Living with suicidal feelings: Japanese non-profit organizations for suicide prevention amid the COVID-19 pandemic

Yoko Yamada

Otemon Gakuin University, Osaka, Japan

Correspondence
Yoko Yamada, Otemon Gakuin University, Osaka 567-8502, Japan.
Email: yo-yamada@otemon.ac.jp

Abstract
The number of suicides in Japan increased for the first time in 11 years during the COVID-19 pandemic. This trend is particularly high among employed women and students. The Japanese government expanded its budget for providing telephone and social network service (SNS) counseling by prefectures and non-profit organizations (NPOs). On the basis of interviews with the chairman as well as counselors of an NPO in Osaka (Japan) that has provided telephone counseling services on suicide for over 40 years, this study examines suicide and suicide prevention amid the COVID-19 pandemic with a particular focus on how suicidal feelings are accepted. The results clarify that people do not wish to die just because of financial troubles or health problems; rather, they have lost the meaning in their life in the conflicts between social conditions and their personal life histories. Additionally, as volunteer counselors often experience the suicide of close relatives, their empathy for a caller may be based on their experiences of being overwhelmed by the realization of the otherness of others. They do not regard the acceptance of suicidal feelings as a “job,” but act as “friends.” Although modern society conceals death and suicide cases, the key to achieving a society where no one is driven into committing suicide is to place human life and human rights first as well as to talk about suicide and suicidal feelings without making the subject taboo or an aberration.

Keywords
suicidal feeling, suicide, suicide prevention
1 | SUICIDE AND SUICIDE PREVENTION IN JAPAN DURING THE COVID-19 PANDEMIC

1.1 | Suicides in Japan during the pandemic

For the first time in 11 years, the number of suicides in Japan has risen in the wake of the coronavirus disease 2019 (COVID-19) pandemic. According to Koseirodosho, which is the Ministry of Health, Labor and Welfare in Japan, in 2020, 21,081 people committed suicide, representing an increase of 912 (4.5%) from the previous year. The suicide death rate in 2020, that is, the number of suicides per 100,000 people, was 16.8, representing rates of 23.0 and 10.9 for men and women, respectively. It is notable that the suicide rate among women has risen by 1.5 from the previous year. The recorded suicide rate in 2019 (16.0) is the lowest since data collection began in 1978, therefore, even if the suicide rate increases in 2020, it is still low compared with the highest suicide rate in the 30,000 suicide era (1998–2012), which was 27.0 (in 2003).

According to Keisatsucho, which is the National Police Agency in Japan, the number of suicides in 2021 was 20,830, representing a slight decrease from the previous year (preliminary figures at the end of December 2021). The number of male suicides dropped for the 12th consecutive year to 13,815, while the number of female suicides surpassed 7,000 for the second year running at 7,015. The suicide death rate was 16.5, with 22.5 and 10.8 for men and women, respectively (Keisatsucho, 2022).

The most common motives in 2020, in decreasing order, were health, economic and living, family, and work challenges (Koseirodosho, 2021a: 15). Based on the provisional figures for 2021, health challenges accounted for the largest number, although it decreased by 348 compared with that of the previous year. Conversely, economic and living challenges increased by 156 to 3,372 (1,089 were due to hardship) (Koseirodosho, 2021b; Koseirodosho, 2022).

The number of male suicides and suicide death rates decreased during the COVID-19 pandemic, whereas the number of suicides is approximately 2.0 times that of female suicides, and the suicide death rate is about 2.1 times that of female cases. The year 2020 witnessed an increase in suicide cases, although the number of male suicides decreased during the pandemic. Thus, the increase in the number of female suicides is directly related to the increase in the total number of suicides (Koseirodosho, 2021a: 80). Compared with the average of the previous five years, the rate of increase in the number of suicides among employed women increased in the second half of 2020.

The number of suicides among employed women increased significantly by 381 compared with the average of the previous five years; moreover, an increase of 140 was recorded among students (Koseirodosho, 2021a: 82). Among the employed women who committed suicide, the greatest increases, in decreasing order, were observed among clerks, service workers, medical/health care workers, shop assistants, restaurant workers, and professional/technical workers. Regarding the causes and motives, the number of suicides due to “work issues” increased significantly by 34.8 percent compared with the average number of suicides within the previous 5 years, and this was linked to an increase in suicides among women in the employed population (Koseirodosho, 2021a: 83–84).

The number of suicides among students in 2020 was 1,038, among which 499 were in elementary, junior high, and high schools (children and pupils), representing the largest number ever recorded. The number of suicides among female students was particularly high, increasing by 73.5 percent compared with the average of the previous five years. In 2020, the number of suicides decreased significantly, following the closure of all schools from March to May 2020; it increased sharply in June after the reopening of schools. In 2021, the number of suicides among elementary, junior high, and high school students was 460 according to the preliminary figures, representing a decrease of 40 from the same period the previous year (Koseirodosho, 2021a: 87–97).
1.2 | Suicide prevention amid the pandemic

In 2020, the Japanese government expanded its budget and allocated 270 million yen (2.34 million USD) for social network service (SNS) counseling by the private sector/non-profit organizations (NPOs), as well as telephone counseling services provided by prefectures. In the second supplementary budget, the government allocated 870 million yen (7.53 million USD) for the development of a consultation system at home and the construction of independent consultation booths. In 2020, the total number of consultations on the SNSs provided by the four government-supported NPOs\(^1\) was 63,028, and the number of “friends” registered on the LINE platform (Communication APPs in Japan) was 241,790. The number of consultations with the four organizations was 6,891 or 11.6 percent for all consultations with men and 52,461 or 88.4 percent for all consultations with women (Koseirodosho, 2021a: 43–47).

