

Women and Suicidal Behavior: A Cultural Analysis

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Around the world girls and women have higher rates of suicidal ideation and behavior but lower rates of suicide than boys and men. There is, however, significant variability in gender patterns and meanings suicidal behavior within and across cultures. For example, in the United States, suicide is most common among older “White” men, and is typically considered masculine behavior. Women who kill themselves are viewed as acting like men, and therefore deviant. By contrast, in other societies, including China, suicide is viewed as an act of the powerless, and is most frequent in young women. In these societies, men who kill themselves are considered weak and effeminate. The cultural diversity in gender patterns and interpretations of suicidal behavior challenges essentialist perspectives on gender and suicidal behavior. It also challenges the assumption, common in industrialized countries, that women are protected from suicide as long as they stay “feminine” and subsumed within the family. This cultural diversity also points to the pitfalls of theorizing about clinical phenomena as if they were culture-free, and calls for culturally grounded theory, research, and practice.

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Around the world girls and women have higher rates of suicidal ideation and behavior but lower rates of suicide mortality than boys and men. This phenomenon, which has been called the gender paradox of suicidal behavior (Canetto & Sakinofsky, 1998), is most pronounced in industrialized, English-language countries, such as Australia, Canada, Great Britain, New Zealand, and the United States.

Some consider the gender paradox of suicidal behavior a manifestation of basic differences in the nature of women and men. In reality, the gender paradox of suicidal behavior is not constant within or across countries—especially when factors such as age or ethnicity are considered (Canetto & Lester, 1998). It is also important to note that national suicide mortality data are available only from about half of the world’s countries (Vijayakumar, Nagaraj, Pirkis, & Whiteford, 2005), and that there are no national data on nonfatal suicidal behavior. Furthermore, the data on suicidal behavior, including the World Health Organization (WHO) national suicide data, come from a selected, primarily industrialized countries (World Health Organization, 2007). Thus, based on available data, the gender paradox of suicidal behavior appears to be a dominant, not a universal pattern, suggesting the importance of cultural perspectives on suicidal behavior.

This article examines women’s suicidal behavior from a cultural perspective. It focuses on patterns and meanings of women’s suicidal behaviors across cultures. It starts with an examination of the cultural variability in definitions and recording practices of suicidal behavior. This is to alert the reader to the influence of cultural and political factors on records of suicidal behavior. It

is also to warn about the limitations of comparing epidemiological patterns across cultures, and the difficulty of theorizing based on cross-cultural data, particularly gender differences cross-cultural data.

This article develops with a review of patterns and meanings of women’s suicidal behaviors in societies in which women are less likely to die of suicide than men, followed by a review of patterns and meanings of women’s suicidal behaviors in societies where women’s suicide rates are higher than men’s. The article ends with a critical examination of risk factors for women’s suicidal behavior, and a discussion of the implications of a cultural perspective for suicide theory and prevention, and also more generally, for clinical theory and practice.

Cultural and Political Factors in the Determination of Suicidal Behavior

A critical issue when examining trends in suicidal behavior across cultures concerns how suicidal behavior is defined and determined. This is because cultures differ in what they consider essential for an act to be considered suicidal.

In industrialized countries, suicide is thought of as deliberately self-inflicted death. In other countries, however, it is not necessary for a death to be self-inflicted to be treated as a suicide. Consider, for example, the case of ritual killing of Lusi widows by male kin in the Kaliai district of Papua New Guinea. Locals considered these widows deaths as suicides because the widows presumably demanded to be killed to avoid becoming dependent on their children. The German and Australian district authorities however considered widow-killing a form of murder (Counts, 1980, 1984).

