CULTURAL INFLUENCE IN SUICIDAL BEHAVIOR: A REFLECTIVE APPROACH

ABSTRACT
Objective: to reflect on the cultural influence on suicidal conduit and behavior. Methodology: descriptive study with a reflective approach qualitative. We accessed several sites including the Library of Knowledge Online and the Virtual Health Library (VHL) in the time period between 2000 and 2010. We conducted a critical appraisal following a scheme of thought of the author. Emerged the following categories: Suicide in Ethnic Groups and Tribal Peoples, Suicide in the General Population-Attitude Before the phenomenon and a model based on High Rates of Suicide in Groups. Results: we emphasize that by Ritual Death is a demonstrated strength and affirmation of violent proceedings against the cultural history of contact, the degradation of indigenous cultural and practice of suicide are two things inseparable. Conclusion: we conclude from the studies analyzed that when there are sudden changes in cultural ethnic groups can develop a resistance and cultural affirmation regarding the process of acculturation emerging suicidal behavior. Understanding in which ways the cultural dimension can influence one’s suicidal behavior and actions can help to develop more effective prevention programs in specific ethnic groups.

RESUMO

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Objetivo: reflexionar sobre la influencia cultural sobre la conducta suicida. Metodología: estudio descriptivo con un enfoque cualitativo de la reflexión. Podemos acceder a varios sitios incluyendo la Biblioteca del Conocimiento Online, y la Biblioteca Virtual en Saúde (BVS) en el periodo entre 2000 e 2010. Se realizó una evaluación crítica siguiendo un esquema de pensamiento del autor. Surgieron las siguientes categorías: suicidio en los grupos étnicos y pueblos indígenas y tribales, el suicidio en la población general-actitud ante el fenómeno y un modelo basado en altas tasas de suicidio en Grupos. Resultados obtenidos: destacamos que a través de la Muerte Ritual se demuestra una resistencia y afirmación cultural frente al violento proceso histórico de contacto, la degradación de la cultura indígena y la práctica del suicidio son dos cosas indisolubles. Conclusões: de los estudios analizados que cuando hay cambios repentinos en los grupos étnicos culturales pueden desarrollar resistencia a una afirmación cultural y sobre el proceso de aculturación emerge el comportamiento suicida. Comprender cómo la cultura influye en el comportamiento suicida, puede ayudar a desarrollar programas de prevención más eficaces en los diferentes grupos.

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INTRODUCTION

Suicidal behavior was defined by the World Health Organization, as any act by which a person causes injury to oneself, whatever the degree of lethal intent and knowledge of the true motive of the act.

This concept allows design suicidal behavior along a continuum from the thought of self-destruction, through threats, gestures, suicide attempts, and finally the suicide.

Etymologically suicide is “the death of oneself” and was first defined by Desfontaines in the VIII Century. But this definition brings a number of problems related to the extend of the problem. Although this definition is seemingly obvious it raises a number of issues due to the large number of behaviors that it contains principles and values related to religious, political, ethical among others. Another perspective that must be taken into account are called conduits of risk or dangerous, ie, those that are not being directly sent to the death have great possibilities of come to death.

Throughout human history suicidal behavior has always been present in almost all societies, from ancient times to the present days. Suicide is a human possibility where death can be the choice. Whatever, although present as choice a social and religious attitudes towards this decision is not unanimous, ranging from the moral condemnation, punishment and rejection until the understanding and acceptance.

The decision to end ones own life and say no to the continuation of one story is a voluntary and conscious act in which a person believes that it will determine his death.

And so we entered to the convention where suicide is regarded and accepted as an act initiated and prepared by oneself with prior knowledge of its fatal outcome. Some authors use the term ‘voluntary death’ instead of suicide to emphasize their self-determination and capacity for reflection on human existence and its desire to live or die.

But only apparently the conscious and voluntary act is clear, because often the person suffers disturbances of thought, affection, confusional states which leaves questions about the act be fully conscious. Ultimately, all self-destructive behaviors involve an emotional unconscious component and only few conscious components will be evident.

Behind the suicidal act, there is a complex network of interacting factors that were over one's life, in various and peculiar forms. Of this complexity become part genetic factors, biological, psychological, social, historical and cultural commonly known as triggers that join to others that apparently stimulated the outcome.

Each society has at each moment in its history, position and aptitude before the suicide; it emerges as a social phenomenon that constantly exceeds the individual act.

