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Original Research

Attitudes towards suicide among regional politicians in Lithuania, Austria, Hungary, Norway and Sweden

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***Abstract*:** The aim of this study was to compare attitudes towards suicide among regional politicians in five European countries, namely Austria, Hungary, Lithuania, Norway and Sweden. Attitudes of politicians are important as they are key persons in a suicide prevention context. All these countries differ significantly with respect to suicide rates and suicide prevention strategies. Previous research has shown that more permissive attitudes towards suicide are prevalent in countries with higher rates of suicide. Thus, we would expect that regional politicians in these countries would hold rather different attitudes towards suicide. The Attitudes Towards Suicide questionnaire (ATTS) was employed in the study. The results indicated that the acceptance of suicide was higher among Lithuanian, Hungarian and Austrian politicians (high suicide rate, no national prevention strategies), than among Norwegian and Swedish politicians (relatively low suicide rates, national prevention strategies). The same split in attitudes between low and high suicide rate areas was found concerning preparedness to help a person in a suicidal crisis. The only significant difference between male and female politicians was found with respect to perceived preventability of suicide, with male politicians being slightly more optimistic than female politicians. Overall, the results of our study show that differences among countries in suicide rates and suicide prevention policies are reflected in attitudes of politicians.

Key words: Suicide, prevention, attitudes, politicians

Prevalence of suicide differs greatly from country to country. The lowest suicide rate in Europe in 2007 was in Cyprus (2.1 per 100 000 inhabitants) and the highest rate was in Lithuania (28.4 per 100 000; European mortality database, WHO, 2010). It is well known in suicidology that numerous factors can contribute to these differences: different prevalence of mental disorders, alcohol consumption, genes, unemployment rate, economical welfare, religion, etc. Among other factors, attitudes towards suicide are considered to be one of the most important components contributing to variations of suicide rates in different regions or countries (Cantor, 2000; Schmidtke, 1997). Gibb, Andover & Beach (2006) argue that attitudes towards suicide act as a moderator. Many people who feel depressive and hopeless do not engage in suicidal behavior. However, if depression and hopelessness are accompanied with permissive attitudes towards suicide (suicide is seen as an acceptable option under some circumstances), the risk of suicide may increase (Joe et al., 2007).

There have been numerous attempts to compare attitudes towards suicide in different countries and cultures since the 1980s (e.g., Dervic et al., 2006; Domino et al., 1988-1989; Domino &

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Groth, 1997; Domino & Leenars, 1989; Domino & Lin, 1995; Domino & Niles, 1993-1994; Domino & Perrone, 1993; Domino & Shen, 1999-2000; Domino & Takahashi, 1991; Lester & Akande, 1994; Eskin, 1999; Etzersdorfer et al., 1998; Salander Renberg et al., 2008). Some of these cross-cultural studies have shown that a permissive attitude towards suicide and higher prevalence of suicide in a country are interconnected (Dervic et al., 2006; Domino & Takahashi, 1991; Etzersdorfer et al., 1998; Lester & Akande, 1994). For example, Domino & Takahashi (1991) using the Suicide Opinion Questionnaire (SOQ; Domino et al., 1982) found that Japanese medical students are more likely to agree with statements indicating persons' right to kill themselves and see this phenomenon as more "normal" than their colleagues in the USA. Another study carried out by Etzersdorfer and colleagues (1998) among medical students in Madras and Vienna has shown that large differences in suicide rates in these cities are reflected in attitudes towards suicide as well. Students from India had less accepting attitudes towards suicide than their colleagues from Austria.

However, data on the relation between attitudes towards suicide and suicide rates are contradictory, as some studies have shown more permissive attitudes in countries with lower suicide rates (e. g., Domino & Groth, 1997; Domino & Perrone, 1993).

Moreover, most existing studies target students or non-representative samples of the general population, which is a serious limitation in these studies. Another limitation is that usually only two countries were compared with each other. These contradictions and limitations require further studies on attitudes towards suicide.