There is also the question of choice in suicide. In industrialized countries, suicide is generally assumed to be voluntary. Voluntariness may however be difficult to establish even when the death is self-inflicted. Consider sati, a mode of death that is illegal but not

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extinct in modern India. In sati, a widow climbs on the funeral pyre of the deceased husband to be burned with him. Her behavior is supposedly voluntary, which would make her death a suicide, at least by industrialized countries' criteria. The meanings and social consequences of widowhood and sati however raise questions about choice in sati. According to Hindu tradition, if a husband dies before his wife, it is because of a wrong she committed in this or a preceding life. In traditional Hindu communities, widows may have to submit to restrictions and prohibitions—from exclusion from festive events to banishment from home without possessions. By contrast, widows who die by sati are believed to bring good fortune to themselves and their kin. Thus, in traditional Hindu communities, the choice for widows may be between a blessed, lively death and a cursed, dead life (Andriolo, 1998; Cheng & Lee, 2000).

The role of cultural and political factors in the determination of a behavior as suicidal is further illustrated by the phenomenon of women's deaths by domestic burning, with cases documented in India, Sri Lanka, Iran, South Africa, and Zimbabwe (Aaron et al., 2004; Batra, 2003; Groohi, Alaghebandan, & Lari, 2003; Kumar, 2003; Laloe, 2004; Laloe & Ganesan, 2002; Lari, AJoghataei, Adli, Zadeh, & Alaghebandan, 2007; Maghsoudi, Garadagi, Jafary, et al., 2004; Mohanty, Arun, Monteiro, & Palimar, 2005; Mzezewa, Jonsson, Aberg, & Salemark, 2000; Rastegar, Joghataei, Adli, Zadeh, & Alaghebandan, 2007; Sukhai, Harris, Moorad, & Dada, 2002; Waters, 1999). These deaths, which usually result from having caught fire while around a household open stove or kerosene lamps, typically involve young, recently married women and follow dowry or other disputes with in-laws. Once again, the lines separating suicide, accident, and murder are blurred. Deaths that seem accidents or suicides may be murders either directly perpetrated or indirectly triggered through psychological pressures.

Another culturally significant factor in the determination of a behavior as suicidal is intent. One perspective is that self-harming behavior should be intended as fatal to be considered suicidal (Nock & Kessler, 2006). Another perspective is that it is difficult, if not impossible to unequivocally establish fatal intent (Canetto & Lester, 1998). The latter view is based on research indicating that the intent of individuals engaging in life-threatening behaviors is not typically singular or clear, even when the suicidal person survives the life-threatening act and can be asked about it. Social desirability likely influences intent accounts, with gender effects most probable when certain forms of suicidal behavior are considered more masculine or more feminine than others (Canetto, 1997b).

Some consider the outcome of the life-threatening act a measure of intent. Others take method immediate-lethality potential as an index of intent. Yet, others use estimates of planning as a proxy for intent. Neither outcome nor method nor planning however are reliable measures of intent. The same method may be used with different intentions and different degrees of planning. A low-lethality method may be used by persons who intend to die and who plan their method carefully, just as a high-lethality method may be used with uncertain intent and on an impulse. In addition, survival following a suicidal act is influenced by many factors, including access to effective medical care (Canetto & Lester, 1998).

Another problem with making intent inferences based on method is that suicide methods are not necessarily chosen based on

intent. Rather, cultural acceptability appears to be an important influence on method choice. This means that when a method that is culturally acceptable for one group is also a more immediately fatal method, the suicide mortality for that group is higher, independent of intent. Consider the fact that in the U.S., firearms are associated with masculinity. This association likely influences both firearms' greater use by U.S. males in suicide as well as U.S. males' higher suicide mortality (Canetto & Lester, 1998).

Ultimately, different perspectives on intent produce different mappings of suicidal behavior. A corollary on issues of intent concerns the relationship of nonfatal suicidal behavior and suicide. Some argue that nonfatal and fatal suicidal behaviors represent distinct populations (Nock & Kessler, 2006). Others consider nonfatal and fatal suicidal behaviors more similar than different, arguing that the outcome of a life-threatening act is as influenced by exogenous as by intrinsic factors. This is an important issue in the determination of the size of the phenomenon of female suicidal behavior. If one includes only suicidal death, suicidality might seem a male problem because males represent a majority of conventionally recorded suicides. However, if one counts nonfatal suicidal behavior as suicidality, suicidal behavior reveals itself as a female problem, because females outnumber males in total number of suicidal acts (Kushner, 1995).

