Ogbodo
IAA Journal of Communication 5(1):28-39, 2019.
www.iaajournals.org
ISSN: 2636-7262
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Cultural Differences and Role of the Media in Suicide: A Cross-Continental Literature Review

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ABSTRACT

This study evaluates the cultural differences in the methods of suicide across continents. It further examines the possible association between media coverage and rates of suicide. The study employs systematic review method to weigh the debates around cultural differences in patterns of committing suicide as well as the so-called irresponsible media coverage and the spike in suicide. A total of 80 articles and government documents were systematically reviewed. The documents were sourced from Scopus, CINAHL complete and Google scholar. The study finds that reasons and patterns for committing suicide are mainly culture-specific. It observes that hanging, self-poisoning, burning, and abuse of substance are some of the leading methods of suicide across countries. The study also finds that irresponsible media coverage may have suggestive effects on the rate of suicide. The paper concludes that the media may provide a platform where the collective understanding of suicide can be generated and internalised, but it would be too simplistic to reduce spikes in suicide to media coverage given that other societal factors such as cultural differences also play a part in suicide ideation and completion.
Keywords: Suicide, Media and Suicide, Culture and Suicide, Suicidology, systematic review of suicide studies

INTRODUCTION

Suicide poses a global concern, and a cross-cultural perspective to this issue is important [1]. Suicide, from a broader historical perspective has been referred to as a 'Western neologism' [2]. From the perspective of the ancient Greece, suicide was not generally a wrong thing to do provided that the reason was justifiable [3]. For instance, Plato reportedly opposed suicide except when the State legally ordered it; when a person is inflicted with painful and incurable disease; and when a person is forced to it due to some intolerable misfortune [4]. Like the ancient Greece, the ancient Rome had no prohibition on suicide for its citizens except for slaves and soldiers (the former for economic reasons, the latter for patriotic considerations) [5].

Emphasising the importance of culture, [6] noted that ''people eat, drink and breathe culture''. Scholars such as [7] have also been consistent in their avowal that human nature is not independent of culture, and that humans are incomplete and unfinished beings who use culture to complete themselves. This underscores the centrality of culture to human existence, and this can be linked to the importance of culture to people's suicidality given that ''suicidality is about what kinds of lives people have'' [8]. In a similar perspective, [9] argues that suicide in itself is ''culture-specific'' because all people who commit suicide have always done so with a reference to the dominant normative cultural values and attitudes of the society they come from or live in. That perception may have informed the earlier conclusion that preventing suicide requires a good understanding of the prevailing sociocultural context that nurtures suicidal behaviour [10]; [11]. Recall that [12] had argued that people's culture has a 'patho-facilitating effect'' on their suicidal behaviour. What this implies is that culture contributes crucially to the manifestation of suicidal behaviour across societies.

Furthermore, taking cognisance of the various definitions of culture, there is a sense in arguing that all countries are multicultural. As such, there is a need to

take the cultural aspects of suicide seriously [13]. Therefore, the assertion that ‘‘psychology needs cultural research to be legitimate’’ [14], could not be less important, and by that truism, ‘‘psychology’’ can actually be placed side by side with ‘‘suicidology.’’ Therefore, to understand suicidal behaviour, suicidal people, suicidal ideation, and committing suicide, it is crucial to foreground the cultural context of this phenomenon.

Staggering statistics indicate the rate of suicide and suicidal behaviours across societies. Reports from the Centres for Disease Control (CDC, 2017) suggest that suicide accounted for the death of no fewer than 47,173 individuals in the US in 2017. Globally, report indicates that at least 1 million persons die by suicide yearly. When broken down into bits, the global suicide rate stands at 16 per every 100,000 persons [15]. The rate of suicide in some Asia countries is reported to be higher than the global average. For instance, [16] report that South Korea (31), Japan (24) and Sri Lanka (23) have higher suicide rates than the global average. The authors warn that these figures only give an insight as many suicides go unreported or are underreported in the Asian countries.

While the above figures provide the working reference for the rates of reported suicides, they may probably be underestimating the true suicide rates because some causes of death can be misclassified (World Health Organization [17]; [18]; [19]. The misclassification of suicides means that premeditated accidents may be described as unintentional because of the uncertainties surrounding the death or even an intentional cover-up by the deceased family due to the social stigma associated with deaths by suicide in some cultures or due to the rigorous legal procedures that follow such deaths [20]. Suicide is committed in all countries, and across religions and age groups. However, suicidal behaviour and its interpretation differ from culture to culture [21]. Yet, despite the available empirical evidence about the influence of media and culture on suicidal behaviour, it has remained a neglected area of research especially in African contexts.