Our study was conducted in five regions from five different countries as a part of SUPPORT; a European multicenter project on suicide prevention and research (Salander Renberg & Jacobsson, 2001). This provides two important advantages: a) more countries are compared using the same methodology and addressing the same target groups; b) all participating countries are European, which means that cultural differences are not as overwhelming as for example when comparing European and Asian countries.

Politicians' attitudes are important for several reasons. First and most important – politicians are the ones who make decisions and often national and regional suicide prevention strategies depend on their political will. Secondly, politicians are elected persons and consequently it can be argued that their attitudes reflect general tendencies of attitudes in the general population. Therefore, the aim of this study was to compare attitudes towards suicide among regional politicians in five European countries differing in suicide rates and suicide prevention strategies.

It is also important to stress, that we were not able to find any previous studies targeting at politicians' attitudes towards suicide, except for our own publication on qualitative data from the SUPPORT study (Knizek et al., 2008).

Method

Participants of the study

Members of the City or County Councils were approached in the following regions: Vilnius and Kaunas (Lithuania), Pecs (Hungary), Salzburg (Austria), Sør-Trøndelag (Norway) and Västerbotten (Sweden). Short profiles of the participating regions are presented in the Table 1.

Västerbotten (Sweden) and Sør-Trøndelag (Norway) both had relatively low national and regional suicide rates as well as national suicide prevention strategies (though not allocated specific funding in Sweden) at the time of the study. Vilnius (Lithuania) and Baranya (Hungary) had high suicide rates at both national and regional level. No national prevention strategies were employed in these two countries (National Suicide Prevention Program for 2003-2005 was approved by the Government of the Republic of Lithuania, but only separate and unessential parts were put in practice). Salzburg lies somewhere in between, both with respect to national as well as regional rates. The city had a local suicide prevention program. There is one more important factor differentiating the regions in this study, namely the geopolitical situation. Sweden and Norway are neighboring Scandinavian countries and therefore have a lot in common, both culturally and politically. Lithuania and Hungary are Eastern European countries which experienced a dramatic transition from the Soviet regime to democratic societies. Austria's history differs from both the Nordic as well as Eastern European countries, but it has strong links with Hungary; before the World War I, both countries constituted the Austro-Hungarian Empire.

The participation in the study was anonymous. In Lithuania and Hungary questionnaires were handed out to the city council members and afterwards they sent completed forms back. In Norway, Sweden and Austria questionnaires were sent out and returned by post. Number of subjects, response rate and demographic characteristics are presented in Table 2. The Hungarian version of the questionnaire did not include the question on age due to anonymity reasons – politicians had concerns that otherwise they could be identified. The response rate in Sweden (62%) and Norway (60%) was satisfactory. In Austria (49%) it was rather low, and in Hungary (38%) and Lithuania (35%) very low.

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Table 1. Profiles of Countries and Regions Participating in the Study.

Region	Year of the study	Politicians	National suicide rate per 100,000			Regional suicide rate per 100,000			National suicide prevention strategy
			-3 years	year of study	+3 years	-3 years	year of study	+3 years	year of study
Austria / Salzburg	2001	Members of Salzburg city and state council	17.6	16.3	15.2	19.7	18.2	14.9	No
Hungary / Baranya county	2003	Members of Pecs city council	29.5	24.8	21.8	32.0	30.0	25.0	No
Norway / Sør-Trøndelag	2001	Members of Sør-Trøndelag county council	12.3	12.0	11.4	12.3	10.6	14.4	Yes
Sweden / Västerbotten	2001	Members of Västerbotten county council	12.7	12.2	11.8	8.9	8.2	10.1	Yes, from 1996 (no resources allocated)
Lithuania / Vilnius and Kaunas	2002	Members of city councils in Vilnius and Kaunas	42.1	44.0	37.0	27.2 (Vilnius) 28.5 (Kaunas)	24.6 (Vilnius) 30.7 (Kaunas)	19.0 (Vilnius) 28.7 (Kaunas)	Yes, but only formal declaration

