

## **THE CULTURAL MEANING OF SUICIDE: WHAT DOES THAT MEAN?**

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### **ABSTRACT**

Scholars sometimes stress that it is important to know the individual meaning of suicide and the cultural meaning of suicide, but the meaning of these terms remains unclear. The present article discusses this problem and suggests that the individual meaning of suicide is best based on the motives for suicide, while the cultural meaning of suicide is best rooted in the lay theories of suicide in which the members of cultures and subcultures believe.

Colucci (2006) drew attention to the fact that theory and research into suicidal behavior has neglected the role of culture. Suicide is typically considered to be the same phenomenon throughout the world, and theories proposed in one region (such as the West) are assumed to apply to other regions. In addition, Colucci pointed out that the cultural meaning of suicide has been neglected except for rare scholars who draw attention to this issue, such as Douglas (1967) and Boldt (1988). However, there appears to be a great deal of confusion over what exactly the “meaning” of suicide refers to and, more especially, the “cultural meaning” of suicide. The purpose of the present article is to examine what these terms mean.

Colucci cited the work of Good and Good (1982) who suggested that the meaning of an illness involves “the metaphors associated with a disease, the ethnomedical theories, the basic values and conceptual forms, and the care patterns that shape the experience of the illness and the social reactions to the sufferer” (p. 148). This encompasses many separate concepts.

## THE PHENOMENON OF SUICIDAL BEHAVIOR

Cultures differ in the frequency of suicidal behavior, the methods chosen for suicide, the distribution by age, sex, and other sociodemographic variables. Many articles have appeared documenting the different suicide rates in a sample of nations and differences in the suicide rates by age and sex from nation to nation (e.g., Levi, La Vecchia, Lucchini, Negri, Saxena, Maulik, et al., 2003). Lester (1994) found that the suicide rates of Chinese populations in China, Taiwan, Hong Kong, and Singapore and the methods used for suicide differed greatly, while sex ratio of the suicide rates and the variation over age was similar in all four nations. Lester (2006) documented great variations in suicidal behavior in the various Muslim nations of the world.

These “facts” about suicide probably have little direct relevance to the meaning of suicide, either at the individual or the cultural level. However, a very high rate of suicide in a nation may make the act seem less psychopathological to the residents of the country and may become a topic of discussion in that nation. For example, Hungary had one of the highest suicide rates in the world between the two world wars and for many years afterwards, and it is interesting to note in this regard that the most famous “suicide song,” *Gloomy Sunday*, was written by a Hungarian (although he was living in France at the time (Stack, Krysinska, & Lester, 2007-2008).

In addition, occasionally the most popular method for suicide may become a synonym for the act, as in “taking the pipe” in England in the 20th Century when suicide using domestic gas was the most popular method for suicide.

## THE DEFINITION OF SUICIDE

Kleinman (1977) defined the “category fallacy” as the mistake of imposing Western categories on the behavior in other cultures. Lester (2008) provided several examples of cultures that define suicide differently from scholars in the Western world. For example, according to the Mohave, a Native American tribe in the southwest of the United States, a fetus which presents itself in the transverse position for birth, leading to its own death and that of its mother, is viewed as having intended to commit suicide and to murder its mother so that they can be together in the spirit world (Devereux, 1961). Medical examiners and coroners in the rest of the United States would not view such a still-born infant as a suicide.

Counts (1980), who has studied the suicidal behavior of women in the Kaliai district of Papua New Guinea, noted that, in the past, elderly widows sometimes immolated themselves on their husband’s funeral pyre. The German and Australian colonial governors considered this behavior to be a form of ritual murder rather than suicide, and they outlawed it. Counts, however, saw neither term (suicide or murder) as appropriate for this custom since it differed so much from what North Americans and Europeans regard as either suicide or murder.

Neither term describes the behavior, the interpersonal relationships involved, or the attitudes toward the widow and those assisting in her death. Nor do they predict how the community will respond to her death.

