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Essay

Cultural Research in Suicidology: Challenges and Opportunities

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***Abstract*:** Cultural research in suicidology is crucial in order to develop our understanding of the meanings of suicidal behaviour in different cultural contexts. In this essay, I will first elaborate *why* it is important to focus on cultural issues in suicidological research and thereafter discuss what it actually *means* to have a cultural focus/perspective on the research. Then I discuss some of the challenges, as well as opportunities, faced in cultural suicidological research. The main focus is, however, on challenges and these are conceptual, theoretical, methodological, ethical and political in nature. In the literature we meet a confusing mix of concepts, for instance, transcultural, cross-cultural, inter-cultural or simply just cultural. Each of these concepts has numerous different definitions; sometimes used interchangeably, other times carrying different meanings. A central question is also: What *is* culture? An important methodological question is: Is culture a measurable variable? My answer to this question is no, and then the next important question is: How can we then study (trans/cross/inter)cultural aspects of suicidal behaviour? Here I will propose using qualitative methodology in order to be able to analyse the cultural contributions to suicidal behaviour. The need for theoretical frameworks is also discussed. Examples of ethical and political challenges are, among others, negative attitudes towards cultural research and qualitative methodology, the increased focus on biological research, as well as some challenges faced when researchers from different cultural contexts collaborate. Although cultural suicidological research in general is emphasised throughout, I also discuss challenges particularly relevant for research in low and middle income countries and/or among minority groups in high income countries.

Suicidal behaviour always occurs and is embedded within a cultural context and no suicidal act is conducted without reference to the prevailing normative standards and attitudes of a cultural community (Salander Renberg & Jacobsson, 2003; Stillion & Stillion, 1998-99). This is reflected in the variations in rates and risk factors of suicidal behaviour across countries (Salander Renberg & Jacobsson, 2003; Vijayakumar et al., 2005). Hence, it is imperative to take cultural issues into consideration in *all* kinds of suicidological research. However, in doing so, we face a number of challenges. These are, for instance, conceptual, theoretical, methodological, ethical and political in nature. In this essay, I will first elaborate *why* it is so important to focus on cultural issues in suicidological research followed by a discussion of what it actually *means* to have a cultural focus/perspective on the research. Thereafter I discuss some of the challenges as well as some opportunities faced when we include a cultural perspective in our research. Although the value, importance, challenges and opportunities of cultural perspectives in general are emphasised throughout, I also discuss challenges particularly relevant for research in low and middle income countries and/or among minority groups in high income countries.

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Why it is Important to have a Cultural Perspective on Suicidological Research

"People eat, drink and breathe culture" (Bhugra & Bhui, 2007, p. xvii). In other words, culture is the fundament of peoples' lives and hence will be of crucial importance to their suicidality as well. Tseng (2007) has emphasised that "…culture has a significant pathofacilitating effect on suicidal behaviour" (p. 106), by that meaning that cultural factors contribute significantly to the occurrence of suicidal behaviour in a society. Prevalence and risk factors for suicidal behaviour do clearly vary across regions, countries and parts of the world (e.g., Vijayakumar et al., 2005a and 2005b) implying that culture may play an important role in suicidal

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behaviour. Chen et al. (2007) maintain that studies of mechanisms responsible for cultural differences have an important heuristic function for advancing our understanding of individual variation, since the mechanisms responsible for cultural differences "often are similar or identical to those determining individual variation" (Chen et al., 2007, p. 73). Thus, studies in or from different cultural contexts can teach us something about suicidal phenomena (i.e., suicidal ideation, non-fatal and fatal suicidal behaviour) as such; they will enhance our understanding of what suicidal behaviour *means* in different cultural contexts. This is important in order to develop the suicidological field itself, as well as to enable us to develop culture sensitive knowledge bases for suicide prevention. Also, by looking at suicidal behaviour in or from a different culture than our own, we can see this behaviour in our own culture in a new light and hence get a better understanding of what this behaviour is all about and thus how it best can be prevented (Hjelmeland & Knizek, in press). Moreover, no matter how we define culture (definitions will be dealt with below) it is safe to say that *all* countries are multicultural one way or the other and that currently "…within any specific regions, the populations are rapidly becoming diversified" (Yu et al., 2007, p. 403). Thus, even if one is not particularly interested in what goes on elsewhere in the world, we need to take cultural aspects of suicidal behaviour into consideration in our own multicultural societies. In Medin et al.'s (2007) statement that "…psychology needs cultural research to be legitimate" (p. 615), "psychology" can easily be replaced by "suicidology".

What does it mean to have a Cultural Perspective in Research?

Sometimes it seems like some journal editors, reviewers, and researchers relate a cultural perspective to research taking place "somewhere else", that is, mainly outside the so-called Western part of the world. At least that is the impression one gets when some Western based journal editors reject articles, *because* they contain a cultural perspective, that is, the study is conducted in, for instance, an African country, and therefore the results are deemed irrelevant for a Western audience. This is a political challenge that will be further dealt with below.

Previous suicidological research with a specific cultural focus has mainly been in the form of quantitative cross-cultural comparisons, for instance, studies comparing some aspects of suicidal behaviour between a Western and a non-Western country, or, between the majority and a minority population within a country. When phenomena are compared across cultural groups you may get an impression of how cultural factors influence the phenomenon under study. However, in traditional cross-cultural studies it is difficult to "…decide which variables represent 'culture' and should therefore not be controlled, and which variables do not, and should be controlled…" (Medin et al., 2007, p. 620). This is a methodological challenge that will be further dealt with below. Moreover, "'Cross-cultural' psychology….must always first be 'cultural psychology' in order for it to be meaningful. Cultural psychology seeks to understand how behaviour is influenced by the social context in which it occurs" (Mac Lachland and McGee, 2007, p. 44). "Psychology" can easily be replaced with "suicidology" here. That is, within-culture variations can illuminate how different cultural institutions shape thinking or behaviour and vice versa (Medin et al., 2007). In other words, to have a cultural perspective on one's research basically means to take the sociocultural context into consideration in the analyses and not just study the individual/group stripped of the context.

Thus, to have a cultural perspective on one's research can mean *both* to study something *within* one cultural context and to compare something *across* different cultural contexts. The main point, however, is that one is conscious/explicit about having this perspective, that is, one is explicitly taking the sociocultural context into consideration in the analysis. Otherwise, all the numerous risk factor studies conducted in Western countries could be labelled cultural, when surely they are not since the cultural context is most often not explicitly taken into consideration in the analyses. Likewise, conducting studies in, for example, an African country, does not automatically make it cultural, unless the researchers are analysing their data in relation to cultural factors. In this essay, cultural research in both meanings, that is, within as well as between cultural contexts is addressed and challenges faced in conducting such research are discussed.

All research takes place within a specific cultural context regardless of how culture is defined. This has, for instance, implications for generalisation of results. Therefore, it is important to encourage suicidological research from all over the world and from many different cultural contexts, within as well as between countries. And, it is perhaps necessary to increase the consciousness among some Western researchers that their results are not universal because their research is also conducted in a specific cultural context, consisting of many cultural contexts simultaneously. In fact, results may not even be generalisable within the region/country where the research is conducted since most societies are multicultural which means that the understanding of a phenomenon and the prevention strategies developed on, for instance, the majority population in a society, might not be applicable to minority groups in that society. Moreover, researchers are themselves part of and embedded within their own cultural contexts; not

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only the context constituted of the culture they are socialised into from birth/childhood, but also, for instance, the one connected to their specific professions. We can safely say that there may be a number of (also) cultural differences between, for instance, the psychiatric and sociological communities in terms of methodological preferences, choice of study focus and terminology, among others.