Sources of the data:
EUROSTAT, http://epp.eurostat.ec.europa.eu/tgm/refreshTableAction.do?tab=table&plugin=0&pcode=tps00122&language=en, accessed 2010-02-13.
Department of Statistics to the Government of the Republic of Lithuania.
National Cause of Death Registry, Norwegian Public Health Institute, and Statistics Norway.
STATISTIK AUSTRIA, Bundesanstalt öffentlichen Rechts.
Statistics Sweden, Cause of death register, 2003, 2001 and 1998.
Handbook of the Hungarian National Bureau of Statistics and Regional Handbooks of the National Bureau of Statistic, Baranya County Council Office.

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Table 2. Characteristics of Politicians' Samples in Different Regions.

Region	N	Response rate	Age mean	SD	Males	Females
Austria / Salzburg	49	49%	49.25	7.49	65.3%	34.7%
Hungary / Baranya county	23	38%	-	-	26.1%	73.9%
Norway / Sør-Trøndelag	32	60%	52.25	9.79	46.9%	53.1%
Sweden / Västerbotten	44	62%	52.36	7.95	43.2%	56.8%
Lithuania / Vilnius and Kaunas	32	35%	44.37	11.72	62.5%	31.3%

A question on politicians' age was not included in Hungarian version of questionnaire due to anonymity reasons.

It should also be noted that gender proportions among respondents from different regions vary significantly. At one end of the continuum we find Hungary with 74% of the politicians being women, at the other end – Austria and Lithuania with 35% and 31% female respondents, respectively. Therefore, in the following analyses the gender factor is taken into account.

Instrument

The Attitudes Towards Suicide questionnaire was used (ATTS; Salander Renberg and Jacobsson, 2003). The English version of the questionnaire was translated to Lithuanian, Hungarian, and Austrian, whereas the Norwegian translation was based on the Swedish version. The questionnaire adoption procedure included back-translation in all countries except Norway, where a bilingual Associate Professor in psychology went through the translated version (Norwegian and Swedish are very similar languages).

The questionnaire consists of 61 items which can be divided into 5 different parts: 1) experience of suicidal problems among significant others (3 items); 2) attitudes towards suicide – the main part (40 items); 3) demographic data (5 items); 4) life satisfaction and suicidal expressions (11 items); 5) open-ended questions on suicide causes and means of prevention (2 items).

The main part of the questionnaire – attitudes towards suicide – consists of Likert-type scale attitude statements to be scored from 1 (strongly disagree) to 5 (strongly agree). A six factor model including 24 statements of the original 40 was developed after theoretical consensus and face value comparisons based on the exploratory factor analysis on data from various target groups in nine countries (Sweden, Austria, Norway, Russia, Ireland, Turkey, Bosnia and Herzegovina, Hungary, Lithuania) participating in the SUPPORT study (Salander Renberg & Jacobsson, 2001):

1) Acceptability – 7 items (e.g., "I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease", "There may be situations where the only reasonable resolution is suicide").
2) Preparedness to help / tabooing – 4 items (e.g., "I am prepared to help a person in a suicidal crisis by making contact").
3) Preventability – 3 items (e.g., "It is always possible to help a person with suicidal thoughts").
4) Incomprehensibility / Condemnation – 4 items (e.g., "Suicide can never be justified").
5) Unpredictability – 4 items (e.g., "Suicide happens without warning").
6) Relation caused – 2 items (e.g., "Many suicide attempts are made because of revenge or to punish someone else").

Data on internal consistency of the instrument are presented in the results part and other psychometric properties of the original ATTS questionnaire have been discussed previously by Salander Renberg and Jacobson (2003) as well in a more recent paper (Salander Renberg et al., 2008).

