Erminia Colucci
David Lester

Suicide and Culture 2.0

Understanding the Context

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Suicide and Culture 2.0

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From Erminia Colucci & David Lester: *Suicide and Culture 2.0: Understanding the Context*
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Dedication

In honor of all the people, from all corners of the world, who have shared their stories and views with us to contribute to our understanding of suicide and questioning of "truths"

In memory of Professor Anthony J. Marsella

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Contents

Foreword by *Simon Dein* IX
Preface by *Erminia Colucci & David Lester* X

The Issues

Chapter 1 Sociocultural Context of Suicidal Behavior – Its Importance and Neglect 3
Erminia Colucci

Chapter 2 Culture and Suicide: An Overview 40
David Lester

Chapter 3 Suicide as a Staged Performance 73
David Lester

Research on Culture and Suicide

Chapter 4 Cultural Meanings of Suicide: A Cross-Cultural Study 89
Erminia Colucci

Chapter 5 Cross-Cultural Research on Suicidality: An Example and a Critique 199
David Lester

Chapter 6 Suicide Among the Roma People and Irish Travelers 207
David Lester

Chapter 7 Sati 219
David Lester

Chapter 8 Co-Produced Community-Based Best Practice Guidelines for Suicide Prevention for LMICs and Migrant and Refugee Populations 240
Erminia Colucci

Conclusion

Chapter 9 Concluding Thoughts 261
Erminia Colucci & David Lester

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Foreword

Suicide is at one time always an individual and social act. While the physiological, social, psychiatric, and psychological aspects of suicide have received considerable attention, this is much less so the case for its cultural aspects. The authors of this book have excelled in presenting a cross-cultural analysis of suicidality that convincingly looks at the meanings and contexts of suicidal behavior. These have often been neglected in the extant literature on suicide. They advocate a move from epidemiology to the phenomenology of this phenomenon. Cultural factors, as the authors cogently state, affect both rates and meanings of suicide. Furthermore, they clearly differentiate between suicide and self-harm, both of which are impacted by culture.

The authors are to be lauded for the sheer volume of ethnographic examples discussed and the presentation of previously unpublished new data. Of importance, marginalized groups like the Roma have been included; their mental health attracted little academic attention previously. Colucci's own lucid research among youth in university students in Italy, India, and Australia can be used as a paradigm for future work in this area. Lester makes the important observation that suicide is often performative, and this has significant implications for prevention.

Cultural considerations are of more than academic interest in suicidology. They are essential for those planning preventive programs. We cannot simply impose our Western notions of suicide on all cultures but rather need to include emic definitions of this act. This book should be required reading for psychologists, psychiatrists, and policy makers involved in working with suicidal individuals from diverse cultural backgrounds. *Suicide and culture: Understanding the context* is a significant contribution to the cross-cultural suicide literature and I would thoroughly recommend reading it.

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Preface

This book is about suicide and culture, a topic that has been generally neglected both in suicide research and in prevention efforts. Since Colucci and Lester's *Suicide and culture: Understanding the context* (2013), this book has remained the only one specifically on this topic that was written in the last few decades. It also differs greatly from the organization of other books that have appeared prior to the previous book, which typically contain chapters with titles such as "Suicide in Asia" and "Suicide in Sub-Saharan Africa" or suicide in particular countries.

The present book first examines some of the issues in the study of culture and suicide, with a particular focus on the context of suicide, which is discussed by each of the authors, in separate chapters. The first section ends with the perspective of suicide as a staged performance, as proposed by Lester in Chapter 3.

The research section then begins by presenting the results of a mixed methods cross-cultural study by Colucci on the meanings of suicide in three cultural contexts – Australian, Indian and Italian – followed by a critique in Chapter 5. Chapter 6 discusses the phenomenon of suicide among Roma and Irish Travelers. Chapter 7 reviews what is known about a culturally specific form of suicide – sati in India.

In Chapter 8, Colucci describes a community-based suicide prevention strategy she co-developed for different populations. Chapter 9 presents conclusions and suggestions for future meaningful investigations into the role of culture and context in suicidal behavior and its prevention.

