

**ECHOES IN THE RAINFOREST:  
UNRAVELLING THE TAPESTRY OF  
SUICIDE IN GUYANA**

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**A thesis submitted in partial fulfilment of  
the requirements of Nottingham Trent  
University for the degree of Doctor of  
Philosophy**

**April 2024**

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# Abstract

This thesis investigated the sociocultural foundations of suicide in Guyana, one of the countries with the highest rates of suicide worldwide. Through an ethnographic approach, it explored how the intertwining of values, beliefs, norms, practices, and language within Guyanese society has influenced the ideation and behaviours associated with suicide. Employing qualitative methods, including participant observation, interviews, focus groups, and document analysis, this study provided a culturalized view of the complex nature of suicide within the Guyanese society.

The research revealed a significant interrelation among economic considerations, societal stigma, familial expectations, religious beliefs, and the influence of media and technology on peoples' perceptions and real-life experiences of suicide. It highlighted how economic stability is often valued over emotional or romantic compatibility in relationships, reflecting a materialistic influence on family approval and societal acceptance. The research also uncovered the stigma attached to suicide ideation and suicide and this stigma perpetuates silence and contributes to the normalization of suicide as a response to personal and societal troubles. Furthermore, it discovered the crucial roles played by familial communication patterns, societal expectations, and representations of suicide in media and online platforms in shaping individual and collective attitudes towards suicide.

By synthesizing findings from the various qualitative methods this thesis argued that suicide in Guyana is not simply an act of individual despair but rather a manifestation of deeper societal conflicts and cultural clashes. It emphasized the critical need for culturally attuned suicide prevention strategies that tackle the root causes of suicide, encourage open discussions, and challenge the prevailing norms and practices contributing to the stigma and normalization of suicide.

This work contributes to the broader field of suicidology by providing a detailed understanding of the cultural dimensions of suicide, stressing the necessity of considering cultural contexts in the development of effective prevention and intervention strategies. It advocates for a collaborative approach, involving communities, policymakers, healthcare providers, and researchers, to devise solutions that resonate with the lived experiences of the Guyanese populace. Hence, aiming to reduce the social discord and cultural tensions that contribute to the high prevalence of suicide in the country.

# Acknowledgements

The journey to the completion of this thesis has been one of profound learning, challenge, and personal growth. It would not have been possible without the unwavering support, guidance, and encouragement of many individuals who journeyed along with me. I extend my heartfelt gratitude to all who contributed to this journey, directly and indirectly.

Firstly, I owe a debt of gratitude to my supervisors, Dr Penelope Seibert, Dr Verusca Calabria, and Professor Di Bailey, whose expertise, insight, and mentorship were invaluable to my research. Their rigorous academic standards, combined with their constant encouragement and support, shaped this work in innumerable ways. They challenged me to push the boundaries of my understanding and to delve deeper into the complexities of my subject matter. For this, I am profoundly grateful.

I extend my gratitude my funder, Marie Curie, and to the Doctoral Training Alliance, my academic peers and colleagues, whose camaraderie, insights, and shared experiences enriched my academic journey. The discussions, debates, and mutual support we shared have been invaluable to my personal and professional growth.

To my peerless cornerstone, Gregory, words cannot express my gratitude. Your unwavering support, understanding, and sacrifices have been the bedrock of my journey. Taking up the responsibility in ways many could not fathom, you ensured that the wheels of our daily life continued to turn, allowing me the peace of mind and the space necessary to pursue this academic endeavour. Your belief in my abilities, even on the days when doubt clouded my vision, has been a source of strength and inspiration.

To my cherished children, Thandi, Mya, and Zion, your love, patience, and understanding have been the light guiding me through the demanding periods of this research. Your support, in its silent strength, spoke volumes, allowing me to press on without the weight of guilt. Your smiles and unwavering belief in my efforts made the challenging moments bearable and filled this journey with moments of joy and laughter.

To my extended family and friends, thank you for your encouragement, understanding, and endless best wishes. Your support in various forms, from words of encouragement to providing a listening ear, played a significant role in this journey.

A very special thank you goes out to all the "Blossomers" who have walked this journey with me. Your companionship, shared wisdom, and the unique support system we've created have been pivotal to my resilience and persistence. The solidarity among us have been a source of comfort and encouragement, reminding me that even the most solitary parts of this journey were shared in spirit.

My heartfelt thanks go to the participants of my research, who shared their experiences, insights, and truths with me. Your contributions are the foundation upon which this research was built, and I am deeply grateful for your openness and trust.

Lastly, I wish to acknowledge the broader academic community and all those whose work have informed and inspired my research. The dialogue with your work has been instrumental in shaping my thinking and my approach to this study.

This thesis is not merely a reflection of my efforts but a testament to the collective support, encouragement, and faith of all the individuals

mentioned above and many others who have been part of this journey.  
Thank you, from the bottom of my heart, for making this possible.

## **Table of Contents**

<b>Abstract.....</b>	<b>3</b>
<b>Acknowledgements.....</b>	<b>5</b>
<b>Section One - Introduction to the Thesis.....</b>	<b>18</b>
<b>Chapter 1.....</b>	<b>18</b>
<b>My Motivation to Explore Suicide in Guyana.....</b>	<b>18</b>
<b>Historical Influences on Contemporary Suicide Trends in Guyana .....</b>	<b>23</b>
<b>Migration and Its Impact on Historical and Contemporary Suicide in Guyana .</b>	<b>25</b>
<b>Cultural Identity and Its Historical Influence on Contemporary Suicide Trends in Guyana.....</b>	<b>27</b>
<b>Study Aims and Research Questions.....</b>	<b>28</b>
<b>Justification for Research Methods.....</b>	<b>30</b>
Justification for Traditional Ethnography over Relational Ethnography.....	30
The Ethnographic Approach .....	34
<b>The Thesis Structure .....</b>	<b>36</b>
<b>Chapter 2 - Chronicles and Scholarship .....</b>	<b>39</b>
<b>Introduction .....</b>	<b>39</b>
<b>Global Overview of Suicide as a Public Health Challenge .....</b>	<b>41</b>
Analysis of Trends in Suicide.....	41
The Need for a Global Response.....	42
<b>The Socio-Cultural Landscape of Suicide in Guyana .....</b>	<b>43</b>
The Historical Tapestry of Suicide in Guyanese Society.....	43
The Complex Terrain of Suicide in Guyana .....	45
From Whence They Came: Tracing the Transcultural Origins of Suicide in Guyana .....	49
Asian Roots of Suicide Beliefs in Guyana .....	50
The African (West) Influence on Guyana's Suicide Discourse .....	54
The Asia-Africa Dichotomy and Guyanese Cultural Inheritance?.....	57
Colonial Echoes and Contemporary Challenges.....	58
The Cultural Contours of Suicide in Guyana .....	60
Beliefs and Practices.....	63

Related Literature on the Sociocultural Landscape of Suicide Research. ....	65
Cultural Frameworks in Suicide Research.....	68
Structuralism and the Foundations of Cultural Patterns .....	68
Cultural Materialism: The Economic Foundations of Suicide .....	69
Symbolic and Interpretive Anthropologies: Suicide as Cultural Communication.....	70
Postcolonial Theory: Unpacking Historical Legacies.....	71
Tension Between Postcolonial Critique and Suicide Prevention .....	72
The "Elements of Culture" Framework: A Comprehensive Lens.....	73
Integrating the Frameworks: Toward a Culturally Sensitive Approach.....	74
Integration of the Elements of Culture Framework .....	74
A Multicultural Lens in the Context of Guyana .....	77
Advancing Cultural Analysis in Suicide Research .....	78
Critique of Existing Methodologies.....	79
Practical Implications for Suicide Prevention.....	79
Summary.....	80
<b>Theoretical Perspectives on Suicide: From Sociological Foundations to Critical</b>	
<b>Suicidology.....</b>	<b>80</b>
Ethnography and Theoretical Insights .....	82
Theoretical Foundations in Suicidology.....	85
Limitations of Western-Centric Approaches in Guyana’s Context.....	86
Relevance of Critical Suicidology to Guyana .....	87
<b>Conclusion .....</b>	<b>89</b>
<b>Reflective Note .....</b>	<b>91</b>
<b><i>CHAPTER 3: Methodological Voyages .....</i></b>	<b><i>93</i></b>
<b>Introduction .....</b>	<b>93</b>
<b>Philosophical Considerations:.....</b>	<b>94</b>
A Constructivist Approach to Exploring Suicide in Guyana .....	94
<b>Research Design .....</b>	<b>96</b>
Ethnography as a Methodological Response to Guyana's Suicide Phenomenon.....	97
From Literature to Methodology: Bridging Insights and Inquiry.....	97
Selecting Ethnography: A Methodology Informed by Literature .....	98
Ethnographic Research as Naturalistic Inquiry .....	99
Ethnographic Approach.....	99

Framing the Inquiry: Developing Culturally Sensitive Research Questions and	
Methods.....	99
Development of Research Questions.....	100
Purposeful Sampling and Interview Question Co-Creation .....	101
Conducting Focus Groups and Interviews .....	102
Navigating Ethical and Emotional Complexities.....	103
Summary .....	105
<b>Main Stages of the Ethnographic Fieldwork for this Research:</b> .....	105
Preparation .....	107
Entry into the Field.....	109
Data Collection: A Symphony of Methods.....	115
Participant Observation:.....	116
Focus Group Discussions .....	119
Interviews with Key Informants .....	123
Documented Evidence .....	127
Summary of Data Collection .....	129
Data Analysis and Interpretation .....	130
Transcribing the Echoes of Guyana .....	131
Data Analysis .....	135
From Data to Features of Interest: Analysing and Interpreting Socio-Cultural	
Narratives of Suicide.....	137
Writing and Dissemination .....	141
<b>Conclusion .....</b>	<b>142</b>
Reflective note .....	144
<b>Section Two - Study Findings .....</b>	<b>146</b>
<b>Chapter 4: Beliefs About Suicide and its Causes .....</b>	<b>173</b>
Introduction.....	173
Key Insights.....	174
Economic Considerations Over Romantic Choices .....	174
Suicide Prevention .....	175
Resilience and Religious Conviction .....	176
Cultural Contextualization of Suicide .....	177
Conclusion .....	178
<b>Reflective Note .....</b>	<b>180</b>
<b>Chapter 5: Cultural and Social Norms in Relation to Suicide .....</b>	<b>181</b>

Introduction.....	181
Key Insights.....	181
Stigma and Suicide as a Social Issue.....	181
Stigma and Marginalisation.....	188
Silence and Stigma.....	189
Suicide Stigma.....	192
Community Surveillance, Societal Shaming, and Isolation.....	193
Coping with Societal Challenges.....	194
The Absence Of Family Support.....	195
Parental Acceptance.....	196
Family Rejection and Alienation.....	197
Being Private About One’s Personal Life.....	198
Family Dynamics.....	199
Intimate Partner Relationship Dysfunction.....	203
Romantic Relationship.....	204
Perception and Causes of Suicide.....	206
Inter-generational conflict.....	208
Family Honour and Societal Expectation.....	209
Familial Approval and Societal Expectations.....	211
Relationship Issues with Parents and Partner.....	212
Family and Social Expectations.....	213
Substance Use as a Coping Mechanism.....	213
Conclusion.....	214
<b>Reflective Note.....</b>	<b>216</b>
<b>Chapter 6: Manifestation of Cultural Beliefs and Values Through Cultural Practices and Language.....</b>	<b>218</b>
Key Insights.....	218
Silence and Stigma in Suicide Conversations.....	218
Family Communication.....	219
Family Control and Societal Expectations.....	221
Emotional Despair.....	222
Media Influence.....	223
Social Media and Cyberbullying.....	225
Cyberbullying and Online Shaming.....	227
Domestic Violence.....	229
Stigma and Silence - Subtle Communication in Suicide.....	230

Lack of Confidentiality, Stigma, and Community Dynamics.....	232
The Outlier.....	233
Embracing Empathy: A Beacon of Support in the Workplace.....	233
Conclusion .....	235
<b>Reflective Note .....</b>	<b>237</b>
<b>Chapter 7: Discovering the Social and Cultural Underpinnings of Suicide</b>	
<b>Ideation.....</b>	<b>238</b>
Exploring Gender Sensitivities .....	239
Women at the Forefront of Conversation .....	240
Men’s Reluctance: A Societal Insight .....	242
Inclusion of Transgender Voices .....	244
Socio-Economic Diversity .....	246
Students: Academic Crossroads.....	247
Housewives and Hidden Struggles.....	248
Drivers, Business Owners, Academics: A Spectrum of Professional Experiences ..	248
Race/ethnicity Landscapes in my Suicide Research .....	248
Racial Dynamics and Representation .....	249
Religious Affiliations: A Complex Tapestry.....	251
Conclusion .....	253
<b>Reflective Note .....</b>	<b>255</b>
Cultural Narratives and the Tension in Suicide Prevention.....	255
<b><i>Section Three – The Discussion Chapter .....</i></b>	<b><i>257</i></b>
<b>Chapter 8: Discussion &amp; Interpretation of Results .....</b>	<b>258</b>
Alignment with Theoretical Frameworks .....	259
Durkheim's Sociological Theories .....	259
Joiner's Interpersonal Theory of Suicide .....	259
Duane Edwards's Theory of Suicide in Guyana.....	260
Synthesis and Expansion .....	261
Summary.....	261
Theoretical Discussions on Sociocultural Factors of Suicide in Guyana.....	261
Beliefs and Values: Economic Stability vs. Emotional Fulfilment .....	262
Norms: Stigma and Silence.....	263
Practices: From Family Communication to Media Influence .....	265
Language: Euphemisms and Indirectness .....	266
Summary.....	268

Novel Discoveries and Divergences.....	269
Cultural Practices and Communal Support.....	269
Gender Dynamics and Suicide Ideation .....	270
Integration of Duane Edwards's Theory .....	272
Synthesis and Implications .....	274
Summary .....	276
Critical Analysis.....	277
Cultural Adaptations to Established Theories.....	277
Gender Dynamics and Theoretical Implications .....	277
Economic and Socio-cultural Factors .....	278
Intersectionality in Suicide Research .....	278
Summary .....	278
Contribution to Academic Discourse.....	279
Novel Contributions to Suicide Prevention Models .....	279
Informing Public Health Strategies and Policy .....	280
Advocating for Inclusive and Representative Frameworks.....	280
Summary .....	280
Conclusion.....	281
Cultural Insights .....	281
Ethnography as a Conduit to Cultural Understanding.....	282
Unveiling the Cultural Dimensions of Suicide .....	284
Economic Stability vs. Emotional Fulfilment:.....	284
Religious and Spiritual Beliefs:.....	285
Stigma and Silence:.....	285
Media Influence and Social Dynamics:.....	285
Summary .....	286
Unravelling the Stigma of Suicide in Guyana's Socio-Cultural Landscape .....	287
Academic Perspectives on Stigma and Suicide: Theorizing Identity and Exclusion	
in Guyana.....	288
Contours of Stigma: Mapping the Landscape of Silence and Shame in Guyana	290
The Mechanisms of Stigma in Guyana .....	290
The Role of Power Dynamics .....	291
Societal Shaming and Marginalization .....	291
The Inadequacy of Support Systems.....	291
Towards a Critical Reimagining of Stigma.....	292
Summary .....	292
Social Discord: Interplay of Culture and Vulnerability.....	293

Intergenerational Conflict and Ideological Differences .....	293
The Normalization of Suicide as Problem-Solving .....	295
Cultural Practices and Communication Barriers .....	296
Summary .....	298
Normalisation of Suicide – Suicide as a Cultural Resolver .....	299
Economic Considerations Over Romantic Choices .....	300
Suicide Prevention and the Belief in Resilience .....	301
Cultural Contextualization of Suicide .....	302
The Stigma Surrounding Suicide .....	303
Media Influence and Social Media Dynamics .....	305
Summary .....	306
Conclusion .....	307
Integrating Cultural Insights into my Research of Suicide in Guyana .....	308
Cultural Contextualization: A Cornerstone for Understanding .....	308
Evidence of Cultural Sensitivity in Suicide Prevention.....	309
Unpacking the Guyanese Cultural Tapestry .....	309
Cultural Contextualization in Understanding Suicide in Guyana: A Holistic Approach	
.....	312
The Imperative for a Cultural Model of Suicide .....	312
The Role of Cultural Intelligence in Suicide Prevention.....	312
Navigating the Complexities of Cultural Meanings in Suicide.....	313
The Integration of Culture in Suicidology .....	314
Conceptualizing Suicide: Beyond Ideation to Cultural Context.....	315
Implications for Policy and Practice.....	316
Targeted Recommendations for Policymakers.....	316
Recommendations for Healthcare Providers .....	317
Recommendations for Community Leaders .....	317
Integration into Health Systems and Community Initiatives .....	318
Culturally Sensitive Approaches to Suicide Prevention .....	319
My recommendations for inclusion into the current Suicide Prevention Plan: .....	323
Draft White Paper .....	325
A Sociocultural Perspective on Guyana's National Response to Suicide.....	329
A Comprehensive Framework for Action: Enhancing Guyana's Suicide Prevention	
Strategy .....	330
Conclusion .....	335
Reflective Note .....	337
<b>Conclusion .....</b>	<b>338</b>