Challenges and Opportunities in Cultural Suicidological Research

The main emphasis of this essay is put on some of the *challenges* faced in cultural suicidological research, but some *opportunities* are also mentioned where relevant. Although there is some overlap between some of the types of challenges, the following discussion is divided into conceptual, methodological, theoretical, as well as ethical and political challenges (the last two discussed under the same heading).

Conceptual Challenges

A confusing mix of concepts is being used in the literature, for instance, transcultural, inter-cultural, cross-cultural or simply just cultural; each of these concepts having a lot of different definitions, sometimes meaning more or less the same, but sometimes having very different meanings. Often without being defined, "cross-cultural" is the concept widely used in comparative studies between countries. "Transcultural" is sometimes used as equivalent to "cross-cultural" and sometimes as something different, for instance, defined as "moving through and beyond cultural barriers" (Wittkower & Rin, 1965). In a globalised world, "'transcultural' takes on new meaning based on the recognition that cultures are always mixed or creolized, giving rise to new forms" (Kirmayer, 2007, p. 13). According to Berliner (2001), transcultural denominates the new culture growing out of the process that arises when people from different cultures meet, that is, the process of *exchange* between cultures, constituting an "over-cultural" whole. Some simply prefer "cultural" to include all the above based on the reasoning of Favazza and Oman (1978): "We prefer to use the adjective 'cultural' rather than 'cross-cultural' or 'transcultural' because it is more inclusive, less exotic, and does not imply a single methodology" (p. 293). However, perhaps the biggest conceptual challenge is how to define the concept "culture" itself.

Often, culture is simply taken to be the equivalent to countries or regions of the world (Valsiner, 1988). Hence, culture is often viewed in an essentialist form as a static entity that has been rendered explanatory power (Berliner, 2001). That is, when differences across countries or regions of the world are found, they are often described as caused by culture. Valsiner (1988) has pointed out that this has sometimes resulted in a state of perfect tautology in causal explanations in that a phenomenon "observed in a sample from a 'culture' (here meaning 'population') can be caused by 'culture'" (p. 4). For example, "Italians are found to be 'Italian' because they are from Italy" (Valsiner, 2007, p. 25). This does not really make sense, particularly since most, if not all, countries are multicultural depending on how we define culture (Valsiner, 1988). The question is then: How can we define culture?

More than 150 definitions of culture exist (Ingstad, 2007). "Some define it as shared 'practices' (what people do) and others as 'shared meanings'" (Triandis, 2007, p. 62). According to Lewis (2002/2004), "Culture … is best understood as the processes of meaning-making within a given social group" (p. 3) and Kitayama et al. (2007) have emphasised that "….culture is both inside and outside the mind" (p. 168). According to Valsiner (2003; 2007), culture has three meanings: 1) People "belong to" a culture. This is the most common meaning of culture where the concept is used to designate a group of people who "belong together" because they share some features. This is the meaning most often employed in traditional cross-cultural studies, more or less consciously, as well as the meaning mostly used by lay people. Culture is here often equalized with countries or regions of the world, and, seen as a static, independent, causal or explanatory variable; i.e. when differences between countries or regions are found, they are explained in terms of *cultural* differences. 2) Culture "belongs to" each individual person. In this meaning, culture is something that is found within the intrapsychological systems of each individual person and it is thus irrelevant to which ethnic group or country a person belongs to. 3) Culture "belongs to" the interrelation between the individual and the environment. That is, culture is defined as the *process* of interaction between the person and his/her surroundings; as the *dynamics* that arise in the interaction between the person and the environment. This dynamics cannot be explained in a linear cause-and-effect relationship. Thus, culture cannot be treated as a causal or explanatory variable in case differences between countries or regions are found (Berliner, 2001; Valsiner, 2007). Culture simply cannot be operationalised as a variable to be used in research projects (Jenkins, 1994). "Culture" is not a measurable variable; it cannot be measured on a scale from 1-10 where we can say that some have a lot of culture and others have little, or, in terms of presence or absence, where we can say that some have culture, others do not. If culture is treated as a causal or explanatory variable in case differences between countries or regions are found, it is very easy to overlook the *real* reasons for the differences that may or may not have anything to do with culture (Berliner,

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2001). According to Berliner, to view culture as a substantial or essentialist or causal concept, as often is the case in traditional cross-cultural studies, erases real social and/or political life conditions. If we instead of culture talk about, for instance, oppression, marginalization, racism, unemployment, and stigmatization, we contextualize peoples' life situation (Berliner, 2001). So, because culture is not a measurable variable, although it is often treated as such, it is difficult to know what causes what in traditional quantitative cross-cultural studies (more on that under methodological challenges below).

If culture is not a measurable variable (Jenkins, 1994) but a process of interaction between the person and his/her surroundings (Berliner, 2001; Valsiner, 2003; 2007), a relevant question is: How can we then study the cultural aspects of suicidal behaviour? Below, a few such methodological challenges, as well as some opportunities, are discussed.

Methodological Challenges and Opportunities

Highly appropriately, Cohen (2007) has stated that "…very few (or perhaps no) methodological problems become easier when culture is added to the picture" (p. 196). Medin et al. (2007) have described studying culture as "describing a moving target" (p. 637). Furthermore, referring to the conceptual challenges outlined above, it adds to the problems that "The methods themselves have assumptions built into them about what culture is" (Cohen, 2007, p. 230).

Problems with mainstream cross-cultural research

Suicidological studies with a cultural focus have so far most often used a cross-cultural approach (etic position) where comparisons have been made across nations or different cultural groups within a country mainly using quantitative methodology. This is mainstream psychological, psychiatric and hence suicidological research. However, there are a number of problems inherent in such cross-cultural comparisons. Using the same (standardised) instruments in different cultural contexts raises problems with reliability and validity (e.g., Hjelmeland et al., 2006); we don't always know what we are comparing. Reliability may, relatively speaking, be easy to obtain, but validity is a different matter. Diagnostic manuals or questionnaires can serve as an example here. Psychological variables are difficult to translate from one language to another and there are huge variations across different languages in terms of, for instance, nuances in describing various emotions. Norwegians, for instance, have a lot of different words for expressing sadness; Hansen (2005) mentions 14. These are not synonyms but express different nuances of sadness. The Yoruba in Nigeria, on the other hand, use the same word to describe anger and sadness (Hansen, 2005); two emotions Norwegians find extremely different. Surely, such differences between languages have enormous implications for the translation of, for instance, instruments to measure level of depression. Consequently, many authors have pointed out that albeit the development of diagnostic manuals and standardised questionnaires by means of logical empiricism have contributed to clearer definitions and improved reliability, this has been at the expense of validity (e.g., Alarcón et al., 2002; Fulford et al., 2007; Kupfer et al., 2002).

Moreover, as mentioned above, differences found may have little or nothing to do with culture at all (Berliner, 2001). In cross-cultural studies we need to take a number of variables into consideration and the problem becomes then to decide which variables to control for and which ones not to since it is difficult to know which variables represent culture (Medin et al., 2007). All this makes quantitative comparisons across cultural contexts rather difficult, if not impossible. Another problem is that such research most commonly studies the "collective culture" through averaging of the "personal cultures" of the informants and thereby does not take into consideration the fact that there are huge individual differences within a cultural group (Valsiner, 2003) and that such individual differences may outweigh group differences in both extent and importance (Fernando, 2002). Furthermore, sampling is a methodological challenge in cross-cultural research. True random sampling is basically impossible to get (Valsiner, 2003). Often cross-cultural studies use students based on the rationale that students at least share some features believed to make comparisons easier/more valid, for instance, similar age and level of education. However, students can never be said to be a representative sample of a country's or region's inhabitants making it impossible to generalise validly from students to general populations. Valsiner (2003) also points out that this kind of research often lacks a theoretical foundation. This makes it difficult to interpret results from quantitative cross-cultural studies. Thus, an alternative is then to move away from a cross-cultural to a cultural focus (Cole, 1996); the emic perspective. That is, a phenomenon is studied within a culture by native researchers and without comparing the findings to other cultures. This approach has its own challenges that are further discussed below.