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The Issues

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Chapter 1
Sociocultural Context of Suicidal Behavior – Its Importance and Neglect

Erminia Colucci

No one who kills himself does so without reference to the prevailing normative standards, values and attitudes of the culture to which he belongs.
Boldt (1988)

Although prevention efforts have improved, suicide remains one of the leading causes of death worldwide (World Health Organization [WHO], 2021). Every year, more people die as a result of suicide than of HIV infection, malaria, or breast cancer, or even war and homicide. While suicidal behaviors are present in every country, there are dramatic variations. The epidemiological differences between countries in the rates of suicide have led to research on the factors that predispose people in these countries to an increased risk of suicide. Few of these studies have addressed culture or ethnicity as an important dimension that might impact an individual's decision to take their own life. This missing area in suicidology has been noted by many scholars for some time, including Hjelmeland and Knizek (2011), De Leo (2002), Eskin (1999), Kral (1998), Leenaars et al. (2003), Shiang (2000), Tortolero and Roberts (2001), and Trovato (1986). In particular, we still have little understanding of the variation of a key aspect of suicide, hypothesized by various authors as differing across cultures – namely, the meaning(s) of suicide (Boldt, 1988; Douglas, 1967; Farberow, 1975; Leenaars et al., 1997; Lester, 1997).

However, recent advancements in suicide research have significantly broadened our understanding of the complex interplay between cultural factors and suicidal behavior. Since *Suicide and culture: Understanding the context* (Colucci & Lester, 2013), a growing body of literature has emphasized the need to consider cultural variations, socioeconomic factors, and minority stressors as pivotal elements in understanding and preventing suicide, while challenging the "biologization" or "psychiatrization" of suicide (e.g., Hjelmeland et al., 2019).

This chapter, partially based on Colucci (2006), opens with a discussion of how *culture* is a central but highly debated concept in suicidology. In spite of the difficulty in studying this construct, scholars have recognized the relevance of cul-

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ture and ethnicity for understanding suicidal behavior. Particular attention has been given to the importance and necessity of understanding the cultural meanings of suicide rather than taking for granted that the meanings, interpretations, and mental representations of suicidal behavior remain the same in different cultural and subcultural contexts. After this, I will underline the need to establish culturally sensitive prevention strategies. The chapter concludes by providing suggestions for future research on the sociocultural (and political) contexts of suicidal behavior.

The Concept of Culture

The concept of culture is probably one of the most debated in any of the disciplines that have dealt with it, and there is very little agreement on its definition. Already in the 1950s Kroeber and Kluckholm (1952) reviewed more than one hundred definitions of "culture," and there was little agreement between scholars; at best, the various definitions could be grouped into categorical types. Sixty years later, the term "culture" still does not have an unequivocal interpretation.

Marsella et al. (2000) proposed a definition of culture as:

> Shared acquired patterns of behavior and meanings that are constructed and transmitted within social-life contexts 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 noted that culture is represented both externally and internally: externally in artifacts, roles, activity context, and institutions, and internally in worldviews, identities, meanings, values, attitudes, epistemologies, consciousness patterns, cognitive, somatic and affective processes, and the concept of self and personhood.

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

> 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 artifacts like roads, bridges, and buildings that are handed down from one generation to another. (p. 3)

Barrett (2001), after emphasizing that culture is very often taken to mean a set of qualities of those "who are not us," noted that culture, like biology, is a fundamental precondition of human existence, and culture mediates all

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human interactions. An important concept present in Barrett's 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." (Barrett, 2001, p. 7)

What authors such as Barrett point out is that the individual, endowed with self-reflection, critical abilities, and creative imagination, is capable of evaluating predominant norms, values, and social expectations and, therefore, can contemplate alternative meanings. Thus, "culture" is not an ontological reality that we simply *acquire* or inherit by being born into a certain setting, but a system of beliefs, norms, values, and attitudes that are constantly construed, interpreted, and (re)negotiated. As such, culture cannot be reified, operationalized, or measured as a static dimension (which partially explains the difficulty in studying ""it and, therefore, the scarce attention paid to this construct in suicidology and other mental health disciplines). This was recognized by Tseng (2001) who noted that "rather than a static set of ideas, beliefs, values and perspectives on the world, culture can be negotiated or contested" (p. 24).

There is often the presence of several value systems operating at one time within any cultural community, as underlined also by Boldt (1988) and Eckersley and Dear (2002). These latter authors have stated this as follows:

> 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 [*sic*] not a variety of subcultures marked by sometimes very different values, meanings, and beliefs. (Eckersley & Dear, 2002, p. 1892)

As is clear, even if culture has been recognized by many scholars and various disciplines as a central aspect of human life, the problem in 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 especially apparent in the study of the cultural aspects of suicide where our understanding is made particularly difficult by the complexity of the phenomenon and the difficulty in gaining direct access to the subjects under study (or impossibility when they are indeed deceased). The former problem was addressed by Kral (1998) who noted that "suicide, like everything else that is complexly human, takes place in a powerful social context" (p. 221).

