

Disability and Youth Suicide: A Focus Group Study of Disabled University Students

Esra Burcu, Ph.D.

Hacettepe University, Department of Sociology

Abstract: For young people thoughts of suicide are based on various social factors. The research literature in this area reveals that there are two important interrelated factors that correlate with suicide rates: being young and being disabled. This study was undertaken in order to explore possible reasons for this increased tendency for young disabled people to commit suicide. The study was carried out at a university in Turkey with a group of disabled students. All the members of the focus group had thoughts of suicide and felt that their disability played an important role in creating these thoughts. The basic premise of the research was that physical disability increases the young person's isolation and social loneliness and this can generate ideas of suicide in the young person's mind that may be acted upon.

Key Words: physical disability, suicide, social isolation

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Introduction

Suicide is a puzzle. The reasons human beings choose to end their lives remains a mystery, and it has been the subject of much research.

Some of the questions posed by researchers through the years have been, "How is suicide defined?" "Is it a crime or a sin?" "Is it an indicator of madness?" "Is it a part of the human condition from the past to the present?" "Why do people commit suicide?" "Why do young people think of committing suicide?" "How can suicide be prevented?" "How can people be helped who are thinking of committing suicide and/or have attempted suicide?" and "What is the reaction of society towards suicide?" (Clemons, 1990, p.5). Many different branches of science have tried to find the answers to these questions by establishing relations between suicide and physical, psychological and social factors.

Suicide is a phenomenon influenced by social and cultural factors. It may change from one society to another and it may also reveal differences within the same society. For instance, the rate of suicide among young people aged 15-29 increased in Europe after the 1960s and this increase gained momentum particularly in the last two decades (Diekstra, 1992). In recent years, youth suicide has been accepted as a fundamental public health problem in the USA, ranking third as a cause of death for youth (Berman and Jobes, 1991). The ratio of suicides to the total number of deaths in Turkey was 2.36% in 1995, 3.11% in 1997 and 3.77% in 2001. The ratio of suicides among young people between the ages of 15-24 has increased in recent years although not significantly (34.24% in 1995, 35.17% in 1997 and 32.55% in 2001). The ratio of suicides among young people between the ages of 15-24 was 48.4% for young males and 51.6% for young females in 1995 (n=500), and 45.71%, and 54.28% in 1997 (n=700), 50.29%, and 49.70% respectively in 2001 (n=841). The main reason for suicides in Turkey is officially given as "illness" (SIS, 2001).

In Turkey, the suicide rate within general population was 2.36 % in the year 1995, 3.11 % in 1997 and 3.77 % in 2001. The rate of contribution by sex to the total number of suicides

showed significant difference and fluctuation. The cases of male suicides constituted 62.12 %, 58.09 % and 93.06 % of the total case of suicides in respective years. A major contribution to these rates came from young people aged between 15-24. Their cases of suicides constituted 34.25 %, 35.18 % and 32.55 % of the total number of suicides in the country in the respective years mentioned. Within the age category itself, the cases of male suicides constituted 48.40 %, 45.72 % and 50.28 % whereas the cases of female suicides constituted 51.60 %, 54.28 % and 49.72 % of the total cases of suicides in respective years. There were, however, significant differences again in the proportion of contribution made by each sex within this age category to the total number of the cases of suicides within each sex category: The cases of male suicides within this age category constituted 26.68 %, 27.68 % and 25.22 % of the total cases of male suicides in the country in respective years whereas the cases of female suicides constituted 46.66 %, 45.56 % and 46.09 % of the total number of the cases of female suicides in respective years.

Some sociological and anthropological studies have focused on “cultural differences” and “changes in social conditions” (when explaining different suicide rates between cultural groups). Other research carried out by social scientists such as Holinger, Offer and Zola (1988), and Hafner and Schmidtke (1987) explained differences in the numbers of suicides as dependent on the cultures of societies. Diekstra (1988), Lee (1978), Roy (1986), Brent, Perper and Goldstein (1988), and Shaffer (1974, 1988) attributed these differences to social factors such as broken families, problems at school, social relations and other important life events.

