The cultural facet of suicidal behaviour: Its importance and neglect

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Abstract

Culture is a central but debated concept in many disciplines and its complexity may become an even bigger source of argument in Suicidology. In spite of the intricacy of the study of this construct, the paper illustrates that various scholars have recognised the relevance of culture and ethnicity in the understanding of suicidal behaviour. The author provides evidence of the need to pay more attention to the meaning and interpretation of suicide in cross-cultural research and underlines the necessity to establish cultural-sensitive prevention strategies. The paper closes by providing methodological considerations and suggestions for future research on cultural aspects of suicidal behaviour.

Keywords

suicide, self-harm, cross-cultural, culture, ethnic groups, cultural research, mental health

... no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community. Therefore, cause of suicide can be understood only with reference to the socio-cultural norms and attitudes that govern suicide in each cultural community. (Boldt, 1988, p.106)

Introduction

Noting epidemiological differences in rates of suicide across countries, scholars have researched factors predisposing to an increased risk of suicide. Few of these studies have addressed culture or ethnicity as an important dimension impacting upon an individual's decision to take his/her own life. This missing area in Suicidology has been underlined by many scholars (to cite a few, Colucci & Martin, in press-a, in press-b; De Leo, 2002; Eskin, 1999; Kral, 1998; Leenaars, Haines, Wenckstern & Lester, 2003; Shiang, 2000; Tortolero & Roberts, 2001; Trovato, 1986). In particular, to date, we have little understanding of the variation of a key aspect of suicide, hypothesised by various authors (e.g., Boldt, 1988; Douglas, 1967; Farberow, 1975; Leenaars, Maris & Takahashi, 1997; Lester, 1997) as changing across cultures: the meaning of suicide.

This paper opens by discussing how culture is a central but debated concept, the complexity of which may become an even bigger source of argument in Suicidology. In spite of the intricacy of the study of this construct, various scholars have recognised the relevance of culture and ethnicity in the understanding of suicidal behaviour.

Particular attention is given to the importance and necessity of understanding the cultural meaning of suicide and not taking for granted that the meaning, interpretation and mental representation of suicidal behaviour remain the same in different (sub)cultures. After this, I further underline the need to establish cultural-sensitive prevention strategies. The paper concludes by providing suggestions for future research on cultural aspects of suicidal behaviour.

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The concept of culture

The concept of culture is probably one of the most debated in any discipline and there is very little agreement on its definition. A half century ago,

Kroeber and Kluckholm (1952, cited in Marsella, Dubanoski, Hamada & Morse, 2000) published a review of more than one hundred definitions of 'culture': there was scarce accord between scholars and at best, the authors affirmed, the various definitions could be grouped into categorical types. More than half a century has gone by since Kroeber and Kluckholm attempted to find an agreement, but the term 'culture' still does not have a univocal interpretation.

In 2000, Marsella et al. proposed their definition of culture as:

shared acquired patterns of behavior and meanings that are constructed and transmitted within social-life context for the purposes of promoting individual and group survival, adaptation, and adjustment. These shared patterns are dynamic in nature (i.e., continuously subject to change and revision) and can become dysfunctional. (p.50)

The authors clarified that culture is represented both externally and internally: externally in artefacts, roles, activity contexts, and institutions; and internally in worldviews, identities, meanings, values, attitudes, epistemologies, consciousness patterns, cognitive, somatic and affective processes, and concepts of self and personhood.

Other scholars included aspects of the man-made environment in the definition of culture. For example, Al-Issa (1982, p.3) declared:

Culture…consists of the beliefs, values, norms, and myths that are shared by the group and symbolically transmitted to its members, as well as the physical environment, which is comprised of artefacts like roads, bridges, and buildings that are handed down from one generation to another.

Barrett (2001), after emphasising that culture is very often taken to mean a set of qualities that applies to people who are not like us (i.e. what can be labelled the 'them versus us' view of culture) stated that culture, like biology, is a fundamental precondition of human existence and culture mediates any human interaction. An important concept present in Barrett's (2001, p.7) definition of culture is the centrality of the individual:

…culture, although it refers to ideas and beliefs held in common by a group of people, is mediated by and manifested within individuals. One's culture becomes incorporated into one's personality, into one's fundamental way of 'being-in-the-world'.