Data Analysis

Cronbach's alpha was used to measure internal consistency of the questionnaire. Arithmetic mean of separate factor items was considered as factor values, i.e. means of all items of the specific factor were summed up and divided by the number of items. Some items in the factors have opposite meanings to the meaning of the whole factor. They are marked as negative and reverse scoring was used when calculating factor means. Results from all five countries were compared using General Linear Model Multivariate Analysis (two-way ANOVA). This procedure was employed to test the significance of differences between regions, gender and possible interaction between regions and gender. Tukey HSD Post Hoc Test was used to identify differences between separate countries (follow-up analyses).

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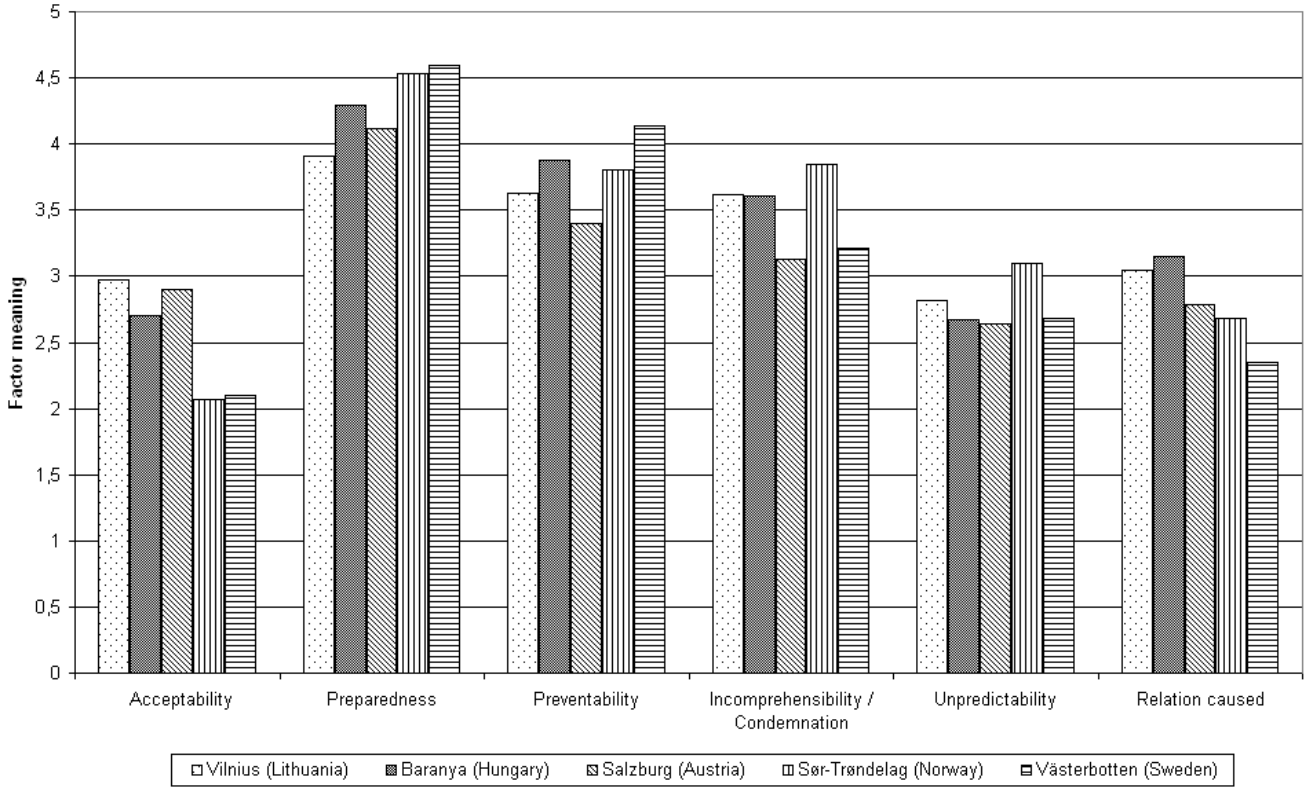
Figure 1. ATTS factor means in different regions.