As suicide reveals differences between societies, it may also reveal differences regarding gender, age, occupation, level of education, and level of disability, even in the same society. For example, according to Clemons' (1990) findings, the rate of suicide among black males in the USA is higher than that of black females, and the rate of suicide among police officers and soldiers is higher than other occupations.

Some studies have examined the relationship between suicide and age (Clemons, 1990; Diekstra, 1988; Durkheim, 1951; Hafner & Schmidtke, 1987; Haim, 1976; Holinger, Offer and Zola, 1988; Jacobs, 1971; Lee, 1978; Miller, 1975; Shneidman, Farberow & Litman, 1970; Wenz, 1979). For example, Durkheim (1951) indicates that the rate of suicide increases with age. Shneidman, Farberow and Litman (1970) state that the tendency towards committing suicide is higher in young adults than in younger people. Haim (1976) claims that this tendency is at its highest level among young people between the ages of 15-20. In terms of the relationship between being young and committing suicide, a further factor drew the attention of some researchers, namely the situation of young people who are physically disabled. There has been research into suicide by young disabled people, although these studies are not high in number (Battin, Rhodes & Silvers, 1998; Coleman, 2000; Curran, 1987; McBride, Hazel & Siegel, 1997; Olafsen, 1983; Retterstol, 1993).

There has not been a sufficient number of studies on the relationship between disabled young people and the number of deaths by suicide in Turkey. But one sociological study is currently underway (*Being A Disabled Person in Turkey: Research On the Sociological Aspects of Problems Pertaining to Disability*, Burcu 2004-2006). Also, a Disability Survey in Turkey was carried out by The State Institute of Statistics (2002). As mentioned in this study, this survey aimed to alleviate gaps in information about disabled people. According to the findings of this study, total disability proportion in the overall population is 12.29%. The proportion of physically and mentally disabled people is 2.58% and the proportion of people with chronic illnesses is 9.70%. When the proportion of these disabilities is examined by age group, it is observed that disability increases with age. When examined by sex, it is observed that while the

proportion of physically and mentally disabled people is higher in males, the proportion of people with chronic illnesses is higher in females. While the proportion of physically and mentally disabled people is higher in rural areas, the proportion of people having chronic illness is higher in urban areas (SIS, 2002). When the illiteracy rate is examined by urban-rural, it is observed that while the illiteracy rate of physically and mentally disabled people in rural areas is 43.44%, this rate is 29.58% in urban areas. The illiteracy rate of physically and mentally disabled people is 28.14% for males and 48.01% for females (SIS, 2002, p.8-9). In the population of people with physical and mental disabilities, the labor force participation rate is 21.71%, and the population rate not in the labor force is 78.29% (SIS, 2002, p.14).

In our research, it is argued that being physically disabled has an effect on the tendency towards committing suicide. The main aim of the research is to investigate and discuss the relationship between being disabled, being young, and contemplating committing suicide. When developing thoughts of committing suicide, young people's social relationships with friends, family, school mates and acquaintances are of primary significance. On the one hand, young people need to develop stable social relationships and on the other hand, in this period of their life they have to face new social responsibilities. Likewise, disabled young people also desire to be involved in new social relationships. But their physical condition may be a deterring factor in creating and maintaining new relations. Disabled youth have the desire to have new friends, take individual responsibilities and use freewill in their actions, but their situation may create obstacles. In this context, their physical condition may turn them into a socially disabled person. A disabled young person may feel lonely, choose not to get involved in relationships with others or feel that others don't want to have a relationship with him/her. Consequently, disabled young people can lose the opportunity to maintain stable relationships with friends, family and acquaintances, leading to social isolation. On the basis that social loneliness and isolation reduce a willingness to carry on with life and reinforce the tendency to commit suicide, the main aim of this research is to investigate the relationship between being young, being disabled and the tendency in commit suicide. It is hoped that research of this kind will contribute towards developing the knowledge base relating to disabled youth in Turkey and also contribute to the sociological discussion about the relationship between disability and suicide, which is not a frequently discussed topic in Turkey.