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Relevance of Culture for Suicidal Behavior

Overall, the suicide rates of different countries tend to be relatively stable over time and very different from one another. For example, Lester (1987) found that suicide rates of European countries in 1975 were strongly associated with the suicide rates of those countries 100 years earlier. Some studies found that the difference in suicide rates persists when migrants from these countries are examined in the countries to which they have migrated (De Leo, 2002; Dusevic et al., 2002). However, more recently Troya and colleagues (2022) have raised serious concerns regarding the interpretation of suicide deaths data for ethnic minorities.

Considerations of this kind have led scholars such as Zonda and Lester (1990), in their study of suicide among gypsies in Hungary, to conclude that "these national and regional variations in suicide rates point to the possible role of cultural factors" (p. 381). In addition, over 2 decades ago De Leo (2002), analyzing the WHO rates of suicide in different countries, noted that epidemiological studies provide evidence that social and cultural dimensions amplify any biological and psychological aspects. In particular, the male-to-female ratio appears to be particularly influenced by the cultural context (De Leo, 2002).

Other researchers have also noticed cultural differences in the epidemiology of suicidal behavior among a range of countries for a long time (see Colucci & Martin, 2007a, 2007b, for a review on youth suicide). In particular, Mayer and Ziaian (2002) and Vijayakumar (2005) have pointed out different suicide patterns in Asia as compared with Western countries. For instance, the age distribution and male-to-female ratio are different: The male-to-female ratio is highest in older persons in Western countries, but highest in young people in Asia. In Western countries, the male-to-female ratio is greater at 3:1 (or more) in older persons, whereas in Asia, the ratio is smaller at 2:1 in young people, with some countries like India systematically showing a very similar ratio (1.4:1) and China showing higher suicide among women (Vijayakumar, 2005).

Emphasizing further the presence of important sociocultural differences among countries, the selective review of Vijayakumar et al. (2005) pointed out that, in some lower-income countries (e.g., India), being female, living in a rural area, and holding religious beliefs that sanction suicide, may have more relevance to suicide risk than the same factors have in higher-income countries. On the other hand, being single or having a history of mental illness may be of less significance. Similar observations and reflections indicate how important it is for researchers to identify which findings have cross-cultural generality and which are culturally specific (Colucci & Martin, 2007b; Lester, 1992–1993; Mishara, 2006).

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

In spite of the well-established and long-term interest in sociocultural and other contextual aspects of suicidal behavior, in-depth research in this area is still in an embryonic stage – as it was observed in a previous systematic literature review of youth suicide (see Colucci & Martin, 2007a, 2007b) and a recent review in low- and middle-income countries (LMICs) by Kabir et al. (2023) and in Germany by Tarchi & Colucci (2013) – compared with other aspects and in particular compared with individual-level factors, such as the politicized diagnosis of mental illness (see Hjelmeland & Knizek, 2017) and other biomedical or interpersonal factors (Grimmond et al., 2019).

Furthermore, the observation made by Lester long ago (1992–1993) still remains largely valid – that is, that although culture may influence the incidence of suicide, the circumstances of the act, the methods used, and the reasons for and the meanings of, suicide, most researchers have focused on the association between some cultural dimensions and only the incidence of suicide. This was underlined also by Marsella (2000) 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 sociocultural factors to the rates, co-morbidity, meanings, motivations, and methods of suicidal behaviour. (p. 4)

This omission results from the fact that, even though some researchers have attempted to study how culture influences suicidal behavior, the conceptual consideration (i.e., theory) of the interface between culture and suicide has been, with few exceptions (e.g., Durkheim, 1897/1997), a much more recent phenomenon (Kazarian & Persad, 2001).