Research is consistent that perception of suicide varies across cultures and religions [22]. While in some places and religions it is considered a religious rite, or an honourable practice, others consider it a mortal sin. Be it the *seppuku* of the Samurai in Japan [23] or the mortal sin perception among Catholics [24], suicide remains an issue of convoluted debate. Although attitudes and perceptions toward suicide vary according to culture and religion, there is a common belief that individuals suffering from depression or mental health who are vulnerable to suicide should be given support [25].

Investigation into the methods and role of the media in escalating suicide cases across cultures could potentially provide useful tips for developing efficient and effective preventive strategies against killing of self [26]. A systematic review has examined the effectiveness of certain suicide-preventive strategies derived from a comprehensive electronic literature survey and arrived at two complimentary conclusions: physicians need to be better educated in order to detect and treat depression; and the need to restrict access to lethal weapons [27].

Major objectives of the review

- To evaluate the cultural differences in the methods of suicide across continent.
- To examine the link between media coverage and rates of suicide.

METHODS

The study employs systematic review to weigh the debates around cultural differences in methods of suicide as well as the so-called irresponsible media coverage and the spike in suicide. A total of 80 articles and government documents were systematically reviewed. The documents were sourced from Scopus, CINAHL complete and Google scholar. Keywords searched include suicide and culture, media and suicide, and suicidology.

The etiological context of suicide across continents

The methods of suicide differ according to countries or cultures. According to the World Health Organisation [28], hanging ranks first as the dominant method of suicide for both genders except in the Unites States where another study has found that firearm is the number one means of committing suicide [29]. In European countries, it was also reported that hanging was the most common means of suicide among males apart from Switzerland, where, like the United States, firearms ranked number one [30]. In some European countries such as Belgium, Finland, and Germany, it has been found that apart from hanging, firearm was the second most frequent means of suicide among males. Whereas in Scotland, it was the lowest method of suicide [31].

Use of poisonous substances (liquid) such as pesticides has also been found as the most frequently used method of suicide in Asia [32]. This was also the case in [33], and also in parts of South and Central American countries such as Mexico, Brazil and Uruguay where pesticides are used for agricultural purposes in the rural areas [34]. In fact, according to [35], the majority of suicide cases in Asia is predominantly linked to impulsive acts, aided by the easy access to pesticides rather than mental illness [36]. The scholar explains that in many Asian countries, leading method of suicide is by ingesting poisons or dangerous chemicals such as pesticides [37]. Beyond these areas in Asia and Central and Northern America, [38] reports that the use of pesticides has gained global prevalence and accounts for 30% of methods of suicides globally, especially for both the low and middle-income countries.

[39] established that the rates of male suicide in Europe exceed that of females to a great extent. Although the focus of this review is not on gender differences in suicide, it is important to point out that research has suggested that gender plays a part in the method of suicide [40]. Regardless of the choice of method, [41] warn that this does not necessarily help in measuring suicidal intent. Gender variances in the methods of suicide may be interpreted from beliefs about what culturally constitutes an 'acceptable' gender-specific means of self-destruction [42]. On the whole, males have been found to have higher risk than females in committing suicide across cultures [43].

In Western nations, the majority of death by suicidal means is traceable to diagnosable mental illness, and clinical depression ranks most frequent in that aspect [44]. As such, psychiatric illness, emotional, psychological, social, economic, genetic, environmental and cultural factors have all been linked to factors that potentially trigger suicide [45]; [46]; [47]. However, no known empirical study has clearly established the relationship between depression or other mental illnesses and suicide. Conceivably, the weak assumption that a relationship exists between depression (or other forms of mental illnesses) and suicide found outside the Western countries may not be wrong [48]. However, [49] argue that the scholarly evidence on which this truism is based is somewhat weak. This is because the overwhelming majority (about 95%) of those diagnosed of depression did not commit suicide [50]. This begs for clarification on the question of the difference between the relatively few persons who go ahead to commit suicide and those who do not commit after depression. One would argue that this cannot just be tied to depression and other related conditions. Arguably, this relationship has been overemphasized in the Western scholarship [51]. Nevertheless, this will offer clear examples of how research from divergent cultural perspectives can inform our knowledge of suicide phenomenon. While not dismissing the dominant Western viewpoint, it appears that much attention has not been paid to all cultures in search of the prevention of suicide.