With this aim, a pilot study was carried out with young disabled students at a university in Turkey. Information concerning their life expectations and ideas about suicide were gathered in a focus group. In this study, the concept of suicide is treated in terms of different approaches, and the social reasons for youth suicide are discussed with regard to the relationship between suicide and age. The relationship between being physically disabled, being young and committing suicide is examined and explained in terms of an analysis of social isolation and social loneliness.

Theoretical Perspectives

Social Reasons for Young People's Suicides

Suicide is generally defined as an individual ending his or her life by his or her own hand. In law, suicide is killing oneself. It is a behavior by which an individual hurts himself (Shopsire, 1990, p.23).

The idea of suicide may include all thoughts related to committing suicide. Thinking of suicide also includes the premeditation–planning process. The application of this premeditation–planning process reveals the behavioral aspect of suicide.

When traditional and contemporary approaches to suicide are examined, it is seen that traditional sociological theories, in reaction to psychiatric theories, focus on statistics and emphasize the “social environment” as the fundamental and unique reason for suicide. Durkheim and Halbwachs are important representatives of these sociological theories (Haim, 1976).

According to Durkheim, suicide is related to the level of the individual’s unification with the goals of the group in which he lives. Durkheim sees suicide not only as an individual phenomenon but also as a collective one through the collective consciousness (Durkheim, 1951). The basic characteristics of six types of suicide determined by Durkheim are described in Table I. Durkheim attempted to explain and classify suicide in terms of the level of present social unification in a society or group.

Table I about here

Another traditional sociologist, Halbwachs, adds to Durkheim’s discussion of level of loyalty to the social group by emphasizing the concept of life style. According to Halbwachs, increasing social confusion is one of the modern reasons for suicide (Haim, 1976).

Suicide has also been viewed from an interdisciplinary approach, for example, psychiatric, psychological and social factors are considered together in contemporary approaches. In contemporary sociological research, any analysis of the reasons for suicide takes into consideration the conjunction of individual, social structural and cultural factors. Contemporary sociological studies (Clemons, 1990; Coleman, 2000; Diekstra, 1988; Hafner & Schmidtke, 1987; Wenz, 1979) focus on the effects of ethnic and cultural factors under which the personality of an individual is formed, and on age, gender, physical features, marital status, and other factors that have roles in the development of personality.

Youth is accepted as the most dynamic period of human life. It is a period of transition between childhood to adulthood when an individual experiences biological, psychological and sociological changes (Burcu, 2003). These changes may sometimes create great difficulties for the individual to overcome. As Shopsire (1990) indicates, the problems that a young person faces during this period may be related his or her efforts to establish a relationship with the complex world in which s/he lives. Feelings of unhappiness, hopelessness, loneliness, and isolation, the desire to draw attention to her/himself, identity crises, socio-economic conditions, stress at home, and peer group pressure may all lead to thoughts of suicide. Consequently, suicide is a critical social problem in many countries.

According to current research, the basic social reasons for youth suicide or thoughts of suicide can be separated into three parts:

1. *Family*—consisting of social factors such as the absence of one or both parents, difficult relations within the family, the fragmentation of the family, and marital status (Durkheim, 1951; Haim, 1976; Schrut, 1968).
2. *Young people’s relationships with their peers and the opposite sex*—one of the important reasons leading to young people’s suicide is their relationships with their friends, especially their relationships with the opposite sex (Hendin, 1990).

3. *Academic performance*—Research reveals that the rate of suicide among young students is higher than that of young people who are not students. Family and cultural pressure on the student to excel academically may push the young person to commit suicide (Ross, 1969; Seiden, 1966).