<b>Summary of Finding: Unveiling the Sociocultural Dynamics of Suicide in Guyana</b> .....	<b>338</b>
<b>Contributions to Knowledge .....</b>	<b>340</b>
<b>Limitations of Suicide Research in Guyana .....</b>	<b>341</b>
<b>Suggestion for Future Research into Suicide in Guyana .....</b>	<b>343</b>
<b>Epilogue: The Rainforest's Resolve .....</b>	<b>345</b>
<b><i>References.....</i></b>	<b><i>348</i></b>
<b><i>Appendix 1: Research Information Leaflet and Consent Forms .....</i></b>	<b><i>399</i></b>
<b><i>Appendix 2: Interview Topic Guides .....</i></b>	<b><i>417</i></b>
<b><i>Appendix 3: Participant Debriefing Sheets.....</i></b>	<b><i>427</i></b>
<b><i>Appendix 4: Distress Protocol.....</i></b>	<b><i>431</i></b>
<b><i>Appendix 5: Ethical Approval .....</i></b>	<b><i>433</i></b>

## List of Figures

Figure 1: Map of Guyana.....	22
Figure 2: From Constructivist Ontology to Interpretivist Epistemology...	78
Figure 3: Participants Gender.....	198
Figure 4: Mind Map 1 –Socio-Economic Diversity.....	205
Figure 5: Race/Ethnicity Landscape of My Research Participants.....	207
Figure 6: Participants By Religion.....	210
Figure 7: The Ecology Model of Understanding Suicide.....	265

## List of Tables

Table 1 – Elements of culture.....	71
Table 2: Communities visited by region.....	89
Table 3: Research Participants Recruited and Responded by Region.....	93
Table 4: Participant Observer Roles.....	95
Table 5: Focus Groups.....	99
Table 6: Key Informants.....	101
Table 7: Ethnographic Findings on Suicide in Guyana.....	120

Table 8: Suicide Prevention Framework.....  
.....281

# **Section One - Introduction to the Thesis**

## **Chapter 1**

### **My Motivation to Explore Suicide in Guyana**

The genesis of this thesis is as a result of a personal revelation that I experienced in 2018, which unfolded against the backdrop of my native Guyana. This revelation pushed me into an ethnographic inquiry into the phenomenon of suicide, the act of intentionally causing one's own death, within this context. The encounter - a casual yet startling declaration by a friend that Guyana had been dubbed the "suicide capital of the world." This assertion, delivered in the full richness of Guyanese Creole, ignited a flurry of emotions and a determined quest for truth. It set the stage for a journey that would extend far beyond the confines of initial disbelief and defensive patriotism.

My motivation for delving into this research was further solidified upon confronting the stark reality of Guyana's suicide rates, which consistently ranked among the highest globally. Statistics showed that Guyana had consistently ranked within the top 3 nations for the highest suicide rates in the world (Anthony, Groh, & Gash, 2017; World Health Organization, 2019) and worryingly, suicide is particularly evident amongst the young. Suicide is the third leading cause of death among persons aged 20 – 24 years and the fourth leading cause of death among persons aged 10 – 19 (World Health Organization, 2019). "The highest incidents of suicide attempts and suicide deaths occur in the 15 to 24 age range for females and 15 – 34 for males" (Ministry of Health Guyana, 2014, p.20). Guyana is also named as one of the countries with the highest suicide rates of 44.2 per 100,000 people persons (WHO, 2017). Further, Ministry of Public Health (2014) revealed that between 2010 and 2012, there were 673 deaths from suicide. In addition, PAHO documented that Guyana's suicide mortality rate was 40.3 per 100, 000 ( PAHO, 2021).

While reflecting on the complexities of suicide statistics, it became evident that some researchers exercised caution regarding these figures, acknowledging that suicide data are frequently underreported, a point long established in academia (Sainsbury & Jenkins, 1982). This realization, while horrifying, made sense to me and highlighted the challenges in accurately capturing the nuances of suicide data, an endeavour that Carpenter (1959) had highlighted as particularly arduous. Conversely, the use of national statistics found strong advocacy among some scholars, notably in the sociological sphere. Bulmer (1980), in his paper "Why Don't Sociologists Make More Use of Official Statistics?", challenged the prevailing scepticism towards national statistics within sociology, a scepticism maintained by influential figures like Cicourel (1964) and Douglas (1967). My discovery that suicide data in Guyana are gathered and collated by the Guyana Police Force revealed the potential benefits of adhering to Bulmer's recommendation for anyone researching suicide in Guyana. For me, embracing Bulmer's view was instrumental in decolonizing the research and definition of suicide. This also gave understanding of the local context while appreciating the complexities and subtleties of the available data. Decolonizing the issue of suicide meant critically re-evaluating and challenging the dominant Western perspectives and methodologies that had historically shaped research and understanding of suicide. This approach aimed to acknowledge and integrate indigenous knowledge systems, cultural contexts, and local voices, moving away from a universal framework that might not fully reflect the varied realities of the Guyana's multi-cultural and multi-ethnic communities. In this context, decolonizing involved probing the universal relevance of Western suicide theories and examining the cultural-specific understandings and experiences of suicide in Guyana. My exploration delved into particular cultural beliefs and values, norms, practices, and languages on suicide rates and behaviours across Guyana's cultural setting.

Further, Smith's (2021) ground-breaking work, "Decolonizing Methodologies: Research and Indigenous Peoples," argued that research has often served as a colonial tool, imposing external values and either

misunderstanding or diminishing the cultural nuances of indigenous populations. Smith (2021) championed research methodologies that empower communities to define, manage, and benefit from research on their own terms, an approach that proved essential in suicide research in Guyana. By adopting this methodology, strategies for prevention and intervention could be developed that are culturally relevant and effective, respecting the unique cultural, historical, and societal contexts of each community. In Guyana, decolonizing suicide research involved understanding the influences of the country's colonial past, its diverse ethnicity, and contemporary sociocultural conditions on its elevated suicide rates. This necessitated engaging local communities to glean their perspectives on suicide, so that interventions that were respectful of and responsive to these local beliefs and practices. Hence, permitting a realistic check of the issue within its case and context, to build from ground zero a story that narrates the local situation in its entirety.

However, as I scrutinised the scholarly landscape for insights into this crisis, I encountered a stark paucity of literature on suicide in Guyana. The scant research from neighbouring Caribbean nations, mirrors reflecting similar cultural visages, hinted at poverty and a paucity of opportunities as the culprits behind the harrowing suicide rates (Denton, Musa, & Hoven, 2017; Rudatsikira et al, 2007). In addition, the glaring gap in mental health support in Guyana, highlighted by a startlingly low number of mental health professionals (Wang et al., 2020). This revelation not only highlighted resource scarcity but also of a culturally ingrained stigma around mental health. A stigma so pervasive that it permeates the media narratives, as Wang et al (2020) suggests, and stifles the growth of much-needed mental health disciplines. Hence, embarking on this investigative journey into the Guyanese society grappling with suicide, I recognized an urgent scholarly void. Within the intricate web of Guyanese life, culture emerged not merely as a backdrop but as an influential force shaping the intimate dance between individuals and their environments. Indeed, as Hickling (2005) and Pilgrim & Blum (2012) articulated, culture is the invisible hand guiding the economy, family structures, and institutional narratives, thus wielding profound sway over the prevalence

of suicide among Guyanese. In my quest for deeper understanding, I unearthed studies which acknowledging the economic hardships, but failed to dive into the cultural depths where suicide's roots may truly lie. Take Thornton et al. (2019), who identified clinical risk factors and social stress in youth suicide but remained on the surface, not delving into the cultural fabric that clothes these factors in Guyanese society. These analyses, narrowly focusing on economic strife, overlooked the vibrant cultural canvas that plays an equal, if not greater, role in the suicide narrative of Guyana.

So, this journey of inquiry was an academic pursuit, and a mission spurred by a dire public health crisis - suicide in Guyana. Further, it was motivated by my involvement with Blossom Inc., an NGO dedicated to supporting children and families affected by trauma, including those touched by the tragedy of suicide. This hands-on experience in the social protection field provided a unique vantage point, allowing me to witness first-hand the multifaceted nature of suicide prevention and response. It highlighted the necessity of adopting an ethnographic approach to fully grasp and address the complex web of factors contributing to this pervasive social problem. For me, after examining the work of the critical suicidology movement, which represented a paradigm shift in the understanding and study of suicide, challenging traditional perspectives that predominantly focused on psychiatric and psychological explanations, I became absolutely certain that I must research suicide in Guyana from the sociocultural and decolonising lens. Critical suicidology, advocates for a broader, more nuanced approach that considers social, cultural, and political factors influencing suicidal behaviours. Critical suicidology emphasizes the importance of lived experiences, advocating for the inclusion of voices and narratives of those who have experienced suicidality first-hand. This movement critiques the pathologizing frameworks that have historically dominated suicide studies, arguing for a more empathetic, contextual, and interdisciplinary approach to understanding suicide. By doing so, critical suicidologists aim to destigmatize suicide and promote more effective, compassionate interventions and support systems. (White, Marsh, Kral, & Morris, 2016).

This call for a decolonized approach to suicide research, one that seeks out indigenous perspectives and unravels the sociocultural tapestry to unearth solutions embedded within the community's own ethos, resonated with me. It is here that an ethnographic study could shine, offering a lens to observe and comprehend suicide through the lived experiences and cultural narratives of the Guyanese people, illuminating the path toward culturally attuned interventions and a deeper, more compassionate understanding of this complex phenomenon. In this space, where cultural richness intersects with societal challenges, my research would stand as a beacon, shining light on the shadowed narratives of suicide in Guyana. Therefore, through an ethnographic approach, I aimed to capture the voices within the Guyanese society, that beckon for an acknowledgment of the intricate role sociocultural factors play in shaping the landscape of suicide. This was a call to pivot from the pathologized individual to a community immersed in cultural, ethical, social, and political narratives - where the act of suicide is not an isolated cry but a chorus rising from the depths of shared history, social fabric, and cultural identity.

In navigating the intricate intersections of suicide in Guyana, I believed it was necessary that my research be driven by a quest to understand the ethical, ethnic, social, and cultural dimensions that shape suicide and suicide ideation. By integrating an academic lens with real-world insights, my thesis would seek to unravel the tapestry of suicide in Guyana, listening to and amplifying the echoes of those who live amidst this suicide crisis. Through this exploration, my desire was to contribute to the evolution of literature on suicide in Guyana and to inform policies and interventions that would be culturally sensitive, evidence-based, and grounded in the realities of the Guyanese context. This thesis, therefore, represents a journey - a journey from shock to understanding, from personal connection to academic inquiry. A journey motivated by the urgent need to shed light on a dark subject, guided by the belief that a deep, ethnographic understanding of suicide in Guyana could pave the way for meaningful change. Through this work, I aspired to answer critical questions about the factors influencing suicide in Guyana and also contribute to a broader dialogue on suicide prevention that honours the

complexity of human experience within Guyana's cultural contexts. Therefore, to begin this quest I needed to reflect and trace the intricate interplay of history, migration, and cultural identity, revealing how these forces shaped the contemporary issue of suicide in Guyana. In doing this, I could then begin to understand the sociocultural history of Guyana so as to formulate and ask the good questions that I felt was needed to get a firm grasp of the root causes of suicide ideation and suicide in Guyana. Provided below in **Error! Reference source not found.**, is a map of Guyana – the subject of this study and the country with one of the highest rates of suicide in the world (WHO, 2014).

Figure 1: Map of Guyana



## Historical Influences on Contemporary Suicide Trends in Guyana

In the lush landscapes of Guyana, the nation's complex and rich history unfolded. This historical backdrop set the stage for understanding the contemporary crisis of suicide in Guyana. Delving into Odeen Ishmael's (2013) "The Guyana Story: From Earliest Times to Independence", I traced the origins from the indigenous populations to the waves of European conquest and colonization, which introduced a legacy of

disruption that still resonates today. These historical layers have shaped the socio-political and cultural fabrics of Guyana, influencing modern societal behaviours and attitudes toward issues like suicide.

The legacy of European colonization marked a period of significant disruption. The Dutch and later the British colonization efforts introduced systemic changes that reshaped the social and economic structures of the region, embedding patterns of exploitation and inequality that persisted into the modern era (Ishmael, 2013). These colonial legacies are historical footnotes and active influences in the socio-political and cultural fabrics of modern Guyana. They have contributed to a complex societal framework where issues like suicide find fertile ground. The historical imposition of slavery and later indentureship under colonial rule created a society marked by racial and ethnic stratifications, which have continued to affect Guyana's social dynamics and health outcomes. Researchers like Walton-Roberts (1998) and Samaroo (2009) have documented how these colonial practices instilled a legacy of mental health burdens and social hierarchies that significantly impact suicide rates today. The mental scars left by centuries of oppression and marginalization manifest in the contemporary crisis of suicide, which disproportionately affects certain ethnic groups that were historically marginalized.

Moreover, the transformation from a colony to an independent nation brought its own set of challenges and stresses, contributing to the socio-economic conditions that underpin modern mental health issues. The struggle for independence was not just a political upheaval but also a period of intense social and cultural reorganization, which has influenced Guyana's collective psyche (Hintzen, 1989). The post-colonial era in Guyana has been characterized by continued ethnic tensions and economic challenges, factors identified by scholars like Despres (1967) and Smith (2005) as contributing to social instability and personal crises that can lead to suicide.

In understanding the modern issue of suicide in Guyana, it was crucial to acknowledge these historical layers that had shaped the nation's identity and societal structure. The colonial past, with its impositions and

legacies, continued to influence how suicide was perceived, discussed, and addressed in Guyanese society. By tracing these historical roots, my research aimed to offer a more comprehensive understanding of the socio-cultural dynamics that contributed to the contemporary landscape of suicide in Guyana, providing a foundation for culturally sensitive approaches to suicide prevention and mental health support that were informed by a deep understanding of the nation's unique historical context.

## **Migration and Its Impact on Historical and Contemporary Suicide in Guyana**

The narrative of migration played a pivotal role in shaping the ethnic and cultural complexity of Guyana. After the abolition of slavery, the introduction of indentured laborers from India under British rule introduced new cultural dynamics to the existing Afro-Guyanese community. This period of indentureship added significant layers of cultural richness but also complexities that have since permeated the social fabric of Guyana. The stories of migration, deeply embedded in the everyday life of Guyanese society, highlighted the diversity, tensions and challenges that arose from such a confluence of different peoples.

The mass migration of Indian indentured laborers in the 19th century significantly shaped the demographic and cultural landscape of Guyana. Lommarsh Roopnarine's (2016) work, "Indian Indenture in the Danish West Indies, 1863-1873", documents this migration as not merely a movement of people but also of cultural practices, beliefs, and familial structures that profoundly influenced the existing social order in Guyana. These migrants brought with them distinct cultural and religious traditions, which over time integrated with local practices, creating a complex cultural mosaic.

The enduring impact of these migration patterns was evident in the modern societal structure of Guyana, where the Indo-Guyanese community constitutes a significant portion of the population. The cultural

practices and social structures that evolved from this period of migration continued to influence contemporary Guyanese society, including its perceptions and management of mental health and suicide. Research by Clem Seecharan (2005) in "Sweetening Bitter Sugar: Jock Campbell, the Booker Reformer in British Guiana, 1934-1966" highlights how historical migration patterns contributed to enduring socio-economic disparities and cultural stigmas that affect mental health outcomes today.

Furthermore, the psychological impact of migration, involving dislocation from homeland and the subsequent challenges of integration into a new society, had profound implications for mental health. The stress associated with migration and the struggle to maintain cultural identity while integrating into a new social order could exacerbate feelings of alienation and isolation—key risk factors for suicide. Steven Vertovec's (1992) work, particularly in "Hindu Trinidad: Religion, Ethnicity and Socio-Economic Change", explores how these dynamics play out in societies with complex migration histories, shedding light on the specific challenges faced by migrant communities, which can inform suicide prevention strategies in similar contexts like Guyana.

In modern-day Guyana, the lasting effects of historical migration patterns are evident in the ongoing ethnic tensions and challenges in forging a cohesive national identity. According to insights shared by Yascha Mounk, the reality of creating a harmonious multi-ethnic society where diverse groups see each other as compatriots is a significant challenge faced by many nations, including Guyana (Stabroek News, 2023). The socio-political and ethnic divides that exist today can be traced back to periods of colonization and the subsequent waves of migration that introduced a variety of cultural dynamics into the society (Danns, 2017).