We need qualitative research

Seeing as culture is not a static entity, nor an independent, causal, explanatory or even measurable variable, it is now time to add some "new" approaches to studies with a cultural perspective on suicidal behaviour. That is, we need studies employing

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different kinds of qualitative methodology. Qualitative studies give us the opportunity to answer the "what", "how" and "why" questions and such questions need to be answered *before* it gives meaning to ask the "how much" questions (Brinkmann, 2009, Hjelmeland & Knizek, in press). Brinkmann (2009) has emphasised that a qualitative understanding of the psyche is an essential requirement for psychology itself. The same applies to suicidology; we need to *understand* what suicidal behaviour means to people in different cultural contexts before it gives meaning to compare quantitatively across them (Hjelmeland & Knizek, in press).

Qualitative approaches are, of course, not at all new in mental health research. Already in 1977, Kleinman suggested that an ideal cross-cultural study should begin with phenomenological descriptions that are indigenous to each cultural group which simply means that we try to meet people where they are with the least possible transference of our own "cultural baggage", that is, our specific cultural world view. According to Fulford and colleagues (2007): "….phenomenology and related disciplines, as rigorous approaches to analysing experience supported by detailed theoretical frameworks, provide tools for more effective and inclusive ways of understanding differences not only between individuals but also between cultures in the way they experience the world" (p. 39).

However, for some reason qualitative studies are, even today, met with resistance, even prejudice, in psychiatric and psychological journals in general (Brinkmann, 2009; Marchel & Owens, 2007), as well as in suicidological journals particular (Hjelmeland & Knizek, in press). Why we need qualitative methodologies and how they can be utilised in suicidological research in general have been dealt with at length elsewhere (Hjelmeland & Knizek, 2010; Hjelmeland & Knizek, in press; Leenaars, 2002a; Leenaars, 2002b). Here, the emphasis is on why they are important in *cultural* suicidological research. In this, we can draw on research from, for instance, sociology and anthropology that are light years ahead of psychology and psychiatry when it comes to using qualitative methods. It is fair to say that suicidology theoretically finds itself at the intersection between, among other disciplines, psychology, psychiatry, sociology, and anthropology and should therefore be able to draw on the methodology from all these disciplines. For instance, social anthropology takes the structure of social organisational forms that make up society into consideration, something that is most often missing in cross-cultural psychology (Valsiner, 2007).

Since culture can be understood as the processes of meaning-making in social groups (Lewis, 2002/2004), this in itself warrants and even calls for the application of qualitative methodology in cultural studies where a search for meaning is central. We need methodology that allows us to focus more on *understanding the meanings* of suicidal behaviour in different cultural contexts rather than on just trying to *explain* it in terms of different statistical relationships, for instance, with various risk factors (Hjelmeland & Knizek, in press). The methodology of cultural psychology (and hence cultural suicidology) needs to be systemic, idiographic and qualitative (Valsiner, 2007). Through different kinds of qualitative analysis, we can interpret, and thus develop an understanding of *how* cultural factors contribute to the suicidal process (or not).

Valsiner (2003; 2007) argues that also analysis of individual cases is valuable here; a common approach in cultural psychology. He explains that in studies of individuals we build systemic models of the cultural functioning of the individual in his/her social context. This systemic model is in turn tested on another individual, which then probably will lead to a modification of the model. Then this modified model is again tested on a third individual and so on. This is thus a hermeneutic construction of knowledge about individuals' functioning in their environment, and, "the generalised model becomes ideally applicable to human beings in their generic state" (Valsiner, 2007, p. 29). Support for the importance of what individual cases can contribute to science was eloquently and humorously expressed by the neurologist Vilayanur S. Ramachandran when he was interviewed by Doidge (2007):

> Imagine I were to present a pig to a skeptical scientist, insisting it could speak English, then waved my hand, and the pig spoke English. Would it really make sense for the skeptic to argue, 'But that is just one pig, Ramachandran. Show me another, and I might believe you!'" (p. 178)

It would perhaps be better to try and find out how/why this pig could speak English (or talk at all) by studying it and its context in depth. It is through qualitative idiographic methodologies the researcher(s) can develop an understanding of an individual case in detail (Valsiner, 2007); in how this individual interacts with the surroundings and thus to understand the suicidal process. Here, analytical generalisation comes to the fore (Kvale, 1997). Through idiographic methodologies one can generalise "on the basis of evidence of individual systemic cases, and [apply] its generalised knowledge to new, and always unique, individual cases" (Valsiner, 2007, p. 388). In analytical generalisation it is the *users* of the knowledge who determine whether a finding can be applicable in their case/situation by comparing their case to what is found in another case. The validity of such an analytical generalisation depends on how relevant the compared characteristics

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are, which again depends on detailed, compact, and rich descriptions of the case (Kvale, 1997).

The only way to improve our understanding of suicide in different cultural contexts is to get as much information as possible on which vulnerability factors that are important in individual cases of suicide in these different cultural contexts (Tousignant & Laliberté, 2007). Thus, in order to *understand* individuals with suicidal ideation and/or behaviour, we have to understand how these individuals perceive their world and themselves in this world; why it is that they want to "resign" from their world so to speak, or, to change their world, as is the case in many of those who deliberately harm themselves with little or no intent to die (e.g., Hjelmeland et al., 2002). This can be done within and across cultural contexts with a cultural approach which helps us develop an understanding of the phenomenon of suicidal behaviour as well as of individuals displaying suicidal ideation and/or behaviour. Qualitative methodology is thus useful in both cultural and cross-cultural studies. Qualitative cross-cultural/comparative studies are theory generating or theory opening, in contrast to the hypothetical-deductive methodology where the researchers only seek to verify already established so-called "great-man" theories (Nerheim, 1995). According to Nerheim, the emphasis of the comparative perspective opens up for a differentiation at a level where the hypothetical-deductive exploration used by the natural sciences veils our vision of differences and that these therefore are reduced to a question of traits by the data themselves. The point of comparison is therefore to function constructively with a view to independent theory development. We can discover things concerning our own culture by looking at it in the light of other cultures, and vice versa. Comparative qualitative studies of suicidal behaviour across cultural groups and contexts can thus open up for new ways of looking at the data.

It is, however, important to emphasize that when we argue for the need to take a cultural perspective into consideration in suicidological research, we do not always expect there to be cultural *differences*. It is just as interesting and important to focus on similarities (and also to publish studies finding similarities in different cultural contexts as further discussed below). As Mishara (2006) has pointed out:

> Suicidology research tends to either ignore cultural differences entirely or focus upon a specific culture without examining possible commonalities across cultures. An important challenge for future research is to explore and understand the frontier between universal aspects of suicide and its cultural specificity. (p. 2)

In the words of Medin et al. (2007): "both within- and between-culture similarities and differences are recruited in the service of understanding how culture affects thought" (pp. 637-638).