Results

The overall internal consistency of the questionnaire is .61 (Cronbach's alpha). Alpha's for separate factors are as follows: .88 for Acceptability, .20 for Preparedness to Help / Tabooing, .27 for Preventability, .63 for Incomprehensibility / Condemnation, .68 for Unpredictability and .54 for Relation Caused. Low alpha in Preparedness to Help / Tabooing factor suggests that here indeed two separate factors might be present: Preparedness to Help and Tabooing. The low alpha for Preventability may reflect the ambivalence between successfulness of suicide prevention as a rule ("It is always possible to help a person with suicidal thoughts") and as a possibility ("Once a person has made up his mind about committing suicide no one can stop him / her").

ATTS factor mean scores according each region are presented in Figure 1. The higher the mean score, the higher is the agreement with the statements in the factors. Differences among all regions are significant in all 6 factors (Table 3). Gender differences are significant only in the "Preventability" factor: male politicians are more optimistic than female on possibilities for suicide prevention (mean scores 3.83 vs. 3.68, $p < .05$). No significant interaction between region and gender was found for any factor.

Acceptability. The first set of columns in Figure 1 indicates that regional politicians in Lithuania, Hungary and Austria have a more permissive attitude towards suicide than their colleagues in Norway and Sweden. Follow-up analyses showed that Lithuania and Austria have significantly higher means than Norway and Sweden ($p < .05$). Hungary has a significantly higher mean score than Sweden ($p < .05$), but the difference between Hungarian and Norwegian politicians is on the verge of significance ($p = .052$).

Preparedness to help. The situation with Factor 2 is similar, but here Hungarian politicians are in the middle between two poles. Follow-up analyses indicate that Lithuania and Austria differ significantly from Norway and Sweden ($p < .001$), which means that Norwegian and Swedish regional politicians feel more confident in their abilities to help someone in a suicidal crisis.

Preventability. Factor 3 is quite similar to the previous factor. The most significant difference ($p < .001$) is between the Swedish and Austrian politicians. Swedish politicians strongly believe that suicide is preventable while Austrians are much more reserved about that. The difference between Lithuanian and Swedish politicians is less expressed, but still significant ($p < .01$). Norwegian politicians fall in the middle; only significantly

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different from Austrians ($p < .05$). Hungarians are more optimistic than their colleagues in Austria ($p < .05$), but there is no significant difference between them and their colleagues in Lithuania.

Incomprehensibility / Condemnation. A somewhat different picture is found with regard to Factor 4. Suicide seems most incomprehensible for Norwegian politicians. Their position is significantly different ($p < .01$) from their colleagues in Sweden and Austria. Lithuanian and Hungarian regional politicians also had relatively high means on this factor, but a significant difference ($p < .05$) was only found between Lithuanians and Austrians who had the lowest scores on this.

Predictability. Norwegian politicians see suicide as less predictable than their colleagues in the other countries (Factor 5). However, a statistically significant difference ($p < .05$) was only found between Norway and Austria here.

Relation caused. With regards to the last factor, the Swedish politicians are the most skeptical in seeing suicide as a consequence of relational issues. Their answers in this respect differ significantly from the position of their colleagues in Lithuania ($p < .01$), Austria ($p < .05$) and Hungary ($p < .001$).

Discussion

The results of the study are indicating that politicians from countries with higher suicide rates and no prevention strategies (Lithuania, Hungary and Austria) held more permissive attitudes towards suicide than those from countries with lower rates and prevention strategies (Norway and Sweden). This result supports findings from other similar studies (Dervic et al., 2006; Domino & Takahashi, 1991; Etzersdorfer et al., 1998; Lester & Akande, 1994).