This historical context is crucial for understanding the complex nature of social issues like suicide in Guyana, as it influences contemporary perceptions and interactions among different ethnic groups. The integration of various cultural identities through migration and colonization has shaped the social fabric and also the collective psyche of the nation, impacting how mental health challenges and suicidal behaviours are

perceived and addressed (Stabroek News, 2023). These issues were crucial in understanding the current patterns of suicide in the country, as they influenced societal norms, inter-community relationships, and individual identity formations. By examining these migration histories and their lasting impact on Guyanese society, my research aimed to uncover how these historical layers contributed to the present-day crisis of suicide. Understanding the migration story was essential for developing culturally sensitive mental health interventions that acknowledged the historical and ongoing challenges faced by various ethnic groups in Guyana, ensuring that suicide prevention strategies were effectively tailored to the needs of this diverse population.

## **Cultural Identity and Its Historical Influence on Contemporary Suicide Trends in Guyana**

The fabric of Guyanese society, intricately woven from diverse cultural threads due to centuries of migration and colonization, developed a unique cultural identity that profoundly impacted contemporary perceptions and behaviours surrounding suicide. Heuman (2009), deduced that this complex amalgamation of identities has shaped current social dynamics, including those related to suicide ideation and suicide. Historically, cultural identity in Guyana was deeply entrenched and multifaceted, primarily formed through the historical intermingling of Indigenous peoples, African slaves, Indian indentured servants, and European colonizers. Each group contributed its distinct beliefs, practices, and social norms, which merged into the national ethos but continued to maintain distinct characteristics that influence health behaviours, including those related to suicide ideation and suicide (Seecharan, 1997).

The profound impact of these layered identities on contemporary suicide rates became evident through the lens of cultural psychology, which examines how culture shapes psychological processes and societal behaviours. Cole and Scribner (1974), in their seminal work "Culture and

Thought: A Psychological Introduction", discussed how deeply ingrained cultural beliefs and values influence individual behaviours and societal norms, including attitudes towards life and death, which are central to understanding suicide.

Furthermore, the interaction between cultural identity and suicide was clearly visible in how different communities in Guyana perceived and handled mental health challenges (Hofstede, 2001). Notably, the Indo-Guyanese community, with its specific historical and cultural background, exhibited higher suicide rates than other ethnic groups (Shaw et al, 2022). This discrepancy suggested a need to explore cultural beliefs about honour, shame, and personal duty, prevalent in many South Asian cultures and potentially influencing suicidal behaviours. Secharan's (1997) book, "Tiger in the Stars: The Anatomy of Indian Achievement in British Guiana 1919-29", provided insights into how these cultural attributes, fostered during the period of indentureship, had percolated through generations and could contribute to current suicide statistics. This understanding of the history, migration, and cultural identity of Guyana helped to frame my study's aims and research questions, leading to a focused exploration of how cultural beliefs, values, and societal dynamics shaped perceptions and behaviours towards suicide across Guyana's diverse communities.

## **Study Aims and Research Questions**

Therefore, in delving into the rich and complex socio-cultural landscape of Guyana, marked by its diverse ethnic influences and layered historical narrative, I was struck by the significant role sociocultural factors plays in shaping perceptions and behaviours related to suicide. This realization propelled me to structure my study with specific aims and research questions that sought to explore these underlying factors contributing to suicide in Guyana. My research was not focused on documenting instances of suicide but was deeply committed to understanding the sociocultural nuances that underpin this pressing issue. Below, I outline the pivotal questions that guided my ethnographic

exploration, aiming to fill the gaps in our understanding of suicide within the Guyanese context:

1. What did Guyanese believe about suicide and its causes?

I sought to uncover the foundational beliefs about suicide held by the Guyana people, exploring how both historical and contemporary socio-cultural contexts influenced these perceptions.

2. How did these beliefs manifest in the mosaic of social norms, practices, and language?

I delved into how cultural beliefs and values about suicide were expressed through everyday societal norms, practices, and the language prevalent in different communities, aiming to gain a deeper understanding of the cultural underpinnings of suicide.

3. What were the social and cultural underpinnings of suicide ideation across Guyana's diverse demographics?

I focused on identifying and analysing the broader social and cultural factors that contributed to suicide ideation, paying particular attention to how these factors varied across Guyana's regions and ethnically diverse population.

These research questions laid the groundwork for my study, steering my exploration through the complex network of cultural beliefs and societal dynamics that influence the discourse on suicide in Guyana. Through this exploration, I constructed a comprehensive narrative that not only captured the local situation in its entirety but also offered a culturalized and nuanced understanding that respected and reflected the lived realities of the Guyanese people. This approach ensured that the study was grounded in the actual socio-cultural fabric of Guyana, providing insights that are both relevant and transformative for addressing the challenge of suicide in this diverse nation.

## **Justification for Research Methods**

In my doctoral exploration into the phenomenon of suicide in Guyana, the selection of research methods was pivotal, carefully crafted to facilitate not only the acquisition of empirical data but also to immerse deeply into the cultural and social contexts of the study. An ethnographic approach, complemented by qualitative research methods, was methodically chosen for its profound capacity to capture the intricate socio-cultural dynamics underpinning suicide in this context.

Given the sociocultural complexities surrounding suicide in Guyana, ethnography provided a unique opportunity to explore these phenomena through long-term engagement with the communities involved. Ethnography allows for an in-depth understanding of local beliefs, values, and social dynamics that are not easily captured through other methodologies. While relational ethnography could be seen as an alternative approach to exploring social relationships in Guyana, this study required a more immersive method. The critical depth provided by traditional ethnography was essential for capturing the culturally and historically embedded meanings of suicide in the local context.

### **Justification for Traditional Ethnography over Relational Ethnography**

In this study, *Echoes in the Rainforest: Unravelling the Tapestry of Suicide in Guyana*, traditional ethnography was the most appropriate methodological approach to explore the complex and culturally situated phenomenon of suicide within Guyana's diverse and multi-ethnic society. Ethnography, with its commitment to deep immersion and long-term engagement with participants, was crucial for understanding the socio-cultural fabric that underpins suicide ideation and behaviour in this context. While relational ethnography focuses on the interactions between actors and systems, traditional ethnography's focus on "emic"

perspectives - how people within the culture understand and experience the world - allowed for a more nuanced exploration of cultural attitudes, beliefs, values, practices, language, and the historical legacy surrounding suicide.

### Depth and Cultural Immersion in Traditional Ethnography

Traditional ethnography provided the necessary methodological rigor for this study, as it allowed for prolonged and immersive engagement with participants. This immersion is critical when exploring deeply sensitive issues like suicide, where stigma and silence pervade social discourse. As Geertz (1973) emphasized, ethnography enables the researcher to provide "thick description," capturing the complexities of social meaning in a way that quantitative or more relational approaches cannot. This thick description was crucial for understanding how cultural beliefs, historical legacies, and familial expectations intersect in Guyana to influence suicide ideation. Geertz's emphasis on detailed cultural interpretation supports the argument that traditional ethnography, rather than relational ethnography, was essential for uncovering the "webs of significance" (Geertz, 1973:5) in which suicide is entangled in Guyana.

### Context-Specific Understanding of Suicide

The study's goal was to explore suicide as a culturally embedded phenomenon, which required a method capable of capturing how individuals and communities relate to suicide within their own sociocultural context. Traditional ethnography is uniquely suited to this task, as it foregrounds the importance of context-specific knowledge (Hammersley & Atkinson, 2007). Guyana's unique history of colonization, migration, and ethnic diversity has resulted in distinct local understandings of mental health and suicide. Through traditional ethnography, it was possible to deeply engage with participants' worldviews, particularly their interpretations of suicide as influenced by ethnic, religious, and historical factors.

Relational ethnography, which examines how people relate across broader social fields (Desmond, 2014), might have detracted from the focus on how suicide is understood internally, within these communities. The focus here was not merely on how individuals relate to institutions or external systems, but on the rich, internal cultural and historical narratives that shape their perceptions of life and death. Hammersley and Atkinson (2007) argue that ethnography's emphasis on localized, grounded understanding is indispensable for studies requiring detailed insights into specific cultural phenomena.

#### Ethnography's Capacity to Navigate Sensitive Topics

The taboo nature of suicide in Guyanese society required a method that allowed for building trust and navigating cultural sensitivities. Traditional ethnography, with its emphasis on participant observation, informal interviews, and long-term presence in the field, facilitates the development of trust and rapport with participants (Bernard, 2011). This was particularly important in this study, as participants were often reluctant to openly discuss suicide due to social stigma. Ethnography provided the space and time for these sensitive conversations to unfold naturally, something that relational ethnography's more distanced approach might not have allowed. Bernard (2011) emphasises that ethnographers gain insight by becoming part of the everyday lives of their participants, thereby encouraging them to share information that they might otherwise withhold in more formal or relationally distanced contexts.

#### Focus on Individual and Collective Cultural Narratives

The core aim of this study was to understand how individuals and communities in Guyana construct and interpret suicide within their cultural frameworks. Traditional ethnography, with its focus on narrative, is particularly well-suited to capturing these personal and collective stories. Jackson (2012) argues that ethnography allows for a focus on individual subjectivity, revealing the deeper emotional and existential meanings that

people attach to their experiences. In the context of this study, it was essential to understand how participants' cultural and historical backgrounds shaped their interpretations of suicide, including the colonial legacies that continue to influence contemporary perceptions of life, death, and mental health.

Relational ethnography, with its focus on relationships across networks or institutions, may not have captured these deeply personal and culturally embedded narratives as effectively. As Jackson (2012) asserts, traditional ethnography provides a means of entering the lived experiences of participants, particularly in contexts where emotional and cultural complexities are central to understanding the phenomena under investigation. This study sought to explore suicide through the lived experiences of the Guyanese people, making traditional ethnography the most relevant approach.

#### Ethnography and the Historical Context of Suicide

Guyana's postcolonial context and its legacy of ethnic stratification, migration, and social inequality are critical to understanding contemporary suicide trends. Traditional ethnography allowed for the exploration of how these historical factors continue to shape the ways in which suicide is perceived and enacted in Guyanese society. Smith (2021) notes that ethnography is particularly effective in postcolonial contexts, where it can reveal the "lived realities" of individuals shaped by historical forces. By focusing on individual and community narratives within their specific historical context, this study could offer a deeper understanding of how colonialism and postcolonial struggles influence mental health outcomes in Guyana. This level of depth would have been difficult to achieve with relational ethnography, which might have focused more on interactions between actors and institutions, rather than the long-standing historical and cultural influences at play.

## The Ethnographic Approach

This theoretical grounding in traditional ethnography translated directly into the practical aspects of fieldwork. By engaging in participant observation, interviews, and focus group discussions, I was able to explore how suicide is understood within different communities, building the trust necessary to discuss such a taboo topic.

Returning to my native Guyana provided a unique opportunity to engage with local communities from a position that blended insider familiarity with scholarly objectivity. This approach allowed for a nuanced exploration of subtle socio-cultural nuances and personal narratives that quantitative methods alone could not reveal. The participatory nature of ethnography enabled me to observe and interact with participants in their natural settings, yielding insights into the complexities of daily life and the cultural specificities that influence perceptions and behaviours towards suicide. Ethnography's strength in revealing the "emic" perspective - how local people think and perceive their world - is well-documented in works like Hammersley and Atkinson (2007).

## Qualitative Research Methods

Complementing the ethnographic framework, I employed qualitative research methods to delve deeper into the subjective experiences and meanings individuals attach to suicide. In-depth interviews, focus groups, and participatory observations were the primary techniques used to collect rich, descriptive data. These methods proved instrumental in uncovering the layered beliefs, values, and societal norms surrounding suicide, providing a comprehensive understanding that extended beyond statistical analysis. By engaging directly with participants, these methods facilitated an empathetic understanding of the personal and communal impacts of suicide, offering a platform for voices often marginalized in quantitative research paradigms (Denzin and Lincoln, 2011).

## Cultural Sensitivity and Rigor

The methodological design also emphasized cultural sensitivity and ethical rigor, acknowledging the delicate nature of the study topic. Research protocols were carefully crafted to ensure respect for cultural norms and sensitivity towards the emotional implications of discussing suicide. This was particularly crucial in a setting where suicide is a stigmatized topic, and discussing it openly required building significant trust with participants. The research methods were thus tailored to be non-intrusive and supportive, ensuring that participants felt safe and respected throughout the study, as suggested by Liamputtong (2010).

## **Interdisciplinary Approach**

Furthermore, the study embraced an interdisciplinary approach, drawing from the fields of sociology, psychology, and anthropology to inform the research design and analysis. This allowed for a holistic view of suicide that integrates various theoretical perspectives and empirical findings, enhancing the robustness and depth of the study. The use of interdisciplinary insights is advocated by Bernard (2011) to enrich the analytical framework and understand complex social phenomena.

In retrospect, the chosen research methods were not only justified by their ability to effectively address the research questions but were also aligned with the ethical, cultural, and academic standards required for conducting sensitive research in diverse settings. This methodological rigor ensured that the findings from this study contributed valuable insights into the academic discourse on suicide, providing evidence-based recommendations for culturally appropriate suicide prevention strategies in Guyana.

## Summary

Therefore, traditional ethnography was the most appropriate methodology for this study due to its ability to provide a deep, culturally

immersive exploration of suicide in Guyana. Its focus on individual and collective narratives, its capacity for building trust and navigating sensitive topics, and its attention to context-specific, historical, and cultural factors made it the ideal choice. Relational ethnography, while valuable for understanding broader social interactions, would not have allowed the same depth of engagement with the cultural, emotional, and historical dimensions of suicide in this context. Ethnography's strengths in producing thick, culturally rich descriptions (Geertz, 1973) and its ability to reveal the internal dynamics of stigmatized issues (Bernard, 2011) were crucial for understanding the socio-cultural underpinnings of suicide in Guyana.

## **The Thesis Structure**

This ethnographic exploration sought to offer a holistic understanding of suicide in Guyana, situating it within the complex interplay of beliefs and values, social norms, language, and practices. In my ethnographic journey, culture in Guyana is explored as the sum of ethical, ethnic, social, and political influences, seeking to unravel the shared values and understandings surrounding suicide and suicide ideation. Through this lens, the thesis endeavoured to articulate the complex interplay of beliefs, assumptions, and cultural manifestations that underpin the phenomenon of suicide in Guyana, offering insights into the collective efforts required to address this pressing issue.

The structure of my doctoral thesis on suicide in Guyana is designed to facilitate a comprehensive exploration of the topic, grounded in an ethnographic framework that emphasizes cultural and societal nuances. Here's an outline of the key components of the thesis, structured to guide the reader through the intricate layers of research and analysis:

### Section One

#### Chapter 1 - Introduction

- Overview: An introduction to the topic of suicide in Guyana, highlighting its significance both locally and globally.

- Research Problem: Definition of the research problem and an explanation of why this study is both timely and important.
- Research Objectives and Questions: Clear articulation of the aims of the research and the specific questions that guided the inquiry.

#### Chapter 2 - Literature Review

- Global Context of Suicide: Analysis of the global trends and theoretical perspectives on suicide.
- Socio-Cultural Context in Guyana: Discussion of the specific cultural, historical, and social dynamics of suicide in Guyana.
- Theoretical Framework: Introduction and justification of the theoretical frameworks used, including critical suicidology.
- Gap in Literature: Identification of gaps in the existing research that the thesis aims to address.

#### Chapter 3 - Methodology

- Research Design: Explanation of the ethnographic approach and justification for the use of qualitative methods.
- Data Collection Methods: Detailed description of how data was collected, including interviews, focus groups, and participant observation.
- Ethical Considerations: Discussion of the ethical issues considered and how they were addressed in the study.
- Data Analysis: Outline of the strategies used for data analysis to ensure rigor and validity.

#### Section Two – Study Findings

- Descriptive Findings: Presentation of the findings from the data collected, structured around the research questions.
- Thematic Analysis: Discussion of the key themes that emerged from the data.

#### Chapter 4 - Beliefs About Suicide and its Causes.

#### Chapter 5 - Cultural and Social Norms in Relation to Suicide.

#### Chapter 6 - Manifestation Of Cultural Beliefs And Values Through Cultural Practices And Language.

#### Chapter 7 - Discovering the Social and Cultural Underpinnings of Suicide Ideation.

#### Section Three - Discussion

#### Chapter 8:

- Interpretation of Results: Deep analysis of the results in the context of the theoretical framework and compared with existing literature.
- Cultural Insights: Insights into how cultural factors influence suicide in Guyana.
- Implications for Policy and Practice: Discussion on the implications of the findings for public health policies and suicide prevention strategies.

#### Conclusion

- Summary of Findings: Concise synthesis of the research findings.
- Contributions to Knowledge: Discussion of the contributions to academic knowledge and practical implications.
- Limitations and Future Research: Reflection on the limitations of the study and suggestions for future research in the area.
- Epilogue

#### References

Comprehensive References: A detailed list of all academic sources and literature cited throughout the thesis.

#### Appendices

Additional Data: Inclusion of supplementary data, research instruments, and materials relevant to the methodology and analysis.