With the current predominance of quantitative cross-cultural studies we have perhaps started in the wrong end in cultural suicidological research. It is important to *understand* the phenomenon we are studying, in this case suicidal behaviour, in different cultural contexts before it is meaningful to *explain* it, for instance, in terms of (cultural) differences in risk factors and prevalence (Hjelmeland & Knizek, in press). It would therefore be more fruitful, as well as more methodologically sound, to now focus on *qualitative* research, particularly, but not only, in cultural contexts where we have little or no knowledge about suicidal behaviour, for instance, in low and middle income countries outside the West, or, in minority groups in high income countries. However, we also need qualitative studies to follow up the thousands of quantitative risk factor studies already conducted in the West (and elsewhere) to try and find out *why* or *how*, if indeed they are, connected to suicidal behaviour (Hjelmeland & Knizek, 2010; Hjelmeland & Knizek, in press).

Both in-depth studies in one cultural context as well as comparisons between cultural contexts, within or across nations, are important. The main point is to utilise methods properly suited for such endeavours, namely qualitative methodologies. As mentioned above, qualitative (comparative) studies are theory generating. However, it is also possible, or even important sometimes, to start with theoretical frameworks, if we make sure these frameworks are applicable in cultural studies. Theoretical challenges and opportunities is thus what are discussed next.

Theoretical Challenges and Opportunities

Lack of theoretical frameworks is common in suicidological research in general (Knizek & Hjelmeland, 2007) and we need to develop such frameworks relevant for cultural studies of suicidal behaviour. At present, risk factor studies with little or no theoretical basis are in abundance (Hjelmeland & Knizek, 2010). However, even if not explicitly stated, much of this research is based on the biomedical illness model (e.g., von Uexküll & Wesiack, 1988) where, for instance, mental illness is considered central in suicidal behaviour. Often, mental disorders, particularly mood disorders, are presented as *the* most important risk factor of suicide and often a causal link between the two is implied (e.g., Cavanagh et al., 2003; Isacsson & Rich, 2003). However, this reductionist biomedical illness model fails to provide the necessary theoretical framework for studying the complex, multifactorial phenomenon (or rather phenomena) of suicidal behaviour (Hjelmeland &

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Knizek, in press; O'Connor & Sheehy, 2000). Taking the cultural perspective into consideration complicates matters even further since there are huge problems with the validity of psychiatric diagnoses across cultures (e.g., Fernando, 2003; Jadhav & Littlewood, 1994; Kleinman & Good, 1985) as well as cross-cultural differences in the relationship between mental disorders and suicide (e.g., Chan et al., 2001; Phillips et al., 2002; Tousignant & Laliberté, 2007; Vijayakumar et al., 2005; Yang et al., 2005; Zhang et al., 2004). Thus, we need other theoretical frameworks.

Communication theory

A fruitful alternative might be to study suicidal behaviour within the framework of communication theory where suicidal acts are viewed as acts of communication (Fleischer, 2000; Hammerlin & Enerstvedt, 1988; Hjelmeland et al., 2002a; Jack, 1992; Knizek & Hjelmeland, 2007; Lester, 2001; Qvortrup, 1999). This is, for instance, based on Watzlawick's (1991) thesis that everything a human being does is communication and will influence others. Hence, there should be no problem in considering suicidal behaviour as communicative acts; people are indeed communicating something to someone by killing or harming themselves, something also Farberow and Shneidman (1961) alluded to already 50 years ago. Suicidal behaviour is a phenomenon with a process character due to its dialogical communicative nature. The act is the outcome of a range of earlier events and dialogues that have lead to a decision to kill or harm oneself. This, in turn, functions as a statement and is a contribution to previous dialogues with significant others (Hjelmeland et al., 2002a). This connects the individual with their context. Thus, communication theory is well suited as a framework to study suicidality in different cultural contexts since communication, while universal, may have different aspects/meanings in different settings (Hjelmeland & Knizek, in press; Hjelmeland et al., 2008).

Speech-act theory developed by Austin (1962) and Searle (1969) is an aspect of communication theory relevant for suicidal behaviour (Fleischer, 2000). Speech-act theory arose because it was recognised that signs have a fundamental dialogical structure and thus cannot be understood apart from the context they are embedded within (Johansen & Larsen, 1994). Qvortrup (1999) has developed this concept further on the background of pragmatic linguistics in relationship to suicidal behaviour. He suggests four possible categories of suicidal acts in accordance with the act's function: 1) "Emotional towards others", where a statement is made about the emotional relationship between the suicidal individual and the other(s) that the act is designated for; 2) "Regulative towards others", where the intention is to influence other(s); 3) "Emotional towards oneself", where a lack of love for the individual's self is central, for instance, because of low self-esteem; and, 4) "Regulative towards oneself", involving punishment of the self, as the individual feels that s/he cannot live up to the demands of the surroundings. Qvortrup's theory was developed in Denmark, has found some empirical support in Norway (Hjelmeland et al., 2002a), and results from a European multicentre study (Hjelmeland et al., 2002b) can also be interpreted in keeping with Qvortrup's theory, although other interpretations for some of the categories were also possible in both studies. In these two studies, analysis of 14 variables describing intentions involved in a suicidal act resulted in a four-factor structure reflecting Qvortrup's theoretical categories. However, a similar study in Uganda resulted in a two-factor structure indicating differences across cultural contexts (Hjelmeland et al., 2008).

Knizek and Hjelmeland (2007) have built on some of the work mentioned above and developed a functional model of suicidal behaviour as communication (MoSBaC) through a combination of Scandinavian theories within the framework of communication theory and semiotics. This model is functional in that it can be used to analyse both verbal and non-verbal data. It is particularly developed with a variety of qualitative data in mind, but the typology of the model could also be suitable for quantitative approaches (Knizek & Hjelmeland, 2007). This model may be a good starting point for studying suicidal behaviour in different cultural contexts but will most likely need to be adjusted in different ways depending upon cultural, as well as individual, differences (cfr.Valsiner, 2003 and 2007 above).

Other relevant theoretical frameworks

There are also other relevant theoretical frameworks that might be particularly well suited for suicidological research with particular emphasis on the cultural context. Examples are entrapment theory (Williams, 1997) and action theory (Michel & Valach, 2001). These will not be further elaborated here. However, it is important to note that when working qualitatively, it is not *always* necessary to have a theoretical framework to start with. On the contrary, with *some* theoretical frameworks we may actually lose the context sensitivity that is the hallmark of qualitative methodology. Thus, it would therefore be better to build new theories through systematic and transparent analysis of the data, like, for instance, in Grounded Theory (Glaser & Strauss, 1967; Mugisha et al., in press a). This may be particularly relevant in countries or cultural contexts where no suicidological research has been done before. Furthermore, our research group's research in Ghana and Uganda has revealed that religion and morality are extremely

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central aspects in viewing suicidal behaviour (Akotia et al., 2009; Kinyanda et al., 2009; Kizza et al., 2009; Knizek et al., 2009a; Knizek et al., 2009b; Mugisha et al., 2009) and relevant theories in those domains might be particularly important in countries where religion and spirituality are important parts of most of the populations' everyday life (see, for instance, Verhoef & Michel, 1997).

Ethical and Political Challenges

Ethical and political challenges are discussed under one main heading since it often is difficult to separate the two. For instance, political challenges/issues often have ethical implications.

In advocating for the importance of having a cultural perspective on suicidological research I argue for the necessity to increase research in low and middle income countries since we still have relatively little research on suicidal behaviour from such countries. Such research involves numerous unique ethical challenges in addition to the traditional ones faced in suicide research in general. First of all, ethical principles may vary between ethnic/cultural groups, for instance, in terms of the emphasis put on individual versus collective rights (Kelly & Feeney, 2007). Moreover, in some low income countries, suicidal behaviour is still considered criminal according to the nations' laws. In addition, suicide carries a lot of stigma, is even more taboo than in the West, and persons struggling with suicidal ideation, have carried out a suicide attempt, and/or have lost someone to suicide face a lot of prejudice, even from health care personnel (e.g., Akotia et al., 2010). Illiteracy levels are high, making informed, *written* consent (a requirement emphasised by ethics committees in the West) difficult (Mugisha et al., in press b). All these, and more, issues relating to participants in suicide studies add to the common ethical challenges in suicidological research. These issues are, however, dealt with in detail elsewhere (Kizza et al., in press; Mugisha et al., in press b). Here, only some of the ethical and political challenges resulting from lack of local competence and hence focussing on researchers and the research process are discussed.