Suicide in Relation to Being Young and Disabled

Approximately 10% of the world population (Helander 1993), and 9-10% of the population in Turkey (Council of Disabled People [I], 1999) are disabled. In Turkey, a large proportion of disabled people are young. Being disabled is a concept often used to express limitations resulting from the loss of mental and/or bodily functions. A person who is disabled is usually defined as a person who can be rehabilitated but not totally treated (Whyte and Ingstad, 1995, pp.3-4). According to the International Classification of Impairments, Disabilities and Handicaps (ICIDH) being disabled means, “Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” (ICIDH, 1980, p.28).

These definitions constitute a medical model of disability, where disability is conceptualized as an impairment that functionally limits the body and/or the mind. However, disability also refers to the disabling effect of prejudice, discrimination and social exclusion. The British Council of Disabled People has adopted the following definition: “Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity. Therefore, disability, like racism or sexism, is a kind of discrimination and social oppression (Morris, 2001).” This approach is the social model of disability. Medically, disability is a physical or mental characteristic of the individual, but socially, people with physical or mental impairments are disabled by society. According to Morris (2001), social disability results from unequal access and negative attitudes. The bodily functions of many people with physical and mental impairments are influenced, and often compromised, by broader social and structural relations (Edwards and Imrie, 2003).

These two approaches, the social and the medical models of disability, form the main “views” in disability studies. The medical model is primarily concerned with an analysis of the body physically, propagating a medical orthodoxy that conceives of bodies as objects to be cared for through the application of medicine and rehabilitative techniques. Meanwhile, the social model seeks to understand disability as a socially-generated category and related series of experiences external to the body. Thus, disability is the body being transformed by “living in society,” where a person with an impairment is disabled through the attitudes and norms by which society defines that person (Edwards & Imrie, 2003).

According to Taylor (1999), being disabled is related to the reactions of other people, and the social and cultural values that disabled people are faced with are important sociologically (Gannotti, et al., 2001; Gerhardt, 1989). In social and cultural terms, social reactions to disabled people and the results of these reactions are important for the disabled individual (Taylor, 1999; Whyte & Ingstad, 1995). Goffman (1963) states that disabled people are often labeled as “not worthy or valued in society,” “not respected,” “not given importance,” and “second class citizens.” The effect of these labels is that disabled people may refrain from participating in social groups and social activities. From this perspective, according to Goffman, disability is a barrier to participation in the society in which an individual lives (Murphy, 1995). The social and

cultural values held by society in general create social disability. Here, deep sorrow and sadness created by social loss that a disabled person may face as a result of socio-cultural attitudes, rather than his physical disability, might form the basis of a disabled individual's desire to die (Coleman, 2000).

Increases in social activities and the widening of the social arena are among the most fundamental features of the youth period. Taking these factors into consideration, it can be agreed that when studying the relationship between the incidence of suicide in young physically disabled people it is important to look at the extent to which the young person is socially isolated. According to studies on the relationship between physical disability and social isolation (Anderson, 1973; Anderson, et al. 1982; Brier & Demb, 1981; Morgan, 1972), disability increases social isolation for a young person. Generally, young people experience increased independence from their family and increased contact with their peers, and opportunities to explore their sexuality. For the disabled young person, the opportunities to satisfy these needs may be difficult to achieve. In very early research carried out by Younghusband, et al. (1970), it was found that "potential isolation" and loneliness is intensified for a young disabled person. This problem is related to his/her social relations. Depending on their disability, the increase in a young person's social isolation, as indicated by Anderson (1973), decreases the young person's self-respect and thus weakens their ability to form and maintain social relations. This in turn contributes to problems with the development of social skills. This situation prevents the young person from unifying with the society in which they live and can cause them to assume a negative attitude to their own life and their future. All of these factors may contribute to the development in the young person of the idea of committing suicide. Barter, Swaback and Todd (1968), Jacobs (1971), Miller (1975), Lee (1978), Wenz (1979), and Husain and Vandiver (1984), stress social isolation as an explanation for young people's suicide. They indicated that young people who contemplated committing suicide had no specific social groups in which to actively participate, and their participation in other social activities was minimal.