Recently, some scholars, especially in Europe, have expressed doubts that people engaging in nonfatal suicidal behavior have self-destruction as their aim, and they have begun calling the behavior “self-poisoning” or “self-injury” (e.g., Liisanantti, Ala-Kokko, Dunder, & Ebeling, 2010; Novacek, Jotkowitz, Delgado, Shleyfer, Barski, & Porath, 2005; Ramon, 1980). The semantic implication is that nonfatal suicidal behavior is not “suicide.” Since in most cultures women engage in more nonfatal suicidal actions than do men, this renaming of nonfatal suicidal behavior as self-injury makes “suicidal behavior” less common in women than it was hitherto.

Other suicidologists, on the other hand, include a wider range of behaviors under the rubric of “suicidal behavior.” For example, Menninger (1938) classified behaviors such as alcoholism, drug abuse, and anorexia as *chronic suicide* since the individuals were shortening their lives by their behaviors. Menninger also classified such behaviors such as polysurgery, self-castration, and self-mutilation as *focal suicide*, a behavior in which the self-destructive impulse is focused on one part of the body. These behaviors are often gender-linked. For example, anorexia is more common in women whereas illicit drug abuse is more common in men. Canetto (1991) has speculated that adolescents may respond differentially when under stress, with girls choosing nonfatal suicidal behavior more while boys choose drug abuse more. The use of Menninger’s categories would change greatly the relative incidence of nonfatal suicidal behavior in women and men.

Clearly, the definition of suicide in a culture has implications for the meaning of suicide. In a recent study, Lester and Frank (2008) found that only 59% of a sample of American undergraduate students viewed a protest suicide (such as a self-immolation carried out to protest a government decision) as suicide, and only 70% viewed a suicide bomber as suicidal. Indeed, suicide bombers are viewed as martyrs rather than as suicides by many people in Muslim nations (Abdel-Khalek, 2004).

### THE MOTIVES FOR SUICIDE

When we refer to the motives for suicide we are asking why do people engage in the behavior. Menninger (1938) suggested three motives: the desire to escape from life (“to die”); the desire to punish oneself by committing suicide (“to be killed”); and the desire to cause pain to others (“to kill”). Farberow and Shneidman’s (1961) book on attempted suicide was called *The Cry for Help*, indicating clearly what they thought was the motive behind many acts of attempted suicide.

Several writers have proposed classifications of suicide. Reynolds and Berman (1995) examined ten proposals for a classification of suicidal acts, including those from Durkheim (1897), Menninger (1938), and Baechler (1979). They

presented 484 cases of suicide from Baltimore (in the United States of America) to judges and asked the judges to classify each of the suicides into these 10 typologies. Reynolds and Berman found a good deal of overlap between the typologies, and they identified five subtypes which described 86% of the suicides: escapist, confused, aggressive, alienated, and depressed/low self-esteem. It would be most interesting to take any of these typologies, or better still, that identified by Reynolds and Berman, and classify samples of suicides from different cultures. This might provide clues as to the meaning of suicide in those cultures.

Menninger's typology focuses on what is going on the minds of suicidal individuals—what their desires are for engaging in the behavior. This approach may help us understand the meaning of suicide for the individual, but it does not help us understand the cultural meaning, unless everyone in the culture has the same desire (or desires) for engaging in the behavior, which is very unlikely. However, cultures may differ in the relative frequency of individual motives. In one culture, the desire to escape may be common, whereas in another culture, the desire for self-punishment may be common. No study has yet investigated such cultural differences in motives.