In conclusion, cultural and political factors play an important role in the determination of a behavior as suicidal. Under the influence of cultural and political factors, homicides may be recorded as suicides, whereas suicides may be registered as accidents or undetermined deaths. Additionally, cultural factors create complexity in theorizing about suicidal behavior based on epidemiological data because the size of the problem differs depending on what is defined and registered as suicidal behavior. Although these complexities introduce unaccounted variance in epidemiological data, they also provide information that can enhance understanding of suicidal behavior.

Gender Meanings of Suicidal Behavior in Countries Where Women Have Lower Rates of Suicide Mortality

In countries where the gender paradox of suicidal behavior has been documented (e.g., in the U.S.), nonfatal and fatal suicidal behaviors are considered "naturally" gendered behaviors. Specifically, killing oneself is perceived as masculine behavior while nonfatal suicidal behavior is considered feminine behavior (Canetto, 1997). At the root of these beliefs is a tradition of conceptualizing suicide as unsuited to, and even unnatural for women (Kushner, 1993, 1995). Numerous early European and U.S. theorists, including the sociologist Durkheim, argued that suicide requires a degree of energy, courage, and intelligence they believed could only be found in men. In other words, according to these theorists, women are too passive, too timid, too weak, too conformist, and too dull to kill themselves. "Being a more instinctive creature than man, woman has only to follow her instincts to find calmness and peace," argued Durkheim (1897/1951, p. 272). According to Esquirol (1821/1838) "overexcitement of their sensibilities, their flights of imagination, their exaggerated tenderness, their religious attachments, produce in them [women] illnesses opposed to suicide" (pp. 584–585). Similarly, Dublin, author of the authoritative text *Suicide: A Sociological and Statistical Study* (Dublin, 1963), wrote that suicide is "a masculine type of behav-

ior" (p. 23). According to many early European and U.S. theorists, suicide was a "disease" of "civilized" people. According to these theorists, "primitive" and "simple" people (which, in their view, meant women, the less-educated, and anybody from a non-Western society) were incapable of deliberate suicide. "Woman is less concerned than man in the civilizing process . . . She thus resembles certain characteristics found in primitive cultures," noted Durkheim (1893/1984, p. 192). A corollary of this theory is that women were assumed to be immune to suicide as long as they acted "like women," that is as long as they stayed subordinate to men within "traditional" institutions (see Canetto, 1997; Kushner, 1995; Kushner & Sterk, 2005, for reviews). By contrast, women who acted "masculine," that is women who ventured into such masculine activities as education and employment, would do so at the risk of becoming suicide casualties, like men. Women who suicide, Dublin asserted, must have experienced a "marked increase in . . . schooling and employment . . . Greater economic and social independence . . . played a role" (1963, p. 23). The belief in the special protection offered to women by "traditional" femininity and domesticity is not an idea long-abandoned, despite evidence to the contrary. Recent scholarly analyses still treat as surprising the finding that employment does not increase women's suicidality. "Analyses have failed to uncover a positive relationship between female labor force participation and female suicide, thus lending some support to the view that labor market changes have not had a seriously damaging effect on women's mental health," wrote Platt and Hawton in a 2000 literature review (p. 376).

In Western thought there is also a tradition of conceptualizing "suicide attempts" as feminine suicidal behavior. Schneider (cited in Neuringer, 1983, p. 44) is reported to have "argued that women are more distractable than men, and therefore not able to intellectually plan a successful [sic] suicide." According to others, "suicide attempts" involve alleged feminine qualities such as dependence, helplessness, and immaturity (Birtchnell, 1983). The suicide "attempter" is typically described as having a borderline personality disorder (e.g., Stone, 1993) or being "hysterical" (Schrut & Michels, 1974), diagnoses associated with femininity.