These studies reveal that the relationship between being young and thinking of suicide or committing suicide may be reinforced by disabling barriers, especially by an inability to resolve social problems which are further exacerbated by social loneliness caused by socio-cultural attitudes to disability.

In developing countries such as Turkey, physically disabled people come across many problems in their daily lives. The most significant problems for young people in Turkey today are education and employment. Accessing higher education and finding a job after a university education is a challenge for all young people. A disabled young person faces additional challenges, for example, mobility or the need for special equipment or medication. The challenge of going to university or finding a job may seem impossible to meet. In addition, the disabled young person may be labeled as "poor," "clumsy," or "a second class person." With all of these pressures, young disabled people may feel hopeless about their future, and they may start to feel alienated and their sense of ennui may grow. In this situation they may lose their motivation to resolve their problems and ultimately lose their desire to live.

Methods

This pilot study examined the relationship between being physically disabled, being young and committing suicide in the context of social isolation and social loneliness. The pilot study was carried out with young disabled students at a university in Turkey.

Participants

Nine physically disabled students participated in the study. University students who are disabled are thought to be very conscious of the difficulties of daily life for people with disabilities in Turkey and are aware of differences in their life experiences from non-disabled students. All of the participants of this study have had thoughts about suicide. The aim of the study was to explore their ideas rather than to judge them. False names are used in this paper to guard their identity.

In Turkey, according to data from ÖSYM (Student Selection and Placement Center), in 1999 there were a total of 374 disabled students enrolled in universities in Turkey. The overwhelming majority of these, 370 students, were physically (visually and mobility) disabled and the remaining four were included in the group consisting of other types of disabilities (ÖSYM, 1999).

There were 19 disabled students enrolled at the university, 10 at the campus that is the focus of this study and 9 at the other campus. There were two enrolled students who did not attend courses in their Departments.

The most important reason for choosing this sample group is that, being a disabled student in a developing country such as Turkey is challenging. It is very difficult for all young people to pass the university exam in Turkey. According to the data given by ÖSYM in 1999, of the total 1,007,707 who sat it only 414,315 total passed and only 374 of them were disabled. The sample group of this study is made up of students who were able to enter a department despite being physically disabled. It was thought that these students would have more focused ideas about the lives and problems they face and would be able to express these ideas and their attitude about suicide better than youth who are not enrolled in a university.

To understand the physically disabled student's ideas about suicide it is important to know the background of each member of the sample group. Long and detailed interviews with 9 students were made during the two years of the pilot study (1999-2001). From these interviews, it was clear that each of the young people in the study group had struggled to obtain an education and to go to a university. As Şenay expressed: "Despite my living conditions, I struggled to go to school and now I am at university."

As indicated above, this study only included the students at one campus. Those at the main campus of the university were not included in this study because of problems with transportation from the main campus to the other campus, especially in winter. Research involving disabled students at the main campus and at other universities will be carried out in the future.

Five of the participants in this research were female and four of them were male. They were between the ages of 18 and 21. Seven of them were born in rural settlements and two of them in urban settlements. Almost all of the participants spent most of their lives in cities. Their fathers worked either as farm workers or civil servants, and their mothers were housewives.

All of the participants believe in God. Six of them have three or more siblings and one of them has two siblings. Two of them are the only child in the family.

Data Collection

This study is descriptive, using qualitative data collection and analysis techniques. The data collection process was carried out between November, 1999 and May, 2001. Prior to the fieldwork, statistics and related literature were gathered and studied. Although there have been many sociological studies of disabled individuals internationally—including young people – very few studies of this group have been carried out in Turkey.

The data for this study was collected through one-on-one detailed interviews and focus groups. A semi-structured questionnaire was designed for the interviews with each participant. In these interviews, participants were asked questions about socio-demographic factors, their stories about their disabilities were recorded, and thoughts about suicide, how they evaluate life, and factors affecting their life were discussed.