- Etiology and factors of suicide.

Etiologically suicide has been studied from various perspectives; the studies Durkheim were a reference to sociological theories.

Durkheim in his study and one of the most important in sociological level was based on the statistics of suicide in six countries: Prussia, France, England, Saxony, Bavaria and Denmark in the period between 1841 and 1872. The author made a model where he integrated the theory and epidemiological data.

He identified three types of suicide, which would form the centerpiece of his search: suicide selfish, altruistic and anomic.

In egotistic suicide, according to the author, an excessive individuation leads to suicide and an insufficient individuation has the same effect (altruism). "Man kills himself easily when he is disconnected from society, but also kills if he is too integrated on it. The anomic suicide, usually related to social crises, ie disruption of a collective and economic crises. Also included in this category suicides due to domestic anomic resulting from death or separation from a spouse.

In explanation by the psychological chains of suicide, Freud in the Mourning and Melancholia refers to the way they process the reactions of humans to environmental influences, and management attitudes towards the subject of love. In the situation of mourning the person abandons his position in relation to the libidinal object lost. If one reacts with melancholia develop a pathological disposition that the wear over time. Libido would leave increasingly and irreversibly to invest in the outside world. The lack of elaboration of mourning leads the individual to divest and to direct the libido to the internal object - his own ego. The guy destroys a part of his ego on which invests sadistically, and that this sadism is the riddle of the tendency to suicide.

Phenomenologically, are characterized various stages experienced by the individual, ranging from anxiety, boredom, melancholy, despair and hopelessness. Gradually, one comes to the hopelessness which consolidates an array of death wish. There is an
identification between hopelessness and isolation, and the only way out is death.  

- **Factors predisposing and precipitating factors.**

In psychodynamic suicide exist and converge biological, psychological and social factors of different orders.

The predisposing factors are many factors that come together and go making vulnerable the person to suicide. They are the biological, sociocultural and psychological. Stand out from the sex, age, marital status, race and religion. The triggers are all outside influences, which are subjectively emotional impact. Which stand out mental diseases such as depression or alcohol abuse, somatic diseases such as cancer. Marital problems, economic, professional conflicts. And yet, certain life circumstances such as prolonged hospitalization or incarceration.

There are still factors of mortality or immediate risk factors that are related to life events prior to striking the commission of the act, such as unemployment, marital separation, death or family illness, suicide plans, communication failures, low per household.

- **A cultural perspective of suicide**

In Portugal, the Alentejo region, in the south, suicide takes a major problem in public health of this population and continues to be, for decades, a major cause of death in this district.

Suicide is not exactly an easy subject in most communities, but it takes shape in this region sue generis and unique in the country undergoes a indulgent acceptance of the phenomenon, there is a tradition in suicidal Alentejo, in particular Odemira.

It would be a mistake to consider and interpret this phenomenon through a reading purely cultural, but this dimension should be considered, especially in identifying the factors in a region that has the highest rate in Europe year after year. To illustrate the Lower Alentejo between 1982 and 2001 people committed suicide in 1203. Odemira occurred in about 27% of suicides in the district, with an average 61.9/100.000, with the municipalities of Serpa, Odemira, Beja, Moura and Mértola about 58% of the universe. The reasons for high rates south of the Tagus encompass multiple factors and explanations almost always empirical that stand out from inbreeding depression, lower religiosity, unemployment, poverty, loneliness, alcoholism, and type of family structure or even the monotony of the landscape, the so-called plain syndrome.

In the meaning of suicidal death it seems to have need for a shift from mere social and psychological theories to consider exequo a cultural vision that will introduce a new dimension of analysis.

Let's look at the prospects of some authors and researchers on this variable in the explanatory models of suicide.

- **Attitudes towards suicide**

The meaning of suicide is specific to each culture. Culture is the totality of the social environment and includes beliefs, attitudes, values, traditions, behavior patterns and norms, which directly or indirectly influence the behavior of the people.

Cultural factors play an important role in the etiology of various mental illnesses and other problems such as self-destructive behavior, which includes suicide.

We are all born and we develop a particular cultural matrix in which the meaning of suicide takes different perspectives in these cultures influencing its representation.

With a range of values internalized one learns an attitude when he thinks, feels and works steadily forward to concrete situations that arise.