This structured approach ensures a logical flow of information and argumentation, facilitating a clear understanding of the complex factors contributing to the phenomenon of suicide in Guyana. Each section builds upon the previous one, leading to a coherent and comprehensive exploration of the topic.

# **Chapter 2 - Chronicles and Scholarship**

## **Introduction**

In the extensive discourse on global public health issues, suicide has consistently stood out due to its profound impacts on individuals, families, and communities. This Literature Review explored the intricate phenomenon of suicide, with a specific focus on Guyana, a nation marked by one of the highest suicide rates globally. This focus was critical, allowing for an in-depth understanding of the unique socio-cultural factors contributing to the prevalence of suicide in this diverse country. The aim of this chapter was to contextualize the issue of suicide within both global and local frameworks, drawing on a wide range of academic theories and empirical studies to map out the existing research landscape. It set the stage for a thorough exploration into how this global phenomena manifested in the specific cultural setting of Guyana.

The chapter was structured into several key sections. It began with a global overview of suicide as a public health issue, examining epidemiological data and highlighting major theoretical approaches that

have shaped the field, from Durkheim's pioneering sociological models (Durkheim, 1897) to contemporary psychological and biopsychosocial frameworks (Joiner, 2005). This section laid the groundwork for understanding the complexities of suicide as more than a mere act of self-harm but as a multifaceted phenomenon influenced by a confluence of factors.

The focus then narrowed to the specific context of Guyana, exploring the historical and cultural backdrop that informs current attitudes and behaviours towards suicide. This included an examination of how colonial legacies, migration patterns, and cultural identities impacted suicide ideation and societal responses to suicide, drawing insights from scholarly works like Clem Seecharan's exploration of Indian migration and cultural transformation in Guyana (Seecharan, 1997).

The review also critically engaged with the concept of critical suicidology, which supports and encourages a more nuanced understanding of suicide incorporating cultural and societal dimensions (White, 2012; Marsh, 2010). This approach challenges the traditional pathologizing views of suicide and encourages an exploration of the ways in which societal structures and cultural narratives contribute to suicidal behaviour.

Finally, the chapter identified significant gaps in the existing literature, particularly in the context of Guyana. It highlighted the need for research that goes beyond quantitative analyses to include qualitative, ethnographic methods that can offer deeper insights into the personal and cultural narratives surrounding suicide.

Thus, this chapter served as an academic inquiry and as a foundational element supporting the broader objectives of the thesis. It provided a comprehensive backdrop against which the subsequent fieldwork and analyses could be understood, ultimately contributing to a richer and more contextual understanding of suicide in Guyana.

# Global Overview of Suicide as a Public Health Challenge

Suicide had consistently been recognized as a significant public health issue globally, impacting individuals, families, and communities profoundly. According to WHO 2019, nearly 800,000 people died due to suicide each year, making it the 18th leading cause of death worldwide. This statistic highlighted the global burden of suicide, highlighting the urgent need for comprehensive strategies to prevent this tragic loss of life.

The variations in suicide rates among different regions and countries, often influenced by a combination of cultural, economic, and environmental factors, are well-documented in global health research. For instance, it's noted that high-income countries typically have higher suicide rates compared to low- and middle-income countries, though there are significant exceptions based on regional and cultural specifics. This phenomenon is discussed in detail by Chen et al. (2012) in their analysis of global suicide rates, highlighting the complex interplay of socioeconomic factors in influencing these trends.

## Analysis of Trends in Suicide

Globally, several notable trends in suicide were observed:

1. **Gender Disparity:** The incidence of suicide was generally higher among males than females across most of the world. This disparity was attributed to varying behavioral patterns, where men were more likely to use lethal methods for suicide, such as firearms or hanging, compared to women who might choose less lethal methods like poisoning (Vijayakumar, 2005).
2. **Age Specificity:** Suicide rates were particularly high among young people aged 15-29 years and also among the elderly. The pressures of social and economic challenges impacted younger individuals, while the elderly might struggle with isolation, chronic health conditions, or loss of autonomy (Crosby, Ortega, & Melanson, 2011).
3. **Socioeconomic Factors:** Unemployment, social isolation, and mental health disorders such as depression and substance abuse were strong predictors of suicide. Economic downturns often correlated

with higher suicide rates, highlighting the need for economic stability as part of suicide prevention strategies (Platt, 2007).

4. Cultural and Legal Factors: Cultural attitudes towards suicide and mental health greatly affected its incidence. In some societies, suicidal behaviors were highly stigmatized, which could prevent individuals from seeking help. Additionally, the availability of means of suicide, such as firearms or toxic substances, and the legal context surrounding their control, could impact suicide rates (Niederkrötenhaler et al., 2010).

## The Need for a Global Response

Given these trends, it was evident that a comprehensive approach to suicide prevention was needed to address the specific cultural and economic contexts of each region, as is advocated by numerous studies and global health guidelines. For instance, Mann et al. (2005) discuss the necessity of integrating mental health services into the general health system, promoting mental health awareness, and combating stigma as crucial steps for effective suicide prevention globally. Additionally, WHO (2014) emphasizes the importance of tailoring suicide prevention strategies to fit the cultural and socioeconomic backgrounds of different populations, suggesting that broad public health interventions, such as improving healthcare access and societal mental health education, are essential.

The synthesis of these trends and factors provided a critical backdrop for understanding the specific circumstances in Guyana, guiding further investigation into localized responses and interventions that were culturally sensitive and tailored to meet the community's needs. The global perspective also enriched the analysis by placing the local context within a broader international framework, highlighting the universality and specificity of suicide as a complex public health challenge.

# **The Socio-Cultural Landscape of Suicide in Guyana**

Guyana's multicultural society presents a unique canvas for exploring the socio-cultural context of suicide. The nation's history, marked by colonialism and the melding of diverse ethnic groups, provides a rich backdrop for understanding contemporary suicide trends. Cultural practices and religious beliefs significantly influence attitudes toward suicide, with variations observed among different ethnic and religious groups within the country. The impact of Guyana's colonial past and its societal structure on current suicide trends cannot be overstated, necessitating a nuanced exploration of how historical oppressions and cultural dynamics contribute to the present-day suicide epidemic.

## **The Historical Tapestry of Suicide in Guyanese Society**

In the rich tapestry of Guyana's history, the shadows of suicide stretch far back into the era of its indigenous peoples and extend through the tumultuous periods of colonisation, slavery, and indentureship, into the modern-day narrative of a nation grappling with its sociocultural complexities. The Arawak of British Guiana, in a profound act of defiance, chose suicide as a means to resist European subjugation, employing the deadly poison of Cassava to spare their offspring from the brutality of conquest (Curet, 2010; Forte, 1990). Additionally, Mello (2022) noted, "According to a narrative found throughout the country, during the transition from Dutch to British rule, hundreds of Dutch were brutally murdered by the British, while entire families committed suicide to avoid murder, rape, raids and other forms of violence" (Mello, 2022 p. 2). It is observed that suicide featured, again, as a form of resistance deep in Guyana's history. This theme of suicide as resistance persisted with the advent of African slavery, where the horrors of the Middle Passage and the brutalities of plantation life compelled many to seek escape through death (Shephard, 1929; Bly, 1998).

The narrative continued with the introduction of indentured labour from India, post-abolition of slavery, where poison once again emerged as a shadowy figure in the deaths among the indentured community, hinting at the despair that might have driven some to suicide (Mootoo & Singh, 1966). In 1966, the year in which the British relinquished control of the territory, Mootoo & Singh (1966) documented the deaths of 210 citizens of British Guiana by poisoning. These suicides occurred between 1959 and 1964 involving substances like Parathion, Malathion, Formaldehyde, various pesticides, concentrated acids and alkalis, arsenic, cyanide, and lysol. A noticeable shift was observed in the choice of poisons over time, with formaldehyde being replaced by cyanide, which in turn was overtaken by malathion. The majority of these cases were suicides, predominantly occurring among individuals living in urban areas. Male victims outnumbered females. This situation, they believed, underlined the urgent need for a psychiatric exploration into the factors contributing to the high incidence of poisonings in British Guiana (Mootoo, and Singh, 1966 p. 1).

Millar (1874) explained that there are documented deaths by suicide among British troops serving in the colonies too. Even though his study did not make specific reference to British Guiana, his examination gave an interesting view into this phenomenon in territories controlled by the British. His investigation concluded that suicide was present among the soldiers, it was executed through gunshots, cut-throats, drowning, hanging, poison, fractures, and contusions. The causes of these deaths were considered to be motivated by nostalgia, drinking and home sickness. In his documentation, Millar made known that the returns of mortality among the non-commissioned officers and men of Her Majesty's British troops, during the ten years, 1862 to 1871 inclusive, show that 663 deaths were reported under the head of suicide. The British troops stationed in the colonies were not immune to this despair, with documented cases of suicide among soldiers serving far from home, driven by a mixture of nostalgia - which was considered an actual mental illness in the nineteenth century - alcoholism, and homesickness (Millar, 1874). Fast forward to 1978, the historical tapestry of suicide in Guyana took a

dark turn with the tragic “Jonestown”<sup>1</sup> mass suicide of the Peoples' Temple followers, marking a pivotal moment in the nation's history. This event, while anomalous, has shaped perceptions of suicide in Guyana, pushing the narrative towards mental health orthodoxy (McCabe, 1979; Ulman & Abse, 1983).

As I delved into the sociocultural context of suicide in Guyana, it became evident that the act of taking one's life could not be disentangled from the historical and cultural fabric of the nation. From acts of resistance by indigenous peoples and slaves to the despair of indentured laborers and the collective madness of a cult, suicide in Guyana has been influenced by a confluence of factors that transcend simple explanations. In tracing the shadows of Guyana's past, I begin to see how deeply cultural values, practices, and historical experiences contribute to the normalization of suicide as a problem-solving mechanism. This exploration not only enriches our understanding of suicide in Guyana but also highlights the importance of considering the sociocultural backdrop against which modern-day challenges and interventions are situated. Through this lens, I endeavour to shed light on the dark corners of despair, guiding the way toward a more nuanced and empathetic approach to addressing suicide in Guyana and beyond.

## The Complex Terrain of Suicide in Guyana

As the close of the 20th century approached and the early years of the 21st century unfolded, the global and local lenses sharply focused on

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<sup>1</sup> The Jonestown mass suicide, led by cult leader Jim Jones, occurred on November 18, 1978, in Guyana, where over 900 members of the Peoples Temple died from drinking cyanide-laced punch. It was one of the largest mass suicides in history, orchestrated under the guise of revolutionary suicide to protest against the conditions of an inhumane world (Moore, R. (2020). *Understanding Jonestown and Peoples Temple*. Oxford University Press, Oxford.)

the phenomenon of suicide, marking an era of heightened awareness and concerted efforts towards understanding and prevention. The World Health Organization's 2014 seminal report, 'Suicide Prevention: A Global Imperative', highlighted this global awakening with a clarion call to nations, including Guyana, to embark on strategic measures aimed at reducing suicide rates significantly by 2020. This global stance was mirrored by Guyana's own Ministry of Health through the crafting of a National Suicide Prevention Plan in 2014, setting the stage for a dedicated national response to a burgeoning crisis.

The revelation of Guyana as the nation with the highest estimated suicide rate globally, as cited in the WHO's 2014 report and further expounded by Levac (2016), cast a stark spotlight on the country, catalysing a slew of research aimed at dissecting the multifaceted nature of suicide within its borders. This period of scholarly and policy-driven attention unearthed a complex web of factors contributing to the high prevalence of suicide in Guyana, challenging the notion that any singular cause could encapsulate the breadth of this issue. Researchers like Mohammed (2015) and Edwards (2016) ventured into this intricate landscape, exploring the sociological underpinnings, and advocating for a nuanced understanding beyond preconceived notions and intervention methods. Mohammed (2015) argued that no one factor can explain the reason for suicide in Guyana. She complained of suicide intervention methods and submitted that there are preconceived notions for the reason for this widespread problem in Guyana. Edwards (2016) concluded that Durkheimian hypotheses are suitable as the lens through which there can be credible examinations of suicide in Guyana. This includes examining sociological factors. Shako (2020) alluded to, "sociodemographic and cultural factors as significantly associated with suicide cases in Guyana, with men, aged 23-48 years old, employed individuals, East Indian and Hindu having the higher suicide proportions" (Shako, 2020, p.2). Anthony, Groh & Gash (2018) advanced the view that nurses and the nursing profession are key to the prevention and remedying the problem of suicide in Guyana. Rawlins & Bishop (2018) is of the firm opinion that mental health is at the heart of the suicide problem in Guyana.

The narrative of suicide in Guyana is marked by poignant tales of youth succumbing to despair, as reported by local news outlets, painting a sombre picture of a society grappling with an epidemic of suicide ideation. Today, suicide ideation is rife in Guyana. Monthly, reports of youth suicides, "16-year-old shoots self-dead with father's gun" (Smith & Andrews, 2009) is usual. In fact, in the same issue of Kaieteur News Nov. 12, 2009, the very article went on to reflect on the suicide of another youth a few days earlier. "Police in a press release last night said they are investigating the circumstances surrounding the apparent suicide, which occurred at the dead girl's parents' home [affluent neighbourhood]. The police said that the firearm, a .32 pistol, is in police custody. [Name 1] apparent suicide comes a mere four days after 23-year-old [Name 2] plunged to her death from a cliff near the world-famous Kaieteur Falls". Here are two girls who came from affluent neighbourhoods that had died by suicide. The factors driving such outcomes are not known. These narratives, emerging from diverse socio-economic backgrounds, emphasise the indiscriminate nature of suicide, transcending boundaries yet shrouded in enigma regarding the underlying causes.

Community-based studies, such as those by Denton (2021) and Thornton et al. (2019), sought to illuminate the psychiatric, biological, and environmental factors influencing the propensity for suicide attempts among Guyana's youth. Their findings revealed a deeply entrenched issue, with mental health disorders and social stressors emerging as significant contributors to suicidal behaviour.

Other studies were able to provide associated environmental factors such as family issues/maltreatment, being bullied, friendships/relationships, assault, self-esteem issues, and drug abuse (Anthony et al, 2017; Siziya, Mazaba, Njunju, Kwangu, & Mulenga, 2017; Rudatsikira et al, 2007). Those environmental factors were indicative of the culturally evidence-based associations for the prevalence of suicide amongst persons since culture is related to their environmental interactions, as the ecological model demonstrated. Evidence from previous research too allude to broader factors such as the poor economy

and prevalence of highly transmittable diseases accounted for part of the incidents indicated Rudatsikira et al, (2007). These elements highlight the critical role of the cultural environment in shaping individuals' vulnerability to suicide, suggesting a trend towards incorporating these insights into policy and prevention strategies.

While the evidence so far has been very useful even mentioning the need for a cultural exploration or indirectly highlighting evidence that can be considered cultural, they did not explicitly investigate cultural aspects. However, some did expose a trend which correlates to culture, for example, family issues (family dysfunction, parental abuse, lack of parental understanding, and parenting styles) Hopkinson & Johnson, 2019; Siziya et al, (2017); Rudatsikira et al, (2007). As these elements of culture emerges in the study of suicide in Guyana, a trend develops into taking these factors onboard for policy and prevention.

The call for culturally sensitive training in suicide prevention, as examined by Persaud et al. (2019), reflects a growing recognition of the importance of culturally attuned approaches in addressing the suicide crisis in Guyana. Persaud et al (2019, p.624) on youth suicide prevention in Guyana “engage in a pilot examination of the effectiveness, acceptability, and feasibility of a culturally informed gatekeeper training suicide prevention program”. The researchers observed that the gatekeeper program resulted in better education on suicide. This acknowledgment of culture's pivotal role in suicide prevention emphasises the necessity of engaging with the shared values, practices, and understandings that define the Guyanese community.

As this narrative unfolded, it became evident that the exploration of suicide in Guyana is a journey through a landscape marked by diversity, complexity, and the pressing need for a deeper cultural understanding. The evidence gathered thus far, while illuminating, beckons for a more explicit investigation into the cultural facets of suicide, drawing connections between familial issues, societal pressures, and the broader cultural dynamics at play. As the literature zones in on the cultural context to be taken on board, Godfrey's (2021) position on culture is reinforced -

that is seeking out the shared values and understandings that members of a group have around their practices. In navigating this terrain, the shared goal remains clear: to forge pathways towards prevention and healing that resonate with the heart and soul of Guyana, honouring its rich cultural tapestry while confronting the shadows of suicide that linger within.

### From Whence They Came: Tracing the Transcultural Origins of Suicide in Guyana

In the rich mosaic that forms Guyanese society, the threads of historical beliefs and values weave through the contemporary fabric of its cultural identity, particularly in the realms of religion, ethnicity, and race. These elements bear testament to a transcultural validity, a direct lineage tracing back to the origins of the Guyanese people and their ancestral lands. The exploration into whether historical beliefs and practices related to suicide have percolated through time to influence contemporary attitudes in Guyana reveals a complex interplay between past and present.