Finally, in Western countries, relationship losses are traditionally assumed to be more significant in women's than in men's suicidal behavior. Suicidal behavior in response to abandonment is conceived as the consequence of women's presumed weak self and relationship-centered identity. Consistent with this presumed connection between women's suicidality and rejection is the belief that women's suicidal behavior is driven by interpersonal motives (such as the wish to reengage and influence) rather than by a wish to die (see Canetto, 1997, for a review).

Research has confirmed that, in the U.S., suicide is considered more inappropriate for women than for men. For example, in one study, suicide by women was rated as more wrong, more foolish, weaker, and less permissible than suicide by men (Deluty, 1988–1989). In another study, women who killed themselves were viewed as more maladjusted than men who killed themselves (Lewis & Sheppard, 1992). In yet another study the argument was made that Chinese women kill themselves at higher rates than men because they are not "real" women. As evidence of Chinese women's dubious womanhood, the author presented Chinese women's impressive record as athletes—sport and suicide clearly

being, in his view, the ultimate masculine behaviors (Zhang, 2000).

Studies conducted in the U.S. also indicate that "attempted" suicide is considered feminine behavior. For example, one study found that "suicide attempts" were seen as more feminine but less potent than suicide. In the same study, "feminine" persons were expected to "attempt" suicide more than "masculine" persons (Linehan, 1973). Other studies noted that "attempting suicide" is particularly condoned for young women. For example, Stillion, White, Edwards, and McDowell (1989) found that young women received more empathy for their nonfatal suicidal behavior than older women and men of any age. Similarly, Rich, Kirkpatrick-Smith, Bonner, and Jans (1992) found that compared to boys, girls reported less concern about being disapproved for their suicidal ideation.

Furthermore, research provides evidence of gender stereotypical beliefs about the reasons for suicidal behavior in women and men. In Canada and the U.S., female suicide is thought to be triggered by trivial interpersonal problems, such as arguments with a significant other or the end of a romantic relationship, in contrast to male suicide, which is conceived as a reaction to important impersonal problems, such financial difficulties (Conrad, 1992; DeRose & Page, 1985; McAndrew & Garrison, 2007). Considering these gendered beliefs, it is perhaps not surprising that judgments about suicidal women vary depending on the precipitant of the suicidal act (Cato & Canetto, 2003; Dahlen & Canetto, 1996). For example, in a U.S. study, suicidal women were perceived as less feminine if their suicidal behavior was precipitated by an achievement failure (Cato & Canetto, 2003). It is noteworthy that evidence suggests that interpersonal events are dominant precipitants of both female and male suicidal behavior (Canetto & Lester, 2002). Studies also show that for women, as for men, employment is a protective factor (Kposowa, 2001).

Meanings of Suicidal Behavior in Societies Where Women Have Higher Rates of Suicide Mortality Than Men

Societies with rates of women's suicide that exceed those of men have ideologies that call for women's suicide under certain conditions. This is similar to the way that societies with low rates of women's suicide have ideologies defining suicide as a particularly pathological for women. In addition, societies with high rates of women's suicide often also have high rates of women's nonfatal suicidal behavior, with the outcome of the suicidal act being influenced by factors such as method immediate-lethality to medical care accessibility.

In some societies with high women's suicide mortality, suicide is explicitly defined as feminine behavior. For example, among the Aguaruna of the Peruvian Amazon, suicide "is considered a feminine—indeed an effeminate—form of behavior" and a sign of weakness (Brown, 1982, cited in Andriolo, 1989, p. 177). Specifically, suicide is viewed as an indication of feminine inability to control strong emotions. Thus, when a man kills himself, he is thought of as acting in a womanly fashion. "It is not unheard of that, while in the throes of death" a man is "reproached for having taken poison like a woman," writes Andriolo (1998, p. 45). According to Andriolo, the Aguarunas' belief in the femininity of suicide is based on the belief, "that whatever women do is wrong

or inferior. For the Aguaruna, the reasoning goes as follows: 'Suicide is the consequence of wrong thinking; women, by nature, tend to think wrongly; therefore, women, and only women, are expected to kill themselves'" (1998, p. 45). Brown (1986) noted that the Aguaruna refer to people who kill themselves as "stupid" (*anentáimchau*, literally without thought) (p. 317). Similarly, among the Maenge of New Britain, suicide is considered a "proper" death only for "'rubbish men' [that is, male orphans or *konone*] and women" (Panoff, 1977; cited in Counts, 1980, p. 338). For the Maenge, suicide is appropriate only in women and *konone* (who, as orphans, are believed to lack a soul) because both are considered inferior people (Healey, 1979).