Attitudes can be defined as the relatively stable trends or rules on people to act a certain way. How each person performs his conduct according to certain values.

Attitudes range from intuitive arrangements with some degree of automation and little discussion of the reasons justifying them, until attitudes strongly reflexive, the result of a clear awareness of the values that determine them. Here one sees an affective important component.

The learning of attitudes as we can deduce, needs greatly an emotional involvement. It will be better internalized in an environment where the binding, subject to the personal needs of the individual, the environment, the context and the descent of persons or community, facilitating the promotion of reflection and necessary identification with certain values.

These values are therefore substrate of the attitudes, which are often the result of images, symbols or experiences promoted from arisen models of the groups or the people to whom we feel emotionally connected. Overall attitudes to learning implies a knowledge and consideration of possible models, an analysis and evaluation of standards, an appropriation and elaboration of the content, a position, affective involvement
and finally a review and evaluation of the own performance.

Kral has researched suicide through a cultural perspective and has developed his research from three areas:

The internalization of the idea of suicide, the individual and collective vulnerability to this idea and the origin of the great myth.\(^9\)

The author has several issues, such as how a given culture tells us about how we act? About who we are in our world?

About the internalization of the idea of suicide, develops the theory of mortality, the person makes a conscious choice of death in general and specifically suicide. The theory is mainly focused lethality with the idea of suicide, their roots, who accepts and how the idea is widespread in the communities and cultures.\(^9\)

A Comparative Study was developed in Hungary and Germany, and were found in the two countries accepting attitudes towards suicide. The results also suggest that in Hungary there is a greater identification of people with suicidal behavior. Traditionally, suicide mortality was very high in Hungary, but has been declining for 45/100.000 in 1985 to 33/100 000 in 1998, surrounding this value in recent years. However, despite several studies, is not yet clear how attitudes toward suicide are related to the same.

The associations between attitudes towards suicide and suicidal behavior have been little studied.

Identify people’s attitudes towards suicide may be crucial in the implementation of preventive measures.

How is that a given culture tells us about how we act?

Strangely, the cultural perspective has not been much touched on one of the predisposing factors associated with suicidal phenomena in Alentejo, region in Portugal.

The question arises:

What is the influence that culture has on the decision of committing suicide?

**METHODOLOGY**

This is a descriptive study with a reflective nature. The methodological approach was qualitative.

To prepare this study, we chose literature to an expansion of the degree of knowledge on the subject, and use available knowledge and approach to build a theoretical model to explain the problem under study.

The search strategies we used, was based on access to various portals free or at the Library of Knowledge Online, funded by the Ministry of Science Technology and Higher Education. Where is subsequently accessed the EBSCO and other databases, highlighting the CINAHL and MEDLINE. It also used the Virtual Health Library (VHL), specifically the databases of the Latin American Caribbean Health Sciences (LILACS). In the research conducted were considered the last 10 years (2000-2010).

Criteria for selection and analysis of studies in first-phase study we considered only the last 5 years of research, but a posteriori, was extended for the last 10 years to ensure a greater number of studies, since this issue is not yet widely investigated.

Descriptors were used as-Nursing; culture; suicide; attitude towards death.

The research was conducted in accordance with the descriptors individually and associated. Another of the criteria used, which became the first choice, were the studies that investigated in an explicit manner the influence of culture on suicide act (visible in the title of the article) or studies that contributed to understanding the influence of culture in suicidal behavior even without being explicit in the title.
Based on these results, we conducted a pre-reading to get an overview of the topic and useful information for the purpose of the work. After this step, we performed a reading with a finer mesh and selective to select the studies that would give the main subsidies for the development of the work.

Thus, we selected the surveys in accordance to this objective, rejecting those repeated, the unavailable and those not contributed to the goal, reaching the bibliography potential, totaling seven items, for data analysis in accordance with Figure 2.

After selecting the material, was performed a critical or reflective reading which required an understanding of the meanings and interconnection. Then it moved to the thematic analysis of data, identifying the main idea and secondary arguments, problems encountered, conclusions and suggestions, finally, following a scheme of thought of an Author.

After the analysis categories emerged: Suicide in Ethnic Groups and Tribal Peoples, Suicide in the General Population-Attitude Before the phenomenon and a model based on High Suicide Rates in Groups.