As an example of a theoretical explanation, Cohen et al. (1997) hypothesized that culture affects the development of psychopathology, which in turn affects suicide rates. Similarly, Tseng (2001) applied his theory of the effects of culture on psychopathology to suicidal behavior, indicating various effects of culture on suicide, although suggesting an arguable application of the pathological frame to suicidal behavior and a simplistic cause–effect link between the two:

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1. **Pathogenetic effects of culture:** Culture contributes to the nature and severity of the distress that people may suffer. For example, Chinese and Korean cultures prohibit the union of certain couples. This distress may then contribute to the occurrence of suicidal behavior.
2. **Pathoselective effects:** Culture can have pathoselective effects in a person's choice of suicide over other possible solutions to their problems (e.g., when facing bankruptcy). An example of this is the Ghanaian concept of *feree fanyinam owuo*, which makes death (including suicide) a preferable option over humiliation (Adinkrah, 2012).
3. **Pathoplastic effects:** The pathoplastic effects of culture on suicide are illustrated by the manifestation of special forms of suicidal behavior in addition to individual personal suicide. These include behaviors such as family suicide, group suicide, and mass suicide or *seppuku* (traditionally observed in Japan) and *sati* (practiced in India).
4. **Pathoelaborating effect:** A pathoelaborating effect is illustrated by the complex terminologies used to recognize and distinguish different forms of suicide, as in Japan where laymen use different terms to refer to different kinds of suicide.
5. **Pathofacilitative effects:** Pathofacilitative effects are illustrated by the variation in the rates of, and methods used for, suicide in different societies.
6. **Pathoreactive effects:** Many societies have a negative attitude toward suicidal behavior. For example, Muslims see suicide as an unforgivable sin, the Indian legal system views it as a crime, and the Baganda in Uganda view suicide as an abominable act (Mugisha et al., 2011), whereas the Japanese see suicide as an honorable act of self-sacrifice in some circumstances (Young, 2002). These attitudes and stigma show the *pathoreactive effects* of culture on suicidal behavior.

The pathoreactive effect is, I believe, also expressed in the way society as a whole responds to suicide or lack of suicide when this is a socially accepted, expected, or forced response to certain life events and circumstances (see Chapter 4), and by society I also include health professionals and the set of assumptions, predispositions, and preconceptions we bring with us in our encounters with suicidal clients.

In this regard, the *cultural meanings* of suicide (as will be further discussed in the next section of this chapter) are particularly relevant in shaping society's response to the suicidal act and the kind of help and support provided to a suicidal person, if any. Thus, understanding the cultural meanings of suicide is essential for the development of culturally sensitive and appropriate suicide prevention strategies. This has also been observed by Osafo (2012) who found that the construed meaning of suicide (as an act) consist-

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ently mediated the attributions made regarding the suicidal person, and also influenced measures taken to prevent suicide. More specifically, the conception that suicide was a breach of divine and communal moralities (what the author labeled its "moral framework") facilitated views about the suicidal person as a sinner, a transgressor, and a criminal, which resulted in a preference for proscriptive measures to prevent suicide, such as endorsement of the penal code against suicide and the religious threat of punishment in the afterlife. When conceived as a health crisis or pathology (the "mental health" framework), the suicidal person was seen as needful and unwell, and prevention was viewed from a care-oriented and treatment approach (Osafo, 2012).

Finally, Pierre (2015) argues that although suicide is considered a taboo in most cultures, some acts of suicide find moral justification and approval in different cultural settings and such "sanctioned suicides," as he labels them, must be regarded as something other than suicide per se:

> Culturally sanctioned suicide must be understood in terms of the specific motivations that underlie the choice of death over life. Efforts to prevent culturally sanctioned suicide must focus on alternatives to achieve similar ends and must ultimately be implemented within cultures to remove the sanctioning of self-destructive acts. (p. 4)

He further explains that the prevention of any form of suicide, whether culturally sanctioned or not, must elucidate its motivations and, based on these, develop appealing alternatives. When the key motivation is an abstract cultural idea such as honor or self-efficacy – as, in his view, is the case for euthanasia, seppuku, and terrorist martyrdom – other ways to achieve those ideals must be found within those existing cultural frameworks.

Both of these examples point to the need to explore the cultural ideas associated with suicide, as these have direct implications for its prevention, as will be further exemplified and discussed throughout this book.

Cultural Meanings of Suicide

Some scholars have reflected on the way culture influences the particular meanings attributed to suicidal behavior several decades ago. Kleinman (1977) noted that one of the main problems of cross-cultural research is the *category fallacy* – that is, the imposition of Western categories on societies where they lack coherence and validity. In the same way, Littlewood (1990) stressed that anthropologists cannot presume a priori that Western psychiatric categories such as depression, self-mutilation, or parasuicide are appropriate worldwide.