Additionally, the Second Comprehensive Suicide Prevention Outline aimed to reduce the suicide rate by at least 20 percent between 2005 and 2016; this rate was exceeded by a 23.6 percent decrease in the 18.5 suicide rate in 2015. The Third Outline (revised in 2017) included a numerical target of reducing the 2015 suicide rate by at least 30 percent by 2026 (Koseirodosho, 2018: 28–33).\(^2\) Suicide prevention measures, which call for “a society where no one is driven into committing suicide” and offer “comprehensive support for living” (Koseirodosho, 2017), now measure the cost-effectiveness of suicide prevention.

1.3 | Infrastructure for suicide prevention and suicide as taboo

The government, NPOs, and private sector are cooperating to develop suicide prevention infrastructure. This is proven by the fact that you will invariably see a telephone number for a helpline or URL for SNS counseling when you type the word “suicide” on the web, or at the end of an article about the suicide of a celebrity. However, what happens over the phone and online, such as how people’s suicidal feelings are dealt with as the suicide prevention infrastructure and the construction of counseling networks progress, is unknown. What do people who are counseled think about? How do the volunteer counselors approach people who want to die? What is the process of accepting suicidal feelings?

This study examines suicide and suicide prevention amid the COVID-19 pandemic on the basis of interviews with the chairman and volunteer counselors of an NPO in Osaka, Japan; the NPO has been offering telephone counseling for suicidal people for over 40 years.

This study will also examine whether the circumstances surrounding suicidal feelings, which have long been considered taboo and stigmatized, have changed, provoking a discussion on how suicidal feelings can be positioned as an event that can involve anyone, thus creating a social support system for it, rather than confining it to social pathology, an object requiring treatment, or an abnormal situation. Over the past 20 years, there have been studies on suicide prevention in Japan from the perspectives of political science and policy or social psychiatry and health science, such as the period of 30,000 suicides, as well as the enactment of the Comprehensive Suicide Prevention Outline and the Basic Law on Suicide Prevention (Moriyama, 2018; Oka, 2013), although research from a sociological perspective is still in its infancy.

This study was based on telephone counseling at the International Befrienders Osaka Suicide Prevention Center, an accredited NPO (hereafter referred to as OSPC). Three hours of semi-structured interviews were conducted on November 10, 2021, as follows: 2 h with the chairman of the board, and 1 h with the chairman of the board and other volunteer counselors. The secretariat of the center was in Osaka. Further, a 30-min telephone call was made to the chairman of the board on December 20 for additional questions and fact-finding. OSPC was selected because of its long history as a suicide-prevention NPO and because it had been dealing
with people’s suicidal feelings for a long time. Through clarifying the history, philosophy, and status quo of OSPC underpinning their suicide prevention efforts, I will reconsider how we can discuss suicide and suicide prevention openly in public spaces. Permission was obtained to utilize the interviews as part of an academic paper.

2 | ACCEPTING SOMEONE’S SUICIDAL FEELINGS

2.1 | “Befriending”: Listening as a friend

The International Befrienders, OSPC (an accredited NPO), was founded in 1978 and marked its 43rd year in 2021. Its predecessor was Kansai Inochi no Denwa (a volunteer organization for telephone counseling), but Mr. and Mrs. Nishihara, pastors of Shimanouchi Church in Higashi-Shinsaibashi, Chuo-ku, Osaka City, as well as 36 volunteers organized a suicide-specific counseling center to pray for the prevention of suicide among young people as the trend became noticeable around 1976 (Nishihara, 2003: 17).

According to the current chairman (a man in his 30s), the difference between OSPC and Kansai Inochi no Denwa is that the OSPC first confirms if callers have a clear intention to commit suicide. Around 60–70 percent of the callers at OSPC had a clear intention to commit suicide, while only 20 percent of callers at Kansai Inochi no Denwa did. OSPC specializes in suicide counseling, while Kansai Inochi no Denwa deals with a wide range of issues, including suicide.

The counselors at OSPC are volunteers who are not paid for their advice, and this correlates with the philosophy of the center: “befriending.” Befriending means “listening to the feelings of those who wish to die, being there for them as a friend, and relieving their suffering as much as possible” (OSPC, 2014: 40–41). OSPC is a member of the international charity organization Befrienders Worldwide, which originated from The Samaritans in 1953 in London as the first charity in the world to offer telephone counseling to distressed people.

In 1974, the Samaritans led the way in establishing Befrienders Worldwide, which now has 400 branches across 37 countries. In Japan, Mr. and Mrs. Nishihara founded the Tokyo Suicide Prevention Center in 1998, 20 years after the establishment of OSPC. There are other suicide-prevention centers distributed mainly among Osaka, Tokyo, and Miyazaki, although there are some in Matsuyama, Iwate, and Aichi.

2.2 | Places to share one’s suicidal feelings

While dealing with patients’ suicidal feelings is one of the practices of psychiatrists and psychologists that requires the most skill, the volunteer counselors at OSPC are constantly confronted with such challenges. They deal with the suicidal feelings of anonymous persons on the phone regularly, including late at night and on weekends, without any reference to career development or income. This is only possible when they have good health and stable lives, because it takes courage and perseverance to provide phone counseling for a long time.
Why should and how can the counselors continue to be “friends” with those who wish to die? According to the chairman of the board (hereinafter referred to as C), “counselors do not focus on changing their callers’ feelings of wanting to die into those of wanting to live.” They focused more on accepting the feelings of the caller as they are. Further, to be able to accept someone as they are, the counselors must be able to accept themselves as they are and must exhibit a sense of mutual acceptance among themselves.