### THE PRECIPITANTS FOR SUICIDE

A common answer to the question of why an individual committed suicide is to mention the precipitating event. This person's marriage just ended; this person just lost all their investments and was facing poverty. This approach has not been of much interest for researchers into suicide, and data on precipitants are rarely collected at a cultural level. Japan does make an effort to categorize every suicide for the precipitant. Lester and Saito (1998-1999) noted that, in 1990 in Japan, the precipitating event was: illness, 43.7%; alcoholism and mental illness, 17.1%; economic hardship, 8.6%; family problems, 7.9%; job stress, 7.2%; relationship problems, 2.7%; and school problems, 1.3%. Joiner (2006) has proposed that feeling that one is a burden to others is a major causal factor in suicide, and this may account for the high incidence of illness as a precipitant for suicide in Japan.<sup>1</sup>

India also attempts to classify each suicide. Using government documents, Lester, Agarwal and Natarajan (1999) noted that the precipitating events of suicides in India in 1990 were categorized as: dreadful disease, 12.8%; quarrels with parents-in-law, 6.2%; quarrels with spouse, 5.8%; love affairs, 4.7%; and poverty, 2.5%. However, in India, 16.2% had no known cause, and 39.0% were classified as "other."

<sup>1</sup>I would like to thank an anonymous reviewer for this suggestion. Lester (2010) has noted that feeling that one is a burden to others seems to be a factor in women becoming suicide bombers.

If these data were collected for cultures as a whole, and if standardized categories were adopted, then cultures could be compared for the relative frequency of the precipitants, and this might give some clues as to the cultural meaning of suicide. For example, if almost half of the suicides in Japan are precipitated by illness, then suicide in Japan may typically be an escape from physical pain and suffering.

### THE PSYCHODYNAMICS OF SUICIDE

Another possibility is that the meaning of suicide in a culture is related to the psychodynamics of the suicide in the culture. Hendin (1964) described the psychodynamics of suicide based on qualitative data that he obtained by visiting and interviewing people in Scandinavian countries. In Denmark, Hendin noted that guilt arousal was the major disciplinary technique employed by Danish mothers to control aggression, resulting in strong dependency needs in their sons. This marked dependency was the root of depression and suicidality after adult experiences of loss or separation. Reunion fantasies with lost loved ones were common in those committing suicide. In contrast, in Sweden, a strong emphasis was placed by parents on performance and success, resulting in ambitious children for whom work was central to their lives. Suicide typically followed failure in performance and the resulting damage to the individual's self-esteem.

The psychodynamics of suicide as described by Hendin are obviously related to the motives for suicide and to the precipitants for suicide, but they are more in-depth and meaningful. However, it might be quite difficult to replicate Hendin's methodology for a larger sample of cultures.

### ETHNOMEDICAL THEORIES

Good and Good (1982), mentioned above, suggested that the meaning of an illness may be grounded in part in "the metaphors associated with a disease, the ethnomedical theories, the basic values and conceptual forms, and the care patterns that shape the experience of the illness and the social reactions to the sufferer in a given society" (p. 148). In the Western world, currently, the physiological and genetic basis of psychiatric illness is the major perspective or model. Government funding for research into this area goes primarily to physiological research. "Nature" is winning over "nurture," a major change from the 1960s when nurture ruled.

Other cultures, however, sometimes have very different theories of mental illness, such as soul loss, possession by evil spirits, or sins against the cultural code of conduct. Although anthropologists have documented these theories in some cultures (see Kiev, 1964), there has been no systematic study of these theories and no coding system proposed for the theories in a sample of cultures. These theories would also be related to the differences in care patterns mentioned by

Good and Good. Does treatment involve medication, counseling, expiation, or atonement for sins?

### LAY THEORIES OF SUICIDE

Strauss and Quinn (1997, p. 6) suggested that the meaning of a behavior is the interpretation evoked in a person by an event. The cultural meaning is the interpretation of the event evoked in people as a result of their similar life experiences. This implies that the meaning of suicide does not reside in the individual who commits suicide, but rather in those who experience the suicides of others; that is, in the attitudes of the culture toward suicide and in the lay theories of suicide present in that culture.