Collaboration between Researchers from High and Low Income Countries

Local mental health professionals in low income countries who are interested in doing suicide research may find themselves dependent upon researchers from high income countries, both because they may lack research competence and/or because they don't have the necessary funding to conduct the research. On the other hand, for researchers in high income countries interested in doing research in low or middle income countries it is important to conduct the research in close collaboration with native researchers in order to avoid what De Leo (2002) has referred to as "'epidemiological safari tours' in developing countries" (p. 373) and to avoid the risk of introducing bias, retaining ethnocentric and culturally invalid methods (Kohn & Bhui, 2007). It is important to emphasise that such collaboration across borders is a win-win situation for both sides as well as for the suicidological field itself; this is not development aid in the traditional sense (it is important to emphasise that since universities, at least in Norway, are not allowed to conduct development aid in the traditional sense). By such collaboration low and middle income countries get the chance to develop a culture sensitive knowledge base for suicide preventive efforts, high income countries learn more about understanding of suicidal behaviour in different cultural contexts which is indeed relevant since many of them have large communities of immigrants/refugees/asylum seekers from low income countries, and, this, in turn, enhances the whole suicidological field since we all get a more nuanced understanding of what suicidal behaviour is all about. However, there are challenges in such an endeavour, some of which are discussed in the following.

If a country does not have the necessary competence to conduct studies on suicide, I would suggest that high income countries have a moral and ethical obligation to contribute to educate researchers, for instance, by admitting and/or funding PhD-candidates from/in low income countries. This is, of course, also dependent upon the interest of potential supervisors. Interested faculty is, however, not enough, it is also necessary with institutionalised commitments. That is, it helps if the institution/university in a high income country at the highest level implements collaboration with universities in low and middle income countries as one of their objectives. Together with my colleague Birthe Loa Knizek, I have for the last 10 years supervised PhD-students from some African countries in more or less official collaboration with universities in these countries. We have frequently experienced at our own university that it is somewhat looked down at to do that; it is considered more prestigious to collaborate with reputable American universities. This might also be the case elsewhere. It should also be mentioned that PhD-students from low income countries may face difficulties at home when it becomes known that they are studying suicidal behaviour. They may find themselves ridiculed by colleagues who do not understand why they want to study such an "awful" and taboo topic.

However, we maintain that high income countries, such as, for instance, Norway, have a moral obligation to contribute to knowledge development in low income countries. In our own research, we have funded PhD-students in three different ways: 1) through the quota programme at the university (money from the Norwegian Government to fund

Suicidology Online
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www.suicidology-online.com
ISSN 2078-5488

Masters and PhD-students from low income countries), 2) through research support from the Norwegian Research Council, and, 3) by making sure that regular PhD-positions are advertised in English so that also foreign students can apply (and of course, notifying collaborating institutions/individuals in the South or East that such positions are open for applications). Also, a three-year multicentre study with senior researcher participation from Ghana, Uganda and Norway has been funded by the Norwegian Research Council.

Ideally, we can imagine collaboration between researchers in high and low income countries as conducted on an equal basis (disregarded the fact that one party in some cases may be a PhD-*student* and the other the *professor/supervisor*); one party may hold the research methodological and/or the suicidological competence and the other party may hold the necessary local cultural competence. Both parties are mutually dependent upon each other to be able to conduct good quality cultural research. However, when one party also holds the money, this will inevitably influence the power balance in the relationship. Moreover, the party possessing the money may also be from the country that previously had colonised the other party's country. However, to refer to this as cultural differences would be reductionist or at least a constriction of viewpoint (Berliner, 2001); this is about power, not culture. Berliner claims that it is a difference in distribution of power as a background for the two parties meeting, and hence *in* the meeting. This creates ethical challenges one should be aware of.

Moreover, in such collaborative projects people from two or more different cultural backgrounds (both in terms of what one traditionally thinks about as culture and also perhaps professional cultures as discussed above), with their own inherent individual culture(s) have to learn to communicate with each other and that can be a challenge. For instance, my first PhD-student from an African country was a *black male psychiatrist* (Eugene Kinyanda). He was then to be supervised by a *white female psychologist*; a situation with a potential to challenge communication at many levels (for the record: it worked out well in the end and we are currently supervising new PhD-students from different professions together). Berliner (2001) refers to this as the *transcultural* perspective; the process that emerges when people from different cultural backgrounds meet and communicate with each other. In this interplay between cultures, some sort of "over-cultural wholeness" is the result. It is important to be aware of this in the research process; it may indeed have implications for the analyses. If there are problems in such a meeting between people from different cultural backgrounds, it is often referred to as a "culture clash". However, in the words of Wikan (2002):

> Cultures cannot meet, for "culture" has no agency. It is just a word, a concept, and concepts do not meet. So talking as if cultures could do this or that – meet, collide, or clash – begs the question of what drives people. It is people, not culture, who have the power to act. And it is people, not culture, who can change life for better or worse. (p. 83).

Collaboration as described above can perhaps be initiated from both parties, but when one party holds the money, this party normally also can decide the terms of the collaboration (see a discussion below of the double challenge researchers from low income countries are facing). If the initiative comes from researchers in a high income country, although sometimes necessary, this can be problematic. For instance, coming from the outside (the West/high income countries) advocating for the necessity to do research on a topic that is not only stigmatised and taboo but also criminalised by the country's laws may create problems and be met with some resistance. It is also important to be aware that since priorities of preventive efforts and strategies in low income countries to a large degree is ruled by donor money, this might in some quarters create a backlash against "imported" programmes (S. Ndyanabangi, Ministry of Health, Uganda, personal communication, 2003). However, that is not my experience from Uganda where we were welcomed from day one; both by a part of the professional mental health community as well as the Ministry of Health (although some negative attitudes from other parts of the mental health community as well as people in high places at the university could also be detected). We (accidently) found a mental health professional (Eugene Kinyanda) who, after listening to my lecture on suicide prevention at the national psychiatric hospital, expressed interest in studying suicidology, and, a couple of years later, we had managed to secure funding for his PhD-study at our university as a quota student. He, in turn, introduced us to the Principal Medical Officer in charge of the Mental Health Department at the Ministry of Health, Dr. Sheila Ndyanabangi. She was aware that suicidal behaviour was a serious public health problem in Uganda and that action needed to be taken in order to deal with it, but they needed help from the outside in order to start such work. She has given us moral support from that day onwards (this was about 10 years ago). The Ministry of Health in Uganda was also interested in getting the law criminalising suicidal behaviour abolished and has asked the psychiatric community to establish dialogue with the Law Reform Council so that they can start to change attitudes with regard to this. There is, however, some resistance in the juridical community since many of the lawyers believe that keeping suicidal behaviour criminalised is suicide preventive. It should perhaps be mentioned that in some of the countries where suicidal behaviour

Suicidology Online
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ISSN 2078-5488

still is criminalised by law, the law is a reminiscence of the old colonial government.