Like psychotherapists and social workers, OSPC’s volunteer counselors review, check, monitor, and modify the relationship between the callers and themselves through supervision after each call. As expected, the calls that come into the center are “hard to take alone” (C). Thus, about three experienced counselors are appointed as supervisors, and the other counselors can talk to the supervisors and their colleagues at the end of each shift. OSPC’s telephone counseling service is available every Friday from 1 pm to Sunday from 10 pm for 57 h. Currently, there are approximately 40 counselors on duty, working in shifts. They work three times a month for 5 h per shift, with one of the three shifts taking place late at night.

Although the shifts are fixed, C posited: “If we feel overwhelmed, we do not take the calls even if they are ringing. we prioritize sharing with our colleagues.” For example, it is common for counselors to receive a call in which the caller says “I’m going to jump into a train now” and speak to the caller while the hustle and bustle of the station is heard in the background. When the urgency of what is said over the phone is very high, it places a significant psychological burden on the counselors listening to it.

To ensure anonymity, all calls from caller are blocked at the center. This means that, once a call has been disconnected, there will be no way for the counselors to call back or to confirm whether the person gave up after ending the call. In fact, several times a year, the police contact them to inquire about suicide victims, because their last recorded call was to the center’s number. When talking to a person who is about to die, the content of the talk is very complicated, although the counselors also experience “a questioning of my sense of values and way of life” regarding what to say and how to respond to the person at such a moment.

Before becoming certified volunteer telephone counselors, the counselors undertake a training course and receive practical telephone training. However, Ms. A (a woman in her 60s) said the following during my interview; “No matter what I read or learn, each caller’s needs are different. So, I always wonder if I had done the right thing, and there is a lot that I cannot handle. Therefore I relearn, undertake ongoing training, and ask for an audience with the supervisors.”

In this way, the counselors frequently talk and share the content of their calls, responses, and thoughts with their colleagues. By sharing the impending crisis of someone over the phone, OSPC’s counselors can remain close to the “dying.” The suicidal feeling, as expressed by an anonymous person, is released into a space where a counselor on the other end of the phone and the counselors therein support each other.

Put differently, as C says, “It is not a case of the counselors unilaterally giving something to the caller.” It is a place where a multilayered “giving and receiving relationship” is constantly created between the caller and the counselor, as well as between the counselors. Such a chain of empathy and sharing forms a safety net that keeps people who are about to commit suicide in this world.

2.3 | Original experiences of those who accept suicidal feelings: The suicide of a close relative

Suicide is often present in the original landscape of OSPC’s counselors. They, too, have had thoughts of dying or committing suicide in the past. Alternatively, they may have relatives or friends who have committed suicide. The age range of volunteer counselors is 19-year-old university students to 78-year-old senior citizens, but many of them are retired people over 60 years
of age. A few pride themselves on being communication experts, and many have some challenges in their relationships and ways of life.

For example, Ms. A lost her partner to suicide. At the worst point during her grief, she said “I could not eat, sleep, or do anything. I lost 10 kilos in a month… I threw away my job and everything. I was in so much pain that harrowed my feelings.” She added that she was so confused that she could not remember anything about the time.

Concurrently, she attempted to call various counseling services, but they were all busy; she could not get through. She knew in her head that she did not want her parents or children to go through her experience, but “my mind was out of control.” She struggled to control her impulses toward subsequent suicide.

She said, “I was in a desperate situation, and the phone was finally connected. It made me feel better; I felt so relieved and could breathe. To speak out means to breathe out.” The phone call afforded her the chance to “breathe,” and she felt as if she had been given time to gradually rebuild her life. About three years after her partner’s suicide, Ms. A decided to become a volunteer counselor at OSPC and listen to the stories of other distressed people.

Another counselor, Mr. B, had lost a friend to suicide as a teenager. When he was 20 years old, he came across the activities of the OSPC and began to participate because he believed that he could not do anything about his friend’s death. “As I attended various lectures and workshops on suicide prevention, I began to ask myself why I was living, beyond the issue of my friend’s suicide,” he said. It has been more than 10 years since he first came across OSPC, and he said that he had been asking himself this question for a long time.

3 | CASE STUDIES OF SUICIDE COUNSELING AMID THE COVID-19 PANDEMIC

3.1 | Destiny: The conflict between social conditions and personal life history

At OSPC, there is a basic understanding that “there is no need to erase the desire to die” (C). When they provide a counsel, they are confronted with the harsh reality of what had happened to each of their clients, not due to their faults nor simply the fault of anyone else. In the face of overwhelming unreasonableness in its various forms, C says, “we know that we are powerless; we do not have the power to change or accept anyone’s fate. Conversely, if we thought that we could do something about anyone’s fate, we would not be able to listen to them.”

C explained the meaning of this statement by providing some examples from actual telephone counseling. Owing to the confidentiality of the counselors and the ethics of the author’s social research, each case is described below in such a way that does not expose it.

The first case involves a man in his 40s whose job contract got terminated because of the pandemic. On the phone, he said, “I am going to die; I have already prepared the means.” He was a temporary worker and could not find another job. As a practical solution to support himself for the time being, the counselor suggested that he seek public assistance. However, he insisted that he would not benefit from welfare and that, even if he did, he would still want to die.