In her account of suicide among females in Papua-New Guinea, Counts (1988) has illustrated the ways in which a culture can determine the meaning of the suicidal act. In Papua-New Guinea, female suicide is a culturally-recognized way of imposing social sanctions. Suicide has political implications for the surviving kin and for those held responsible for the events leading women to commit suicide. In one such instance, the suicide of a rejected fiancée led to sanctions being imposed on the family that had rejected her. Counts described this woman's suicide as a political act that symbolically transformed her from a position of powerlessness to one of power. The problem with this report by Counts, for the purposes of the present article, is that she did not estimate the frequency of suicide committed in these circumstances or to what extent the culture accepted such a socio-political implication of suicide.

Lester and Bean (1992) devised a questionnaire to assess whether respondents think that suicide is caused by intrapsychic, interpersonal, or societal stress. Voracek, Loibl, Egle, Schleicher, and Sonneck (2007) devised a questionnaire to explore the extent to which respondents believe that suicide is genetically caused. These lay theories of suicide would appear to tap the cultural meaning of suicide, and it would be interesting to give these questionnaires to samples of residents in different cultures.<sup>2</sup>

It is likely, although presently not documented, that members of a society may have several competing lay theories of suicide and, furthermore, that these lay theories may differ by sex, age, social class, ethnicity, and subculture within a society.

Some commentators see studies of lay theories of suicide as really studies of attitudes toward suicide and, indeed, there is an overlap in these two issues. However, a typical attitude toward suicide scale, suicide as the Suicide Opinion Questionnaire (Domino & Perrone, 1993) has items (such as myths about suicide) in addition to items exploring the respondent's views about the causation of suicide.

<sup>2</sup> Martin Voracek (personal communication) is presently engaged in such a study.

### **THE ROLE OF VALUES**

Good and Good (1982) mentioned values as relevant to the cultural meaning of suicide. Kelleher, Chambers, Corcoran, Williamson, and Keeley (1998) classified 49 countries as to whether they had religious sanctions against suicide or not. They found that countries with religious sanctions against suicide were less likely to report suicide rates to the World Health Organization and, for those that did report, their suicide rates were lower than suicide rates in countries with no religious sanctions.

Stack and Kposowa (2008) used a measure of the acceptability of suicide in 31 nations, obtained through surveys of the population (Inglehart, 2000), to show that the suicide rates of those nations were positively associated with the level of acceptability of suicide in those nations. It is, therefore, possible to obtain cross-cultural measures of the acceptability of suicide.

### **METHODOLOGICAL ISSUES**

Reference has been made above to research that could be conducted in one or in samples of cultures in order to explore the meaning of suicide. There are of course many methodological issues that make such research difficult to conduct and make the results difficult to interpret. These problems include construct bias in which it is assumed (incorrectly) that a term has the same meaning in all cultures (Ratner & Hui, 2003), measurement problems such as translation issues and item bias (assuming that the items are equivalent in reliability analyses), different response styles in different cultures such as acquiescence response sets (Duh & Chen, 2007), and the problem of obtaining samples from different cultures that are equivalent. There are many discussions of these methodological issues such as that by Ratner and Hui (2003) cited above.

### **AN ILLUSTRATIVE CASE**

Meng (2002) presented the case of the suicide of a woman in rural China which she saw as throwing light on “the meaning of suicide.” It also illustrates the confusion over the definition of “meaning.”

Meng reported the case of Fang, who killed herself by drowning at the age of 32. Her marriage was a love marriage, which is the basis of about 13% of marriages in rural China, and her parents-in-law never accepted her. Although Fang was the wife of a first-born son, her parents-in-law gave preference to the wife of a younger son. Fang tried but failed to please her parents-in-law. After the birth of two sons, the couple moved to their own house in the family compound, and Fang became more hostile and confronted her parents-in-law more often. Fang’s husband supported his parents and hit and punished Fang for insulting his parents. Fang was socially isolated in the village, having come from a distant village, and she remained an outsider. Fang coped by seeking spiritual assistance,

making friends outside of the family, converting to Christianity, and running away. After one last fight with her parents-in-law and punishment from her husband, Fang slipped away and killed herself.