Before discussing the results, some limitations of the study should be addressed. The response rate in some of the countries was low. This might jeopardize the reliability of the results. However, unwillingness to participate in a study on attitudes towards suicide could be interpreted as an expression of avoiding or insecure attitude towards suicide per se. Low response rates in Hungary and Lithuania could be related to a still existing stigma and taboo surrounding the topic in these countries with high suicide rates. This was already noted in a part of this study analyzing the open ended questions in the ATTS (Knizek et al., 2008). Moreover, politicians may be among the target groups most difficult to reach for psychological research, although their decision making role in regional or national suicide prevention measures is crucial. There is also some possibility that the relationship between attitudes, suicide rates and suicide prevention policy can be influenced by some other factors, such as politicians' age. However, we were not able to include it into the analysis, as age of study participants could not be registered in one country (Hungary) due to anonymity reasons.

It is interesting to note that countries with more permissive attitudes towards suicide and higher suicide rates (Lithuania, Hungary and Austria) are predominantly Catholic countries (Hungary has a large percentage of Protestants, but Baranya region is mostly catholic), whereas countries with less permissive attitudes and relatively low suicide rates (Norway and Sweden) are predominantly Protestant. This is in keeping with Domino's (2005) findings that religiosity plays an important role in attitudes towards suicide, but it is in contrast to the popular notion that suicide rates are higher in Protestant societies than in Catholic (Durkheim, 1951 [1897]; Tubergen et al., 2005). More permissive attitudes in Catholic countries also seem to contradict with the "suicide as a sin" emphasis in Catholicism. On the other hand, the official position of the Catholic Church recently is changing from the strong condemnation of suicide towards more differentiated attitude, which may influence the general attitudes in the society (Saulaitis, 2001). At this point one can also speculate about the diminished role of religion in the nowadays secularized Western society.

Permissive attitudes towards suicide in Lithuania might as well be a reflection of some kind of vicious circle in suicide prevention. A dramatic increase in Lithuanian suicide rates after regaining independence in 1990 was not followed by any serious prevention measures on the state level, which in turn strengthened passive, hopeless and supportive attitudes towards suicide (Gailiene, 2005). When this attitude is adopted by politicians, it is hard to expect serious and long lasting prevention activities, as politicians themselves see suicide as an acceptable way out in difficult situations. Lack of prevention activities might lead to stable high suicide rates, which in turn might strengthen hopelessness – and a vicious circle may form (Gailiene, 2005).

Although differences in other factors of ATTS are not so prominent, several interesting tendencies can be noticed. It is not surprising that Lithuanian and Austrian politicians, who demonstrated higher acceptability of suicide, feel less prepared to help suicidal person, compared to those politicians with lower acceptability of suicide. Nevertheless, the results of the present study show

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Table 3. Region and Gender Differences in Politicians' Attitudes Towards Suicide measured by ATTS.

Source	Sum of Squares	df	Mean Square	F	p
Acceptability					
Region	28.65	4.00	7.16	10.03 **	0.000
Gender	0.17	1.00	0.17	0.24	0.626
Region x gender	2.92	4.00	0.73	1.02	0.397
Error	119.19	167.00	0.71		
Preparedness to help / tabooing					
Region	11.67	4.00	2.92	15.91 **	0.000
Gender	0.14	1.00	0.14	0.75	0.388
Region x gender	0.27	4.00	0.07	0.37	0.828
Error	30.64	167.00	0.18		
Preventability					
Region	16.22	4.00	4.05	9.66 **	0.000
Gender	2.17	1.00	2.17	5.18 *	0.024
Region x gender	2.56	4.00	0.64	1.52	0.198
Error	70.09	167.00	0.42		
Incomprehensibility / Condemnation					
Region	16.65	4.00	4.16	6.98 **	0.000
Gender	1.27	1.00	1.27	2.13	0.146
Region x gender	1.81	4.00	0.45	0.76	0.555
Error	99.63	167.00	0.60		
Unpredictability					
Region	4.65	4.00	1.16	2.47 *	0.047
Gender	0.13	1.00	0.13	0.28	0.600
Region x gender	1.34	4.00	0.33	0.71	0.588
Error	78.79	167.00	0.47		
Relation caused					
Region	13.53	4.00	3.38	5.88 **	0.000
Gender	0.64	1.00	0.64	1.12	0.292
Region x gender	0.66	4.00	0.17	0.29	0.887
Error	96.10	167.00	0.58		