The counselor continued the conversation to understand why he was saying this. As he gathered, he grew up with a father who had told him that working hard was the foundation of his life. He said that his father always told him that it was more valuable to work hard and live a steady life than to be financially successful. He rebelled against his father and decided to make a fortune after high school. However, things did not work out, as planned. In the meantime, he suddenly lost his father, who was an obstacle he had to overcome. His desperation caused him to lose that job as well, and his savings ran out.
The counselor said in my interview research, “I thought I understood why he wanted to die. This man had lived his life hoping to gain his father’s acceptance. He had also lost his job because of the pandemic, but his suicidal feelings were not a direct result of the fact that the pandemic had left him without food for tomorrow.” It was the loss of his father, his job, and the meaning in his life that made him want to stop living. What is being questioned is the meaning of his life and not only a common story of an unmarried man in part-time employment whose situation had been worsened by the pandemic, but also his personal life history.

The second case is that of a single woman in her 30s who had to close her shop just three months after it opened because of the emergency declaration by the Government of Japan. While her friends were getting married, having babies, and starting families, she had been pursuing her long-time dream of owning a shop. Just as she was about to open her castle, a state of emergency was declared, and people disappeared from the city.

Depressed, she was advised by those around her to fold up and start again when things settle. This may have been comforting and encouraging, but it sounded very irresponsible to her. For her, the shop was like a newborn child. She felt angry and alone. “People do not understand how someone can abandon their precious child after three months because they do not have enough money,” she said.

This case could have been labeled as the economic plight and loneliness of unmarried women during the pandemic. The counselor could have concluded their talk by advising her to exploit the various available loans and grants. However, in her case, she had the strength and vitality to save enough money to open her shop; she had sufficient relationships with people who could advise her regarding her future. She had the financial resources and relationships to do so, but she wanted to die. She felt that all her efforts had yielded, but the pandemic struck, forcing her out of business and causing a financial blow and crack in her relationships; thus, she felt that she had lost the meaning of her life and wanted to opt to die.

It is known that many people lost their jobs in the wake of the COVID-19 pandemic. There are gloomy news and statistics such as layoffs, bankruptcies, economic losses, and destitution abound, and new subsidies and grants were created in connection with the pandemic. However, people do not want to die just because of financial challenges; it is too schematic to say that financial challenges account for suicide. As Durkheim points out, suicide occurs in both booms and busts, since “they are crises, that is, disturbances of the collective order” (Durkheim, 1897=2002: 206–207).

Of course, a lot of issues can be solved with money, and money is necessary to maintain a minimum level of a healthy and cultural life. It is also beneficial to provide subsidies and grants to employers and individuals to maintain and sustain employment and stabilize their immediate livelihoods. The right to life is enshrined in the Japanese Constitution as the right of the people; the welfare system is administered as a national responsibility, and the social security system embodies the spirit of solidarity and mutual assistance.

In addition to this kind of financial support, the Government of Japan has been struggling to reduce the suicide risk in the society and the suicide rate by decreasing the “factors that inhibit living,” such as poverty, overwork, childcare and nursing fatigue, bullying, and isolation, and increasing the “factors that promote living,” such as self-affirmation, trustworthy relationships, and the ability to avoid crises, to achieve “a society where no one is driven into committing suicide” (Koseirodosho, 2017).

Through awareness campaigns and the efforts of those involved, the suicide rate has been decreasing, and prejudice against suicide also seems to be decreasing. But the matters relating to serious distress and death originally do not lend themselves to a framework such as numerical targets or cost-effectiveness. Furthermore, even if a route is established from the telephone or SNS counseling services to various social resources, the individual’s specific “acceptance of suicidal feelings” may not be fully realized.
As C has pointed out: people who call OSPC often have some knowledge and information about social resources, such as various grants, benefits, and welfare schemes, but they do not wish to utilize them. What they need is not additional information; what they desire is an acceptance of the suicidal feelings that arise from the conflict between their social circumstances and personal life history, which can only be described as “fate.” “It is only when the person accepts their fate that they can be connected to social resources. It requires time,” says C.

Therefore, OSPC’s telephone counseling focuses on listening carefully to people’s suicidal feelings, rather than hurriedly connecting them with social resources. This approach has been criticized by some people who argue that simply listening is pointless. C also thinks that “ideally, there should be listening and availability of social resources, but the people over the phone who have lost their jobs or shops, money or livelihoods, and relationships want to commit suicide not because they do not know what their options are, but because they will rather not get to such social supports. That is the difficulty of living.”

Accordingly, the presence of counselors who listen as “friends” to what and how the person over the phone had been thinking and living, as well as why that person wants to stop living, fills the void left by the existing social security system, the welfare system, and the economic measures taken by the government and municipalities.

3.2 | Friend as well as others

According to OSPC’s C until the spring of 2020, the content of the call was notable for vague concerns regarding the COVID-19 virus. However, since summer, many talks had become more specific and serious, such as “I lost my job because of COVID-19,” “I cannot pay my loan,” and “I cannot stand my domestic violence” (Japan Broadcasting Corporation, 2021; Kansai Television Co., Ltd., 2021). The challenges that originally existed because of the pandemic are now erupting.

Furthermore, the counselors forecast that, once the pandemic ends, there will be a difference between those who will return to their peaceful everyday life as if nothing had happened and those who will not. For example, one self-employed businessperson told the center’s counselors that the Government of Japan’s “self-restraint” had left him in a cash crunch and that he was at a loss to pay his bills on time after a series of extensions. There are also calls where loans had stalled, causing people to give up their homes and still be unable to pay back other debts; a situation where the only thing left is life insurance. In such cases, it is impossible to rebuild their lives immediately after the pandemic. The center is still considering how to deal with COVID-related suicides in anticipation of their occurrences after the pandemic.