The ancestral tapestry of Guyana is diverse, each strand representing the myriad cultures and civilisations that have contributed to the nation's identity. The religious practices and beliefs, deeply ingrained in the ethos of the Guyanese people, offer a vivid reflection of this transcultural heritage. The role that these historical beliefs and values play in shaping contemporary attitudes towards suicide in Guyana, however, remains an enigma. While documentation on the sociocultural perspectives of Guyanese ancestors provides glimpses into their lives and attitudes towards suicide, the connection between these ancient practices and the current societal view on suicide is less clear. But, the examination of religious influences is particularly poignant, as faith plays a significant role in the daily lives of the Guyanese people. Understanding the impact of historical beliefs on modern-day perspectives of suicide could illuminate pathways for addressing this phenomenon, potentially highlighting the relevance of integrating faith-based entities in devising solutions.

Cultural characteristics, preserved or adapted by the descendants of Guyana's diverse ancestral groups, form the bedrock of what constitutes Guyanese culture today. Lester's (1997) observation that suicide rates among tribes transported into slavery in Brazil (mid-16th century to the mid-19th century) remained consistent, regardless of the circumstances of their migration, underlines the persistence of cultural practices across generations and geographies. Moreover, the historical recourse to suicide as a means of resisting oppression - a tool of liberation rather than a submission to the indignity of death at the hands of oppressors - highlights the complex role suicide has played as both a cultural artifact and a response to extreme circumstances.

As I navigate through the layers of Guyana's historical and cultural landscape, the aim is to uncover the extent to which ancient beliefs and values related to suicide have permeated contemporary Guyanese society. By tracing the roots of these perspectives, this exploration seeks to refine the understanding of suicide as a cultural phenomenon within Guyana, evaluating the significance of addressing this challenge through a lens that honours the nation's rich transcultural heritage. In doing so, it endeavours to reveal whether the imprints of the past continue to shape the ways in which suicide is perceived and addressed in Guyana today, offering insights into the potential for community-based and culturally sensitive interventions in the ongoing struggle against this complex issue.

### Asian Roots of Suicide Beliefs in Guyana

In the intricate mosaic of Guyana's cultural heritage, the echoes of East and Southeast Asia resonate profoundly, shaping the contours of contemporary attitudes towards suicide. As I ventured deep into the historical and cultural currents that have flowed from the East to the shores of Guyana, this weaved a complex narrative of belief, practice, and identity. The odyssey of indentured laborers from the verdant landscapes of India to the fertile plains of British Guiana has imprinted a lasting legacy on the demographic and cultural fabric of Guyana. Amidst the tapestry of

this nation's diverse populace, the ancestral voices from Asia speak to a nuanced understanding of suicide—a concept enveloped in a spectrum of cultural and religious acceptances that traverse the boundaries of time and space.

The philosophical underpinnings of Confucianism and Taoism, pervasive across the cultural landscapes of China, Japan, Malaysia, and beyond, introduce a perspective where suicide, under certain circumstances, is viewed not as an act of despair but as a dignified preservation of honour and virtue. Frei (2011) illuminates this cultural dimension, suggesting an intrinsic acceptance of suicide as a part of the ethical and moral fabric of these societies. This belief system, deeply rooted in the historical experiences and religious doctrines of East and Southeast Asia, offers a transcultural lens through which the Guyanese understanding of suicide may be explored. Vijayakumar et al. (2008) underline the significance of cultural factors in shaping the suicide narrative across different nations, pointing towards a collective cultural consciousness that influences how suicide is perceived and addressed. In the communal ethos of China, as elucidated by Zou et al. (2016), attitudes towards suicide reveal a complex interplay of socio-economic, educational, and marital factors, painting a portrait of a society where perspectives on suicide are as varied as the individuals who comprise it. On the other hand, the narrative of suicide in Japan, with its historical practice of harikari or seppuku, casts a long shadow over the cultural landscape, embedding the act of suicide within a legal and moral framework that honours it as a form of ultimate self-sacrifice (Watanabe, Kobayashi, and Hata, 1973). This cultural script, where suicide serves as a mechanism for restoring social harmony and personal honour, resonates with the concept of "redemptive suicides,"<sup>2</sup> suggesting a continuity of belief and practice that transcends the ages.

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<sup>2</sup> Redemptive suicide is a concept where individuals take their own lives with the belief that such an act will lead to salvation, atonement, or deliverance for themselves or their community. It is often rooted in religious, cultural, or

Turning towards the subcontinent of India, the ancestral homeland of a significant portion of Guyana's population, the religious texts and cultural narratives offer a dichotomy of views on suicide. The Bhagavad Gita and Upanishads articulate a condemnation of suicide as an act that forfeits one's spiritual rights, while the Vedas permit suicide for religious reasons, echoing the themes of sacrifice and liberation found in other Asian traditions (Radhakrishnan and Andrade, 2012). In delving deeper into the transcultural origins of suicide beliefs within Guyana, recent scholarly contributions, notably from Shako (2020) and Edwards (2016), offer critical insights that bridge the cultural heritage of East and Southeast Asia with the contemporary Guyanese context. These researchers provide an empirical foundation that enriches our understanding of how ancestral beliefs and practices related to suicide have been transmitted across generations and geographies, influencing the fabric of Guyanese society today.

Shako (2020) embarked on an exploration of the cultural imprints left by the indentured laborers from India, revealing how the enduring legacies of religious and philosophical beliefs have permeated the Guyanese landscape. Through meticulous analysis, Shako highlights how the practices and values, especially those concerning life and death, have been preserved and adapted within the Guyanese Indian community. This research emphasises the importance of considering the historical trajectories of cultural groups in understanding the contemporary nuances of suicide in Guyana. Edwards (2016), on the other hand, delves into the broader implications of these transcultural flows, examining how the collective memory of suicide as a form of resistance and honour among the indentured and enslaved populations has shaped current perceptions

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ideological beliefs, positing suicide as a means to achieve a higher purpose or state of being beyond the physical life. This notion challenges conventional views on suicide by framing it as a sacrificial act rather than solely a result of despair or mental illness (Lifton, R.J., 1979. *The Broken Connection: On Death and the Continuity of Life*. New York: Simon & Schuster).

and attitudes towards suicide. By drawing parallels between the historical contexts of East and Southeast Asia and the lived experiences of their descendants in Guyana, Edwards sheds light on the complex interplay between cultural heritage and suicide ideation. The research findings suggest that the cultural narratives surrounding suicide, deeply rooted in the honour-shame dynamics of ancestral lands, continue to influence the ways in which suicide is conceptualized and responded to within Guyanese society. Both Shako (2020) and Edwards (2016) contribute significantly to the discourse on suicide in Guyana, offering evidence that the cultural heritage of the nation's Asian ancestors plays a pivotal role in shaping contemporary beliefs and attitudes towards suicide. These findings reinforce the notion that the phenomenon of suicide in Guyana cannot be fully understood without acknowledging the rich cultural tapestry woven by its diverse population. The integration of research findings from Shako and Edwards into our exploration of the transcultural origins of suicide beliefs in Guyana highlights the relevance of cultural heritage in informing suicide prevention and intervention strategies. By acknowledging and understanding the cultural dimensions of suicide, policymakers, and practitioners are better equipped to develop culturally sensitive approaches that resonate with the Guyanese population, honouring their ancestral legacies while addressing the pressing challenges of the present.

This exploration into the Asian roots of suicide beliefs and practices sought to illuminate the complex tapestry of cultural, religious, and philosophical influences that have shaped the Guyanese perspective on suicide. By tracing the transcultural origins of these beliefs, I uncover the layers of meaning and understanding that inform contemporary attitudes towards suicide in Guyana. This narrative journey, bridging the past with the present, highlights the enduring impact of ancestral voices on the modern discourse of suicide, offering insights into the multifaceted nature of this phenomenon within the Guyanese context.

## The African (West) Influence on Guyana's Suicide Discourse

The exploration of suicide within the Guyanese context necessitated a voyage into the heart of Africa, from whence a significant portion of its population originates. This journey into "Intersecting Legacies: The African Influence on Guyana's Suicide Discourse" seeks to unravel the complex tapestry of cultural, socio-economic, and historical threads that African heritage contributes to the contemporary understanding of suicide in Guyana. The African continent, with its rich diversity and deep cultural roots, offers a perspective on suicide that is both unique and instructively comparable to the Asian influences previously discussed.

Mars et al. (2014) provided a critical starting point, noting the challenges of data collection across Africa, a continent where silence on the issue of suicide has historically masked its prevalence. This silence, as Parker (2021) illuminates, is not merely a void of speech but a cultural tapestry woven with threads of respect, stigma, and the nuanced portrayal of death within African oral traditions. Parker (2021) indicated that oral traditions, for example, not speaking of death (*owuo*) by the Akan people of West Africa was normal. He further suggests that respect for mortality, especially of the prominent could not be mentioned using the word died, rather, references such as "nana has gone to the village", "indisposed", and "a great tree has fallen" (p. 213). Such cultural practices underline a broader narrative of suicide that is intricately linked with notions of morality, social injury, and the complex interplay of personal and communal identities, as explored by Osafo (2012) in the Ghanaian context. The HIV/AIDS epidemic in Africa, as discussed by Ashforth and Watkins (2015), further complicates the discourse on suicide, where the silence surrounding the disease parallels the stigma and moral judgment associated with self-inflicted death. This parallel draw attention to the multifaceted relationship between societal stigma, personal despair, and the act of suicide, echoing challenges faced in addressing mental health and suicide prevention on the continent. Recent data from Tasamba (2022) challenge the perception of low suicide rates in Africa, placing six African

countries among the top ten globally for suicide rates. This shift highlights the evolving dialogue on suicide in Africa, reflecting broader socio-economic and cultural transformations. The methods of suicide, predominantly hanging and pesticide poisoning, highlight the accessibility and socio-economic dimensions of suicide methods, resonating with findings from Mars et al. (2014) and Kinyanda et al. (2011).

Ndosi (2006) delved into the socio-economic stressors precipitated by urbanisation, linking the sense of alienation and social isolation with increased suicide attempts. This analysis, rooted in Durkheimian sociology, underlined the impact of social structures and economic pressures on individual mental health, a theme that transcends geographic boundaries. In addition, Ndosi (2006) related suicide situated in gender relationships of men and women interaction and the unbalanced power and exploitation of it by men that led to despair in women. The relationship between men and women being culturally determined. Further, Ndosi (2006) also noted that despair may emanate from illness, example epilepsy, and negative perception and attitudes towards those with mental health challenges. This is supported by Vaughn (2010) who noted that suicide from such is very Durkheimian for its affiliation to social isolation felt from resulting urbanisation that creates a sense of alienation for those finding it hard to cope with economic and social stresses.

The cultural customs surrounding suicide on the African continent, as highlighted by Ele (2018) and Parker (2021), present a dichotomy where suicide can be seen both as a dishonourable act and, paradoxically, a heroic or altruistic one under certain circumstances. For example, in West African Igbo cultural context, suicide by all their metric of religion is disliked but were seen as 'heroic for altruistic' reasons Ele (2017). One of Ele's (2017) conclusions is that "traditional authority can approve, force or advise suicidal options for criminals who injuriously violate the social harmony of individuals and communities." Parker (2021) too identified that Akan people demonstrated this type of justified killing as reparation. Further, he opined at (2021, p. 217) that "a deposed officeholder in Asante, even if he escaped execution, was fully expected to take his own

life.” Further, Vaughan (2010, p. 388-389) documents that to take one’s own life as “reparation for dishonour was not uncommon but shame was more widespread allegedly motivating suicide...and including the role of supernatural beliefs” on the African continent. This complex cultural stance towards suicide, embedded in the socio-religious fabric of African societies, provides a lens through which the Guyanese discourse on suicide can be examined.

The concept of honour and dishonour in suicide cultural prescription can also be gleaned from the way someone took his/her own life on the African continent. Self-inflicted hanging and drowning were frowned upon in African culture writes Parker (2017). Lester (1997) as noted previously documented that emigration suicide rates among African tribes transported into slavery in Brazil maintained suicidal practices of free will or not. Taylor (2006) indicated suicide by African slaves took on many varying forms notable of the situation stresses, a belief in returning ‘home’, and an act of rebellion. In some ways very similar to for example Sallekhana (suicide by starvation), which was indicative of liberating oneself - “moksha”. Less research has been done in low and middle income (LMIC) contexts, but this does not take away from the idea of a cultural context and significance. The notion of cultural resemblance, tolerance, motivation exists. And this is important as a base for arguing ethnic ancestry in culture and cultural identity on suicide in Guyana. The principle of social rejection and acceptance, religious condemnation, and the likes.

In short, what can be discovered about suicide, particularly from Asia and Africa, have contextual similarities and differences. Mainly, I can tell from the evidence available that suicide is tolerated and condemned on the Asian and African continents, the difference lies mainly in the social-religious context. Commonality exists in the economic situations somewhat. But data disparities don’t allow for equally longer and deeper understanding of suicide cultural dimensions comparably. Prevention and care have therefore taken on mixed approaches in criminalizing the issue somewhat (religiously (cultural), and legal), albeit the shortcomings of health investments to some degree and application of a cultural context.

A common takeaway is that suicide prevention may benefit from a cultural understanding context.

In synthesising these diverse perspectives from the African context, this investigation seeks to discern the transcultural legacies that have shaped Guyana's understanding of suicide. The African influence, characterised by a blend of condemnation and tolerance towards suicide, enriches the Guyanese cultural mosaic, offering insights into the nuanced ways in which suicide is perceived and addressed within this Caribbean nation. By examining the intersections of African cultural traditions, socio-economic realities, and the enduring legacy of oral traditions, this section aims to illuminate the complex interplay of factors that contribute to the discourse on suicide in Guyana, tracing the shadows of Africa's influence on the sands of Guyanese shores.

### The Asia-Africa Dichotomy and Guyanese Cultural Inheritance?

The intricate web of suicide's manifestation in Guyana, as explored by Edwards (2016), brings into sharp relief the Asia-Africa dichotomy within the country's social and cultural fabric. This dichotomy, characterized by diverse cultural heritages and the complex interplay of social ties, underpins the variations in suicide rates among different ethnic groups in Guyana. Edwards argues that the prominence of suicide within one ethnic community over others may stem from the nuanced interaction between ethnic subsystems and the overarching societal structure, as well as the tension between intra-ethnic cultural mandates and the broader Guyanese ethos of unity.

In Guyana, the village and community segmentation, often delineated along ethnic lines, fosters a reinforcement of group behaviour and the preservation of cultural identities. This phenomenon, while enriching the national tapestry with a myriad of cultural expressions, simultaneously challenges the national motto of "One People, One Nation, One Destiny." The allegiance to intra-ethnic culture, in some instances, may overshadow the collective sense of nationhood, reflecting a cultural

observation and group dynamics where ethnic loyalty transcends national identity. The work of Mueller, Abrutyn, and Stockton (2015) highlights the dual nature of social ties, illustrating how they can both protect and harm, situating suicide within the context of social relationships. This perspective is crucial for understanding the Guyanese scenario, where the diversity and complexity of social formations interact with group dynamics, potentially influencing whether group behaviours and cultural affiliations override a unified national identity. Cetin (2016) further supports this analysis by highlighting the correlation between social interaction, regulation, or social cohesion, and the rate of suicide. This correlation is indicative of the critical role that social and cultural factors, particularly those related to ethnic interactions and intra-ethnic cultural idiosyncrasies, play in shaping the landscape of suicide in Guyana.

To navigate this complex terrain, a more profound exploration into the socio-cultural underpinnings of suicide within the Guyanese context is necessary. Such an exploration requires delving into both the formal and informal dimensions of cultural practice and social interaction, offering an evidence-based understanding of how the Asia-Africa cultural dichotomy influences suicide rates. By examining the ways in which ethnic identity, social cohesion, and cultural inheritance intersect within the Guyanese society, this investigation seeks to uncover the layers of meaning and influence that contribute to the phenomenon of suicide, paving the way for more nuanced and culturally attuned approaches to prevention and intervention.

## Colonial Echoes and Contemporary Challenges

In my exploration of suicide in Guyana, I critically reviewed the enduring effects of colonialism and the profound influence of contemporary societal structures on the nation's suicide patterns. This analysis revealed how historical oppressions not only left a lingering impact on the nation but also actively shaped present-day vulnerabilities and societal dynamics. The legacy of colonialism in Guyana, characterized

by the exploitation and displacement of indigenous peoples, the importation of indentured laborers, and the establishment of a plantation economy, entrenched a hierarchical societal structure that persists. This structure, marked by ethnic divisions and economic disparities, formed the backdrop against which the complex issue of suicide had to be understood (Roopnarine, 2018).