In nonindustrialized societies with high rates of female suicide (e.g., in China; in India; in various communities in Papua New Guinea; among the Aguaruna of the Peruvian Amazon), suicide is "the ultimate strategy available to powerless people for influencing the behavior of others" (Counts, 1984, p. 73), or at least a way for powerless individuals "to revenge themselves on those who have made their lives intolerable" (Counts, 1987, p. 195). In these societies women are not the only persons who kill themselves. However, because of their low status and their restricted social and economic options, young women are more likely to find themselves in situations in which suicide is the only socially "correct course of action" (Counts, 1984, p. 74). In nonindustrialized societies with high rates of female suicide, young women are both the persons with the least status and power as well as the persons most likely to kill themselves.

There are specific distressing events associated with female suicide, specific feelings believed to justify the suicidal decision, as well as specific social consequences of the suicidal act. A single woman's suicide is often a response to conflict with kin, including conflict over being forbidden to go to high school or conflict over choice of marriage partner. Other precipitants may be rape or a culturally specific sexual impropriety (Akin, 1985; Brown, 1986; Counts, 1984; Ji et al., 2001; Meng, 2002; Pearson, 1995; Wolf, 1975). By contrast, a married woman's suicide is usually a response to conflict with, and/or abuse by her husband and/or his family (Counts, 1984; Ji, Kleinman, & Becker, 2001; Meng, 2002; Pearson, 1995; Pearson & Liu, 2002). For Chinese women, childlessness or the failure to produce a son may trigger abuse from her in-laws, and eventually suicidal behavior (Ji et al., 2001; Wolf, 1975). Social isolation, particularly isolation from one's family, is also a risk factor for abuse and suicidal behavior for young married Chinese women. When a woman lives far from her natal village, she is unable to access her kin for support during disputes with her in-laws (Meng, 2002).

How does killing oneself inflict damage on one's persecutors in these societies? The negative consequences of suicide range from economic to social to spiritual (Brown, 1986; Counts, 1984; Meng, 2002; Pearson & Liu, 2002). "An unmarried woman who kills herself after an altercation with her father or brothers denies them both her labor and the opportunity to create strategic alliances through her marriage" notes Brown based on his study of women's suicide among the Aguaruna (1986, p. 321). A married woman's suicide may oblige her in-laws to provide her kin with financial compensation. Her suicide also damages the reputation of the in-laws, making it difficult for the widower to find a new spouse. Finally, a suicide brings spiritual tension to the community—requiring some form of spiritual placation. According to Pearson,

who studied suicide in China, this is because people believe that "the unquiet spirit of a suicide will return to haunt the household and wreak its revenge, thus gaining power in the spiritual world that was not possible in the temporal one" (1995, p. 1166). In the case of Fang, a young Chinese woman whose suicide story was reconstructed by Meng (2002), her in-laws had to hold a large, expensive funeral (equivalent to that of an older family member) as well as perform memory rituals every week for seven weeks after the funeral, as a partial compensation to her kin. For these reasons, in these societies, just the threat of suicide can give women some leverage in family disputes and abuse situations. Among the people of East Kwaio in the island of Malaita of the Southeastern Solomon Islands, spirit possession symptoms (*lafu-lafu*) provide a signal of an impending suicide in an aggrieved woman. Because in this community spirit possession and suicidal ideation are viewed as a sign of ancestral wrath, everyone is motivated to get involved to help resolve the woman's grievance and avoid the suicide (Akin, 1985).