Through these counseling cases, C has come to realize that there are areas of peoples’ lives that another person cannot enter. Each person who wants to die now has arrived at their current state in their life history. However, the counselors are not just like other people to callers over the phone. The counselors listen to the person who calls saying that they want to die with the awareness of why they are calling, instead of dying as they wish. By listening to them as friends, the counselors can help them accept the reality of their severe situations. The anonymous caller’s “I want to die” can be interpreted as “I want to live a new life; I want to be reborn” by the counselor as a “friend,” said C.

Thus, OSPC does not deny that people have suicidal feelings. The counselors do not consider such feelings as something requiring medical treatment, nor as an abnormal condition requiring any form of correction. They believe that suicidal feelings can arise in anyone and that it is possible to live with them. In other words, as C says, “it is possible to live with suicidal feelings,” and “it is not necessary to erase the desire to die... Each person has his or her reason for living; even those who feel worthless or that life is not worth living still have that dignity.”
OSPC’s counselors consider the occurrences of suicide in a relational context. Therefore, they send messages, such as “I don’t want you to die” and “I care about you” to the callers through counseling conversations and awareness-raising posters (OSPC, 2014: 15–18). By not giving up and staying in touch, the counselors try to be a presence that the caller can remember when they want to die.

4 | LIVING WITH SUICIDAL FEELINGS

4.1 | Otherness and empathy

Ms. A believes that, if suicidal feelings and suicides become more familiar, fewer people will be isolated. She is in her 60s, but she also works the late-night shifts. In the interview, I inquired if it was physically demanding for her to answer the late-night calls, but she answered that it was not so much her difficulty; rather, it is the difficulty of people who wanted to die. Ms. A’s strong memory of the pain she experienced between 2 and 3 am when she lost her partner is what drives her to work late-night shifts.

Ms. A sympathizes with those who feel like dying, but she said, “I think it is arrogant to assume that I can do something for them. If I could do something, it would be to answer the phone. I still remember the frustration, disappointment, and loneliness I felt when I called the helpline and got nothing but an automated voice, and the relief I felt when I finally got through after many calls.” Therefore, she wishes to do what she can to help those who may feel that way now. This feeling of wanting to do something, which is also the love of neighbor and friendship, is accompanied by a kind of private family love. She feels that the people who come to her for help are like her children or grandchildren.

“When I lost my partner,” she said, “I did not know what I was going to do with my life. I was just living with the things I had to do, like looking after my old parents and my daughter.” When she called OSPC and joined their activities, she thought, “I have found a place where I can talk!” It was a heartfelt relief to meet people who were not surprised by someone’s suicidal feelings.

Before she joined to OSPC, when Ms. A told a friend about how her partner had died, she gave her a heartless reaction. When interviewing suicide survivors, in many cases, they hide the fact that a close relative has committed suicide from those around them to avoid the stigma. Even when they talk about it to those who are close to them, the news may be spread as bad gossip, or they may be isolated. The bereaved families are shocked by the suicide itself, but they are also deeply hurt by these experiences (Yamada, 2019: 106).

For Ms. A, the center was a place she could talk about the suicide of a close relative as something normal, rather than an aberration. She has regret and remorse that she did not listen to her partner before he committed suicide; however, this has led her to continue to listen to people who talked about suicidal feelings at the center.

In an interview on a TV program, she also said of her partner’s death: “It is not only people who want to die who die. At that time, if he had known about phone call like this, maybe he would have been able to breathe a little fresh air, and the next day he would have been there.”

OSPC is a place where someone can live with the person they have lost. Ms. A lives with a deceased partner, herself who once desired to die, and someone over the phone who wanted to die now. This is neither the easy empathy of a layperson nor that which professionals acquire as a skill. It is an empathy that is based on the experience of being struck by the overwhelming otherness of another person, as well as the experience of the rationale of her existence being damaged by the unannounced passing away of a partner who had promised to live with her. After realizing the incomprehensibility of the other, she still, or perhaps precisely because of this, attempts to stay close to the other.
Ms. A appeared unannounced at the office when I interviewed C. It was not on the day of the telephone counseling, but she came to change the cover of the sofa in the office because it was getting cold. The telephone counseling is held every Friday from 1 pm to Sunday from 10 pm, with shift changes after 3 am each day. Those who worked from 3 am came to the office before the last train and took a nap on the sofa, while those who worked until 3 am took a nap after their shift until the first train. There are several sofas in the office, but Ms. A made all the covers and cushion covers for her colleagues by hand and brought them in for the winter to ensure they rested well. This was also done voluntarily, and the flannel and fleece fabrics employed for the covers were leftovers from her old factory. Her compassionate behavior like this further demonstrates that the place is a “home” for her and that counseling activities are not just a job or a task.

4.2 | Between work and volunteering

The cash flow of OSPC is tight: it is funded by a combination of grants for NPOs, such as those for suicide prevention, support for families bereaved via suicide, and chat and SNSs. The amount of paperwork that must be completed is enormous, and the grants cannot cover the fixed costs of running the business (rent, utilities, etc.) or staffing costs; moreover, full-time administrative staff cannot be employed with such grants. Many counselors would love to quit their other jobs and concentrate on suicide prevention if they could, but this is not currently possible. In addition to grants, the activities of the center are supported by donations from various sources.