The precipitating events for this suicide are quarrels with her in-laws and domestic violence. The community viewed the suicide in different ways. The in-laws viewed Fang's suicide as "a foolish act," for it caused the family a financial cost and a loss of reputation. Fang's parents saw Fang's suicide as a "forced decision." They blamed Fang's in-laws, destroyed furniture in the in-laws' house, and demanded a very expensive funeral and headstone for Fang in her in-laws' burial plot. The villagers gave Fang's suicide a mystical interpretation, believing that she was taken by a ghost, a belief which served to avoid blaming Fang or her in-laws and to avoid a sense of responsibility themselves for Fang's suicide.

Meng, however, viewed Fang's suicide as changing Fang's social status in the community. After her suicide, Fang's parents-in-law had to bow to her memory and mourn for her; that is, to accept her and treat her as they never had during her life. Thus, her suicide could be viewed as a form of symbolic revenge on her in-laws for their mistreatment of her.

Only Fang's husband truly mourned his wife.

What then is the meaning of Fang's suicide? The personal meaning is unknown. The precipitating event was "family problems." Meng hypothesized that Fang's suicide was an act of symbolic revenge, but we do not know whether this was in Fang's mind at the time of her decision. Perhaps we should define the concept of "the meaning of suicide for the suicidologist"? From the details presented, including the fact that Fang ran away several times but returned because she missed her children, her suicide seems to fit Menninger's escape motive. Fang tried running away as a means of escape, but this failed. Death achieved escape for her. To understand the personal meaning of a suicide for the deceased individual, we need a substantial suicide note or a diary that provides insight into this meaning.

I have argued here that the cultural meaning should focus on the reactions of others to the suicide. But, in Fang's case, we have three cultural meanings—for her family, for her in-laws, and for the villagers. (The commentator on the case may also perceive a different cultural meaning.) Thus, the cultural meaning for suicide is unclear. Furthermore, there has been no survey in this rural community of their theories of and attitudes toward suicide, the results of which can be compared with surveys in other communities in China and around the world.

## DISCUSSION

Of all of the possibilities discussed above, the motives for suicide seem to me to provide the best basis for the individual meaning of suicide. Although Menninger (1938) proposed a set of motives, the number of motives in such a classification



needs to be increased, and cross-cultural studies of the frequency of these motives in different cultures would be welcome. The typology proposed by Reynold and Berman (1995), based on 10 typologies proposed by expert suicidologists, may be the best for this purpose.

Boldt (1988) stressed the importance for the understanding of suicidal behavior of conceptualizing suicidal behavior in terms of *cultural normative values*. The meaning of suicide varies from culture to culture—whether it is seen as a psychotic act, a ritual obligation, or a human right, for example. The problem with this lies with the adjective “normative.”

All too often sociologists and anthropologists decide *ex cathedra* what lies behind a behavior in a society or a culture. For example, Durkheim (1897) decided that slaves commit fatalistic suicide. He produced no evidence, no data, to back up this assertion. Because he was an expert on the sociology of suicide, he expected us to accept his assertion. Similarly, Counts, whose analysis of female suicide in Papua-New Guinea was discussed above, asserted that it was a political act to increase the status of a low status woman. Again, since Counts is an expert, we are expected to accept this meaning of suicide without there being any data to support it. It is provocative and useful for such assertions to be made. However, it is important that such assertions be empirically tested by future researchers.

I would argue that the cultural meaning of suicide can be ascertained only by interviewing a representative sample of individuals in the various cultures in order to assess their attitudes toward suicide. In modern research, this has often been labeled as the study of lay theories of suicide. Furnham has studied lay theories of many behaviors (Furnham, 1988), including schizophrenia (Furnham & Bower, 1992), heroin addiction (Furnham & Thomson, 1996), and suicide (Knight, Furnham, & Lester, 2000), but so far only in Western nations. This type of research needs to be extended to other cultures.

