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Opinions toward suicide: Cross-national evaluation of cultural and religious effects on individuals

Katharine A. Boyd ^{a,*}, Hyewon Chung ^{b,c,*}

- ^a Department of Criminal Justice, Graduate Center, John Jay College of Criminal Justice, City University of New York, 524 West 59th Street, New York, NY 10019, USA
- ^b Department of Psychology, John Jay College of Criminal Justice, City University of New York, 445, West 59th Street, New York, NY 10019, USA
- ^c Department of Education, Chungnam National University, 99 Daehakro, Yuseong-gu, Daejeon 305-764, South Korea

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ABSTRACT

This study evaluates the role that religious and cultural values have on individual opinions toward suicide worldwide. Using multilevel modeling with data from the fourth wave of the World Values Survey (42,299 individuals in 43 countries), the current study is designed to analyze the effect of individual (i.e., micro-level), and country (i.e., macro-level) characteristics on opinions toward suicide. Specifically, cultural values, religious affiliation, religious importance, and church attendance are analyzed at both the individual and country levels to evaluate the impact of individual and country level effects on opinions toward suicide. The results show that individual opinions toward suicide are influenced by individual belief as well as by the cultural and religious characteristics of their country. The results suggest that evaluation of individual opinions toward controversial behavior should account for the unique and cross-interaction effects of micro- and macro-level effects.

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1. Introduction

Suicide evokes many different opinions and emotions; from empathy to disappointment to condemnation. Although a great deal of sociological studies have focused on suicide completions, scholars have only recently begun studying people's attitudes toward suicide. Psychologists have studied suicidal ideation, but sociologists have developed an interest in understanding public sentiments about suicide. In particular, sociologists have become interested in suicide acceptability because it has been associated with more permissive legal statutes regarding euthanasia and physician assisted suicide (Zalman and Stack, 1996). Studies have also found that suicide acceptability is associated with a higher risk of suicide (Stack and Wasserman, 1995; Stack, 1996), as well as related behaviors including suicide attempts, and suicide completions (Joe et al., 2007; Cutright and Fernquist, 2008; Gutierrez et al., 1996; Limbacher and Domino, 1985–1986). Reciprocally, in a cross-national study using aggregate data Stack and Kposowa (2008) showed that countries with higher suicide rates were more approving of suicide. The relationship between suicide acceptability and suicidal behaviors has provoked a great deal of research. In recent years cross-national studies have highlighted the influence of religious and cultural factors on suicide acceptability.

The current study fills a gap in the literature of suicide acceptability by including two variables at both the individual- and country-levels from a recent wave of the World Values Survey. The study includes a measurement of cultural values and expands the evaluation of religion on people's opinion toward suicide by including a measure of religious importance at both the individual- and country-levels. Individuals express different attitudes toward suicide. These differing opinions suggest

E-mail addresses: kboyd@jjay.cuny.edu (K.A. Boyd), hyewonchung7@gmail.com (H. Chung).

^{*} Corresponding authors. Address: Department of Education, Chungnam National University, 99 Daehakro, Yuseong-gu, Daejeon 305-764, South Korea (H. Chung).

that the act is not innately wrong; instead, its meaning and the values placed on it are subject to social construction. Religion, culture and values influence the macro-level context in which the act of suicide is socially constructed as well as the micro-level context in which a person forms his or her individual opinion. Thus, the current study examines how macro-level religious and cultural contexts of a country influence individual opinions toward suicide. Multilevel modeling with data from the World Values Survey (2005) is employed to investigate the impact of both the macro-level factors and the micro-level characteristics. The literature review that follows covers the research on suicide acceptability as well as how religion and culture contribute to formulating the social construction of suicide.

1.1. Suicide acceptability

Studies have used different waves of the World Values Survey to analyze suicide acceptability. Most recently, Stack and Kposowa (2011a) analyzed the influence of cultural values, – specifically self-expression values – on suicide acceptability among black males in ten countries. The study found that individual religiosity (measured by religious attendance), and individual cultural values predicted suicide acceptability among black males. Although the country's cultural values alone did not significantly predict suicide acceptability, the cross-level interaction of the aggregate cultural values with the individual cultural values was shown to predict suicide acceptability. The current study expands upon this research by analyzing the influence of cultural values at the individual and country-level to a larger sample and to wider demographics.