Our experience from Uganda was then to start by finding interested professionals and then get in touch with the authorities and anchor our activities there. Other approaches may work better elsewhere. It is, however, important that the research is anchored with the authorities in countries where suicidal behaviour is not only stigmatised but also criminalised, both at the country governmental level as well as at the various relevant local levels. This is necessary when approaching potential participants in the studies (discussed in depth in Kizza et al., in press, and, Mugisha et al., in press a). In aiding the process in "outsiders" advocating for the importance of doing research on suicidal behaviour in countries where it is still stigmatised and/or criminalised, the International Association for Suicide Prevention (IASP) and the World Health Organisation (WHO), for instance, may play important parts as gate-openers at the governmental level. This has been suggested by suicide researchers in relevant countries and I suggest IASP take on this challenge and adopt a more active role here.

Negative Attitudes to "Cultural" Research in some Western Based Journals

One political challenge is that editors of European and American based journals sometimes reject manuscripts, not because they are badly written or based on flawed studies, but *because* they contain a "cultural" perspective, here in the meaning of studies conducted "elsewhere", which is then deemed irrelevant for a Western audience. This has been documented for psychiatric research in general by, for instance, Patel and Sumathipala (2001) and Sumathipala et al. (2004) and also Alem and Kebede (2003) have pointed to the challenge of "lack of demand for (and social appreciation of) research from developing countries" (p. 185). Our multicultural suicidological research group, as well as other colleagues from low income countries, also have numerous experiences with this. In rejection letters, editors in some Western based journals, both general mental health journals as well as suicidological ones, recommend submitting the papers from, for instance, African countries to African or "regional" journals since the results are deemed more relevant for a local audience. Such an attitude not only contributes to impede the development of a valid evidence base to inform practice regarding suicide preventive efforts in non-Western and/or multicultural (Western) contexts, but is also a hindrance to the advancement of suicidology itself since we need to have research from different cultural contexts in order to understand the phenomenon better. Moreover, what these editors seem to have forgotten is that their journals are read all over the world and carry more weight than local or regional journals. This is also an ethical issue insofar as editors through these biases may actually be contributing to the prevailing inequities in global research (Sumathipala et al., 2004). If research from low income countries cannot get published in well recognised journals, this, in turn, affects the possibility of getting funding for such research (Hjelmeland & Knizek, in press). Patel and Sumathipala (2001) argue that editors have a moral duty to pay attention to the barriers researchers in low income countries are facing and a moral obligation to publish studies from such countries. However, this does not mean that the quality requirements should be any lower than for Western papers since that "would be at best patronising and at worst discriminatory" (Patel & Sumathipala, 2001, p. 409). Rather, a collaborative editorial style should be considered (Patel & Sumathipala, 2001; Vetter, 2003) to help improve manuscripts, if the studies themselves are of good quality.

Sometimes good quality papers from non-Western countries finding similar things as have been found in the West are rejected by Western based journals because editors feel they do not contribute any new knowledge, thereby failing to recognise the importance of finding both similarities and differences in different cultural contexts (cfr. the quotation above by Mishara, 2006). This is similar to the heavily criticised publication bias resulting from only publishing studies where differences or effects are found and not publishing studies where no difference or effects are found, for instance, in pharmaceutical research. The consequence is a missed opportunity to enhance our understanding of suicidal behaviour in a cultural context.

However, some Western based journals relevant for suicidological research do indeed welcome research from cultural contexts outside the West. There are, of course, those with "cultural" in the name, like, for instance, *Transcultural Psychiatry* and *Cross-Cultural Psychology*, but also some general journals have a reputation for publishing "cultural" studies, for instance, *Acta Psychiatrica Scandinavica* and *British Journal of Psychiatry* (Westermeyer, 2009). There are also many others. Of the suicidological journals, *Crisis* clearly is conscious of its obligations in this respect being the official journal of the *International Association for Suicide Prevention* (De Leo, 2008). In the four-year period 2005-2008, 34% of the publications in *Crisis* came from Non-Western parts of the world (Hjelmeland & Knizek, in press). The percentages for *Archives of Suicide Research (ASR)* and *Suicide and Life-Threatening Behavior (SLTB)* were only 16% and 15%, respectively. However, only 15% of the studies published in *Crisis*, 12% in *ASR* and only 4% in *SLTB* mentioned culture in some form in the title and/or in the abstract and thus reflected a specific cultural focus (Hjelmeland & Knizek, in press).

Suicidology Online
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Why the resistance in some journals towards including "cultural" perspectives?

Part of the problem might perhaps be the current very high emphasis on biological issues in psychiatry in general and hence in suicidology in particular. At present, psychiatry and behavioural sciences are developing in a very biological (genetic) direction (Brinkmann, 2009) and this, in turn, has implications for suicidology. In some circles, various kinds of biological approaches to suicidal behaviour thus are deemed the only *real* scientific approaches to explaining suicide. Thus, studies on hormones, genes and neurotransmitters are in demand, and various kinds of brain-imaging techniques are developing fast. We can also see a "biologyfication" of the language in the field. For instance, "endophenotypes" seems to have become a new fashion word for (some specific types of?) risk factors. Endophenotypes are genetically induced biological markers; intermediate traits that lie somewhere on the developmental pathway from genes to phenotype (Gottesman & Gould, 2003). However, as Stuppia (2009) has emphasised, they are risk factors, not illness, and they need environmental influences in order to lead to illness. Stuppia talks about psychiatry, hence referring to the illness concept, but we can easily replace illness with behaviour here to make it relevant for suicidology. It is important to note that most of the phenotypes are not genetically conditioned, but culturally induced (Stuppia, 2009). The same genotype can result in very different phenotypes depending on the cultural context (Kim, 2009). Such information seems somehow to be lost in all the focus on biology. Moreover, in a recent *Crisis* editorial, Larkin and Beautrais (2010) describe "suicide-related endophenotypes" (p. 2) and in so doing refer to many of the commonly known risk factors, for instance, psychiatric illness, alcohol and substance abuse, old age, partner violence, criminal behaviour, firearm ownership, etc. Thus, the use of the concept endophenotypes seems to be getting a broader and broader definition. This "biologyfication" of (the language of) the suicidological field may contribute to take the attention away from the importance of cultural issues; issues that are essential in the suicidal process.

Moreover, brain-imaging is now promoted as an important contribution to suicide prevention. In the words of Mann (2005): "The clinician needs to know which depressed patient is at risk for suicide, and one promising direction is to begin using brain imaging to measure the predisposition to suicidal behaviour …" (p. 102). In other words, it may no longer be necessary to talk to people in order to find out whether they are suicidal; we can just take pictures of their brains. This may not be what Mann actually means, but the strong biological current in psychiatry may take us in such a direction. For instance, at the 2nd World Conference of the World Association of Cultural Psychiatry (in Norcia, Italy, September 2009) a leading cultural psychiatrist, in a comment to one of the plenary talks, reported that the new director of a psychiatry department in the USA recently had fired all the psychologists with the argument that from now on they were only going to do *real* psychiatry, and then it was not necessary to talk to people. That is a scary point of view in my opinion and perhaps we may head towards a similar development in suicidology unless we take firm action to avoid it. Colleagues around the world report that it is getting increasingly difficult to get funding for research projects that do not at least have some biological component. This turn of events may be a reason why it is so difficult to get cultural issues accepted as important in some circles. With the new brain-imaging techniques psychiatry, and suicidology, may be heading towards (back to?) a very mechanistic view of human beings. A potential consequence of finding biological markers for suicidal behaviour is that this makes it rather easy to think of medication as the best/cheapest/easiest possible treatment; it may be considered easier to treat a chemical imbalance with chemicals instead of spending a lot of resources on unveiling the reason(s) for this imbalance and whether it would be better for the patient to treat it with alternative therapies. Due to the high cost of brain-imaging equipment it is not likely that culture specific MRI-studies will be conducted on a large scale, for instance, in low income countries, but it is far from unthinkable that some, for instance, pharmaceutical companies will generalise the effect of medicines from one cultural context to another (it has been know to happen) although there is evidence of culture (both the clinician's as well as the patient's) influencing the effect of drugs (Yu et al, 2007). This is, indeed also an ethical issue as well as a political one.