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Good and Good (1982) suggested that the meaning of illness is grounded in the network of meanings that 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 as well as the social reactions to the sufferer. Today, in suicidology, we make a mistake every time we apply a theory or a prevention and intervention program developed for one sociocultural setting, to another setting.

As argued by Leenaars et al. (1997):

> 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. (p. 2)

Shneidman (1985) cautioned us, when making cross-cultural comparisons, not to make the error of assuming that "suicide is a suicide." Lester (1997) too recognized that suicidal behavior may be quite differently determined and have different meanings in different cultures. In *Suicide in Different Cultures,* Farberow (1975) noted that suicide is viewed very differently by different cultural groups, and culture influences the form, meaning, and frequency of suicide. Maris (1981) and Hendin (1965) are of the same opinion – namely, that suicide varies culturally and that differences in meaning may influence suicide. Boldt (1988) noted also that Durkheim explicitly recognized the potential influence of cultural meanings on suicide rates, but Durkheim excluded meaning from his analysis because he believed that Protestants and Catholics, the focus of his discussion, shared the same meanings for suicide. These observations are reflected in contemporary reflections, such as those by Kirmayer (2022), who stated that suicide does not involve a single kind of act but varies in its meanings, and the meanings of this action is inseparable from its nature, thus efforts to identify *causes* for suicide must consider its varied meanings.

But what do we mean by *meaning* and, more specifically, by *cultural meaning*? Strauss and Quinn (1997) 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" (Strauss & Quinn, 1997, p. 6).

Along the same lines, hermeneuticists like Bracken (2002) have highlighted the importance of placing meanings in relation to their context, because meaning is always something that exists *in relation to*, and cannot be *separated from*, the background context of human lives.

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Discourses on the meaning of suicide may be confused with discussions on the definition of the word "suicide," but the *meaning* of suicide, as Boldt (1988) has 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* [italics 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. (p. 94)

In other words, while suicidologists such as Shneidman were concerned with the definition of the act of suicide, Boldt argued that suicide research must begin with understanding the meaning of the act rather than the definition of it.

In *The Social Meaning of Suicide,* Douglas (1967) discussed our lack of knowledge of what different cultures, and also the officials in those cultures who categorize 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. (p. 181)

Boldt (1988) stated that meaning goes beyond the universal criteria for certifying and classifying self-destructive deaths, to how suicide is conceptualized in terms of cultural normative values. Boldt then listed some examples of peculiar sociocultural conceptualizations of suicide: suicide as (1) an unforgivable sin, (2) a psychotic act, (3) a human right, (4) a ritual obligation, and (5) an unthinkable act. The dominant universal definition of suicide is adequate, as Boldt noted, 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*" [italics in the original] (Boldt, 1988, p. 102).

Despite the number of scholars who have underlined the importance of studying what suicide means to people belonging to different sociocultural backgrounds, the study of meaning is still unjustifiably a missing area in suicide research. To date, although progress has definitely been made and more scholars have joined efforts to study and theorize the influence of culture on suicide, studies specifically analyzing this aspect are still relatively rare. The papers by Meng (2002) and Lam et al. (2022) on suicide as a symbolic act of rebellion and revenge for some Chinese women, and the exploration by Osafo

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and collaborators (2011, 2017) of cultural meanings of suicide in Ghana, remain exceptions. The writing by scholars such as Hjelmeland (e.g., Hjelmeland et al., 2006; Hjelmeland & Knizek, 2011) and Canetto, on the connected construct of *cultural scripts* of suicide (e.g., Canetto, 2021; Canetto et al., 2023), still remain a rarity, although they contribute to a slowly growing body of research on culture and context, largely led by scholars, like myself, who identify as part of the Critical Suicidology or Critical Suicide Studies Network (https://criticalsuicidestudies.com). This is also exemplified by articles published in a special joint issue titled *Suicide in Asia and the Pacific* that I co-edited (Colucci & Minas, 2024), as well as a recent thematic issue of *Transcultural Psychiatry* on suicide in a cultural context (Kirmayer, 2022).

Everall (2000), in her study of 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" (p. 111). In a similar way, Boldt (1988) showed concern about the scarce consideration given to 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. (p. 95)

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

1. 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;
2. our liberation from the tyranny of traditional moralistic meanings of suicide;
3. seduction by the assumed "scientific" credentials of the definition; and
4. the prevailing premise that suicidal individuals are irrational and, therefore, incapable of meaningful action.