Considering the social consequences of a suicide, it is not surprising that, in these societies, suicide is considered a social rather than a private act, a call for retaliation rather than a sign of mental problems (Akin, 1985; Brown, 1986; Counts, 1980, 1984; Healey, 1979; Ji et al., 2001; Johnson, 1981; Meng, 2002; Pearson, 1995; Pritchard, 1996; Wolf, 1975). For example, in rural China, a married woman's suicide is considered an act of rebellion and revenge against an abusive husband or in-laws (Ji et al., 2001; Meng, 2002; Pearson, 1995; Pearson & Liu, 2002). Similarly, among the Gainj and Kaliai people of Papua New Guinea, killing oneself is a way for a married woman "to require her survivors to demand compensation or take revenge on her abusive husband" (Counts, 1987, p. 203).

The revenge dynamics of suicide are particularly explicit in Kaliai, a district in northwest New Britain, Papua New Guinea. In Kaliai there is an expectation that the suicidal person clearly signals others of her plan to kill herself. A Kaliai woman who is intent on suicide "may destroy her personal items, things that she values or uses every day, such as her shell armbands and her cooking pots. Or, as one woman chose to do, she may break up her canoe with an axe. Alternatively, a woman may leave hand or footprints in ashes" because ashes are associated with mourning and death (Counts, 1984, p. 87).

In Kaliai there is also an expectation that suicide be a public act. Individuals intent on killing themselves dress up in their finest clothes or a traditional costume and then kill themselves in the presence of others, in clear view of others, or at least near a frequently traveled public path. In most cases, the suicidal individual shouts out her intention before acting and asks those present to tell a particular person what they did to cause the suicide. Thus, the people of Kaliai think of suicide as a form of homicide (Counts, 1980, 1984; Johnson, 1981).

Although social norms of rural China do not demand that the suicide be performed publicly, in rural China, as among the Kaliai of Papua New Guinea, suicide is considered a form of homicide. Wolf (1975) points out that in China, when a person dies of suicide, people ask "who?" not "why?" This is because it is assumed that the individual who suicided "was driven to take this extreme action by the persecution of others" (1975, p. 116).

It is important to remember that in these societies suicide is both normative and "a desperate act of last resort" (Counts, 1984, p.

82). A woman who has been wronged, shamed, or abused will try other strategies to change her situation before resorting to suicide. Among the Kailai of Papua New Guinea "her options vary, depending on whether her tormentor is her husband, a relative, or a neighbor," notes Counts (1984, p. 75). In Kaliai, a woman may respond to the abuse with extreme passivity so that her kin are moved to come to her defense; she may actively appeal to her male kin for help; she may seek assistance from other women; she may look to her lover or husband for support; or, she may appeal to government courts for redress. If, however, these routes to conflict resolution and justice are blocked or unacceptable, which in Kaliai is often the case when a married woman is shamed or abused by her mother-in-law, then the woman may resort to suicide (Counts, 1984).

Why is it that in some cultures women, more than men, resort to suicidal behavior when powerless in the family and society? One reason is that men are allowed a wider range of means to resolve family or social disputes and obtain justice. In addition, men can usually count on their kin to be allies in peaceful or even aggressive conflict-resolution actions. This is made easy by fact that married men usually live in the same location and often in the same compound as their parents, and thus they do not have to adapt to a new community or deal in isolation with the in-laws. There is also more of a tradition for men to seek formal legal recourse. Another option for men in serious conflict with their family or community is to move to a different community. For women there is no option of moving away. In addition, for women, group loyalty and kin action often get mobilized only *after* they have killed themselves. In summary, in these societies men are less likely to be driven to suicide by serious disputes with their kin because they have more status and power in the family and in society than women (Counts, 1980, 1984).

In conclusion, in these societies, suicide is considered a desperate act of last resort but not a psychologically or socially deviant act. To kill oneself in response to family conflict and/or abuse is a socially acceptable way for the powerless, usually women, to inflict harm on an offender and to obtain justice, "according to accepted norms of balance, reciprocity, and assertive aggression" (Counts, 1984, p. 74). Unfortunately, justice for the powerless in these societies may come at the ultimate price, that of their life.