In Singapore, a leading method of suicide is jumping from tower blocks, while in Hong-Kong however, the majority of the suicide deaths is by jumping into a burning charcoal [52]. According to [53], Singapore is regarded as only one of the few nations across the globe

where it is illegal to attempt a suicide. Regardless, the country's ministry of health in conjunction with the police was quoted as saying that suicide attempts has increased to 20.5 per 100,000 population [54]. This demonstrates that sanctions do not deter suicide attempts.

In India, empirical evidence suggests that suicide has largely been driven by reasons such as sacrifice, honour, religion, substance abuse and sociocultural beliefs, while fewer cases are linked to mental disorder [55]. In fact, India has been described as the "Suicide Capital of South-East Asia'' due to the increasing rate of suicide in the country [56]. The scholar reported that the major methods of self-killing in India include cut and hanging. This also adds to the cultural dynamics in committing suicide.

It has also been established that social process like urbanisation can be associated with the variation in methods of suicide because it has a direct impact on the choice and patterns [57]. In China, urbanisation has been identified as a factor aiding the decline of at least, suicide by pesticides because when people move out of rural areas where pesticides are common, the difficulty in accessing these pesticides in cities potentially makes them to turn to other methods [58].

A cross-cultural study in Sweden has found that parents placed so much emphasis on their children's performance and success, and this resulted in ambitious children who made work a central issue to their lives [59]. This prompted the conclusion that suicide typically emanated from a failure in performance and the resultant damage to people's self-esteem [60]. It implies that suicide has cultural implication. In addition to cultural implication, research shows that suicide also has political implications for the victim's family [61]. In one instance, Lester reports that a rejected fiancée later committed suicide and this led to a political sanction on the family for rejecting her. [62] argues that the lady's suicide led to a political intervention that symbolically changed her status from powerlessness to powerful. The foregoing explains the complex etiological context of suicide across countries.

Cultural interpretation of suicide

Debates around the cultural interpretation or construction of suicide are shrouded in complexity, and form part of its intellectual history. In whatever guise, suicide is interpreted varyingly as an ultimate act of determination and defiance, as a lethal gesture of desolation, as a mark of the freedom over oneself, or as an evidence of the subjugation of a person to forces beyond his/her immediate control [63] [64].

Some societies treat suicide as a taboo, while others condone it. For instance, unlike the Western world and African countries, some Asian cultures condone suicide, which is considered as a legitimate way of dousing familial shame, or just for altruistic reason [65]; [66]. Particularly among the blacks, suicide is seen as a taboo and with cultural and spiritual implications [67]. In general, empirical evidence shows that suicide rates among the 'white' is higher than that of 'black' [68]. This, indeed, shows that suicide varies across societies and regions, which implies that culture plays a significant role in suicide ideation and behaviour. In another instance, [69] argues that culture also informs the nature of condemnation of suicide. This may explain why there is a low rate of suicide among African-Americans for whom suicide is considered less acceptable [70]. Therefore, research focusing on different cultural backgrounds can elucidate further on cultural interpretation of suicidal phenomena [71]. This will not only help to expand the field of suicidology, but also to develop a comprehensive culture-sensitive knowledge base for preventing suicide [72].

Although suicide is one of the leading causes of global mortality, data on its epidemiology in Africa remain limited [73]. In their systematic review of suicidal behaviour in African countries, [74] found that both the regional and national suicide-related data were only available for 16 out of 53 African countries, which represents an estimated 60% of the entire Africa's population. They reveal that data for