Boldt concluded that, in the end, the main reason may reside in the frequent error often present in science to not pay attention to fundamental things (but take them for granted), citing a dictum from Weber's seminar about the spleen: "'The spleen,' he said, 'Gentlemen, we know nothing about the spleen. So much for the spleen'" (Boldt, 1988, p. 95).

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The same argument was made by Douglas (1967) when he wrote that "the assumption that the *meanings of suicidal actions* [italics 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" (p. 158).

Another reason for the small number of studies to date on the cultural meaning of suicide stems from the difficulty of this kind of study (how we can elicit and understand meanings), not only for the researcher but for the subjects of the study as well:

> 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). The difficulty in fully understanding the meanings of suicide, however, is not a justification for not dedicating effort and resources to this important topic. On the contrary:

> The recognition and study of the cultural relativity in the meaning of suicide is an urgent need in the present phase of suicide research. Only by differentiating as precisely as possible the culture-dependent meanings of suicide, and by systematically bringing these into a research paradigm, can the development of valid theories of causation, prevention, prediction, and treatment begin." (Boldt, 1988, p. 102)

Trying to amplify this field of knowledge, I explored the cultural meanings of youth suicide among university students aged 18–24 years in three different countries (Italy, India, and Australia) using a combination of qualitative and quantitative methods (Colucci, 2008). Some of the findings from this study are presented later in this book (see Chapter 4: Cultural Meanings of Suicide).

Culture-Sensitive Suicide Prevention and Intervention

Just as some scholars have emphasized the importance of studying cultural aspects of suicidal behavior, those involved in preventing suicide have suggested developing suicide prevention and intervention strategies that are more culturally responsive. For example, already 2 decades ago, De Leo (2002) stated that suicide prevention is likely to be possible when we:

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> [keep] 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. (p. 29)

To this, however, I would add that suicide prevention strategies need to be developed from *within* the cultural milieu, rather than merely be *adapted to* the cultural milieu – that is, not merely making use of what has been done in one culture and trying to apply it to a new culture. As presented in Chapter 8, there are approaches by which we can effectively apply and modify methodologies used in other contexts, to develop such strategies.

Range et al. (1999), after examining suicide among African Americans, Hispanic Americans, Native Americans, and Asian Americans, declared that suicide must be studied from all angles and that ethnic origin is one of the characteristics that must be recognized 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 dialog 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. (pp. 26–27)

Eshun (2003) noted that, as research and care become more global, suicide prevention programs need to be more culture-sensitive, and suicide research needs to include sociocultural and political analysis. Cohen et al. (1997), in their study of suicidal behavior in young Israeli and American psychiatric patients, recognized the role of culture for improving the understanding of suicide and contributing significant information for suicide prevention and intervention programs. Agreement on this point also comes from Sri Lanka, where de Silva (2003) recommended that intersectoral programs and interventions aimed at identifying and modifying sociocultural beliefs that promote suicidal behavior (e.g., the acceptance of suicide as a way of solving problems) need to be developed. Any exploration of suicide in its sociocultural and political context must necessarily be carried out with a human rights and social justice lens.

However, although various scholars and organizations (e.g., WHO, 2021) have moved forward, a deep cultural and more broadly contextual perspective for suicide intervention continues to be in an embryonic stage, and there is much more that needs to be done. Suggestions on the ways in which research on cultural aspects of suicide may be improved, making research more respectful of people's perspectives and needs and, consequently, more use-

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ful and appropriate for developing intervention strategies, are offered in the following section on methodological issues in cross-cultural studies in suicidology.

Methodological Considerations in Cross-Cultural Suicide Research

Two decades ago, Watt and Sharp (2002) noted that there were relatively few cross-cultural studies of suicide, and those available at that point were mainly on adults. Typically, young people were not studied separately, as confirmed by my literature review (Colucci & Martin, 2007a, 2007b) of cross-cultural studies on youth suicide, which looked at suicide rates and methods of suicide, risk and precipitating factors, and attitudes toward suicide.

One of the critiques made in that literature review was that the majority of the studies had been carried out in Western English-speaking high-income countries and, in particular, in the US. We were also critical of the fact that cross-cultural research on suicide has as its principal basis the medical and positivistic paradigm. Consequently, culture and ethnicity, instead of being treated as complex constructs, were usually assessed by just one simple question. In that review, we concluded that the cultural aspects of suicidal behavior must be explored in greater depth. Most cross-cultural research on youth suicide has been epidemiological and cross-national – that is, people belonging to different countries are compared without considering their own and their parents' ethnocultural background and identity. Too few studies have explored ethnocultural and other contextual aspects of suicide in depth and, at the time of the review, none of them had used a qualitative approach.