It must be recognized that there may not be simply one cultural meaning of suicide in any given culture. Many cultural meanings may be present in the culture, and different cultural meanings may exist for different subgroups of the culture, such as women and men, the young and the elderly, those of different social class, and, in multicultural societies, those of different ethnicity. The cultural meaning of suicide may change over time, and there may be different cultural meanings for different types of suicidal acts, such as protest suicide, suicide bombers, and assisted suicide in the terminally ill.

Some individuals behave deviantly in their culture, departing from cultural norms. Thus, the individual meaning of a suicide may differ greatly from the cultural meaning if the suicidal individual is a deviant in the culture. After all, Durkheim's (1897) notion of anomic suicide is that those committing such suicides are less bound by the cultural values and norms of their society. On the other hand, those who adhere to the values and norms of their culture often try to frame their suicide to fit into those values and norms.

Since suicides are breaking the sacred trust of life, individuals who are going to kill themselves have to reconcile their image of a to-be-trusted person with the fact that they are about to break that trust through their act of suicide (Jacobs, 1967). Jacobs noted that often their suicide notes attempt this justification by noting their long history of distressing crises and their belief that death is the only solution, constructing a rationalization that they are to-be-trusted people, and making some provision that their problems will not recur after death (for example, by stating that God will understand their choice of suicide).

Finally, as Boldt (1988) recognized, the cultural meaning of suicide may change over time, and so longitudinal studies of lay theories of suicide must be carried out in cultures.

## REFERENCES

- Abdel-Khalek, A. M. (2004). Neither altruistic suicide, not terrorism, but martyrdom. *Archives of Suicide Research*, 8, 99-113.
- Baechler, J. (1979). *Suicides*. New York: Basic Books.
- Boldt, M. (1988). The meaning of suicide. *Crisis*, 9, 93-108.
- Canetto, S. S. (1991). Gender roles, suicide attempts, and substance abuse. *Journal of Psychology*, 125, 605-620.
- Colluci, E. (2006). The cultural facet of suicidal behaviour. *Australian e-Journal for the Advancement of Mental Health*, 5(3), 1-13.
- Counts, D. A. (1980). Fighting back is not the way: Suicide and the women on Kaliai. *American Ethnologist*, 7, 332-351.
- Counts, D. A. (1988). Ambiguity in the interpretation of suicide. In D. Lester (Ed.), *Why women kill themselves* (pp. 87-109). Springfield, IL: Charles Thomas.
- Devereux, G. (1961). *Mohave ethnopsychiatry*. Washington, DC: Smithsonian Institution.
- Domino, G., & Perrone, L. (1993). Attitudes toward suicide. *Omega*, 27, 195-206.
- Douglas, J. D. (1967). *The social meaning of suicide*. Princeton, NJ: Princeton University Press.
- Duh, H. B., & Chen, V. H. (2007). Emerging issues in doing cross-cultural research in multicultural and multilingual societies. In N. Aykin (Ed.), *Usability and internationalization, Part 1* (pp. 65-73). Heidelberg, Germany: Springer-Verlag.
- Durkheim, E. (1897). *Le suicide*. Paris: Felix Alcan.
- Farberow, N. L., & Shneidman, E. S. (1961). *The cry for help*. New York: McGraw-Hill.
- Furnham, A. F. (1988). *Lay theories*. Oxford, UK: Pergamon.
- Furnham, A. F., & Bower, P. (1992). A comparison of academic and lay theories of schizophrenia. *British Journal of Psychiatry*, 161, 201-210.
- Furnham, A. F., & Thomson, L. (1996). Lay theories of heroin addiction. *Social Science & Medicine*, 43, 29-40.
- Good, B. J., & Good, M. J. D. (1982). Towards a meaning-centered analysis of popular illness categories. In A. J. Marsella & G. M. White (Eds.), *Cultural conceptions of mental health and therapy* (pp. 141-166). Boston: D. Reidel.
- Hendin, H. (1964). *Suicide and Scandinavia*. New York: Doubleday.