The colonial history of Guyana crafted a societal fabric interwoven with threads of racial and ethnic stratification, continuing to influence the nation's social and cultural landscape. This stratification fostered an environment where social inequalities and marginalization prevailed, contributing to vulnerabilities that could lead to suicide (Mars, 2012). For instance, the socio-economic pressures faced by descendants of indentured laborers, primarily Indo-Guyanese, who constitute a significant portion of the suicide statistics in Guyana, cannot be divorced from their ancestors' historical experiences under colonial rule. These pressures, compounded by contemporary challenges such as economic instability and limited access to mental health resources, created a potent mix of risk factors for suicide (Seepersad, 2016). Moreover, the enduring impact of colonialism was evident in the stigma surrounding mental health issues and the cultural silence around discussing suicide. This stigma, rooted in colonial-era notions and reinforced by the religious and cultural norms established during that period, continued to hinder open discussions about mental health and suicide prevention (Gopaul, 2019). The reluctance to seek help for mental health concerns can be traced back to the colonial imposition of Western medical models, often pathologizing indigenous and non-Western approaches to mental health, further alienating those in need of support (Bhugra, 2005). The current societal structure, with its deep-seated ethnic divisions and economic inequalities, mirrored the colonial legacy of division and exploitation. These divisions exacerbated feelings of isolation and alienation among vulnerable populations, making it more challenging to address the root causes of suicide. The intersection of historical oppressions with contemporary issues such as poverty, unemployment, and social exclusion illustrated how the past continued to

influence the present, shaping suicide patterns in Guyana today (Kissoon, 2011).

In critically reviewing the link between colonialism, societal structure, and contemporary suicide patterns in Guyana, it became clear that effectively addressing suicide required an understanding of these historical and societal contexts. This understanding underscored the need for culturally sensitive, inclusive suicide prevention strategies attuned to the historical legacies and current realities of Guyanese society. Such strategies need to go beyond surface-level interventions to address the societal issues contributing to suicide, including dismantling mental health stigmas and creating spaces for open dialogue and support (Gopaul, 2019; Mars, 2012). Hence, reviewing colonial legacies and contemporary societal structures in shaping suicide patterns in Guyana highlighted the complex interplay between history and present-day vulnerabilities. It called for a nuanced approach to suicide prevention that recognized and addressed historical injustices and structural inequalities impacting Guyanese individuals' lives. By acknowledging and confronting these challenges, Guyana could move towards a more holistic and compassionate suicide prevention approach, healing past wounds while addressing present needs (Bhugra, 2005; Kissoon, 2011; Roopnarine, 2018; Seepersad, 2016).

### The Cultural Contours of Suicide in Guyana

In the academic discourse on culture, a fascinating tapestry of definitions and theories unfurls, reflecting the dynamic and complex nature of this concept. Goldstein's (1957) exploration within the "American Anthropologist New Series" illuminates the academic journey towards understanding culture, noting the inconsistent adherence to a singular definition amongst anthropologists. This academic pilgrimage, enriched by the contributions of Moore and Lewis (1952), navigates through the multifaceted dimensions of culture, challenging the confines of its traditional interpretations.

McDonald (1991) passionately argues for a contemporary embrace of culture, advocating for its acknowledgement as an integral part of the present. Bierstedt's (1938) nuanced academic stance further complicates this narrative, asserting the impossibility of confining culture to a single definition and critiquing the term's loose application across disciplines. This call for scientific rigor in the conceptualization of culture echoes through the decades, culminating in Boggs's (2004) examination of culture as a theoretical construct. In his study, *The Culture Concept as Theory, In Context*, Boggs submitted that all the academic troubles faced by the usage, definition and conceptualization of culture are because it is presented as a theory. Further, he argued, "The attributes defining a class are subject to empirical verification, but the class itself is arbitrary in that an observer (or culture) abstracts the attributes that define it. For instance, Race ("racial identity") is a categorizing concept whose essential arbitrariness (despite other complications) is well understood - but so also are national, cultural, ethnic, or any other "identities" in and of themselves classifying concepts" (Boggs, 2004, p.6). Boggs posits that the academic challenges surrounding culture stem from its theoretical framing, suggesting that while the attributes defining cultural classes are empirically verifiable, the classification itself remains an arbitrary abstraction by observers.

This scholarly dialogue sets the stage for this thesis's exploration of culture within the Guyanese context and its intricate connection to suicide. The inclusion of culture in analysing suicide, as advocated by Chu, Goldblum, Floyd, and Bongar (2011), emphasises the impact of cultural meanings and stressors on suicidal tendencies and expressions. They noted that "culture affects the types of stressors that lead to suicide; cultural meanings associated with stressors and suicide affect the development of suicidal tendencies, one's threshold of tolerance for psychological pain, and subsequent suicidal acts; and culture affects how suicidal thoughts, intent, plans, and attempts are expressed" (Chu, Goldblum, Floyd, and Bongar, 2011, p.12). Guyana's cultural landscape, a kaleidoscopic amalgamation of African, Indian, Indigenous, European, Dutch, Creole, Latin American, Caribbean, and Portuguese influences,

presents a fertile ground for academic inquiry (Danns, 2014). Danns articulates the composite nature of Guyanese identity, derived from national, ethnic, and cultural elements, highlighting the challenges and opportunities presented by this diversity, "The identity of Guyana is a combination of and a derivative from its national, ethnic, and cultural identities. The national identity refers to those elements of nationhood such as its flag, national anthem, constitution, the system of government, and geographic, ethnic, and cultural elements that combine to make its people have a sense of belonging and see themselves as Guyanese, and the world to identify their nation-state as Guyana" (Danns, 2014, p. 65).

Roopnarine (2021) in his article, Ethno-political reflects on the allegiances to religious, cultural, and traditional beliefs within Guyana's diverse groups, suggesting a complexity in identifying a singular Guyanese culture. This diversity is further explored by Mello (2021), who examines the inclusive nature of religious and cultural practices among Kali devotees in Guyana, indicating a transcultural blending of beliefs and participation across ethnic and religious lines. In his study, "Materiality, Affection, Personhood: On Sacrifice In The Worship of Goddess Kali in Guyana", he puts the matter this way:

"Kali devotees are mostly descendants of Indians living in impoverished rural areas of Guyana's Atlantic coastal region who self-identify as Hindus. Participation and attendance in the rites are not limited to Hindus, though. Muslims, Christians, and Afro-Guyanese people also take part, as well as sanatanists, that is, members of Sanatan Dharma, a Hindu tradition self-proclaimed as orthodox, Brahmin and Northern Indian in origin." (Mello, 2020, p.4)

This further demonstrates how the melting pot of cultures within Guyana has produced a circumstance where the various cultural groups draw from each other's religious and cultural practices.

My thesis navigates the intricate cultural beliefs and values, norms, practices, language, and identity relationships in Guyana, recognising the

historical and ongoing migration patterns and practices that shape the country's cultural orientation (Bacchus, 2019). This exploration acknowledges the role of ethnicity in clustering groups around shared interpretations of the world, as described by Godfrey (2021) and Polanco-Roman and Miranda (2013), emphasising the significance of culturally related experiences in understanding suicidal behaviour.

## Beliefs and Practices

My exploration of suicide in Guyana was significantly enriched by a nuanced analysis of cultural beliefs, practices, and religious influences, guided by the comprehensive academic frameworks of Shaw (2017) and Edwards (2016), as well as the evocative local narratives captured by Shako (2019). This multifaceted approach allowed me to delve into the intricate interplay between cultural and religious dimensions and their profound impact on suicide perceptions and behaviours within the Guyanese society. Shaw (2017) offers a critical examination of how religious affiliations can influence suicide ideation and attempts, presenting a dichotomy where religious beliefs can serve both as protective factors against suicide and as mechanisms that may inadvertently heighten suicide risk. This duality is crucial in the Guyanese context, where a diverse religious landscape shapes individuals' worldviews and coping mechanisms. Shaw's analysis highlighted the importance of understanding the specific religious doctrines and community attitudes that pervade Guyanese society, suggesting that the relationship between religion and suicide is mediated by how communities interpret and apply their religious teachings to life's challenges. Edwards (2016) contributes significantly to this discussion by focusing specifically on the Guyanese context, highlighting how historical legacies, cultural narratives, and socio-economic factors converge to influence suicide rates. Edwards' perspective is particularly valuable for identifying the unique socio-cultural pressures that may precipitate suicide in Guyana, such as the stigma associated with mental health issues and the cultural norms that govern expressions of distress. This theory proposes that

understanding suicide in Guyana necessitates a deep engagement with the nation's colonial history, ethnic diversities, and the contemporary socio-economic challenges that frame individuals' experiences.

Complementing these academic insights, Shako (2019) brings the lived realities of Guyanese individuals to the forefront, providing a platform for voices that are often marginalized in mainstream discourse. Through a collection of personal narratives, Shako reveals how cultural and religious beliefs are deeply woven into the fabric of daily life, influencing how individuals conceptualize suicide and seek support. These stories illustrate the complex ways in which cultural norms around honour, shame, and familial expectations can both deter and encourage individuals to express their struggles.

Integrating these perspectives, my analysis revealed that cultural beliefs and practices in Guyana do not operate in isolation but are intricately linked with broader societal structures and historical contexts. For example, the enduring impact of colonialism and the rigid social hierarchies it established continue to influence contemporary Guyanese society, manifesting in the social stigmas that surround mental health and suicide. Similarly, the diverse religious landscape in Guyana—comprising Christian, Hindu, and Muslim communities—offers a rich tapestry of beliefs that both challenge and contribute to the understanding of suicide. Critically, while Shaw (2017) and Edwards (2016) provide the theoretical scaffolding to explore the intersections of religion, culture, and suicide, and Shako (2019) offers a window into the personal experiences shaped by these factors, the integration of these sources illuminated the gaps in current suicide prevention strategies in Guyana. These strategies often fail to account for the nuanced socio-cultural dynamics that influence suicide, underscoring the need for culturally sensitive approaches that respect and incorporate local beliefs and practices.

Therefore, the analysis of cultural beliefs, practices, and religious influences on perceptions and behaviours related to suicide in Guyana, informed by both academic research and local narratives, highlights the complexity of addressing suicide in a culturally diverse society. It

highlights the necessity of adopting an ethnographic lens that prioritizes cultural sensitivity and community engagement, paving the way for more effective, culturally attuned suicide prevention and intervention strategies.

### Related Literature on the Sociocultural Landscape of Suicide Research.

The studies that have traversed the terrain of suicide in Guyana offer glimpses into the cultural undercurrents shaping this phenomenon but often skirt the depths of direct engagement with the sociocultural essence. This gap in the literature - where the vibrant threads of beliefs, values, norms, practices, and language have yet to be fully woven into the understanding of suicide or suicide prevention - signals a realm ripe for exploration. The richness of Guyana's cultural heritage, a confluence of African, Indian, and indigenous influences, presents an unparalleled opportunity to delve into the sociocultural dynamics at play. The culture-specific meanings attributed to suicide, as highlighted by Boldt (1988), emphasized the necessity of understanding suicidal behaviour within the particular sociocultural contexts of individuals. This understanding, rooted in the lay theories of suicide prevalent within cultures and subcultures, as Lester (2011) concludes, forms the bedrock for designing effective suicide prevention measures. The acknowledgment that much of the existing knowledge on suicide behaviour is derived from dominant cultures, as noted by Leong and Leach (2008), calls for a deeper exploration of the cultural specificities that define the Guyanese experience of suicide. In my extensive review of the literature on suicide in Guyana, I did not come across research that specifically investigated the sociocultural perspectives and beliefs of suicide in Guyana. This omission of a profound socio-cultural lens in the prevailing literature on suicide in Guyana marks a notable gap, despite the growing recognition of cultural dynamics as pivotal in shaping suicide ideation and behaviours as encouraged by critical suicidologist White, Marsh, Kral, & Morris (2016). This absence emphasised the need for an in-depth exploration of how the ingrained

beliefs, values, norms, practices, and language within Guyanese society intertwine with the phenomena of suicide and its prevention.

A socio-cultural perspective, as promoted by Vygotsky (1978) is an approach to understanding human behaviour, cognition, and development by examining the influence of social, cultural, and historical factors on individuals and groups. This perspective is based on the idea that people's thoughts, emotions, and actions are shaped by the social and cultural contexts in which they live, as well as the interactions they have with others within those contexts. Key concepts within the socio-cultural perspective include socialisation, cultural norms, values, beliefs, customs, traditions, and the ways these elements shape an individual's identity, behaviour, and thinking. This approach is often associated with the work of Russian psychologist Lev Vygotsky (1978), who emphasised the role of social interactions and cultural tools in cognitive development. Drawing inspiration from the seminal works of thinkers such as Lev Vygotsky (1978), whose vision illuminated the profound impact of social interactions and cultural instruments on cognitive development, this inquiry adopts a socio-cultural lens to pierce the veil of suicide in Guyana. Vygotsky's concept of the Zone of Proximal Development (ZPD) and the pivotal role of the "more knowledgeable other" find resonance in the communal fabric of Guyanese society, where guidance, support, and understanding within cultural bounds can be lifelines in the shadows of despair.

Bruner (1991), with his assertion that human cognition is deeply rooted in culture and context, further enriches this exploration. Bruner's insights into how individuals construct meaning through their cultural interactions provide a beacon for understanding the narratives of suicide in Guyana. The stories of those who have succumbed to or wrestled with the spectre of suicide are not merely personal tragedies but are embedded in the cultural narratives and social structures that define their existence. In addition, Barbara Rogoff's (2003)<sup>3</sup> exploration of the cultural nature of

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<sup>3</sup> Rogoff (2003) in her 'The cultural nature of human development': In this book, Rogoff integrates research from various disciplines to demonstrate the

human development, and Michael Cole's (1996)<sup>4</sup> "Cultural psychology: A once and future discipline", advocacy for cultural psychology, underline the imperative of situating suicide within the cultural matrix of Guyana. The elements of culture - beliefs, values, norms, symbols, and language - are not mere backdrops to the acts of despair but are active agents in shaping the pathways that lead to or diverge from the precipice of suicide. Further, James V. Wertsch's<sup>5</sup> (1991) examination of mediated action through cultural tools and symbols offers a lens through which the expressions of distress, the idioms of despair, and the articulations of hope can be deciphered. In Guyana, where the tapestry of culture is rich and diverse, understanding the role of cultural mediators—be it language, rituals, or communal practices—is crucial in navigating the complex terrain of suicide prevention. These references together emphasise the importance of social, cultural, and historical contexts in understanding human development, thought, and behaviour. They provide insights into how individuals' cognitive processes and actions are mediated by their cultural environment and interactions with others within those contexts.

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cultural basis of human development. She emphasizes the importance of understanding how culture and socialisation influence cognitive processes, social behaviour, and emotional development across different societies.

<sup>4</sup> Cole, M. 1996. 'Cultural psychology: A once and future discipline': Cole advocates for the importance of cultural psychology, an interdisciplinary field that explores the interplay between culture, mind, and behaviour. He provides a comprehensive overview of the theoretical foundations, methodologies, and applications of the socio-cultural perspective in understanding human cognition and behaviour.

<sup>5</sup> Wertsch, J.V. 1991. 'Voices of the mind: A sociocultural approach to mediated action': In this work, Wertsch examines how individuals use cultural tools and symbols to mediate their thinking and actions. He builds on Vygotsky's ideas and extends them by incorporating concepts from other socio-cultural theorists, offering a more nuanced understanding of the role of culture and social context in shaping human cognition and behaviour.

## Cultural Frameworks in Suicide Research

Understanding suicide within culturally diverse contexts requires theoretical frameworks that transcend individual pathology and universalist assumptions. Cultural frameworks provide essential tools for analysing the sociocultural and historical dimensions of suicide, especially in contexts like Guyana, where colonial legacies, ethnic diversity, and socio-economic inequalities intersect. This section critically examines structuralism, cultural materialism, symbolic and interpretive anthropologies, postcolonial theory, and the "Elements of Culture" framework, integrating insights from critical suicidology to reveal their relevance to the study of suicide in Guyana.

### Structuralism and the Foundations of Cultural Patterns

Structuralism, as conceptualized by Claude Lévi-Strauss (1963), posits that human behaviour and cultural practices are underpinned by universal structures embedded in myths, language, and social norms. This approach is particularly useful for identifying binary oppositions, such as life versus death or stigma versus acceptance, that structure cultural attitudes toward suicide. Structuralist analyses suggest that cultural responses to suicide are not random but are shaped by deeper symbolic frameworks that organise societal norms.

In Guyana, structuralist insights are evident in the ways cultural binaries, such as public honour versus private shame, shape the perception of suicide. For example, the stigma surrounding suicide is reinforced by cultural norms that prioritise familial reputation and societal conformity, leading to a silencing of mental health struggles. These cultural structures are particularly prominent in Indo-Guyanese communities, where historical and religious traditions intertwine to create narratives of honour, duty, and shame. However, while structuralism highlights the symbolic dimensions of cultural practices, it has been critiqued for its tendency to universalize human behaviour, overlooking

the specific socio-historical contexts in which these structures emerge (Harris, 1968).

Critical suicidology complements structuralism by addressing this gap, emphasizing that cultural frameworks must be understood within their unique historical and sociopolitical contexts (White & Marsh, 2016). In the case of Guyana, structuralist binaries gain deeper meaning when situated within the legacies of colonialism and the socio-economic inequalities that continue to shape cultural practices today.