As part of a large Delphi expert consensus study aimed to the development of a mental health and suicide research agenda for people from migrant and refugee backgrounds (Colucci et al., 2017), 138 participants who had professional and/or lived experience in undertaking such research with these populations, were consulted to provide recommendations for future research across six areas. A narrative summary of the key findings currently under publication (Minas et al., 2025) is provided below.

Required Research Skills

Most respondents noted that being culturally competent is an important skill that researchers need to have when undertaking mental health and suicide

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prevention research with people from immigrant and refugee backgrounds. Qualities such as being culturally sensitive, humble, and respectful of other cultures were also seen as essential skills, as were being patient, flexible, and nonthreatening in one's approach. Researchers must also be willing to change their views and be open to nondominant perspectives and beliefs. Furthermore, they should be proficient in employing various and multiple methods of research, including participatory and action research, in order to capture the complexity of issues relevant to immigrants and refugees.

In addition to being able to speak the participants' language and to use simple and easy-to-understand language in conducting research with these populations, participants suggested that researchers should also be adept at working with interpreters or bilingual practitioners.

Lastly, they should be skilled in engaging with the community too; this was seen as particularly useful in gaining access to potential participants and understanding in greater depth the needs of the group or groups of interest.

Required Knowledge

Researchers should have an adequate understanding of how culture relates to mental health and suicide. This includes being aware of their own cultural background and of the risk of cultural bias, and understanding the role of cultural and social elements such as spirituality and religion in mental health and suicidal behavior. They should also understand how mental health issues and suicide are perceived by people from migrant and refugee backgrounds. These concepts might be understood differently by different groups of people and are often stigmatized. Furthermore, different ethnocultural groups may use different terminologies to refer to mental health issues and suicide, as these are often considered taboo among some ethnic minorities.

Key knowledge about the populations involved in the study is also imperative. This includes their history, language(s), social norms, and community structures and dynamics. Moreover, researchers should understand the differences in cultural expectations and experiences of immigrants and refugees, both from within their subgroups and from nonimmigrant populations. This may include the different experiences of resettlement and acculturation, and potential traumas associated with these experiences.

Respondents also noted that researchers should know about current immigration and refugee policies, successful interventions and models for mental health and suicide prevention, and contemporary debates in the literature.

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Methodological Challenges

Most respondents noted the limited resources devoted to mental health and suicide research with people from immigrant and refugee backgrounds as one of the main methodological challenges in undertaking this research. Research in these areas was seen as particularly resource-intensive due to difficulties in recruitment and the potential need for interpreters to ensure informed consent. Furthermore, the scarcity of mental health–suicide research on these populations has an impact on the quality of available data that researchers can use to inform their research design.

Complications related to language difficulties also present methodological challenges when undertaking research with immigrants and refugees. Examples include misunderstanding and confusion in terminologies and miscommunication. It was noted that even for some participants who may have a good grasp of the English or other dominant language, their understanding of the words may only be approximations of the words' meaning. Moreover, some English words may not have equivalents in other languages, thus translatability may be difficult. Although interpreters can be used in research, some respondents noted that research participants may be uncomfortable interacting with these interpreters as they may come from the same community.

Unless already part of the community, researchers need to first develop and build trust and credibility within the communities of interest, prior to undertaking any research, for them to be accepted within these communities. Suspicion or distrust around the motivations of the researchers should be overcome, otherwise recruitment of participants from these communities may prove to be difficult.

Overcoming stigma around mental health and suicide can also present methodological challenges for the researchers. Mental health issues and suicidal behaviors are often considered taboo in some cultures; this restricts the openness among certain communities to participate in any activity related to these issues. Some respondents noted that people from immigrant and refugee backgrounds may also have fears around the implications of the research for them and their community, and that the findings from the research may negatively impact on their communities' well-being.

Recruiting participants, especially being able to collect a representative sample, was also identified as a methodological challenge. This may be further complicated by the difficulties in getting in contact with hard-to-reach populations or specific groups within these populations. For example, at-risk groups, such as those who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and others (LGBTQIA+), may not be recognized or may experience added stigma in some communities; as such,

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