suicide attempt were only available for 7 out of 53 African countries, representing <20%. In all, [75] note that the crude estimates from the available data suggest that there are more than 34,000 ‘‘(inter-quartile range 13,141 to 63,757) suicides’’ (p.1) annually and this represents an overall incidence rate of 3.2 per 100,000 persons in the continent. Although this finding does not represent the rate of suicide across Africa, it paints the picture of the nature of suicide prevalence in Africa, which is arguably lower than the rates in other continents.
In a study which thematically analysed *n* =60 suicidal notes from Turkish and US victims, [3] found both a ‘culture-specific and culture-general dynamics’ (p.261) in suicide intention. Evidence from surveys across 21 countries involving (*n*>100,000 adults), indicates that nonfatal suicide attempts within 12 months stood at approximately 0.3 to 0.4 % [15]; while the lifetime prevalence is pegged at 3% [27]. In 2015 alone, the US recorded 1.4 million attempted suicides by adults. In the UK however, the Office for National Statistics [45] reported that 5,821 suicide-related deaths were registered in the country, thereby providing and age-standardised rate of 10.1 suicide deaths per 100,000 persons in 2017. ONS reports that the report represents one of the lowest rates since 1981 when it was 14.7 suicide deaths for every 100,000 individuals in the UK. This statistic is important because it shows a drastic reduction in the number of recorded suicide in the country. In African countries, the true nature of death by suicidal means cannot be generated because they are not regularly updated.
While there have been different interventions in different settings, the choice of seeking help varies across cultures (American Psychiatric Association, 2003). Primary healthcare providers may prevent some suicides from occurring in view of their regular interactions with patients with suicidal behaviour [9]. Study has also suggested that 80% of individuals who latter committed suicide, had been in contact with the clinicians at least within one year preceding their demise [32]; [33]. Despite this finding, there is no empirical proof that regular screening for suicide in hospitals lessens the potentiality of suicide mortality. Moreover, research predicting that individuals with suicidal thoughts would attempt to commit suicide cannot be generalised with a mere high degree of sensitivity/ specificity [7].
Study also suggests that only few people from racial and ethnic minorities seek help for suicide [55]. For instance, [43] found that due to shame and stigma, many Asian Americans do not acknowle dge the depressions and mental illness leading to suicide. The scholars quoted Dr Aruna Jha, the founder of the Asian American Suicide Prevention Initiative as saying that the traditional providers who are not familiar with the Asian cultural backgrounds cannot ‘‘bypass the shame-based resistance’’ that most Asians face when seeking help or discussing suicidality and other mental illnesses. This revelation is significant in understanding the cultural discrepancies in suicide rates across different cultures.

Suicide and Media coverage: A causal link?

Extant literature suggests that irresponsible media coverage or mediatisation causes spikes in suicide among those exposed to the media reportage [22]; [23]; [24]; [25]. Although mediatisation potentially triggers more suicide especially when it involves celebrities [8], more recent empirical research suggests that prominent newspaper reports about a youth’s suicide might lead to adolescent clusters [15]. The relationship between media coverage and suicide rate has been debated widely, with some research contending that the relationship has been overemphasised. For instance, [35] argues that it would be too simplistic to reduce spikes in suicide to media coverage given that other societal factors play a part in suicide ideation and completion. Central to this debate is that mediatisation does not necessarily trigger suicide [37].
Empirical evidence also suggests that suicide by burning was hardly known in Hong-Kong until the first reported incident became widely publicized

in the mainstream media [63]. This wide coverage of the method has been linked to the soaring degree of suicide by burning charcoal in the country [67]. Thus far, it has been demonstrated that culture, religion and mediatisation influence the motive and patterns of death by suicide. Consistent in this line of inquiry is that suicide is culturally interpreted and perspective towards suicide varies from place to place.

Understandably, media coverage of suicide varies according to house styles. Reporting suicide for some media organisations may depend on the adopted house style or other factors [65]. In fact, according to [71], the media – suicide relationship is complicated. Media coverage of an issue such as suicide develops out of various social/cultural dynamics and contexts, and frequently reflects on the existing societal beliefs about the phenomenon [9].

At this juncture, it should be stressed that the knowledge of motives and patterns of suicide is important because it explains the rationale or the socially and culturally constructed meaning of it. The media as a powerful conduit for information dissemination also shapes how people will remember or interpret an event. This suggests that the media may provide that platform where the collective understanding of suicide can be generated and internalised. Beyond media's role in suicide, cultural differences in method of suicide should not be undermined.

Theorising Suicide: the old and modern models

Different scholars have attempted to explain suicide using different models. Although some of the arguments are dated, they are worth mentioning. For instance, in [65] perception, suicide is seen as a response to 'psychache' or an enormous pain, [8] stressed the role of social seclusion, while [11] sees suicide from the prism of escaping a disinclined state of mind. More recently, [41] attributed suicide to hopelessness. These theories unarguably offer tremendous insight into the suicide research and efforts at mitigating it, but they also have a common feature that potentially limits a better understanding of suicide. This is because they fail to clarify the explanatory interface between suicidal thoughts and suicidal behaviour. Differentiating the two concepts is important because research has demonstrated that most individuals who develop suicidal ideation never go ahead to attempt or commit suicide [73].

An important advance in suicide theory was recorded about two decades ago when [52] proposed the now-widely referenced Interpersonal Theory of Suicide. [19] framework explained suicidal ideation and how a progression from ideation to attempted suicides can be explained as different progressions with different risk factors. This framework specifically proposes that: ''Perceptions of low belongingness and high burdensomeness'' can lead to the intention to commit suicide, while high capability for killing oneself leads to possible fatal suicide attempts [32]. This theory therefore makes a significant contribution to our understanding of suicide.