What authors like Barrett point out is that the individual, endowed with self-reflection, criticism and creative imagination, is capable of evaluating predominant norms, values and social expectations and thus of contemplating alternative meanings. This is recognised also by Tseng (2001, p.24) who affirmed that 'rather than a static set of ideas, beliefs, values and perspectives on the world, culture can be negotiated or contested'.

Beyond the crucial role that the individual plays, there is the matter of the presence of several value systems operating at one time within any cultural community, as underlined by Boldt (1988) and Eckersley and Dear (2002). These latter authors indicated:

This is not to argue that cultures are monolithic, exerting a uniform effect on everyone, regardless of gender, class and ethnicity; nor that individuals are cultural sponges, passively absorbing cultural influences rather than interacting actively with them; nor that there is not a variety of subcultures marked by sometimes very different values, meanings, and beliefs. (p.1892)

Even if culture has been recognised by many scholars and various disciplines as a central aspect of human life, the problem with the study of culture is mainly a problem of interpretation, from two perspectives: from one side, the interpretation of what culture 'is' and, from the other side, people's individual interpretation of their own cultures.

This is emphasised even more in the study of cultural aspects of suicide, where the understanding is made particularly difficult by the complexity of the phenomenon and the difficulty in having direct access to the subject under study. The first point is also addressed by Kral (1998, p.221) who affirmed that '… suicide, like everything else that is complexly human, takes place in a powerful social context'.

The relevance of culture for suicidal behaviour

Overall, suicide rates of different countries tend to be relatively stable over time and very different from one another. For example, Lester (1987, cited in Zonda & Lester, 1990) found that suicide rates of European countries in 1975 were strongly associated with the suicide rates of 100 years earlier. The different suicide rates persist when immigrants from these countries are examined in the United States, Canada and Australia (De Leo, 2002; Dusevic, Baume & Malak, 2002; Lester, 1994).

Similar considerations led to Zonda and Lester's (1990, p.381) conclusion that 'these national and regional variations in suicide rates point to the possible role of cultural factors.' In addition, De Leo (2002), interpreting the World Health Organization (WHO) rates of suicide in different countries, noted that epidemiological studies provide evidence that social and cultural dimensions amplify any biological and psychological aspect. In particular, the male/female ratio appears to be particularly influenced by the cultural context (De Leo, 2002).

Similarly, other researchers have noticed cultural differences in the epidemiology of suicidal behaviour among a range of countries. For example, Mayer and Ziaian (2002) and Vijayakumar (2005) pointed out different suicide patterns in Asian compared to Western countries. For instance, the age distribution and male to female ratio are different: rates are highest in the elderly in Western countries, but in young people in Asia. In the former, the male to female ratio is greater at 3(or more):1 whereas in the latter the ratio is smaller at 2:1, with some countries like India showing a very similar ratio (1.4:1) and China showing higher suicide in women (Vijayakumar, 2005). Emphasising further the presence of important socio-cultural differences among countries, the selective review of Vijayakumar, John, Pirkis and Whiteford (2005) pointed out that in some developing countries (e.g. India), being female, living in a rural area and holding religious beliefs that sanction suicide, may be of more relevance to suicide risk than the same factors are in developed countries. On the other hand, being single or having a history of mental illness may be of less significance. Similar findings and reflections indicate how important it is for researchers to identify which findings have cross-cultural generality and, if so, to which cultures, and which are cultural-specific (Lester, 1992-93; Mishara, 2006).

Considerations of this kind led various scholars to recognise that suicide is a phenomenon that needs to be studied and understood in its social and cultural milieu. For instance, Tseng (2001, p.392) stated that 'suicide, even though it is a personal act, is very much socio-culturally shaped and susceptible to socio-cultural factors' and Kazarian and Persad (2001) affirmed that embrace of culture and life-enhancing perspective to the research and practice are likely to contribute to better understanding of suicidal behaviour and to improve individual, family, and community well-being.