In the focus groups, participants came together for a total of five times at two pre-determined places; in offices and seminar rooms of the Department in winter, in the campus gardens and cafe in spring. The main topics discussed in these meetings were the meaning of life, enjoying/not enjoying living and the reasons, and the effects being disabled has on negative feelings toward life. An information sheet, developed by Krueger (1994) was used during the interviews.

Techniques of Data Analysis

A qualitative analysis technique was used in the study. Collected data from notes, semi-structured forms and recorded interviews at meetings and focus groups were analyzed and reported. In the analysis of focus groups, Krueger's (1994) "descriptive summary" data evaluations were used.

These names were used for the participants in the meetings and focus groups: Ceyda, Serdar, Adnan, Zerrin, Esin, Aydın, Fulya, Kadir, Şenay. The names are fabricated, to protect participants' identity.

At meetings and focus groups, the discussion categories were determined as, "Main Category= If and why physical disability can create thoughts of suicide in young persons." Sub-categories included:

- 1.How a young person thinks about the meaning of her/his life.
- 2.The problems that disability brings to their lives.
- 3.The young person feeling alone in themselves.
- 4.The young person seeing her/himself isolated and excluded from society.
- 5.The problem of a young person facing the reaction of society.
- 6.The situation where the young person is challenged by the problems.
- 7.The reasons why a young disabled person continues living.
- 8.Whether the young disabled person has a future plan.

By using these categories, "frequencies of words and sentences" were used to analyze topics that were important to the participants.

Results

A data set was formed from focus group and semi-structured interviews carried out with nine university students. Samples of their thoughts about life and suicide are given in Table 2.

Table II about here

Sociological research has shown that initial thoughts of suicide can be turned into reality as the result of various social factors. The relationship between the factors of “being young” and “being disabled” has been noted in research about suicide. In our study we found that three basic variables (youth, disability, and suicide) were linked. In particular, there was a need to determine whether the ideas about suicide that young disabled people develop affect their behavior. In this framework, the main topic of the focus group was being physically disabled, thoughts about suicide, and reasons for participating in the focus group. Responses to various sub-categories were analysed revealing important factors behind young disabled people’s thoughts of suicide. All the members of the focus group had thoughts of suicide and they felt that their disability played an important part in creating these thoughts. For example, the group members Aydın, Serdar and Esin described the situation as follows:

“I think about suicide, this is a chaotic time, I haven’t tried but I have thought about it.”(Aydın)

“I have thought about suicide but I couldn’t do it. From time to time I thought that life wasn’t worth living.” (Serdar)

“If my life was in my hands I could end it. From time to time I feel bad, I feel that I can’t solve small problems.”(Esin)

In our study, all the members of the focus group expressed that they want a social world in which they can take various responsibilities and can behave independently. However, disabled young people can face problems while they are creating their social world. Shopsire (1990) explained that the young person tries to develop a relationship with the social world during the adolescent period. The young person wants to be independent, have a social life, play a role in life and also to take on responsibility. In this complex situation, physical appearance is important. As Taylor (1999) has pointed out, the social and cultural meaning attached by the disabled person and society to physical disability turns physical disability into a social disability. As Goffman (1963) stated, what makes the person disabled is the meaning attached by others to his/her disability, because the person is what he/she is not “normally” expected to be. The focus group meeting provides support for this theory. For example:

“I come from a village. In my environment people are less educated, people always gossip and try to find out what other people are doing and making fun of people...sometimes I explain, sometimes I lie. When some kids ask me why are you talking like this I say I have lost my voice. Often I am so sad but I have to get on with this difficult life.”(Şenay)

“Some people are sympathetic, ‘Ah,’ they say but the young people make fun of me which is sad.”(Zerrin)

“When people laugh at me because of my disability this makes me think of suicide.”(Aydın)

“Generally human beings feel sympathetic. Maybe they are grateful that they do not have the problems that I have. When facing these people I feel very bad and from time to time I want to die. Its like to be normal is their choice and to be disabled is our choice...”(Esin)