In the COVID-19 era, the government has increased its budget for suicide prevention, as well as support for NPOs and private organizations. However, there is an imbalance in the distribution of these funds as not all organizations are covered. If an organization is selected by the Ministry of Health, Labor and Welfare as a “Supplementary Project for Suicide Prevention,” it will be entitled to abundant funds, but if it is not, it becomes challenging to get any.

Owing to a lack of funding, OSPC’s volunteer counselors are required to pay 33,000 yen (286 USD) in total, including 30,000 yen (260 USD) for the training course and 3,000 yen (26 USD) for the aptitude test, when they register as volunteer staff. This burden makes it challenging for the center to recruit staff; thus, out of an average of approximately 500 calls a day, only 30–40 are usually attended. Furthermore, the amount of counseling has increased because of the pandemic; however, the activities of the counselors have been restricted via “Self-Restraint,” and they have been unable to respond adequately to calls.

Contrarily, the increase in COVID-19-related suicides has been widely reported, making it easier to conduct suicide prevention activities. In the previous years, the number of newly registered counselor was approximately three; in 2021, the number has increased sixfold to 18. The center’s activities have also been featured in news programs, making it easier for the center to put up suicide prevention posters at train stations, schools, and other public places. Before the pandemic, people were generally hesitant and refused to display posters because they thought suicide would present a bad image; this trend is gradually changing.

Additionally, owing to the rapid increase in suicides among young people for COVID-19-related issues, the center has received many requests to deliver lectures at primary and secondary schools. In the course of his work with the education sector, C has become convinced that the increase in suicide cases among young people is related to the fact that children cannot experience the conflicts and fluctuations of adolescence in peace because their teachers and parents are upset by the pandemic, and that adults do not have sufficient time to fully accept the instability of children.
According to E. Durkheim, “anomic suicide” occurs when the social order is disturbed and when a serious reorganization occurs in the social group because desires become unregulated (Durkheim, 1897). Later, in the context of mid-twentieth-century American sociology, R.K. Merton emphasized the distress caused by the regulation of institutional means to cultural goals rather than the unregulated desire (Merton, 1938). In any case, as T. Parsons points out, what lies at the root of anomic suicide is a sense of confusion, a loss of direction, as changes in the social environment prevent the fulfillment of expectations previously taken for granted (Parsons, 1937).

In the pandemic era, remote work was encouraged, and the number of people working from home increased rapidly. The modern social structure of separation of work and home has been replaced by a state of nonseparation of work and home, or a new linkage between work and home, which has facilitated the return of externalized care functions and rearing of the next generation to the home. This trend has created excessive burden and confusion, especially for employed women in child-rearing households in Japan (Yamada, 2021: 110–111). The relevance between the increase in the suicide rate among women and that of young people can be found here.

In recent years, regional promotion centers for suicide prevention have been established in 47 prefectures and 20 ordinance-designated cities with dedicated staff and departments for suicide prevention. Further, a “Life-Support Suicide Prevention Promotion Center” has been established to ensure that suicide prevention measures are implemented without regional differences. Funds have also been allocated for campaigns and posters during the Suicide Prevention Weeks and Suicide Prevention Months, training of gatekeepers, teachers, care workers, civil servants, police, and firefighters, and care for staff involved in suicide prevention (Koseirodosho, 2021a: 183–241). Moreover, the pandemic has motivated the development of infrastructure for counseling via telephone and SNSs.

With the backdrop of these developments, OSPC is also preparing to establish a system that will connect chats on SNSs to telephone counseling. This is because, to obtain grants to sustain NPO projects, it will be necessary to promote easy-to-understand indicators and the results measured by them. Regarding comprehensive suicide prevention involving communities, schools, and individuals, the targets for reducing the number of suicides and suicide death rates are set out in concrete figures, the number of calls and cases are counted, and the cost-effectiveness of suicide prevention is questioned with respect to the number of these calls and SNSs that were connected to social resources and the percentage of the suicide-rate reduction that was achieved compared with that of the previous year.

OSPC has been working on increasing awareness of suicide prevention through mass and social media; they have been interviewed on several news programs, they have created and displayed posters to raise awareness, and they have uploaded videos on their website. This is not so much driven by “results” but rather by OSPC wanting to help people who want to die, as well as keep the center alive in the face of the many NPOs that cannot operate owing to financial difficulties.

The counselors at OSPC are completely unpaid volunteers; although they are trained well, they are not required to have any kind of qualification. In comparison, Life Link, an accredited NPO that has been leading the way in suicide prevention since the 2000s, recruits its counselors through a four-stage selection process during which their suitability is assessed through document screening, interviews, and practical counseling skills, and most of their consultants are qualified clinical psychologists, social workers, or psychiatric nurses with three to five years of experience. The hourly rate is approximately 1,800 yen (15 USD). The counseling system at Life Link is divided into telephone counselors, SNS counselors, coordinators, and supervisors. If necessary, the coordinator will work with external social resources to provide support.

Since the division of labor and mutual collaboration between the national and local governments, NPOs and private organizations, and various professionals has generated a network of
suicide prevention, there has been a divergence from the style of OSPC, where volunteer staffs act as “friends” and provide telephone counseling.

The main feature of history and philosophy of OSPC is that the acceptance of suicidal feelings is not regarded as a job. Ms. A says, “if it becomes a ‘job,’ it becomes something completely different. There is a difference between ‘duty’ or ‘what we have to do’. There is also a difference between what we have to do and what we want to do,” adding that the volunteer activities were performed out of the thought that people need this kind of place. The director is exploring the possibility of turning the foundation of the organization into a business, while the volunteer staff continues to provide telephone and SNS counseling.