In spite of the well-established and long-term interest in socio-cultural aspects of suicidal behaviour, the research in this area is still in an embryonic stage and, as Kral (1998, p.225) underlined, 'we are only beginning to look seriously at the power of cultural ideas like suicide'. Furthermore, as pointed out by Lester (1992-93), although culture may influence the incidence of suicide, the circumstances and the methods, the reasons and meanings of suicide, most researchers have focused on the association between culture and incidence of suicide. This was underlined also by Marsella (2000, p.4) when he wrote:

> *While it is true that much has been written about international variations in rates and patterns of suicidal behaviour, little systematic research has been conducted on the specific contributions of socio-cultural factors to the rates, co-morbidity, meanings, motivations, and methods of suicidal behaviour.*

This finds its reason in the fact that, even though some researchers attempted to study the way in which culture influences suicidal behaviour, the conceptual consideration (i.e. theorisation) of the interface between culture and suicide has been, with few exceptions (e.g. Durkheim, 1997/1897), an overall recent phenomenon (Kazarian & Persad, 2001).

As an example of a theoretical explanation, Cohen, Spirito, Apter and Saini (1997)

hypothesised that culture affects the development of psychopathology which, in turn, affects suicide rates. Similarly, Tseng (2001) applied his theorisation of the effects of culture on psychopathology to suicidal behaviour, indicating various effects of culture on suicide, although suggesting an arguable application of the pathological frame to suicidal behaviour (as if suicide was a pathology):

a) Culture contributes to the nature and severity of the distress that people may suffer (e.g., China and Korea prohibit the union of certain couples), which may then contribute to the occurrence of their suicidal behaviour (*pathogenetic effects* of culture);
b) Culture demonstrates *pathoselective effects* in a person's choice of suicide over other possible solutions to problems (e.g., facing bankruptcy);
c) The *pathoplastic effects* of culture on suicide are well illustrated by the manifestation of special forms of suicidal behaviour in addition to individual personal suicide, such as family suicide, group suicide, and mass suicide or seppuku (traditionally observed in Japan) and suttee (practiced in India in the recent past);
d) A *pathoelaborating effect* may be shown in various terminologies that have evolved to recognise and distinguish different forms of suicide, such as Japan, where laypersons use many terms to refer to different kinds of suicide;
e) The *pathofacilitative effects* are well proven by the variation in frequencies and rates of suicide among different societies;
f) Many societies have a very negative attitude toward suicidal behaviour: Muslims see it as an unforgivable sin, Indians still see it as crime, whereas Japanese have a more sympathetic view. Attitudes and stigmas show the *pathoreactive effects* of culture on suicidal behaviour.

Kral (1994, cited in Kral, 1998) proposed that the idea of suicide and how to do it are internalised as an archetype, accessed during periods of heightened distress. Other scholars reflected on the way culture affects the particular meaning attributed to suicidal behaviour in various cultures. The following section explores the variations of the cultural meaning of suicide as an important (but overlooked) area of research in Suicidology.

The cultural meaning of suicide

In 1977, Kleinman defined one of the main problems of cross-cultural research: the category fallacy, i.e. the imposition of Western categories in societies for which they lack coherence and validity. In the same way, Littlewood (1990) underlined that anthropologists cannot presume a priori that Western psychiatric categories such as 'depression', 'self-mutilation' or 'parasuicide' are appropriate worldwide.

As affirmed by Good and Good (1982, cited in Littlewood, 1990, p.312), the meaning of illness is grounded in the network of meanings an illness has in a culture; that is, 'the metaphors associated with a disease, the ethnomedical theories, the basic values and conceptual forms, and the care patterns that shape the experience of the illness and the social reactions to the sufferer'. My impression is that today, in Suicidology, we have made a mistake every time we have applied a theory or a prevention/intervention program developed for one socio-cultural setting to another setting. But, as argued by Leenaars and collaborators (1997, p.2) in the preface of *Suicide: Individual, Cultural, International Perspectives:*

Individuals live in a meaningful world. Culture may give us meaning in the world. It may well give the world its theories/perspectives. This is true about suicidology. Western theories of suicide, as one quickly learns from a cultural perspective, may not be shared. Suicide has different meanings for different cultures.

And Shneidman cautioned us, when making cross-cultural comparisons, to not make the error of assuming that 'a suicide is a suicide' (1985, cited in Leenaars et al., 1997). Lester (1997) too recognised that suicidal behavior may be quite differently determined and have different meanings in different cultures. In his important book *Suicide in Different Cultures,* Farberow (1975) also affirmed that suicide is viewed very differently by different cultural groups and that culture influences form, meaning and frequency of suicide. Of the same opinion are Maris and Lazerwitz (1981) and Hendin (1964, cited in Boldt, 1988) who made the point that suicide

varies culturally, and that differences in meaning may have an influence on suicide. Also Durkheim, as Boldt revealed (1988), explicitly recognised the potential influence of cultural meanings on suicide rates, but excluded meaning from his analysis because he believed the Protestants and Catholics, comprising his sample, espoused the same meanings.