“When my teachers behave negatively towards me I feel really fed up with life.”(Adnan)

“...About other people, my environment is important for me but it is also important for me to feel important to other people, I don't like being alone.”(Ceyda)

“The most important problem is when society doesn't accept you, they don't see us as being like them, they want us to stay in our world.”(Kadir)

Goffman (1963) indicates that being set apart results in a weakening of social links. This situation results in the young person becoming socially isolated and leads some of them to think about suicide:

“To be alone affects me and I feel depressed...”(Zerrin)

“...In my private life my heart is empty. Sometimes I need to share situations with other people. A short telephone call can make you feel more comfortable.”(Adnan)

The point is made by Olafsen (1983), Retterstol (1993), Anderson (1973) and Fulthorpe (1974) that resolving problems is more difficult for the physically disabled young person and can cause them to think of suicide. Young people who are not disabled have problems, for example, to find work, to have a profession, to set up a family, to have a partner or lover for whom they worry about the future. For the disabled young person these problems are greater. In the focus group the comments on this situation were as follows:

“Personal relationships with the opposite sex are difficult when you are disabled, it makes me sad.”(Adnan)

“The work place, especially for the young disabled person, causes problems. Also, joining social activities makes me feel unhappy.”(Kadir)

“Life is monotonous, boring. I want to play sports. I want a fast life but it cannot be, my disability is against me...I wanted to join a walking club. When I go they look at me, they don't listen to me, they say 'you can't do it,' and it makes me sad.”(Kadir)

On the other hand, there are factors which stop young people from committing suicide. These include particular beliefs such as religious beliefs that committing suicide is a sin. Family members want to see them happy and for them to continue living. In spite of life being hard they want to prove they can continue to live. In the focus group the young people expressed these sentiments as follows:

“I thought about suicide, I wanted to die but my belief stopped me, and I had to go on living.”(Şenay)

“My life is tied to various things: my family; I love my school; I want to find work [and] have children.”(Aydın)

“My target to have an independent life makes me want to keep on living.”(Şenay)

“My family's expectations keep me living [and] my belief stops me from committing suicide.”(Esin)

On the other hand, we found that although being young and disabled increases the possibility of thoughts about suicide, if young people are motivated and have goals, then they

want to continue living. On this topic our group expressed goals such as to pursue education, to be married, to have children, to find work, and to have a profession.

“In the future my aim is to find a job, set up a family and have children.”(Esin)

“To finish school, do my masters, find a job and stay in Ankara.”(Fulya)

“My expectations are to have a good life, to get a doctorate in my branch, and if there is a possibility to have a happy life with less problems.”(Adnan)

“To finish school, do a masters, find work, get married...I am afraid to be alone.”(Ceyda)

Conclusion and Discussions

The foregoing analysis indicates that it is not the disability as a physical phenomenon per se but the social and cultural context in which both the disability and the disabled individual are constructed that constitute the hard core of the problem of disability and suicide in Turkey. What transforms the disabled individual's physical appearance and incapacity into disability is his/her self-perception and others' perception of his/her appearance and state as disabled. This in turn can foster both self and socially-imposed isolation, loneliness, helplessness and all the other negative feelings, thoughts, attitudes and ascriptions in establishing and maintaining efficient and balanced mutual social relations. The outcome of the process is the emergence of social disability in the sense of disabling barriers of prejudice, discrimination, social loneliness, and social exclusion, as Morris (2001) defines the term.

Many disabled young individuals in Turkey live in isolation from society. They may feel totally alone in life. These feelings present themselves as risk factors leading to suicidal feelings and behavior. Young people with disabilities want to be accepted by society so that their physical disabilities are recognized without being socially disabling. They want to be able to function: to live with their disability, to come to know their bodies, to accept what it can and cannot do, and to keep doing what they can do as long and as much as possible. They do not want to be dominated and labeled by other people, who they may depend on for help, and they do not want to feel ashamed (Siebers, 2001).