- Inglehart, R. (2000). *World Values Surveys and European Value Surveys, 1981-1984, 1990-1993 and 1995-1997*. Ann Arbor, MI: Inter-University Consortium for Political & Social Research.
- Jacobs, J. (1967). A phenomenological study of suicide notes. *Social Problems, 15*, 60-72.
- Joiner, T. (2006). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Kelleher, M. J., Chambers, D., Corocran, P., Williamson, E., & Keeley, H. S. (1998). Religious sanctions and rates of suicide worldwide. *Crisis, 19*, 78-86.
- Kiev, A. (1964). *Magic, faith and healing*. New York: Free Press.
- Kleinman, A. (1977). Culture and illness. *Culture, Medicine, and Psychiatry, 1*, 229-231.
- Knight, M. T. D., Furnham, A. F., & Lester, D. (2000). Lay theories of suicide. *Personality & Individual Differences, 29*, 453-457.
- Lester, D. (1994). The epidemiology of suicide in Chinese populations in six regions of the world. *Chinese Journal of Mental Health, 7*(1), 25-36.
- Lester, D. (2006). Suicide and Islam. *Archives of Suicide Research, 10*, 77-97.
- Lester, D. (2008). Suicide and culture. *World Cultural Psychiatric Research Review, 3*(2), 51-68.
- Lester, D. (2010). Female suicide bombers and burdensomeness. *Psychological Reports, 106*, in press.
- Lester, D., Agarwal, K., & Natarajan, M. (1999). Suicide in India. *Archives of Suicide Research, 5*, 91-96.
- Lester, D., & Bean, J. (1992). Attribution of causes to suicide. *Journal of Social Psychology, 132*, 679-680.
- Lester, D., & Frank, M. (2008). How do American undergraduates view suicide bombers? *Psychological Reports, 103*, 713-714.
- Lester, D., & Saito, Y. (1998-1999). The reasons for suicide in Japan. *Omega, 38*, 65-68.
- Levi, F., La Vecchia, C., Lucchini, F., Negri, E., Saxena, S., Maulik, P. K., et al. (2003). Trends in mortality from suicide, 1965-99. *Acta Psychiatrica Scandinavica, 108*, 341-348.
- Liisanantti, J. H., Ala-Kokko, T. I., Dunder, T. S., & Ebeling, H. E. (2010). Contributing factors to self-poisoning leading to hospital admission in adolescence in northern Finland. *Substance Use & Misuse, 45*, 1340-1350.
- Meng, L. (2002). Rebellion and revenge: The meaning of suicide on women in rural China. *International Journal of Social Welfare, 11*, 300-309.
- Menninger, K. (1938). *Man against himself*. New York: Harcourt, Brace & World.
- Novacek, V., Jotkowitz, A. B., Delgado, J., Shleyfer, E., Barski, L., & Porath, A. (2005). Deliberate self-poisoning with acetaminophen. *European Journal of Internal Medicine, 16*, 585-589.
- Ramon, S. (1980). Attitudes of doctors and nurses to self-poisoning patients. *Social Science and Medicine, 14A*, 317-324.
- Ratner, C., & Hui, L. (2003). Theoretical and methodological problems in cross-cultural psychology. *Journal for the Theory of Social Behavior, 33*, 67-94.
- Reynolds, F. M. T., & Berman, A. L. (1995). An empirical typology of suicide. *Archives of Suicide Research, 1*, 97-109.

- Stack, S., & Kposowa, A. J. (2008). The association of suicide rates with individual-level suicide attitudes. *Social Science Quarterly*, *89*, 39-59.
- Stack, S., Krysinska, K., & Lester, D. (2007-2008). Gloomy Sunday. *Omega*, *56*, 349-358.
- Strauss, C., & Quinn, N. (1997). *A cognitive theory of cultural meaning*. New York: Cambridge University Press.
- Voracek, M., Loibl, L. M., Egle, J., Schleicher, S., & Sonneck, G. (2007). Correlates, item-sequence invariance, and test-retest reliability of the Beliefs in the Inheritance of Risk Factors for Suicide Scale (BIRFSS). *Psychological Reports*, *101*, 1107-1117.

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