But what do we mean by 'meaning' and, more specifically, 'cultural meaning'?

Strauss and Quinn (1997, p.6) defined 'meaning' as the interpretation evoked in a person by an object or event at a given time, and 'cultural meaning' as 'the typical (frequently recurring and widely shared aspects of the) interpretation of some type of object or event evoked in people as a result of their similar life experiences'.

In the same direction, Hermeneuticists like Bracken (2002) highlighted the importance of putting meanings in relation to the context because meaning is always something that exists in relation to, and cannot be separated from, the background context of human lives.

Discourses on meaning of suicide may be confused with discussion on the description of the word 'suicide' - but the 'meaning' of suicide, as Boldt (1988, p.94) stated, must be differentiated from the 'definition' of suicide:

Here, I propose that the social scientific study of suicide must begin with an understanding of the meaning *(italic in the original) of suicide. The prevailing definition, that is, 'willing and willful self-termination', has little relevance for the decisional process of the suicidal individual. The meaning of suicide, on the other hand, is critical to our understanding of the individual's decisional process.*

In his significant book *The Social Meaning of Suicide*, Douglas (1967, p.181) discussed the lack of knowledge of what different cultures, and also different groups of officials who categorise deaths, mean by the term 'suicide':

It is not merely the cognitive meanings of suicide that very likely vary from one society to another and from one subsociety to another. The moral meanings and the affective meanings of both the term 'suicide' and any actions either actually or potentially categorized as suicide almost certainly vary greatly as well.

Boldt (1988) stated that meaning goes beyond universal criteria for certifying and classifying self-destructive deaths, to how suicide is conceptualised in terms of cultural normative values. He then listed some examples of peculiar socio-cultural conceptualisations of suicide: suicide as an unforgivable sin, a psychotic act, a human right, a ritual obligation, an unthinkable act. The dominant universal definition of suicide is adequate, as Boldt repeated (1988, p.102), for a layperson's purpose and for certifications and classifications, but 'the culture-specific meanings necessary for social scientific study into the origin and evolution of suicidal ideation and for development of theories of cause, prevention, and treatment are still a *desideratum* (italic in the original).'

Despite the number of scholars who have underlined the relevance of what suicide means to people belonging to different socio-cultural backgrounds, the study of meaning is an unjustifiably missing area in suicide research. To date studies analysing this aspect are very rare and Meng's (2002) paper on suicide as a symbolic act of rebellion and revenge for some Chinese women is one of very few exceptions.

Everall (2000, p.111), in her study about the meaning of suicide in young people noted that, despite the amount of research conducted in Suicidology, surprisingly little is known about the experience of being suicidal and argued that 'while demographic variables may be useful in identifying at-risk groups, they provide little in the way of meaningful understanding of the suicidal individual'. In a similar way, Boldt (1988, p.95) showed concern about the scarce consideration manifested for the study of the meaning of suicide:

Suicidologists use the term 'suicide' as though there is no need to understand its meaning. This neglects the fact that meaning precedes ideation and action, and that individuals who commit suicide do so with reference to cultural-normative specific values and attitudes.

Boldt (1988) tried to find some reasons for this neglect and he speculated that these might depend on the following factors:

- the observed cross-cultural commonalities in characteristics of individuals who die by suicide (such as depression, hopelessness, unendurable pain, and relational problems) which lead us to assume universality and invariance in cross-cultural meanings;

- our liberation from the tyranny of traditional moralistic meanings of suicide;
- seduction by the assumed 'scientific' credentials of the definition; and
- the prevailing premise that suicidal individuals are irrational and, therefore, incapable of meaningful action.

However the author concluded that, in the end, maybe the main reason resides in the frequent error generally present in science to not pay attention to fundamental (but taken for granted) things, citing a famous dictum of a physiologist during a turn-of-the-century seminar on spleen: 'The spleen', he said, 'gentlemen, we know nothing about the spleen. So much for the spleen' (cited in Boldt, 1988, p. 95).