Summary, Conclusions, and Implications for Suicide Prevention

This article examined women's suicidal behavior across cultures. As any cultural analysis, it was constrained by the diversity in how different cultures define a phenomenon, in this case suicidal behavior. Naming and registering an act as suicidal is influenced by cultural and political factors.

With these limitations, we found that women's suicidal behavior occurs in virtually all cultures. At the same time, we noted a wide heterogeneity in women's patterns and meanings of suicidal behavior across cultures. In some countries, such as the U.S., "attempted" suicide is both more common and is considered more appropriate for women, whereas suicide is both more usual and considered more permissible for men. In these countries, a woman who kills herself is regarded as particularly abnormal, her suicide being viewed as a symptom of her unfeminine nature and unnaturally masculine pursuits. By contrast, in other countries killing

oneself is socially sanctioned female behavior. Beliefs and attitudes about the causes of women's suicidal behavior also differ across cultures. For example, in the U.S., women's suicidal behavior is interpreted as a symptom of individual psychopathology. By contrast, in China, women's suicidal behavior is considered a normal, albeit last resort response to serious family conflict and/or abuse.

This cultural analysis provides evidence of a correspondence between cultural *beliefs* about suicidal behavior and *actual patterns* of suicidal behavior. Women (like men) exhibit the suicidal behaviors (e.g., fatal or nonfatal) considered appropriate for them in their community. In the U.S., attempting (and failing at) suicide is assumed to be feminine and is also more common in women than in men. By contrast, in China, killing oneself is both sanctioned and more common in women. Epidemiology and ideology likely reinforce each other. The fact that in some countries females are less likely to die of suicide likely contributes to the belief in the masculinity of suicide. This belief in turn can act as a social norm and a model, discouraging female suicide (Canetto & Sakinofsky, 1998).

This analysis has also shown that for women (as for men), the situations triggering suicidal behavior as well as the consequences of suicidal behavior are culturally specific (Canetto, 1997a; Canetto & Lester, 1998; Corin, 1996). The suicidogenic potential of an event appears to depend on whether that event is associated with suicidal behavior for a particular kind of person, in a particular community. This means one cannot make inferences about the suicidogenic potential of an adversity without considering its meaning for particular individuals, given their sex, age, culture, and other social factors.

This cultural analysis challenges widespread assumptions about women and suicidal behavior. One such assumption is that women are immune from suicide as long as they remain subordinate within tight, male-dominated institutions. In fact, in some developing countries, being a member of a patriarchal family or holding traditional religious beliefs have been shown to be risk factors for suicidal behavior in women (Altindag, Ozkan, & Oto, 2005; Brown, 1986; Counts, 1980, 1984; Healey, 1979; Ji et al., 2001; Johnson, 1981; Meng, 2002; Pearson, 1995; Vijayakumar, John et al., 2005; Zhang, & Xu, 2007). In fact, a study of 33 developing and industrialized countries found that women's suicide rates are higher in countries whose social structure emphasizes collectivism and social inequalities (Rudmin, Ferrada-Noli, & Skolbekken, 2003). Another industrialized-countries assumption challenged by the international data concerns the role of marriage and motherhood, which in industrialized countries are believed to be a factor in women's lower suicide mortality. Studies from developing countries, including India and Iran, find marriage to be a risk factor for women's suicidal behavior, particularly in rural areas (e.g., Counts, 1980, 1984; Ji et al., 2001; Kumar, 2003; Pearson & Liu, 2002; Rastegar et al., 2007). Similarly, motherhood is not a protective factor in some developing countries, like India and China, which register both high birthrates and high rates of women's nonfatal and fatal suicidality. In these countries what is protective is being a mother of male children. Mothers of culturally devalued children, girls, are at risk for suicidal behavior (Ji et al., 2001; Pearson, 1995). This suggests that what is protective about motherhood are not its biological processes but its social meanings, when positive. A third inaccurate assumption dominant in indus-

trialized countries' theories is that employment is a risk factor for women's suicidal ideation and behavior. In fact, evidence from both industrialized and developing countries, however, points to employment as a protective factor for both women and men (Kposowa, 2001; Stallones, Leff, Canetto, Garrett, & Mendelson, 2007; Vijayakumar, John, et al., 2005).