*p < .05. **p < .01; (two-way ANOVA)

that politicians in general demonstrate preparedness to help suicidal persons.

Politicians from all participating regions seem quite optimistic about possibilities to prevent suicide. The lowest scores of Austrian politicians on this factor can be explained by their more permissive attitude towards suicide. Moreover, the qualitative part of the present study revealed that Austrian politicians saw causes of suicide only at an intra-personal and/or inter-personal level, rejecting the possible influence of society (Knizek et al., 2008). Therefore, it's not surprising that they are not enthusiastic about suicide prevention activities (something that is done by the society to help suicidal persons).

Elevated scores of Hungarian and Lithuanian politicians on the Incomprehensibility / Condemnation factor may seem unexpected because of the contradiction with high acceptability of suicide. One possible explanation for this can be that the acceptability of suicide reveals a personal attitude towards possible own suicide (for example "I can consider the possibility to take my life if I would suffer from a severe, incurable disease"), whereas condemnation shows an attitude towards behavior of other people. It is also important to

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note, that despite of (or even due to) the high prevalence of suicide in Lithuania and Hungary, a big stigma is connected with suicidal behavior in these two Eastern European countries.

High scores of Norwegian politicians on the Incomprehensibility / Condemnation factor might be connected with elevated scores on Unpredictability: lack of control may evoke fear which then can lead to incomprehensibility and condemnation.

Lithuanian, Hungarian and Austrian politicians are more prone to see suicide as relation caused than their colleagues from the Nordic countries. This can be interpreted as some kind of simplification of suicide causes and an underestimation of the complexity of the phenomenon, which is rather worrisome in light of high suicide rates in these countries. Simplification of suicide causes may lead to "simple solutions" in prevention, which rarely (if at all) can be successful.

Looking at the whole picture, the attitudes of the Lithuanian and Hungarian politicians are rather similar – it can be noticed both graphically (Figure 1) and statistically. The only statistical significant difference between Lithuanian and Hungarian politicians is on the Preparedness to Help factor. Similar tendencies can be seen in Swedish and Norwegian politicians. The only significant difference is in the Incomprehensibility / Condemnation factor, where the Norwegians demonstrate the highest scores and are closer in this respect to the Lithuanians and Hungarians than to their neighbors in Sweden. Austrian politicians fluctuate in the middle between the two Eastern European countries and the two Nordic countries. Still, it seems that there are more commonalities between the attitudes of the Austrian politicians and politicians from other countries with high rates of suicide, i.e., Lithuania and Hungary. These results converge with the results of the qualitative analyses of this study (Knizek et al., 2008); an indication of reliability.

As noted above, samples of politicians in different regions participating in the study have a different gender ratio (for example there are 31% women in Lithuanian sample and 74% women in Hungarian sample). Therefore it was important to test the possible influence of gender to regional differences in attitudes. Analyses showed that there was no significant interaction between region and gender. With regard to differences in attitudes towards suicide between men and women, the only significant difference was found in the Prevention factor. Male politicians were more optimistic about the possibility to prevent suicide, which is a little bit surprising, as usually women are seen as emphasizing the role of social support. However, minor attitude differences between men and women allow us to conclude that the relation between the cultural context and attitudes towards suicide is more pronounced than the relation between gender and attitudes.

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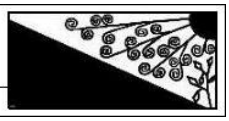

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