The same argument may be retraced in Douglas' book (1967, p.158) when he wrote that 'the assumption that the *meanings of suicidal actions* (italic in the original) are obvious rather than problematic has most likely been the basic reason for the failure of suicide studies to make much progress.'

Another reason for the few studies to date on the cultural meaning of suicide should be linked also to the arduousness of this kind of study, for the difficulty to get in contact with meanings - not only for the researcher but for the subject under study as well - as stated by both Boldt and Douglas:

Most participants in a culture are not aware of the philosophies underlying the meaning of suicide. They relate to the meaning of suicide reflexively rather than reflectively. They are conditioned to conform unthinkingly to society's normative standards and expectations. (Boldt, 1988, p.98)

I shall argue that, rather than being obvious, the meanings of suicide are very complex and obscure, not only to the theorists but to the social actors involved as well (Douglas, 1967, p.158).

But, of course, the difficulty of fully understanding the meaning of suicide should not become a justification to not dedicate as much effort and resources as possible to this important topic. On the contrary, the recognition and study of cultural relativity in the meaning of suicide is an urgent need in the present phase of social scientific suicide research. Only by differentiating as precisely as possible the culture-dependant meanings of suicide, and by systematically bringing these into the research paradigm, can the development of valid theories of cause, prevention, prediction, and treatment begin.[1]

Culture-sensitive suicide prevention and intervention[2]

If many scholars have emphasised the importance of studying cultural aspects of suicidal behaviour, in the same way scholars have recommended developing suicide prevention and intervention strategies that are more culturally insightful and differentiated. For example, De Leo (2002, p.29) stated that suicide prevention is likely to be possible:

...keeping in mind that we need to rephrase the WHO's slogan of 'Think globally, act locally' to the more effective 'Think locally and act locally.' In fact, suicide prevention strategies need to be adapted to the local culture and cannot be simply exported or copied from one country to the other.

To this, I would add that suicide prevention strategies need to be developed from *within* the cultural milieu, rather than merely be *adapted*, i.e. making use of what has been done elsewhere. This point has also been made by the present International Association for Suicide Prevention (IASP) president (Mishara, 2006) while addressing current challenges for the association. He wrote that to date the emphasis in IASP has been upon commonalities in suicide, with adaptations to specific cultures and settings, and that the association's activities - while allowing for cultural diversity - have usually assumed a universal perspective. IASP in fact 'generally develops activities or information that is considered to be of potential use to anyone, anywhere in the world' (Mishara, 2006, p.1). For example, IASP and its members have collaborated with the World Health Organization in developing general guidelines on several topics, such as guidelines for the components of a national suicide prevention strategy. But, the president argued, there might be limits in such guidelines:

The implicit hypothesis in developing such guidelines is that there are more commonalities in suicide prevention activities around the world than there is diversity. Thus, general guidelines, as well as information on methods of prevention and clinical practices, are pretty much the same worldwide, needing only linguistic translation and some minor

adaptations to the local culture and the nature of the mental health and health delivery systems. One may ask if this assumption is justified. (p. 1)

Following a similar line of thought, Eshun (2003) noted that, as the world becomes more and more global, suicide prevention programs need to be more culture-sensitive and need to include socio-cultural correlates.

Range and collaborators (1999, p.26-27), after examining suicide among African Americans, Hispanic Americans, Native Americans and Asian Americans, declared that suicide must be studied from all angles, and ethnic origin is one of the characteristics that must be recognised and considered in assessing risk and designing interventions:

Suicide prevention and intervention efforts should encourage ethnic pride, cultivate sensitivity to diversity, recognize how culture merges with individual forces influencing a person, promote dialogue between different cultural groups as well as among members of different cultural groups, facilitate respect for all individuals and their heritage, recognize that all individuals are minorities in some dimensions.

Also Cohen et al. (1997), in their study of suicidal behaviour in young Israeli and American psychiatric patients, recognised the role of culture to improve the understanding of suicide and contribute information significant for suicide prevention and intervention programs. Agreement on this point comes from Sri Lanka, where de Silva (2003) recommended that inter-sectoral programs and interventions aimed at identifying and modifying socio-cultural beliefs that promote suicidal behaviour (e.g. acceptance of suicide as a way of problem solving) need to be developed.