#### Cultural Materialism: The Economic Foundations of Suicide

Cultural materialism, introduced by Marvin Harris (1968), shifts the focus to the material conditions that underpin cultural beliefs and practices. By emphasizing the role of economic systems, resource allocation, and labour structures, cultural materialism provides a critical lens for examining how socio-economic conditions influence suicide rates. Harris's framework is particularly relevant to Guyana, where economic precarity intersects with cultural values to shape individuals' perceptions of self-worth and survival.

In Guyanese communities, economic pressures, such as those experienced by agricultural labourers in rural areas, contribute significantly to the prevalence of suicide. The cultural expectation of financial provision within families often places disproportionate pressure on individuals, particularly men, leading to feelings of failure and despair. Cultural materialism interprets how these material realities are reflected in cultural narratives that normalize suicide as an escape from systemic hardship. For instance, the economic dependency fostered during Guyana's colonial period continues to influence modern labour dynamics, creating structural vulnerabilities that heighten the risk of suicide in economically marginalized populations (Seecharan, 2005).

While cultural materialism offers valuable insights into the economic underpinnings of cultural practices, it benefits from integration with postcolonial theory, which highlights the historical processes that have produced these material inequalities. By situating Guyana's economic conditions within the broader context of colonial exploitation, this study extends Harris's framework to encompass the historical legacies that shape cultural attitudes toward suicide.

#### Symbolic and Interpretive Anthropologies: Suicide as Cultural Communication

Symbolic and interpretive anthropologies, led by scholars such as Clifford Geertz (1973), focus on the meanings and symbols that individuals and communities attach to cultural practices. Geertz's concept of "thick description" is instrumental in understanding suicide as a form of cultural communication, where acts of self-harm are imbued with symbolic meanings that reflect broader societal tensions.

In the Guyanese context, suicide often serves as a form of symbolic resistance or communication, expressing unresolved conflicts related to family, honour, and societal expectations. For example, among Indo-Guyanese populations, suicide may be seen as a means of restoring familial honour or escaping the shame associated with social failure. These cultural narratives are deeply embedded in historical and religious traditions, where individual actions are imbued with collective meanings. Symbolic anthropology allows researchers to decode these meanings, revealing how cultural symbols shape the ways individuals and communities perceive and respond to suicide.

However, symbolic and interpretive approaches have been critiqued for their focus on subjective meaning at the expense of structural and historical analysis. Critical suicidology addresses this limitation by emphasizing the importance of linking cultural symbols to the socio-political and historical conditions that produce them (White, 2012). In this study, symbolic anthropology is employed alongside postcolonial theory to

provide a holistic understanding of suicide as both a cultural and historical phenomenon.

#### Postcolonial Theory: Unpacking Historical Legacies

Postcolonial theory offers a critical framework for analysing how colonial histories and their aftermath continue to shape contemporary cultural practices and beliefs. Scholars such as Edward Said (1978) and Gayatri Spivak (1988) have argued that colonialism's influence extends beyond material exploitation, producing epistemological frameworks that marginalize non-Western perspectives. In the context of suicide in Guyana, postcolonial theory reveals how colonial legacies of racial stratification, economic dependency, and cultural displacement have created conditions of vulnerability that persist today.

For instance, the colonial plantation system entrenched socio-economic disparities that disproportionately affected Indo and Afro Guyanese populations. These disparities have fostered intergenerational trauma, which manifests in cultural narratives that normalize suicide as a response to systemic hardship. Postcolonial theory also critiques the epistemic dominance of Western-centric models of suicidology, which often pathologize non-Western practices without considering their historical and cultural contexts (Smith, 2021). By integrating postcolonial insights, this study challenged these universalist assumptions and advocates for culturally specific understandings of suicide.

Therefore, while postcolonial theory provided a critical lens for understanding the socio-historical legacies that shape cultural attitudes toward suicide in Guyana, and critical suicidology emphasized the importance of culturally sensitive research, these perspectives introduced a significant tension. This tension arose from the juxtaposition of respecting local narratives that sometimes normalize or accept suicide with the drive to reduce harm through prevention programs. In the Guyanese context, where colonial legacies intersect with diverse cultural

practices and values, this conflict is particularly pronounced. Exploring this tension is essential to understanding the challenges and opportunities in developing culturally informed suicide prevention strategies.

### *Tension Between Postcolonial Critique and Suicide Prevention*

Postcolonial theory provides a powerful lens for critiquing the systemic inequities and historical legacies that shape contemporary issues such as suicide. In Guyana, colonial exploitation established entrenched socio-economic disparities and cultural hierarchies that continue to influence social practices and mental health outcomes. Said (1978) and Spivak (1988) highlighted how colonialism imposed not only material exploitation but also epistemic frameworks that devalued indigenous and non-Western ways of knowing. These legacies persist in the cultural narratives surrounding suicide, where societal responses are shaped by historical processes that normalize despair and silence while stigmatizing open discussions about mental health.

In Guyana, this colonial inheritance intersects with cultural and religious values to create a socio-cultural landscape in which suicide is both stigmatized and, paradoxically, culturally intelligible. Among Indo-Guyanese communities, for instance, historical labour systems on colonial plantations embedded values around honour, duty, and familial responsibility, which often frame suicide as a way to resolve perceived personal or communal failures (Seecharan, 2005). In contrast, Afro-Guyanese communities, shaped by the legacies of enslavement and resistance, may interpret suicide through narratives of resilience or as a rejection of oppressive conditions. Indigenous communities often integrate spiritual and communal understandings of life and death, further complicating monolithic interpretations of suicide as purely pathological.

While these postcolonial critiques provide invaluable insights, the imperative for suicide prevention introduces a tension that is often difficult to reconcile. Suicide prevention programs, particularly those grounded in

Western frameworks, typically seek to intervene in behaviours deemed harmful or preventable, often pathologizing suicide as a mental health issue requiring medical or psychological treatment. This approach, while well-intentioned, risks undermining the cultural meanings and local agency embedded in participants' narratives. Critical suicidology, as advocated by White and Marsh (2016), emphasizes the need to balance the reduction of harm with respect for cultural narratives, advocating for interventions that are both contextually sensitive and decolonized.

This tension is particularly pronounced in Guyana, where suicide is often viewed as a culturally sanctioned problem-solving mechanism. For example, the cultural valorization of self-sacrifice in Indo-Guyanese communities, or the framing of suicide as an act of resistance among Afro-Guyanese women facing domestic violence, complicates efforts to impose universal prevention models. The challenge lies in developing interventions that honor these cultural contexts while challenging harmful norms and reducing preventable deaths.

#### The "Elements of Culture" Framework: A Comprehensive Lens

The "Elements of Culture" framework provides a structured approach to analysing the diverse factors that shape cultural attitudes toward suicide. By breaking down culture into observable components such as beliefs, values, norms, practices, and language, this framework allows for a granular analysis of how suicide is understood and enacted within specific cultural contexts (Hofstede, 2001). In Guyana, this framework reveals how cultural values around family honour, economic stability, and religious doctrine intersect with societal stigma to shape perceptions of suicide.

For example, the cultural emphasis on familial reputation often leads to the silencing of the struggles with suicide ideation, reinforcing the stigma surrounding suicide. Additionally, the use of euphemisms and

indirect language in discussing suicide reflects the cultural reluctance to address it openly. By applying the "Elements of Culture" framework, this study uncovers the nuanced ways in which cultural diversity influences suicide ideation and behaviour in Guyana.

#### Integrating the Frameworks: Toward a Culturally Sensitive Approach

These cultural frameworks collectively provide a robust foundation for understanding the socio-cultural dimensions of suicide in Guyana. Structuralism highlights the symbolic patterns underlying cultural beliefs, while cultural materialism emphasizes the economic conditions that sustain them. Symbolic anthropology decodes the meanings attached to suicide, and postcolonial theory situates these dynamics within the broader historical context of colonialism and its legacies. The "Elements of Culture" framework ties these insights together, offering a structured approach to analysing the interplay of cultural, economic, and historical factors.

By integrating these frameworks, this study critiqued the limitations of Western-centric models of suicidology and advanced a culturally sensitive approach to suicide research. This integration aligned with critical suicidology's emphasis on decolonizing suicide studies and advocating for methodologies that are attuned to the specificities of local contexts. Together, these frameworks provided the theoretical foundation for the ethnographic methodology employed in this research, enabling a comprehensive exploration of the cultural and historical dimensions of suicide in Guyana.

#### Integration of the Elements of Culture Framework

The integration of the "elements of culture" framework into this study represented a critical advancement in understanding the

sociocultural dimensions of suicide, particularly in the context of Guyana’s complex cultural tapestry. This framework offered a structured approach to analysing how distinct cultural components, such as beliefs, values, norms, practices, and symbols, interact to influence suicide ideation and behaviours. By breaking down broad cultural concepts into observable and actionable elements, this framework allowed for a nuanced exploration of cultural phenomena, addressing gaps in existing research that often overlook the depth and complexity of cultural influences on suicide (Kleinman & Benson, 2006). Below is a detailed table that outlines these elements, providing a clear definition of each and illustrating their relevance to understanding the sociocultural dynamics at play in suicide phenomena.

Table 1 – Elements of culture. Definitions taken from - S.E. Barkan (2011), *Sociology: Understanding and Changing the Social World*. FlatWorld.

Elements of Culture	
Constructs	Definition
Beliefs and Values	Cultural beliefs are an amalgamation of a culture's most common values and traditions. These beliefs, or values, serves as the culture's guide in identifying, right from wrong, good from bad, and what is just from unjust.
Norms	Norms are identified as what a culture, society, or a specific social group identify to be acceptable behaviours and expectations of people based on their common beliefs and values. These norms guide how people within their specific country/culture/group are expected to think, behave, and dress amongst

	<p>other expectations. These norms can either be formal or informal with formal norms being more socio-economic-political based through laws that govern a society and guide how citizens are expected to act. Whereas informal norms are more values/traditions/cultural-based that more influence how people will behave in their day-to-day life.</p>
Language	<p>A structured method of communication used to exchange news and information. Language is what allows people to build relationships and create community. It can be expressed through speech, writing, and body movements</p>
Practices	<p>Cultural practices are shared perceptions of how people routinely behave in a culture.</p>
Rituals (Practice)	<p>Rituals are procedures, ceremonies, and events that mark times of transition that are conventional and customary. These rituals are established within cultures, countries, or social groups and reflect their values and traditions. They are structured, repetitive, and symbolic for the celebrated individual or entire group.</p>
Symbols (Practice)	<p>Objects, words, or actions that are culturally defined to represent actions, ideas, and concepts. Symbols are common in all cultures and invoke different emotions depending on the meaning behind the symbol.</p>

Artifacts (Practice)	Objects that when found are able to reveal valuable information about the particular culture and society that it belongs to.
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This framework emphasizes the need to examine both the overt and covert dimensions of culture. While explicit cultural expressions, such as rituals, symbols, and language, can be observed and documented, the underlying structures, practices, and material conditions that inform these expressions require deeper analysis. The "elements of culture" framework provides the tools to critically evaluate these dimensions, offering insights into how ideological and material factors intersect to shape cultural narratives around suicide. This approach challenges researchers to move beyond superficial engagements with culture, advocating instead for a holistic understanding that considers the full breadth of cultural influences (Kral, 2012).

*A Multicultural Lens in the Context of Guyana*

In a multicultural society like Guyana, where Afro-Guyanese, Indo-Guyanese, and Indigenous communities coexist, the diversity of cultural narratives surrounding suicide necessitated a framework capable of capturing this complexity. Each ethnic group brought unique beliefs, values, and practices that influence their responses to mental health challenges and suicide. For example, Indo-Guyanese communities often conceptualize suicide within the framework of familial honour and social expectations, drawing on religious and cultural traditions that stigmatize open discussions of mental health. Conversely, Afro-Guyanese communities may approach suicide through lenses of resilience shaped by historical legacies of enslavement and emancipation, while Indigenous groups integrate spiritual and communal understandings that are deeply tied to their relationship with nature and ancestral practices.

The "elements of culture" framework allowed for a systematic exploration of these diverse narratives. By dissecting how each group's

cultural elements interact with suicidal behaviours, the study uncovered the nuanced ways in which beliefs, norms, and practices operate as both risk and protective factors. This granular analysis was essential for understanding the unique cultural fabric of Guyana and for developing suicide prevention strategies that resonate across its diverse communities (Kirmayer et al., 2009).

### *Advancing Cultural Analysis in Suicide Research*

The application of this framework also addresses a critical gap in suicide research: the under-theorization of culture. Despite frequent references to culture in the literature, it is often treated as a static variable rather than a dynamic and deeply embedded force shaping individual and collective behaviours (White, 2012). The "elements of culture" framework confronts this oversight by providing a structured method for analysing cultural influences, ensuring that culture is not only referenced but also critically examined and understood within its socio-historical context (Durkheim, 1897; Foucault, 1976).

For instance, the framework's focus on beliefs and values allowed for an exploration of how Guyanese communities collectively navigate concepts of life, death, and mental health. These values often act as guiding principles, shaping both individual decisions and communal responses to suicide. Similarly, analysing norms revealed how societal expectations influence help-seeking behaviours, exposing barriers created by stigma and the normalization of silence around mental health struggles (Pescosolido, 2007). The framework's emphasis on language uncovered how suicide is discussed, or avoided, within different communities, providing valuable insights into underlying attitudes and informing public health messaging (Wexler & Gone, 2012).

Moreover, the examination of practices and rituals offered a window into the resilience factors embedded within cultural mourning and crisis

management traditions (Van Gennep, 1960). These rituals often serve as communal coping mechanisms, reflecting broader cultural values and providing a support system for individuals in distress. Similarly, the analysis of symbols, such as representations of death in religious and cultural iconography, revealed the narratives and emotional resonances associated with suicide, while the study of artifacts, including local media and art, highlighted societal attitudes toward mental health and suicide (Geertz, 1973).

### *Critique of Existing Methodologies*

This approach also critiques the limitations of traditional suicide research methodologies, which often prioritize quantitative analyses and fail to capture the cultural nuances that influence suicidal behaviours. Quantitative methods, while useful for identifying broad trends, risk oversimplifying the complex interplay of cultural factors that contribute to suicide (Canetto & Sakinofsky, 1998). By applying the "elements of culture" framework, this study counters this tendency, providing a richer, more detailed understanding of the cultural dynamics at play. This approach also aligns with critical suicidology's emphasis on contextualized, culturally sensitive research, addressing calls for a more nuanced analysis of suicide in non-Western settings (White & Marsh, 2016).

### *Practical Implications for Suicide Prevention*

The insights gained from this cultural analysis have significant implications for suicide prevention. Effective intervention strategies must be grounded in an understanding of the cultural elements that shape community responses to suicide. Programs that fail to account for cultural diversity risk alienating the very populations they aim to serve. By integrating the findings from the "elements of culture" framework, this study provides a foundation for developing culturally informed prevention strategies tailored to Guyana's unique cultural landscape (Chandler & Lalonde, 1998). For instance, interventions can incorporate culturally resonant symbols and rituals, use language that aligns with community

values, and address stigma in ways that are sensitive to the cultural context.

### Summary

The integration of the "elements of culture" framework provided a comprehensive lens for analysing the cultural dimensions of suicide in Guyana. By breaking down cultural phenomena into their core components, this framework allowed for a detailed exploration of how beliefs, norms, language, practices, and symbols shape suicidal behaviours. This structured approach enriched the study's analysis, ensuring that research remained deeply embedded in the lived experiences of individuals within their cultural contexts. Ultimately, this framework facilitated a more nuanced understanding of suicide in Guyana, paving the way for culturally sensitive interventions that address the complexities of this pressing societal issue.

## **Theoretical Perspectives on Suicide: From Sociological Foundations to Critical Suicidology**

In my exploration of suicide within Guyana's unique sociocultural landscape, I integrated a range of theoretical perspectives to grasp its multifaceted nature thoroughly. I drew upon Durkheim's (1897) seminal work, which laid the foundation for understanding suicide as a societally mediated act. Durkheim's categorization into egoistic, altruistic, anomic, and fatalistic types provided me with an initial framework to consider the effects of Guyana's complex societal fabric on suicide rates. This classical theory illuminated how variations in social integration and regulation could impact communities across Guyana, offering insights into the societal underpinnings of suicide risk (Durkheim, 1897). I also engaged with Thomas Joiner's (2005) Interpersonal Theory of Suicide, which added a psychological dimension to the analysis. This theory suggested that the desire to die could stem from a mix of perceived burdensomeness and

thwarted belongingness, aspects particularly resonant within Guyana's diverse ethnic and socio-economic groups. Joiner's work helped bridge the gap between societal influences and individual psychological states, enriching my understanding of the interpersonal dynamics at play in suicidal behaviour (Joiner, 2005). Furthermore, the advent of Critical Suicidology, as proposed by White and Marsh (White, 2012; Marsh, 2010) marked a pivotal shift toward a more nuanced comprehension of suicide. This framework challenged the conventional pathologizing and medicalizing approaches, advocating instead for a critical exploration of suicide through socio-cultural lenses. It was instrumental in my research, emphasizing the need to consider the lived experiences of individuals, the cultural meanings ascribed to suicide, and the impact of societal norms and practices on suicidal behaviour. This approach encouraged me to look beyond the medical or psychological causes of suicide, urging me to contemplate the broader socio-cultural factors at play.