**RESULTS AND DISCUSSIONS**

- **Suicide in Ethnic and Tribal Groups**

  In this category are included four articles that discuss suicide:

  As a ritual, a Brazilian study in the field of Anthropology examines the suicide of Suruwaha Indian people of the Amazon as a death ritual. This is a nation of recent contact, possessing limited relations with involving society. Therefore through a herd survey, which reassembled to six generations ago, were reported 122 cases (75 males and 47 females) prior to the date of the first contact, in 1979, 38 cases (18 men and 20 women) from 1980 to 1995. The Suruwaha believe there is another life after death. Say the Indians, that human existence is meaningful only when it seeks to suicide. The "other life" would be the best place to live; a place of joy, where they reunited with the ancestors and where people do not age never.

  However only come to this place those who die by drinking poison Kunaha. The physical and moral virtues are held dear by Suruwaha, for them it is inconceivable that will age and become dependent, reject the possibility of physical decline, loss of vitality of independence. The authors define ritual as a cultural system of symbolic communication. It consists of patterned and ordered sequences of words and deeds, generally expressed in multiple ways and with varying degrees of conventionality, rigidity, melting and repetition. Usually the decision to die is associated with a setback in one's life before his suicide that destroys their belongings and then eats the roots of the poisonous plant, whose active ingredient is reteneona. Often, a few hours or days after family and friends can also commit suicide comes the "chain reaction", which is itself a step in the ritual itself. The authors conclude that what they mean by Suruwaha death ritual is a show of resistance and cultural affirmation front of his violent historical process of contato.

  Another study highlights and features some epidemiological data on suicide rates among some traditional societies. Among all ethnic communities, the indigenous native people have the worst statistics. In the South Pacific island of Truk, aged 15-24 years between 1978 to 1987, were 207 suicides per 100,000 inhabitants, making it the leading cause of death among male adolescents. In Gainj, Papua New Guinea, the annual average reached the surprising 1.200:100.000 among women 20-49 years between 1978 and 1989.
In Brazil, this practice is habit since the mid-twentieth century, the Guarani Indians Apapokuva in its most critical year in 1995, 55 cases were fatal to a population of 25,500 inhabitants, a rate 215.7:100.000 inhabitants, about 40 times the national average. Researchers report that the degradation of indigenous cultural and practice of suicide are two inseparable things and call it a Cultural Death due to an extreme degree of cultural degradation experienced by the people. But the Indians justify suicide due to a lack of prospects. The impossible return hypothesis, characterized by the simultaneous occurrence of:

- Total exhaustion of the option to withdraw or change to extreme conditions and degradation of human dignity.

In indigenous Pacific Islanders living in the United States, suicide is a major cause of death, with high numbers in from Hawaii, where between 1990 -2000, a rate for the age group 52.8:100.000 entre15-24 72.4:100.000 years and between 25-44 years. 12

Before contact with European people suicide was rare in people of Hawaii. In Psychological Autopsy performed between 1997-1999, identified a 64% life event negative 28% a serious disease and 27% relative to an affective. The authors note that these events act as catalysts in the community, giving new meaning to the suicidal act emerged a different cultural pattern in solving relational dilemmas.

The conclusions highlight the need for cultural understanding and acculturation of suicidal behavior among indigenous Pacific Islanders, as there is a relationship between cultural affiliation and high risk of suicidal behavior. Suicide is understood as an act of resistance to changes in the values of the group, maintaining the cohesion and social ties. 13

A study carried out among Asian Americans pretended to know factors related to suicide in this ethnic group such as: age, gender, religion and spirituality, acculturation, social support, family dynamics, social integration, sexual orientation.

An Australian study from a literature review with implications for practice in Mental Health Nursing, sought to identify risk factors related to suicide and protective factors in Aboriginal Australians. 14

From the 60’s, rural aboriginal communities suffered legal changes, social and political and social facts have emerged with such high alcohol consumption, unemployment, economic dependency, imprisonment of family and interpersonal violence. The disintegration, destruction of communities and cultural life has meant that the young grow up in adverse circumstances and with a reduction in access to the practices of cultural identity in the rites of passage from adolescence to adulthood.

Young people began to experience guilt, shame, rejection, and insecurity on the psychological level, excessive consumption of alcohol and other substance abuse, conflict with others. Depression and suicide rates have increased, as has happened in other countries like Canada and the United States with similar phenomena rural indigenous people.