The *Surgeon General's Call to Action to Prevent Suicide*, *2001* (US Public Health Service, cited in Borowsky, Ireland & Resnick, 2001) also suggested that ethnic comparisons are needed before culturally sensitive interventions can be developed and tested.

However, even if various scholars and organisations (see also WHO, 2000) have moved some steps further, as observed by Kazarian and Persad (2001), the cultural perspective of suicide intervention continues to be in an embryonic stage and more needs to be done. Suggestions on the ways in which research on cultural aspects of suicide may be improved, making research more respectful of peoples' perspectives and needs (and consequently more useful and appropriate to develop intervention strategies) are offered in the following section.

Methodological considerations in cross-cultural suicide research

In 2002, Watt and Sharp stated that there are relatively few available cross-cultural studies of suicide, and they are mainly on adults; usually young people are not examined separately. Captivated by this observation, Colucci and Martin (in press-a, in press-b) reviewed all the cross-cultural studies on youth suicide and the findings from the 82 references matching the review criteria are being published in two papers: one on suicide rates and methods and the other on risk and precipitating factors and attitudes towards suicide.

One of the critiques made by the authors was that the majority of the studies have been conducted in Western developed countries and in particular in the United States. The authors were also critical of the fact that cross-cultural research on suicide has its principal referent in the medical and positivistic paradigm. Consequently, culture and ethnicity, instead of being treated as complex constructs, usually becomes the answer to just one question. By this consideration derives Colucci and Martin's (in press-b) conclusion that the primary need is to explore the cultural aspects of suicidal behaviour in more depth. The majority of youth suicide cross-cultural research is epidemiological and cross-national (e.g. people belonging to different countries are compared without considering their and their parents' ethno-cultural background and identity): too few studies explored ethno-cultural aspects of suicide in depth, and none of them used a qualitative approach.

My concern is that while the majority of researchers continue to base their conclusions about the impact of culture on suicide upon a 'cross' on the category 'Asian' or 'Caucasian' in a questionnaire, our understanding of important things such as the cultural meaning of suicide will remain lacking and superficial. For these reasons, two main suggestions for future research are:

a) Quantitative studies should be better structured and more methodologically rigorous.

In reference to this point, the literature review by Colucci & Martin (in press-b) showed various limits of quantitative cross-cultural research on suicide, such as the use of differing instruments and procedures, wording of the questionnaire (suicidal ideation vs. suicide plan), style of answers (binary vs. multiple choice) and time span (lifetime vs. one year or one week) across sites, which very often make cross-cultural comparisons difficult and unsound. This may be one of the reasons why the authors observed that many cross-cultural studies provided discordant outcomes.

b) There should not be such a large gap between quantitative and qualitative research, and more research should look at suicide using depth-oriented (and not size-oriented) methods.

In regard to this second point, Shankar (2003), in commenting on 'Why are we not getting any closer to preventing suicide?' argued that understanding local perspectives and regional factors that influence suicide rates is necessary and that there is a need for qualitative studies to examine these issues. The factors thus identified, the author suggested, should then be explored in epidemiological studies. Hjelmeland and collaborators (2006), in a study testing the psychometric properties of a questionnaire on attitudes towards suicide in a cross-cultural setting, strengthened the point that cross-cultural research is essential in developing our understanding of suicide, and the way to come closer to this comprehension is using qualitative methodology and making triangulation compulsory in cross-cultural studies. To force researchers to triangulate methods is neither a viable nor desirable solution to the problem of the paucity and superficiality of cross-cultural studies on suicidal behaviour, but certainly increasing in-depth studies of suicide will allow a step further in the difficult task of understanding the cultural meaning of suicide.

Another problem underlined by Colucci and Martin's review (in press-b) is the selection of the ethno-cultural groups under comparison. Very often the cultural groups studied are too broad; for example, cultures with different history, language and customs such as Indians, Chinese and Japanese - which are also divided into various subcultures - are grouped together under the label 'Asians'. Furthermore, too frequently the rationale for the research is not expressed and it seems that usually ethnic/cultural groups studied are just convenience samples and their selection is not theoretically driven. In fact, in regard to the selection of ethno-cultural groups to be compared in the scope of research, Kazarian and Persad (2001, p.272) noted that the epidemiological research on suicide has taken an ethnic approach rather than a cultural one:

In the ethnic approach, two or more ethnic groups are selected without a theoretical rationale for comparison purposes. In the cultural approaches, two or more ethnic groups are selected on the basis of theoretical dimensions for comparative purposes.

