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Advancing Prevention Research on the Role of Culture in Suicide Prevention: An Introduction

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U.S. patterns of suicidal behavior associated with age, gender, and ethnicity provide profound evidence that cultural factors are associated with risk and protective factors for suicidal behavior. In response to the need to enhance the understanding of the phenomenology of suicidal behavior among U.S. ethnic minority populations, the NIH Office of Rare Diseases, National Institute of Mental Health (NIMH), the Indian Health Service, the Adolescent Risk Communication Institute of the Annenberg Public Policy Center, and the Emerging Scholars Interdisciplinary Network (ESIN) co-sponsored a workshop entitled “Pragmatic Considerations of Culture in Preventing Suicide” (NIMH, 2004). The workshop was held at the Annenberg School for Communication at the University of Pennsylvania on September 9–10, 2004. The ESIN study group on African American suicide, comprised of young investigators, brought to the meeting their interests in the development of new models of suicidal behavior risk and protection for U.S. populations of color and related implications for research training needs.

The purpose of the meeting was to examine how culture can be considered in research design, development, and implementation of suicidal behavior prevention programs. This workshop examined the role of culture on suicidal behaviors. *Culture* is defined as self and community identity, community norms, and behavioral practices, and its affect on how individuals engage in behavior linked to life or death outcomes. As noted by Corin (1996), cultural beliefs and practices “force themselves on individuals” who then interpret, negotiate, and subvert them “through daily practice.” Suicidal behavior, like all other behavior, is influenced by culture. Cultural influences are revealed in the choice of methods, the characteristics of the typical suicidal person and precipitating events, and the conflicts and emotions attributed as causes of the suicidal behavior in each community. In other words, cultures influence the risk for suicidal behavior by defining the meanings and consequences of different kinds of suicidal behaviors (Canetto & Lester, 1998).

In this section, we present three promising, culturally-based research models which highlight theories of risk and protective factors for youth suicidality interventions among African American, Hispanic/Latino, and American Indian communities.

This series of articles emerged as a product of the workshop on the prevention of youth suicidal behavior and early research efforts delving into the general understanding of the role of culture, ethnicity, and youth suicidal behaviors. Recognizing that this field is in an early stage of development, approaches to theory, measurement selection, and intervention development for each of the three studies will be presented with regard to their strengths and opportunities for further development. Each intervention model focuses on suicide risk in youth and addresses culture in diverse ways.

Case 1: Developing Suicide Prevention Programs for African American Youth in African American Churches

Dr. Sherry Molock and colleagues examine a model of suicidal behavior prevention focused on improving mental health services help-seeking within an urban northeastern African American church as a step toward improving protective factors against suicidal behaviors. The theoretical model includes the specification of the cultural and structural characteristics of the particular church, family norms, and peer norms; attitudes and perceived norms; problem recognitions and help-seeking behavior. The intervention model focuses on reducing risk factors and enhancing protective factors through community alliances, sermons, workshops, and annual conferences; as well as increasing appropriate referrals by church staff and accepting referrals from congregants.

Case 2: Suicidal Behavior in Latinas: Explanatory Cultural Factors and Implications for Intervention

Dr. Luis Zayas, Allyson Pilat, and Eva Morales present a culturally-based research model to better understand Latina teen suicidality. They examine the sociocultural elements that are hypothesized to explain the phenomenology of nonfatal suicidal behavior by adolescent Latinas and identify culturally specific risk and protective factors of suicidal behavior among Latinas in St. Louis and New York City, many of whom are children of immigrant parents. Their conceptual model is based on ideas drawn from theory and clinical practice relating to the sociocultural environment, psychosocial functioning, and subjective experiences of family crises.

Case 3: The Zuni Life Skills Development Program: A School/Community-Based Suicide Prevention Intervention

Dr. Teresa LaFromboise and Hayes A. Lewis highlight a theoretically- and empirically-based intervention, the American Indian Life Skills Development Curriculum, developed and evaluated in collaboration with the Zuni Pueblo in New Mexico. The intervention targets specific skills to reduce risk for suicidal behaviors (including increasing knowledge about suicidal behavior prevention, managing depression, stress and anger, improving communication, increasing goal setting, and increasing ability to refer a suicidal friend for help). An initial test of this intervention using a quasi-experimental design found that the intervention was effective for reducing several risk factors for depression and increasing peer helping skills (LaFromboise, in press). The model is being further developed to increase cultural identity, resilience and competence, and community empowerment.

In a concluding commentary, Drs. Sean Joe, Silvia Canetto, and Daniel Romer discuss the three case studies with regard to their contribution to furthering our understanding of the role of culture in the risk for and protection against suicidal behavior as well as the prevention of suicidal behaviors. Specifically, the discussion addresses five major areas where the role of culture needs to be better integrated to improve suicidality research: theories of suicidal behavior; phenomenology of suicidal behavior; population level research; stigma associated with suicidal behavior among ethnic minorities; and cultural mistrust.

References

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