This straits and hesitancy of OSPC reflect a general belief that a qualified person is more appropriate to deal with suicidal feelings, although this thinking can make people leave those with suicidal feelings to professionals and specialist organizations, dismissing them as beyond a layperson’s control. This is an issue that needs to be considered further, along with the commercialization of NPOs and the quasi-marketization of public services.

5 | CONCLUSION: VISUALIZING SUICIDAL FEELINGS

In this study, I clarified the aspects of suicide and acceptance of suicidal feelings in the wake of the COVID-19 pandemic, employing OSPC as the case study. It became apparent that it is through the empathy and solidarity of the counselors who have lost loved ones to suicide and have been deeply impressed by the overwhelming otherness of others that the acceptance and support of someone’s suicidal feelings can be realized at OSPC.

With the enactment of the Basic Law on Suicide Prevention in 2006, suicide has been regarded not only as a psychological problem of individuals but also as a social problem, and social support systems for suicide have been rapidly developed (Moriyama, 2021). Providing counseling service via SNS, web chat, telephone, and in person, as well as networking and cooperation among public agencies, regional centers, NPOs, and experts in various fields, has been promoted amid the COVID-19 pandemic. The public seem to be worried about COVID-19-related suicides. However, while there has been much discussion and awareness about suicide prevention, have we listened to the voices of those who want to die enough?

Modern society conceals death occurrences. Death can no longer be discussed openly; it is something that must be avoided in the public eye. In Japan, where there have been no wars or civil wars for more than three-quarters of a century, and where security is relatively good, it is rare to see people dying on the streets. In addition, death has become increasingly medicalized, with more than 80 percent of Japanese dying in hospitals and nursing homes. The only time death causes an unexpected appearance in everyday life is when trains are delayed because of suicide. Regardless, the body and scene are carefully concealed from the public with blue sheets. Rather than considering what happened to the suicide victims, passengers are angered and even bothered by the disruption and delays that may affect their schedules.

While death is difficult to witness, suicide is too. In the summer of 2020, a popular actor and actress in Japan committed suicide in succession. Even those who are prosperous and have a promising future sometimes choose to die on their own. There are certainly people who hide their feelings of wanting to die and pass away without showing any signs of it.

Moreover, restrictions are placed on the reporting of suicide: guidelines from the World Health Organization include not placing suicide stories prominently, not detailing the means or location, not sharing links to images or videos, not using language that views suicide as “common and normal, and not presenting suicide as a positive as though it was a positive solution to a problem” (WHO, 2017). Although press regulation is valuable to prevent copycat suicides, it is crucial to note that suicide is regarded here as a matter that should not be inadvertently disclosed, as one to be treated cautiously.
Why is it difficult for people to talk about their suicidal feelings? Individual circumstances may vary, but one reason is that the society exhibits a strong sense of prejudice, taboo, and stigma against suicide (Jisatsuijihenshuiinkai ・ Ashinagaikueikai, 2005). Even if there is no prejudice against suicide or suicide survivors, when someone says, “I want to die,” people around them encourage them not to say such a thing, cheer them up, persuade them that they can do anything, and sometimes even scold them for considering such a “foolish idea.” The desire to die is not taken seriously; it is either denied or left hanging to dissipate into thin air. As Nishihara states, suicide and wanting to die have become words that should not be mentioned in peaceful everyday life (Nishihara, 2003: 32).

While the notion that suicide should not happen can be an engine for rethinking how society drives people into committing suicide and for promoting suicide prevention, it can also be employed to denigrate and exclude those who have died via suicide, as well as their relatives.

Why is this so? In the context of modern society and the individual, E. Durkheim explains why suicide is forbidden: “He has become tinged with religious value; man has become a god for men. Therefore, any attempt against his life suggests sacrilege. Suicide is such an attempt. No matter who strikes the blow, it causes scandal by violation of the sacrosanct quality within us which we must respect in ourselves as well as in others. Hence, suicide is rebuked for derogating from this cult of human personality on which all our morality rests” (Durkheim, 1897=2002: 298–299).

In a society that is bound by a “common faith,” a “reverence for the person, and the dignity of the individual,” suicide is considered an exceptional event. Therefore, it is not surprising that people do not want to accept someone’s suicidal feelings. Conversely, when the counselors “shudder at but acknowledge” (Nishihara, 2003: 39) someone’s desire to die, they feel relieved that their suicidal feelings have been properly accepted for the first time, and this may become an opportunity to want to live.

The key to achieving a society where no one is driven into committing suicide is to place human rights, dignity, and life first, to prevent copycat suicides, as well as to talk about suicide and suicidal feelings without making the subject taboo. The fact that so many people are taking their own lives must not be dismissed as an “anomaly”; it must be considered as something that could happen to anyone. We must acknowledge that it is possible for anyone to have suicidal feelings in life and find a way to make our society a place where we can talk about it openly without being bound by taboos, social pathologies, or treatment frameworks.

These considerations invite further empirical and theoretical investigation. This is because the theme of suicide and NPOs for suicide prevention is directly related to the question of how this society will show the spirit of solidarity and mutual support in the face of social structural changes, redistribution of care, loneliness, and isolation caused by the COVID-19 pandemic.