Berry (2002) also stated that cross-cultural research should be dictated by a theoretically interesting contrast between the cultures investigated, rather than by mere opportunity. He then listed what in his opinion are the only two acceptable strategies for the selection of cultures in comparative studies: draw a sample of cultures representative of all the cultures in the world or, more commonly (and, I would add, more reasonably), choose only few cultures clearly differing on some variables that provide a contrast of interest to the cross-cultural researcher. He called this latter strategy 'theory-guided selection'.

Boldt (1988, p.101) remarked also on the lack of clarity in the relatively few studies on suicide that specifically acknowledge cultural differences:

They offer undefined references to 'Judeo-Christian tradition', or to 'national cultures', or to 'religious affiliation', or to 'the Western world', and so on. Such terms lack the precision required for developing testable hypotheses and theories about the influence of different cultural meanings on suicidal behaviour.

This issue could be partially addressed if researchers restrained from grouping participants belonging to different ethno-cultural backgrounds in broad categories such as 'Asians' or 'Blacks' and circumscribed more precisely the cultural groups under study. Furthermore, Marsella (2000) has recommended a pool of potential indices, dimensions and

questions useful to contextualise suicidal behaviour within a socio-cultural milieu, which scholars might find helpful to develop research instruments.

Another matter that deserves great care in any cross-cultural research is the interpretation of contrasting results. In his analysis of cultural aspects of suicide in Britain, Atkinson (1975, p.136) wrote about the problem involved in achieving definitive conclusions about how suicide is interpreted in a cultural context:

…the problem emerges because different and sometimes contradictory interpretations of some particular cultural manifestation may seem equally plausible. In other words, there is the problem of choice between competing versions of the cultural significance of suicide.

This impasse cannot be eliminated if is true that individuals are both agents and products of their own cultures, but what can be changed is the outlook towards this fact. Once the old vision of culture as just being made up of shared beliefs, values, norms and attitudes is abandoned, and the possibility of co-existing commonalities and differences as part of the same culture (Barrett, 2001) is accepted, what is called by Atkinson 'a problem' becomes instead a resource of immense richness.

Other considerations for research focusing on culture/ethnicity are mentioned in Okazaki and Sue's paper (1995), where the authors suggested to:

- follow the purpose of the study to decide if a comparison approach (e.g. African-Americans vs. Caucasian-Americans) is appropriate;
- match or control groups for some aspect that the researcher believes may moderate the relationship between the variables of interest (e.g. socio-economic status);
- consider the potential influence of socio-cultural norms in responding to and participating in research; and
- use multiple measures and multiple methods of assessments.

Another issue briefly indicated by Okazaki and Sue (1995) is the identification of participants' ethnic identity. It should be always taken into account that, even if participants may self-report to belong to a certain ethno-cultural group, they may identify with another cultural group or not share a common understanding of their own ethnicity and culture. For this reason, in my cross-cultural study on the meaning of suicide (Colucci, submitted), I asked students to describe in their own words to which ethnic group they feel they belong, even though it was a criterion for the inclusion in the study that the participants had to be born and living in Italy (or India or Australia) and be at least second generation Italian (or Indian or Australian).

It is also important, in understanding the meanings of suicidal behaviour in a cultural setting, to consider gender differences. For example, Counts (1988, cited in Lester, 1992-93) illustrated the ways in which a culture can determine the meaning of the individual suicidal act in her account of suicide among females in Papua New Guinea, where female suicide is a culturally recognised way of imposing social sanctions, with political implications for the kin and for those held responsible for the events leading to the act. A similar study of accounts of suicidal behaviour showed that Sri Lankan participants associated essentialist accounts with women's suicides and contextual accounts with men's suicides (Marecek, 1998). Canetto and Lester (1998) also suggested that narratives of suicidal behaviours can be examined through the lens of gender-specific cultural scripts.