The results of the study also indicate that being disabled may motivate young persons to develop strong suicidal feelings and ideas in connection with the problems that may arise in their daily lives. These problems include or arise from barriers to completing their education, having an occupation, finding a job, earning income, being self-sufficient, marrying, being attractive to the opposite sex, establishing a family, having a child and the like. However, reinforcement or prevention of such negative feelings and ideas about their lives depends to a large extent on the relationships they have, especially with members of their family, peer-groups and other social circles that bear significance for them. In addition, having and maintaining their hopes to achieve their goals, and the emotional responsibility they have towards their family members, especially towards their mothers and their religious beliefs that suicide is a sin, often act as protective factors as well.

The very fact of being young, in addition to disability, is also an important issue as this period of human life poses other difficulties to be overcome. These other difficulties are concerned with youth unemployment, lack of educational facilities, problems of adaptation to a new social environment in the case of immigration, etc. These difficulties are of particular significance in Turkey, where the rate of unemployment is considerably high and the adaptation problems resulting from ongoing rural to urban migration is still very much noticeable.

It is important in this context to point out that the labeling of disabled individuals as “second class” by their social environment and society at large, lack of meaningful contact between the disabled individual and their peers, lack of feelings of belongingness and a resulting lack of support from peers are also significant. These factors perpetuate other problems and lead to an inability to formulate convenient strategies towards solving these problems. As Goffman (1963) argues, disabled people can be labeled as discredited and this labeling gradually weakens the ties between them and the group to which they belong. This can lead to a state of loneliness and may even, as a reaction to this, lead to thinking of putting an end to the resulting misery and helplessness by taking their own lives. Living in a chronic state of isolation and loneliness, disabled young individuals may further withdraw from family, friends and others. They may feel that there is no one who they can talk to. At times, this isolation may become very acute, as revealed by participants in the study reporting that they lacked contact with others during their high school years.

These issues call for an understanding of the problems in the wider context of social, economic, cultural, legal and political conditions prevailing in Turkey. Conditions are not favorable for disabled individuals to construct their lives in a meaningful and productive way and take an active part in the wider society. For instance, laws do not secure equal rights for people with disabilities, and do not force society at large to create a physical and social environment in which people with disabilities can live their lives easily. Creation of such an environment requires putting conscious effort into promoting a positive image of disabled young people at all levels of society and enabling them to make as much economic and social contribution to society as other individuals do. To this end, schools should provide information about disability and professional services and facilities geared to the needs of disabled individuals. This will enable disabled youth to overcome their own obstacles and have equality of opportunities and conditions in order to be competitive with other individuals. Any kind of professional support given to disabled individuals should include not only imparting professional knowledge about a particular physical disability, but also demonstrating a professional attitude that is sensitive enough to cater to other aspects and needs of the individual.

However, it is very noticeable in Turkey that many social and recreational activities do not take into account the special needs of disabled individuals. People do not seem to think that such individuals may want to take part in activities or benefit from the services provided. This lack of sensitivity and care extends itself even into social and recreational programs which are meant to be designed/organized specially for disabled individuals. This prevents people with disabilities from making effective use of such services and further reinforces their loneliness and helplessness. Efforts to decrease suicide in disabled youth at the societal level should be combined with assuming personal responsibility at the individual level as family members, friends, teachers, colleagues, etc. To this end families, teachers and other persons with whom disabled individuals have frequent contact should be instilled with information and understanding about how to approach disability and how to cope with its consequences. Uninformed care and protection only help to perpetuate or even aggravate problems rather than solving them.

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Esra Burcu, Ph.D., earned a doctorate from the Department of Sociology in Hacettepe University in 1997. Burcu's doctorate thesis was entitled, "A Sociological Study on the Subculture Group of Young Apprentices and Skilled Workers." Burcu became an Associate Professor in 2003 and is still working at the Department of Sociology, Hacettepe University. Burcu's research interests focus on youth; disability; deviance and social method and techniques.

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