Inspired by Joiner's model, [38] lately postulated an "ideation-to-action" framework as a guide for all suicide theories and research. This is not quite distinct from Joiner's theory though. Indeed [48] admitted that the Interpersonal Theory proposed by Joiner (2005) should be regarded as number one ''ideation-to-action'' suicide theory, and that the framework has birthed a new set of suicide theories in modern times. For instance, [61] suggested the Integrated Motivational-Volitional model, which like [42] proposes different interpretation of suicidal ideation and attempts. In [8] view, defeat and entrapment represent two major factors that drive suicidal ideation, whereas acquired capability and other related factors such as access to harmful weapons and impulsiveness could illuminate the inclination to respond to suicidal thoughts. It is therefore scholarly encouraging that different theorists have embraced the ideation-to-action framework.

[17] also highlighted that disrupted connectedness is the same as low 'belongingness and burdensomeness'

explained by [7]. The difference according to [3] is that the chief function of connectedness is to shield against strong suicidal ideation among individuals at high risk owing to painful or hopeless situation. They argue that disrupted connectedness potentially leads to pain and hopelessness, adding that mental disorders, state of mind, personality traits and experiences cannot be dissociated completely from suicidal ideation.

Regarding Psychodynamic Models, [18] argue that a "retroflexed rage" characteristic in suicidal behaviour, makes the victims to redirect an aggressive impulse initially meant for the 'significant other' (e.g. wife, parent or child) towards themselves. The position of this model is that suicide is triggered by different unconscious drivers. In the same line of thought, [9] proposed that suicides have three main motives: the willingness to kill, especially the loved ones; the willingness to be killed, or to be attributed with the guilt for murderous intentions; and the willingness to die. [21] contend that suicidal persons are hopeless about their condition and that is why they look at their decision to end their life as the only way out.

Despite the observed variations in methods of suicide across cultures, studies suggest that the major drivers in the choice of methods of suicide can be narrowed to physical and cognitive availability as well as socio-cultural tolerability [27]; [28]; [29]. This dimension of approaching the suicide research is therefore important in order to understand the cultural differences in methods of self-killing as well as how this understanding can help in the interventional strategies aimed at containing the prevalence of suicide.

According to [7], the idea that media potentially triggers suicide ideation or completion is a fascinating one that has been undertheorized. Indeed, scholars such as [14] suggest that exposure to media coverage of suicide could have 'suggestive effects' on vulnerable persons who may try to mirror the publicised pattern of suicide. Previous research has attempted to examine how these 'suggestive effects' work. For instance, drawing from the social learning theory, [54] concludes that suicide suggestion through the media may teach people how to end their lives. A research by [33] also found that after people were exposed to a TV show modelled after suicide by self-poisoning, there was an upsurge in the number of suicide by self-poisoning.

Similarly, more recent research found that admiring or identifying with a suicide decedent is crucial to the social learning process of committing suicide [20]; [21]; [22]. The implication of this is that when people model suicide motive, those who identify with or admire the role model who committed suicide may attempt to see suicide as a panacea for a similar stressor. In other words, when the media glorifies suicide for any reason, people may adopt suicide as a norm.

CONCLUSION

Without mincing words, the contribution of culture in understanding suicide phenomenon, attempts, behaviour, or ideation cannot be overemphasised, and it could further be explored by investigating the negative effect of relating cultural mechanisms to its interpretation. Although studies such as [73], [74], [75] have extensively reported on the cultural differences in suicide statistics, a little is known about the specific cultural differences that underlie the risk of suicide and protective factors. Such information is not only imperative for understanding the culture-specific risk assessment and prevention of death by suicides, but would also give an accurate insight into the cultural variations of suicide given that most studies evaluating suicide prediction lack accuracy and can only be limited to clinical utility.

Again, the literature review informs the conclusion that irresponsible media coverage is capable of triggering a spike in suicide rates, especially among celebrities or models. The implication is that when the media devotes excessive time in covering celebrity suicide, vulnerable fans may model their suicide motive against their role models'. The media's approach to reporting or framing suicide is therefore important in the perception and deeper

interpretation of suicide. There is a caveat in this argument nonetheless. It will be too simplistic to reduce the entire spikes in suicide to media coverage considering that other cultural factors also play a role in suicide ideation and completion.

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