Marsella (2000), while recommending socio-cultural and community indices and dimensions to be considered in the socio-cultural assessment of suicidal behaviour mentioned earlier, pointed out that it is essential that the measurement instrument has linguistic, conceptual, normative and scale equivalence. In regard to linguistic equivalence, it is my opinion that special attention should be paid to what we intend to know from the participant and check if the way the question is phrased is adequate to these aims. For instance, Linehan (2000, cited in Kidd, 2004) pointed out the 'threat to validity' deriving from asking about previous suicide attempt, with no indication of the intent of this act. The issue of the way questions are phrased and which words are used is relevant in any research but increases its importance in cross-cultural studies. In fact, words like 'suicide attempt' could have

many interpretations and only become more ambiguous among different cultural groups (Kidd, 2004). For a further discussion of the variations of the definition of the words 'suicide attempt' and 'suicide' in a sample of Italian, Indian and Australian students see Colucci (in preparation).

Marsella (2000) also recommended that efforts should be made to generate the range and patterns of meanings, motivations, methods and behaviours associated with suicidal behaviour within the cultural milieu and to do so using ethno-semantic methods or other approaches that contextualise the suicidal behaviour in its historical and cultural setting (for example, using focus groups or analysing the existing literature).

Considering the difficulties in this kind of research, Murray, Tandon, Salomon et al. (2002) proposed that the most promising and attractive strategy to enhance cross-population comparability of health measures is the use of vignettes, because, in the authors' opinion, it is potentially easy to implement across a variety of settings.

A last point that needs attention, in order to avoid reaching conclusions based on racist stereotypes instead of research evidence, is that often the differences in data tend to be evaluated negatively in disfavour of the non-Western population as criticised by, amongst others, Marshall and Yazdani (1999) and Rogler, Malgady and Rodriguez (1989, cited in Okazaki & Sue, 1995). Another risk is that the researcher may discount similarities in favour of dissimilarities whereas - as shown by Marshall and Yazdani's (1999) research on construals of self-harm amongst Asian young women - it is important to explore commonalities in the accounts of the meanings of suicidal behaviour across ethno-cultural groups rather that starting with the expectation of cultural differences. This was criticised also by Mishara (2006, p.3) who pointed out that 'Suicidology research tends to either ignore cultural differences entirely or focus upon a specific culture without examining possible commonalities across cultures.' Therefore, the author stated, an important challenge for future research is to explore and understand the frontier between universal aspects of suicide and its cultural specificity.

Conclusions

Range and Leach (1998) remarked that research methodology in Suicidology has historically developed from philosophical roots in logical positivism and structural determinism. This had led to research based on assumptions of cause-effect relationships, reductionistic analysis and focus on the individual as the primary unit under study, which might explain why relatively little research has addressed socio-cultural aspects of suicide. On the other side, some mental health experts recognised that culture functions as a lens through which we construct, define and interpret reality (Marsella & Kaplan, 2002) and a growing number of scholars have underlined the need to consider this area when planning suicide research and intervention projects. This greater attention is reflected also in the current organisation of suicide conferences, where often a session is dedicated to cultural issues. But the path to the inclusion of ethno-cultural considerations in the mainstream mental health sciences and Suicidology is still a lengthy and arduous one.

Kral (1998, p.230) concluded his essay posing the question: 'Is it time to ask different questions in Suicidology?' My answer is 'definitely yes' and my hope is that this paper will act as an invitation for a larger number of researchers, clinicians and policy makers to consider the socio-cultural milieu of their participants, clients and communities when assessing and treating suicidal ideation and behaviour.

As has been highlighted in this paper, we need to understand the prevailing culture-specific norms, meanings, social representations and attitudes regarding suicide in the various cultural (and sub-cultural) communities of the world, even though this is a difficult task, where no 'true' answer should be expected and no 'right' instrument should be assumed. We all, as psychologists, psychiatrists, social workers, GPs, nurses, educators, spiritual guides, policy makers, survivors and so on, are required to understand what the act of suicide symbolises and represents for *that* person and *that* cultural group if we really want to help to find a different way - constructive and not destructive, for the individual and their social group - to express and manifest those meanings.

Notes

1. Trying to amplify this field of knowledge, I explored the cultural meaning of youth suicide among University students 18-24 years old in three different countries: Italy, India and Australia, using a combination of qualitative and quantitative methods (Colucci, submitted).
2. Important observations on the homogenisation of Psychiatry, useful to keep in mind while developing international mental health strategies - including suicide prevention- are provided by Higginbotham and Marsella (1988).

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