A theoretical perspective consistent with the cross-cultural data reviewed in this article is that suicidal behavior is socially scripted and socially regulated in *all* cultures of the world, including the cultures of Western industrialized countries. In other words, the cross-cultural data support the proposition that in every community and nation, in the U.S. as in China, there are cultural scripts of suicidal behavior, that is, collective, implicit beliefs about the meaning and permissibility of suicidal behavior. These scripts likely influence individual suicidal behavior, including when suicidal behavior becomes a possibility as well as the forms it takes. Individuals draw on these cultural scripts in determining their course of action and in giving their suicidal act public significance and legitimacy. Cultural scripts also guide communities' interpretations and responses to the suicidal behavior (Canetto, 1997a, 1997b; Canetto & Lester, 1998).

A conclusion indicated by the cross-cultural data is that suicidal behavior cannot be simply explained by external adversities. Evidence shows that variations in the epidemiology of suicidal behavior (across age, sexual orientation, ethnic, and national groups) are not accounted by variations in life difficulties. In some countries (e.g., China), suicide is most common among persons in the most oppressive life circumstances (i.e., young rural married women experiencing abuse from their in-laws). In other countries (e.g., the U.S.), suicide is most common in groups with the most favorable social and economic conditions (i.e., European American men), and less common among those with less favorable conditions (e.g., African American women). In many countries where women experience severe oppression, suicide is not highest in women.

Considering suicidal behavior in light of cultural scripts can help make sense of the paradox of the low suicide rates recorded among African American women. Cultural script theory can also explain the fact that African American women have low rates of suicide but high rates of nonfatal suicidal behavior, physical and mental morbidity, and high mortality from causes other than suicide (Corin, 1996). Suicide is unacceptable among African American women (Bender, 2000). For these women the impact of life adversities is likely manifested via other forms of violence against the self and other morbidities.

Another theoretical insight suggested by the cross-cultural data is that variations in suicidal behavior are not explained by variations in individual distress, including variations in the mental disorders (e.g., depression) commonly associated with suicide in industrialized countries. Females in the U.S. have higher rates of depression than males but lower rates of suicide than males (Canetto & Sakinofsky, 1998). At the same time, in the U.S., rates of female depression follow the same developmental course as rates of female nonfatal suicidal behavior suggesting that, in the U.S., depression and nonfatal suicidal behavior may be feminine idioms of distress.

The cross-cultural data argue for a reduced significance of the mental disorder model dominant in industrialized countries. In developing countries, external stressors are considered the most

important factor in suicidal behavior (Vijayakumar, John et al., 2005). Advocates of the psychopathology perspective might argue that suicidal women in developing countries experience but are not diagnosed with mental disorders. This may well be true—though it is notable that in industrialized countries the explanatory focus is on individual psychopathology, and in developing countries, on external adversities.

This cultural analysis of women's suicidal behavior has implications for the prevention of suicidal behavior. It suggests the importance of considering local cultural meanings of gender and suicidal behavior. For universal and selective primary prevention, this means identifying, and then educating about potential dysfunctional cultural beliefs about suicidal behavior, such as, the belief, still common in the U.S., that women are protected from suicide (Canetto, 1995, 1997a).

Many of the lessons that emerge from this cross-cultural analysis of women's suicidal behavior pertain to general clinical theory and practice. This analysis demonstrates the pitfalls of theorizing about clinical phenomena as if they were culture-free, ahistorical boxes into which people can be placed. It shows how clinical phenomena are culturally- and historically grounded. With regard to gender, this analysis makes evident that what are often taken as "natural," and stable female-male differences are culturally- and historically specific patterns.

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