Another study used the WVS to determine if marital status has differing effects by gender with regards to suicide acceptability (Stack, 1998). The results show that the greater the church attendance, the less approval of suicide for both men and women. The first paper to study suicide acceptability using hierarchical linear modeling with the World Values Survey evaluated the influence of national suicide rates on individual suicide acceptability (Stack and Kposowa, 2008). This study found that the national suicide rate had a significant effect on suicide acceptability, controlling for other individual-level variables. The study found that cultural liberalism at the country-level and the individual-level was not significant, however, variables related to religion were significant predictors of suicide acceptability.

Suicide acceptability has been studied with data from a variety of national samples. Agnew (1998) used the nationally representative sample of adults in the United States from the General Social Surveys (GSSs) to evaluate approval of suicide. The study analyzes variables associated with three theoretical perspectives: strain, social learning, and social control. The results suggest that religion, including belief and activity, is the most important predictor of suicide acceptability, although political orientation and education were also significant predictors. Using the same data, another study evaluated the influence of feminism on suicide acceptability (Stack et al., 1994). The results showed that religious attendance, education, political views, and feminism were all significant predictors of suicide acceptability. Similarly, using the GSS Stack and Lester (1991) found that church attendance was the single most important variable related to suicide acceptability. Data from the National Annenberg Risk Survey of Youth, a nationally representative sample of adolescents in the United States, was used to show that youth with greater acceptability of suicide are more likely to plan to kill themselves (Joe et al., 2007).

Two surveys have been developed specifically to assess attitudes toward suicide. Domino (1985) developed the Suicide Opinion Questionnaire (SOQ) which asks respondents about a variety of issues related to suicide on eight scales. It is important to note that many of the papers using this survey draw on college student samples, so caution should be exercised in generalizing the findings to the nation as a whole. The SOQ includes a religion factor that has been used to show variations among different groups of people. One study found significant differences between five different groups of clergy: Protestant ministers, Catholic priests, Jewish rabbi, Eastern religious leaders, and nontraditional ministers (Domino, 1985). A study of Taiwanese nurses showed that those who were not religious had more positive attitudes toward suicidal behavior than religious nurses (Sun et al., 2007). Domino et al. (1981, cited in Domino, 2005) found major differences between Jewish and Christian samples. The authors concluded that despite heterogeneity both within and between groups, Jewish respondents showed firmer convictions regarding religion and suicide. In relation to differences among different affiliations on the SOQ, Domino and Miller (1992) created a scale of values, beliefs and attitudes to measure religiosity, or the degree of adherence to a faith. In a review of multiple studies, Domino (2005) indicates that, generally, as religious affinity increases, belief that suicide is an individual's choice declines. Similarly, Eskin (2004) compared attitudes toward suicide among Turkish students in secular education to those in religious education. The results suggest that the secular group held more liberal attitudes toward suicide than the religious group.

It is unlikely that religion is a singular mechanism for influencing different individuals' opinions. Domino et al. (1981, see also Domino, 2005) reports that not all religious groups have homogenous attitudes toward suicide. The influence of religion on an individuals' opinion is likely conditioned by the degree to which his or her affiliated religion is integrated into and endorsed by the larger society (Anderson and Standen, 2007). A study analyzing the affect of religious affiliations on suicide rates in distinct regions found that different religions had varying affects in specific locations in the United States (Pescosolido, 1990). Following Durkheim's premise, this study analyzed how the geographic cultural differences in the United States condition the community support system that is argued to protect individuals from suicidal behavior within different religions. For example, Judaism had a large protective effect in the northeast, but a reversed effect in the south. In contrast, while both religions had an overall protective effect, Catholicism had a reversed protective effect in the south, and the Evangelical protestant faith had a reversed protective effect in the northeast. These results suggest a potential interaction between religion and culture.

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