your back on the client
- Rush the client
- Argue with the client
- Stay around if the client doesn't calm down
- Ignore verbal threats or warnings of violence
- Tolerate violence or aggression
- Try to disarm a person with a weapon or battle alone

CONCLUSION

Suicide remains a major public health and social concern that affects individuals, families, schools, and communities. Available statistics demand the need for increased awareness, early identification of risk factors, effective counseling, and accessible mental health support. Mitigation requires coordinated efforts among families members, professionals, communities, and government agencies. Elaborate supportive environments where individuals can openly seek help would significantly contribute to reducing suicidal behaviour and promoting mental well-being (CDC, 2026; WHO, 2026).

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