**Suicide in the General Population** - In this category are included three studies that address suicide as:

A model based on the attitude towards the phenomenon, a comparative study developed by Nordic researchers, intended to demonstrate the relationship between Attitude towards suicide and suicidal behavior in the general population in three countries, Sweden, Norway and Russia, in regions with large difference in suicide rates.

Russia has high rates of suicide, in 1994 there was a peak 42.1:100.000 inhabitants since 1998 showed a sharp decrease at a rate of 35.4:100.000. The Russians of male gender commit suicide six times more often than women.

Traditionally, Norway has lower rates than Sweden. However, in the last decade there was a greater decrease in the rate in Sweden compared with Norway.

In the research was used ATTS (scale of attitudes toward suicide) with three dimensions: Experience with issues related to suicide, attitudes towards suicide and identifying types of expressions suicidal and life satisfaction. Highlighting the main results, the study revealed that among Swedish women found a unique pattern of non-condemnation of suicide which reflects a more open attitude towards the decision.

Men and women in Russia, who had earlier expressions as suicidal death wish and suicidal ideation, condemning more and accept less suicidal behavior than those who reported no suicidal expressions.

In the overall sample stood a high acceptance and non-conviction in the group who experienced suicidal behavior in family or friends. The authors conclude that the study of attitudes to suicide prevention are very important to map the cultures and sub-groups in developing strategies of intervention.
A model based on High Suicide Rates in Groups, a study was conducted on Asian Americans based on Critical Review of Literature were identified as significant factors: age, gender, religion and spirituality, acculturation, social support, family dynamics, social integration, sexual orientation and homosexual and bisexual. Factor in age suicide is the second leading cause of death among 15-24 year olds. The authors state that contributes to such reasons related to acculturation and ethnic identity. And that, in minority groups, cultural factors may contribute to the development during adolescence, depression, low self-esteem, self-mutilation that may culminate in suicide.

The research carried out with these Asian groups on acculturation and suicide consistently demonstrated that there is a relationship between suicide / suicidal ideation and a great identification with the culture of origin. The stress factors during acculturation are a strong predictor for depression and behavior suicide.16

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<th>Author(s)</th>
<th>Year</th>
<th>Data Base/Magazine</th>
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<tr>
<td>Renberg,Hjelmeland, Koposov</td>
<td>2008</td>
<td>Cinahal/Suicide and Life Threatening Behavior</td>
<td>Building Models for the Relationship Between Attitudes Toward Suicide Behavior: Based on Data from General population Surveys in Sweden, Norway, and Russia.</td>
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<tr>
<td>Leong,Leach,Yeh,Chou</td>
<td>2007</td>
<td>Medicine/Death Studies</td>
<td>Suicide Among Asian Americans: What do we know? What do we need to know?</td>
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Figura 3. Distribuição das referências das duas categorias

CONCLUSION

It was found in the studies analyzed, which occur when sudden changes in cultural ethnic groups can develop a demonstration of resistance and cultural affirmation front of his violent acculturation process of developing suicidal behavior.

In some tribes, the natives refuse to become dependent, reject the possibility of physical decline, loss of independence and vitality of delivering the call ritual death by drinking poison.

A reduction in access to the practices of cultural identity in the rites of passage from adolescence to adulthood in certain indigenous groups caused the young experience of guilt, shame, rejection, addiction to alcohol and other substances, developing self-destructive behavior, which is included the suicide.

A strong identification with their culture of origin may cause high levels of stress during...
the acculturation, cause disruption, reduced individuality and emerging depression and suicide. The stress factors during acculturation are a strong predictor for depression and suicidal behavior. Researches report that the degradation of indigenous cultural and practice of suicide are two inseparable things and call it a death culture.

Attitudes towards suicide, there was a high acceptance and non-conviction in groups who experienced suicidal behavior in relatives or friends.

There is a positive correlation between a study of cultural values - individualism and suicide. Much more individualistic social groups were more practice suicide.

This gives rise to, evidence that cultural factors influence the commission suicide and that a greater understanding of how culture leads to suicidal behavior, provides us with more subsidies to design and develop more effective programs for suicide prevention in risk groups. However, research in this area can still be considered incipient and it becomes necessary to their development to a greater understanding of how cultural factors may influence the suicide. And thereby introducing changes in interventions and health policies for the prevention of suicide.

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Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/03/11
Last received: 2012/05/31
Accepted: 2012/05/31
Publishing: 2012/06/01

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