However, there is no reason why biological research should exclude or diminish the focus on cultural influences; on the contrary. As Chen and colleagues (2007) have pointed out: "Biology is not 'culture free', findings derived from the field of biological psychiatry need to be understood in the context of culture and ethnicity to avoid misleading and mis-interpretation" (p. 78). As mentioned above, the same genotype can result in very different phenotypes depending on the cultural context (Kim, 2009). Henningsen & Kirmayer (2000) argue that: "increasing knowledge of neurobiological mechanisms does not indicate the triumph of reductionist models in the sciences of the mind. On the contrary, recent trends in cognitive neuroscience underscore the significance of social context …" (p. 468). The genetics involved in mental disorders related to suicidal behaviour vary significantly across ethnic groups (Chen et al., 2007; Yu et al., 2007). And, in the words of Markus and Hamedani (2007): "… before looking for … the genetic underpinnings

Suicidology Online
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ISSN 2078-5488

of a given behaviour, it would seem wise, and also scientifically sound, to determine whether a given observed behaviour can still be observed once the context shifts" (p. 29).

Transcultural neuroimaging has shown that cultural background can influence neural activity (Stompe, 2009) and research in neuroplasticity has demonstrated that it seems to be few limits to what the brain can do and develop into with different environmental stimulations and that biological patterns in the brain both can be created and changed by experience (e.g., Badenoch, 2008; Doidge, 2007; Mogensen, 2007; Schwartz & Begley, 2002). And, since experiences occur in particular cultural contexts, it should be self-evident why cultural aspects then are important to take into consideration in the analysis of the data, even biological data. Moreover, in terms of suicide research and prevention it would perhaps be more fruitful to focus more on peoples' experiences in different cultural contexts and less on their neurobiological structures that might even be there in the first place *because* of some experiences. After all, "… biological beings become human beings through their engagement with the meanings and practices of their social world …" (Markus & Hamedani, 2007, p. 32). People are complicated, reflective creatures and because of "… its symbolic basis, the flow of human conscious experience … is not reducible to any finite set of bio-physical causes" (Pickering & Skinner, 1990, p. 2), and, still according to Pickering and Skinner (1990):

> The mind-brain system that supports human consciousness is … a uniquely complex mix of physical, biological and socio-cultural systems, integrated within an historical process. The flow of experience generated by the interplay of causes and effects within this process will be correspondingly complex. Describing this flow will require more than just a combination of terms from the natural sciences ... . (p. 2)

In other words, it is absolutely essential to take the cultural perspectives into consideration in *all* suicidological research, including the biological one. However, the current biological turn of events in both psychiatry and suicidology gains momentum from the old, but persistent fight about what *real* science is and strong forces are still pointing to natural sciences as the only *real* sciences capable of providing the answers we need. Thus, with the focus on biological and genetic explanations of human behaviour on the increase, the focus on cultural explanations is decreasing (Brinkmann, 2009). In psychiatry, this is an uphill battle (Alarcón, 2009), which makes it so in suicidology as well. It is therefore necessary to persistently advocate for the importance of the cultural context of suicidal behaviour, research, treatment as well as prevention. Culture is indeed influencing psychiatric (and hence suicidological) research itself (Chen et al., 2007) and biomedicine and psychiatry are culturally constructed bodies of knowledge (Kirmayer, 2007). What editors rejecting papers from non-Western parts of the world may have forgotten, apart from the fact that all Western societies are multicultural, is that *all* research, behaviour, and treatment takes place in a specific cultural context that actually consists of many specific cultural contexts simultaneously. The problem is perhaps that one does not see one's own cultural context because one looks at it as something natural: "Like fish in the water we fail to 'see' culture because it is the medium within which we exist" (Cole, 1996, p. 8).

Above, the futility of the biomedical illness model was outlined. Most suicide researchers today would probably agree that this model is too simplistic and reductionist and not really a comprehensive enough approach to study suicidal behaviour. It is probably not considered politically correct to explicitly promote the biomedical illness model as an appropriate framework for suicidological research. However, the current increasing emphasis and prioritising of biological research somewhat contradicts this and there seems to be a gap between politics and reality here that perhaps should be brought attention to.

Negative Attitudes towards Qualitative Methodology

Above it is argued that it is important to start with cultural research before it gives meaning to do cross-cultural research, and, that it is necessary to start with qualitative methodology in cultural contexts where little or no research has been conducted before in order to get an understanding of what suicidal behaviour means in different cultural contexts. There is, however, no doubt that there is resistance towards qualitative research methodology in much of the leading power structures of the scientific community represented by funding sources, journal editors and reviewers (Brinkmann, 2009; Hjelmeland, in press; Hjelmeland & Knizek, 2010; Hjelmeland & Knizek, in press, Lincoln, 2010; Marchel & Owens, 2007). Some might perhaps object to referring to this as a political challenge; in some circles there is still a strong belief that qualitative methodology is simply about subjective opinions that have very little to do with science. In this day and age, it is, however, fair to say that such an attitude is, at best, based on ignorance about what qualitative methodology is, and the arguments used for rejecting qualitative studies may thus be described as more political (prejudiced/narrow-minded) than scientific. This is thus one of the most important challenges faced in suicidology now in the beginning of the 21st century; indeed an uphill battle. Qualitative methodology is, however, *crucial* in order to deepen our understanding of what suicidal behaviour means to people in

Suicidology Online
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ISSN 2078-5488

different cultural contexts (Hjelmeland & Knizek, 2010; Hjelmeland & Knizek, in press).

The resistance towards accepting qualitative research might constitute a double challenge for researchers in low income countries; not only are they met with resistance abroad from editors, but also at home they risk being ridiculed by colleagues. In an editorial of the *British Journal of Psychiatry*, Doku and Mallet (2003) pointed out that:

> Researchers in low-income countries are often under implicit or explicit pressure to conform to Western models in exchange for collaborative arrangements, acceptance by the international scientific community, participation in meetings and publications, and financial support. The lack of resources and the threat of intellectual isolation may push bright young researchers in these regions into adopting values, conceptual frames of reference and research agendas that make their work acceptable to Western colleagues. (p. 188)

They also refer to Jablensky (1999) saying that: "When this occurs, research questions and findings that are thought to be at variance with the dominant paradigm represented by scientific journals and conferences tend to be put aside" (p. 188).

The resistance towards qualitative methodology also has ethical implications, especially in terms of suicidological research from a cultural perspective. Above, it was argued on methodological grounds for the necessity to start with qualitative studies in countries/cultural contexts where little or no research has been conducted before. There are also some ethical arguments for this. Qualitative studies develop "understandings of the phenomena under study, based as much as possible on the perspective of those being studied" (Elliott et al., 1999, p. 216). Qualitative interviews involve a voluntary conversation between the interviewer and the interviewee adjusted to the *interviewees'* needs/possibilities/wishes to express themselves and forward their own view on the issues being discussed. It can therefore be argued that qualitative studies are more ethical in certain contexts since they are more open/adjusted to the needs of the participants compared to quantitative studies where normally predetermined, standardised and fixed-order questions, adjusted to the *researcher's* needs, are asked. This may be particularly important in countries where suicidal behaviour is especially taboo, stigmatised, or even criminalised. There it is important to understand *why* and *how* it is taboo, for instance, and here qualitative studies are essential.