**ENDNOTES**

1 The four NPOs referred to here are: Life Link (for providing consultation on suicide prevention via SNS, web chat, telephone, and in person; networking and cooperation among experts in various fields and regional centers), Tokyo Mental Health Square (for providing counseling service via SNSs and web chat, regardless of age or gender; referring client to appropriate public agencies and NPOs in various fields), Bond Project (for supporting young women), and Child Line for Child in Japan (for supporting children under the age of 18).

2 The Basic Law on Suicide Prevention (enforced in October 2006) sets out suicide prevention and support for bereaved families and orphans as the main pillars of a social approach to preventing suicide through collaboration between the national and local governments, as well as medical institutions.

3 Compared with OSPC, Life Link, an accredited NPO, which contributed to the establishment of the Basic Law on Suicide Prevention and is now a leading force in suicide prevention, was founded in 2004.

4 The question of whether you are thinking about suicide, and whether you want to die, is called the “suicide question.” By asking the “suicide question,” the caller feels that it is okay to talk about it in this situation. The usefulness of these questions is illustrated in the World Health Organization’s Suicide Prevention Guide and the Japanese Cabinet Office Gatekeeper’s Handbook (OSPC, 2014: 39–40).
The Good Samaritan is a symbol of our love for God and our neighbors (Luke 10:27).

The description of Life Link here is based on interviews with their counselor (conducted on November 15, 2021 and January 25, 2022).

REFERENCES

Durkheim, E. 1897. *Le Suicide: Étude de sociologie*. Paris: Alcan.
Durkheim, E. 2002. *Suicide: A study in sociology*. London: Routledge.
Japan Broadcasting Corporation. 2021. “I Want to Save Lives” in News Hot Kansai: Kansai Fukabori. https://www.nhk.or.jp/osaka-blog/fukabori/447671.html
Jisatsujihenshuinkai Ashinagaikueikai, ed. 2005. *Jisatsutte ienakatta (I couldn’t say it was Suicide)*. Tokyo: Sunmark Shuppan.
Kansai Television Co., Ltd. 2021. “The Number of Female Suicides Has Risen by about 900. I’ve Been Struggling to Hold On, the Never-Ending Phone Call with Corona,” in Hodo Runner Kantele. https://www.youtube.com/watch?v=g0qSDPFPczM
Keisatsucho. 2022. *The Number of Suicides by Month in 2021: Preliminary Figures at the End of December*. https://www.npa.go.jp/safetylife/seianki/jisatsu/R03/202112sokuhouti.pdf
Koseiroidodo. 2017. *Jisatsu sogo taisaku taikou: Daremo jisatsu ni oikomarerukotoni no shakai wo mezashite* (Comprehensive Suicide Prevention Outline: Aiming to Realize a Society Where No One Is Driven into Committing Suicide). https://www.mhlw.go.jp/file/06-Seisakujouhou-12200000-Shakaiengokyokushougaihokenfukushibu/0000172329.pdf
Koseiroidodo. 2018. *Jisatsu Taisaku Hakusho (White Paper on Suicide Prevention): Heisei*, 30th ed. Tokyo: Nikkei Insatsu.
Koseiroidodo. 2021a. *Jisatsu Taisaku Hakusho (White Paper on Suicide Prevention): Reiwa*, 3th ed. Tokyo: Nikkei Insatsu.
Koseiroidodo. 2021b. *Suicide statistics for 2020*. https://www.mhlw.go.jp/content/R2kakutei-f01.pdf
Koseiroidodo. 2022. *Suicide statistics: provisional for 2021*. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/seikatsutakai/quisatsu/0000172329.pdf
Merton, R. K. 1938. “Social structure and anomie.” *American Sociological Review* 3(5): 672–82.
Moriyama, K. 2018. *Jisatsu Taisaku no Seijigaku (the Politics of Suicide Prevention)*. Kyoto: Koyo Shobo.
Moriyama, K. 2021. “Changes in Japan’s social suicide prevention.” *Japanese Journal of Psychiatric Treatment* 36(8): 945–50.
Nishihara, Y. 2003. *Jisatsu suru watashi wo douka tomete (Stop Me from Committing Suicide)*. Tokyo: Kadokawa Shoten.
Oka, A. 2013. *Ikigogochi no yoi machi: Kono jisatsuritsu no hikusa niwa wake ga aru* (The town comfortable to live in: a reason for low suicide rate.) Tokyo: Kodansha.
Osaka Suicide Prevention Center (OSPC), ed. 2014. *Shitteimasuka? Jisatsu - jisatsu boshi to shien* (Do You Know? Suicide, Suicide Prevention and Support). Osaka: Kaiho Shuppansha.
Parsons, T. 1937. *The Structure of Social Action: A Study in Social Theory with Special Reference to a Group of Recent European Writers*. New York: McGraw Hill.
World Health Organization (WHO). 2017. *Preventing Suicide A Resource for Media Professionals*. https://www.who.int/mental_health/prevention/suicide/resource_media.pdf
Yamada, Y. 2019. *Hatarakuhito no tame no kanjo shihanron* (The Studies of Emotional Capitalism for Workers: The Sociology of Moral Harassment, Mental Health and Life Hacks in Japanese Workplace). Tokyo: Seidosha.
Yamada, Y. 2021. “Family as Zombie: Reconsidering E. Durkheim’s ‘Le Suicide’.” *Gendai Shiso (Revue de la pensée d’aujourd’hui)*, 49: 107–18.

How to cite this article: Yamada, Yoko. 2022. “Living with Suicidal Feelings: Japanese Non-Profit Organizations for Suicide Prevention Amid the COVID-19 Pandemic.” *Japanese Journal of Sociology* 31(1): 42–55. https://doi.org/10.1111/jjjs.12138