Thus, it will definitely help if qualitative methods become more accepted as important in a Western context. Otherwise, researchers from low-income countries will continue to face this double challenge; first they have to argue for the value and relevance of their research also for a Western audience, and if they then also use a methodology that is not fully accepted in the West (or by influential people everywhere), it is even more difficult for them to get their work accepted in Western based journals (or regional journals with editors educated in and/or influenced by the prevailing view in the West). Fernando (2003) claimed that:

> Changing the culture of research so that it is bottom-up (i.e. starts with user views and needs identified by people who suffer mental health problems) is likely to threaten vested interests of the psychiatric establishment and so requires a political will to enforce. (p. 205)

In other words, this is about politics and power, and the question is, what can we do to change this? Some efforts have been made during the last couple of decades to educate the opposition about the ignorance they show in their resistance towards qualitative research. For instance, Kvale already in 1994 published the paper "Ten standard objections to qualitative research interviews" where he elegantly refuted all of them as invalid. He even pointed out that they should already be outdated. Now, 16 years later they still frequently appear in reviews and rejection letters (Hjelmeland & Knizek, in press).

Competence seen as a Threat rather than a Resource in Low Income Countries

If you have managed to get a PhD abroad and come home to your country as one of the first, if not *the* first psychologist or psychiatrist in the country holding a PhD, eager to utilise the competence gained, you may be disappointed. In a country where people in powerful positions, for instance, deans or heads of departments, do not themselves hold a PhD, you may be perceived as a threat rather than a resource. A junior with a PhD may perhaps turn the power hierarchy upside down and may thus find him/herself unacceptable in any of the relevant departments in their home country where their skills may be urgently needed. They may have to settle for employment elsewhere with few opportunities to continue the research they trained for. That is a waste of competence, and all because some people in powerful places feel threatened by that very competence they instead should see the value of and use. Perhaps post doc grants funded from high income countries to researchers from low income countries with PhDs acquired from abroad, may contribute to ease their reintegration back into the relevant institutions in their home countries.

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Suicidology Online
open access journal
www.suicidology-online.com
ISSN 2078-5488

Other (Financial) Challenges

Another challenge is "piggybacking", that is, in order to get funding for research on suicidal behaviour, it has to be hooked up to research topics presently popular among funding institutions. A relevant example for African countries is research on HIV/AIDS that is, relatively speaking, easy to fund. In order to be able to do research on suicidal behaviour at all then (a topic that is not easy to fund, partly because mental health is not a prioritised area in low income countries), it is appended to a project proposal on HIV/AIDS. In addition it seems to become increasingly necessary to at least have a biological component in the project proposal on suicide research to make it more edible for some funders. In this way, funding sources contribute to steer the research in specific directions and thereby limit the possibilities of free sucidological research directed by a country's needs and requirements for specific knowledge.

Above, it was outlined that some mental health professionals may get the opportunity to acquire a PhD degree in a high income country by different sources of funding. A political challenge related to finances is that many of them prefer to stay on in the high income country after they have completed their PhDs, or even basic medical or psychological education, because they have a better chance of creating a good life for themselves and their families there than in their home countries (something that is not difficult to understand). For instance, Doku and Malet (2003) point out that there are more Ghanaian psychiatrists in Canada than there are in Ghana; indeed a political challenge (brain-drain).

So-called "open access" publication is another political challenge connected to funding. The main intent behind open access publication is that the publications should be available to everyone free of charge, indeed a noble intent. However, even though such publications may be open to all *readers*, they are not accessible for all *authors*. Open access publication normally costs 2000-3000 USD for the authors, which means that authors from rich countries/universities/research institutions are favoured. This development is then yet another hindrance for researchers from low and middle income countries to get their publications out. Some journals offer both opportunities, either open access publication funded by authors published online immediately after acceptance, or, traditional publication in the paper version of the journal and/or by journal subscription online. The main problem with this is that in many journals today, the submission rate is so high that it sometimes takes more than a year from acceptance to publication in the paper version of journals. Thus, those who can pay get their publications out first. Hopefully, more and more journals will become truly open for access for both readers *and* authors, like for instance, this journal, Suicidology Online. In such journals the quality of the paper, not the size of the authors' wallet, decides what is published when.

Concluding remarks

More than 20 years ago, Boldt (1988) stated that "in order to develop valid social scientific theories of cause, suicidologists must make a paradigmatic shift from the prevailing universal, invariant definition of suicide to systematic research into culture-specific meanings of suicide" (page 106). This is also in accordance with the view of one of suicidology's most important "founding fathers" Edwin Shneidman. In his definition of suicide he emphasised the cultural importance by stating that "Currently in the *Western world*, suicide is a conscious act of ..." (Shneidman, 1985, p. 203, my italicising). In other words, the potential importance of a focus on cultural perspectives in suicide research has been pointed out relatively long ago. Still, however, most of the suicidological research is carried out in the so-called Western part of the world and most of it lacks a specific focus on cultural factors (Hjelmeland & Knizek, in press). Moreover, many, (particularly Western?) researchers seem oblivious as to whether their results can or cannot be generalised to other parts of the world. For instance, a review of the publications in the three main international suicidological journals in the four-year period 2005-2008 revealed that 74% of the non-Western studies mentioned the region/country of the study in the title, compared to only 22% of the studies from the West (75% vs. 55% in *Crisis*, 76% vs. 20% in *Suicide and Life-Threatening Behavior*, 74% vs. 12% in *Archives of Suicide Research*; Hjelmeland & Knizek, in press). Mentioning the place where the study was conducted in the title may, at least to some extent, be an indication of whether the authors are conscious of the fact that *all* studies are conducted within a specific cultural context and thus that there are potential limitations to generalising the results to other contexts. If so, this level of consciousness seems to be higher among researchers outside the West. However, it is, of course, not possible to know whether the decision to include the place of study was taken by the researchers themselves or the journal editors. Perhaps the editors insisted that non-Western studies mention the place of study already in the title to indicate that the results may not be generalisable to Western contexts? It would be interesting to know.

Many of us need to become more conscious of the cultural complexities and take the necessary precautions in interpreting and generalising our research results; researchers as well as clinicians and others working with suicide prevention regardless of profession need to develop a cultural competence. However, Kirmayer (2009) emphasises that not only do we need cultural competence; we also need

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cultural humility. When planning suicide prevention programs in low income countries, it is also important to keep in mind that, for instance, Africa in general has only 0.34 mental health professional per 100 000 population (Vijayakumar, 2004). A typical Western suicide prevention program with a high emphasis on suicide prevention in the mental health care with education of, for instance, psychiatrists and psychologists in how to assess and treat patients with mental illness and suicide risk as one of its main objectives may not be particularly useful in, for instance, an African country.

In light of the problems inherent in the concept of culture discussed above, as well as the development towards an increasing Westernization of the non-Western parts of the world and an increasing multiculturalization of the Western world, resulting in a rapid hybridization of cultures, it can be argued that it might be better to abandon the concept of culture altogether and instead simply talk about context (B.L. Knizek, personal communication, 2009). That is, however, another discussion. But whether we call it culture or just context; in suicide research and prevention it is still important to focus on human beings in their contexts instead of just focussing on parts of human beings in isolation. In the words of Eisenberg (1986; in Lewis-Fernandez & Kleinman, 1995): "Psychiatry can no more afford to be contextless than it can afford to be mindless or brainless" (p. 444), "psychiatry" can easily be replaced by "suicidology".

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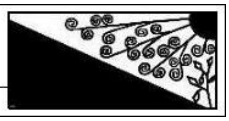

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