But even further, Edwards' (2016) work focused specifically on the Guyanese context and offered a theoretical perspective that bridged the gap between the classical and contemporary theories of suicide and the nuanced, lived realities of the Guyanese people. Edwards (2016) posits that the high rate of suicide in Guyana cannot be fully understood without considering the complex interplay of historical, cultural, and social factors unique to the country. This theory complements Durkheim's sociological categories and Joiner's psychological insights by adding a layer of specificity regarding the influence of Guyana's colonial past, its multi-ethnic composition, and the specific socio-economic and environmental stressors faced by its population. Edwards' emphasis on the cultural narratives and practices surrounding suicide in Guyana also provided a critical link to the Critical Suicidology perspective, which advocates for a deeper exploration of the socio-cultural dimensions of suicide.

By weaving together these diverse theories - from Durkheim's sociological insights and Joiner's psychological perspectives to the critical lens of Suicidology - I developed a rich understanding of suicide in Guyana. This theoretical pluralism acknowledged both the societal structures

influencing suicidal behaviour and the individual experiences contributing to the act, allowing for a comprehensive exploration of suicide within a specific cultural context. In critically engaging with the diverse theoretical perspectives on suicide, I was compelled to reconsider traditional assumptions about the phenomenon, underscoring the significance of the socio-cultural context in understanding and preventing suicidal behaviour. My journey through the academic literature, punctuated by the works of Durkheim (1897), Joiner (2005), White (2012), and Marsh (2010), aimed to contribute meaningfully to the discourse on suicide prevention in Guyana.

By integrating Edwards' theory into my research, I was better equipped to capture the depth of socio-cultural dynamics influencing suicide in Guyana. It allowed me to critically examine how historical legacies of colonization and slavery, ethnic diversities and tensions, and economic disparities contribute to the societal framework within which suicide is understood and experienced in Guyana. This theoretical perspective highlighted the importance of considering the unique socio-historical context of Guyana in any discussion of suicide, underscoring the need for culturally sensitive and historically informed research approaches. It highlighted the critical role of socio-cultural factors in shaping effective suicide prevention and intervention efforts, establishing a foundation for my subsequent ethnographic investigation into the socio-cultural underpinnings of suicide in Guyana.

## Ethnography and Theoretical Insights

In my exploration of suicide in Guyana, I recognised early on the necessity of adopting an ethnographic framework to capture the intricate socio-cultural dynamics at play. This methodological approach, grounded in the theoretical insights of Durkheim (1897), Joiner (2005), Edwards (2016) and the critical perspectives offered by White (2012) and Marsh (2010), allowed me to delve deeper into the fabric of Guyanese society than traditional statistical analyses could permit. Durkheim's foundational

work on the sociological aspects of suicide provided me with a lens to view the societal structures and norms influencing suicide rates in Guyana. However, while Durkheim's categories offered a broad overview, they lacked the depth required to understand the nuanced ways these societal structures manifested in the unique cultural context of Guyana. Similarly, Joiner's Interpersonal Theory of Suicide, which focuses on individual psychological states such as perceived burdensomeness and thwarted belongingness, illuminated important aspects of the interpersonal dynamics contributing to suicidal behaviour. Yet, these theories, primarily based on Western contexts, necessitated adaptation to align with the lived realities of Guyanese individuals. Critical Suicidology (White 2012; Marsh 2010), with its emphasis on socio-cultural lenses, challenged me to move beyond pathologizing and medicalizing narratives of suicide. This approach underlined the limitations of a purely medical or psychological viewpoint, highlighting the critical role of socio-cultural and political factors in understanding suicide. It was this critical perspective that affirmed my decision to adopt an ethnographic approach, allowing me to explore the lived experiences of individuals, the cultural meanings attributed to suicide, and the impact of societal norms and practices on suicidal behaviour within the Guyanese context.

But, it was the ethnographic framework, enriched by Edwards' theory, that proved invaluable in capturing the nuanced ways in which societal norms, cultural beliefs, and historical influences intersect to shape the phenomenon of suicide in Guyana. This integration was instrumental in aligning my ethnographic framework with the specificities of suicide in Guyana, ensuring that my research was not only grounded in broad theoretical insights but also deeply informed by theories directly relevant to the Guyanese experience. Through participant observation, interviews, and engagement with various communities across the country, I was able to gather insights that went beyond traditional statistical analyses. This methodological approach facilitated a richer, deeper understanding of suicide, highlighting the critical role of historical context, cultural beliefs, and societal pressures in shaping individuals' experiences and perceptions of suicide. Hence, incorporating Edwards' (2016) theory into my

ethnographic study of suicide in Guyana was pivotal. It not only complemented the broader theoretical frameworks provided by Durkheim and Joiner but also aligned closely with the critical perspectives of Critical Suicidology, all while adding a level of specificity and relevance essential for exploring suicide within the Guyanese context. This integration highlighted the multifaceted nature of suicide in Guyana, driven by a unique constellation of socio-cultural, historical, and environmental factors, and highlighted the indispensability of an ethnographic approach in uncovering the layered realities of suicide in Guyana.

The ethnographic framework proved invaluable in capturing the depth of socio-cultural dynamics influencing suicide in Guyana. Through immersive engagement with communities, in-depth interviews, and participant observation, I was able to gather insights that went beyond the scope of traditional statistical analyses. This method allowed for a richer, more nuanced understanding of suicide, illuminating how cultural beliefs, historical influences, and societal pressures shape individuals' experiences and perceptions of suicide. For instance, the ethnographic approach enabled me to explore how Guyana's colonial history and its multicultural society impact current suicide trends, revealing how ethnic influences and cultural norms around mental health and suicide are deeply entwined with the nation's collective psyche. By engaging directly with individuals and communities, I uncovered how suicide is conceptualized within different cultural groups in Guyana, how these conceptualizations influence behaviour, and how stigma and silence around suicide and its ideation are maintained through societal norms.

In summary, the ethnographic framework was a methodological choice and a critical necessity for understanding the complex socio-cultural landscape of suicide in Guyana. It offered insights that traditional methods could not, providing a comprehensive picture of the factors contributing to the nation's high suicide rates. This approach, informed by and extending the theoretical discussions of Durkheim, Joiner, Edwards, and Critical Suicidology, highlights the importance of socio-cultural considerations in

suicide research and the potential for ethnography to contribute to more effective, culturally sensitive suicide prevention strategies.

## Theoretical Foundations in Suicidology

The study of suicide has been predominantly shaped by classical and psychological models, including Durkheim's sociological framework (1897) and Joiner's Interpersonal Theory of Suicide (2005). These theories have been foundational in understanding suicide within the context of individual psychology and social regulation. However, while these Western-centric models have provided significant insights, they rely on universal assumptions that may not fully capture the culturally specific dimensions of suicide in non-Western societies, such as Guyana. In recent years, scholars have questioned the applicability of these models in diverse cultural contexts. The limited focus on individual psychological factors often overlooked the complex interplay of cultural beliefs, historical legacies, and social expectations that shape suicide ideation and behaviour in different societies. The limitations of these Western-centric frameworks are particularly apparent in Guyana, where historical traumas, cultural norms, and family dynamics influence perceptions and practices around suicide. This gap in existing models called for a framework that situates suicide within its broader sociocultural and historical context.

In exploring the complex phenomenon of suicide in Guyana, it became evident that traditional, Western-centric models of suicidology present inherent limitations. Dominant theories, such as Durkheim's sociological model (1897) and Joiner's Interpersonal Theory of Suicide (2005), often frame suicide within individualistic and largely universalist assumptions that did not fully capture the culturally specific dimensions of suicide in non-Western societies. This critique is particularly relevant in Guyana, where the intertwining of cultural beliefs, historical trauma, and social expectations exerts a distinct influence on perceptions and practices around suicide.

Western-centric models tend to pathologize suicide, viewing it primarily as an outcome of individual psychological or biological factors. Joiner's (2005) theory, for instance, attributes suicide to a combination of perceived burdensomeness and thwarted belongingness, which, while valuable, often overlooked how cultural norms and collective historical experiences contribute to these feelings in non-Western contexts. As White and Marsh (2016) argue, critical suicidology recognises the limitations of such theories, advocating for an approach that situates suicide within specific sociocultural, historical, and political contexts. In the case of Guyana, traditional models do not account for the effects of postcolonial legacies, ethnic stratifications, and socio-economic conditions that are deeply embedded in the local reality.

### Limitations of Western-Centric Approaches in Guyana's Context

The ethnographic findings from this study highlighted the inadequacy of Western-centric frameworks to explain the cultural acceptance of suicide as a coping mechanism or response to socio-economic and familial pressures, as observed in Guyanese communities. The high rates of suicide in Guyana, particularly among Indo-Guyanese populations, cannot be solely attributed to individual psychopathology; instead, they are interwoven with cultural values related to family honour, social isolation, and resilience in the face of socio-economic hardship (Shaw et al., 2022). Studies have shown that Western models of suicidology often fail to address how collectivist values, such as those seen in Indo-Guyanese communities, can shape the stigma surrounding mental health and suicide. These limitations highlight the need for a culturally specific approach, one that recognizes the socio-historical factors that contribute to Guyana's unique suicide landscape.

Furthermore, the assumption within Western suicidology that mental health treatment is a universally accessible and acceptable

intervention is problematic in the Guyanese context, where mental health stigma is prevalent, and mental health resources are limited (Wang et al., 2020). The prevailing narrative in Western models suggests that therapeutic intervention is both a feasible and preferred method of prevention. However, ethnographic observations in Guyana reveal a different reality, where community support systems and traditional beliefs play a crucial role in individuals' mental health experiences. To address these limitations, this study adopted a critical suicidology perspective, which shifts the focus from individual psychopathology to the socio-political and cultural dimensions of suicide. Critical suicidology, as advocated by White (2012) and Marsh (2010), offers a valuable framework that aligns with the socio-historical complexities observed in Guyana.

### Relevance of Critical Suicidology to Guyana

Critical suicidology, as proposed by White, Marsh, and others (White, 2012; Marsh, 2010), offers a compelling alternative by emphasizing the socio-political and cultural dimensions of suicide. Unlike traditional models, which focus predominantly on psychological or biological (individual) causes, critical suicidology encourages researchers to consider how societal structures and historical legacies, and therefore socio-cultural factors, contribute to suicidal behaviour. This perspective is particularly pertinent to Guyana, where colonial histories and ethnic disparities continue to shape mental health outcomes and suicide ideation (Edwards, 2016). By framing suicide as a social phenomenon influenced by these broader factors, critical suicidology provides a foundation for analysing suicide within Guyana's socio-historical and cultural tapestry.

In this study, critical suicidology has proven invaluable, aligning with an ethnographic approach that allowed for the in-depth exploration of participants' lived experiences and cultural narratives around suicide. For instance, while Western models might interpret suicide as a manifestation of individual despair, ethnographic findings revealed that in

Guyana, suicide is often viewed within communal frameworks where family, religious beliefs, and cultural values intersect. Critical suicidology facilitates a nuanced understanding of these intersections, allowing researchers to contextualize suicide beyond individual pathology and examine its roots within the broader societal framework. This aligns with Smith's (2021) argument that a decolonized approach to suicidology, informed by indigenous perspectives, can provide more meaningful insights into suicide prevention in postcolonial societies like Guyana.

The ethnographic data collected in this study challenged several core assumptions of traditional suicidology. For example, Durkheim's categories of egoistic, altruistic, anomic, and fatalistic suicide (1897) offer valuable insights into how social integration and regulation influence suicide risk. However, Durkheim's framework does not account for the unique ways in which colonial history and socio-economic structures affect marginalized groups in Guyana. While Durkheimian theory emphasizes the role of social isolation or regulation in increasing suicide risk, it does not consider the historical trauma and social inequalities that characterize Guyanese society. Edwards (2016) posited that the Guyanese experience of suicide must be understood within a postcolonial context that includes economic deprivation, cultural displacement, and familial expectations, factors that are not adequately addressed in Western models.

Furthermore, by focusing on "emic" perspectives, understanding suicide from within the cultural framework of the participants, this study highlighted how local understandings of suicide as a legitimate response to life's hardships differ from Western perceptions. The ethnographic findings indicate that, within certain Guyanese communities, suicide may be seen as an acceptable way to resolve insurmountable socio-economic or relational challenges, a perspective largely absent from Western theories. Critical suicidology, with its focus on culturally embedded meanings and societal power dynamics, allowed for a more comprehensive analysis of these views and their implications for prevention.

In conclusion, the limitations of Western-centric models of suicidology highlighted the need for a critical, culturally sensitive approach in studying suicide in non-Western contexts like Guyana. Critical suicidology's relevance to this study lies in its ability to integrate socio-cultural and historical factors, providing a framework that aligns with the complex realities observed in the field. By embracing this perspective, the study not only critiques the universality of Western models but also contributes to the growing body of literature advocating for culturally attuned approaches to suicide research and prevention.

## **Conclusion**

The critical examination of the literature revealed significant gaps in the understanding of suicide as a socio-cultural phenomenon, particularly within the unique context of Guyana. Dominant Western-centric models of suicidology, such as those proposed by Durkheim (1897) and Joiner (2005), while foundational, were shown to be insufficient in addressing the nuanced interplay of cultural, historical, and social factors that characterize suicide in non-Western societies. These frameworks often universalized suicide as an individual pathology, neglecting the collective and historically situated dimensions that are deeply embedded in contexts like Guyana.

This study highlights the importance of embracing critical suicidology, which shifts the focus from individual-centered interpretations to the broader socio-cultural and political forces influencing suicidal behaviours. As argued by White and Marsh (2016), critical suicidology stresses the need for culturally sensitive approaches that challenge traditional assumptions, particularly those rooted in Western epistemologies. In the Guyanese context, the high prevalence of suicide is shaped by a unique confluence of factors, including colonial legacies,

ethnic stratifications, socio-economic disparities, and entrenched cultural norms. These elements interact to produce a societal landscape in which suicide is often stigmatized, silenced, and normalized as a response to personal and communal challenges.

The literature also revealed a striking gap in qualitative, context-specific research into suicide in Guyana. Existing studies largely relied on quantitative analyses, which, while valuable, failed to capture the lived experiences and subjective meanings that individuals and communities attribute to suicide. As Hjelmeland and Knizek (2017) argue, qualitative approaches are critical for unpacking the complex, culturally embedded narratives that underlie suicidal behaviours. The "Elements of Culture" framework employed in this study facilitated an in-depth examination of these narratives, enabling a granular analysis of how cultural beliefs, norms, practices, and language shape perceptions and responses to suicide.

Despite the contributions of existing research, this review emphasized the need for a deeper, ethnographically informed understanding of suicide in Guyana. Ethnography offers a powerful methodological lens through which to explore the socio-cultural and historical dimensions of suicide, providing insights into how individuals and communities navigate the stigma, silence, and cultural meanings surrounding this deeply sensitive issue. By prioritizing the voices and lived experiences of the Guyanese people, this approach aligned with the principles of decolonizing research, ensuring that suicide is understood within its specific cultural and historical context.

In synthesizing the themes emerging from the literature, this chapter has illuminated the intricate socio-cultural, economic, and psychological dimensions of suicide in Guyana. The enduring stigma associated with suicide, as discussed by Hjelmeland and Knizek (2017),

reinforces societal silence and isolation, compounding the challenges faced by those struggling with suicidal ideation. The application of the "Elements of Culture" framework has further emphasised the importance of situating suicide within the broader tapestry of Guyana's cultural diversity, providing a foundation for culturally attuned research and intervention strategies.

In sum, this critique of Western-centric suicidology, alongside the adoption of a critical suicidology framework, highlighted the need for a culturally attuned and context-sensitive approach to suicide research. This theoretical foundation informed the ethnographic methodology adopted in this study, allowing for a deeper exploration of the cultural, historical, and social dimensions that shape suicide ideation and behaviours in Guyana. By bridging the gaps identified in the literature, this study seeks to contribute to a growing body of knowledge advocating for culturally informed and decolonized approaches to suicide prevention.

Building on the critical insights gained from the literature, the following chapter outlines the ethnographic methodology adopted in this study. This approach was selected for its capacity to uncover the layered complexities of suicide in Guyana, offering a culturally immersive and contextually grounded perspective. By engaging directly with the lived experiences of individuals and communities, this methodology aims to capture the socio-cultural and historical realities that underpin suicide in Guyana, ultimately contributing to the development of compassionate, culturally informed intervention strategies.

## **Reflective Note**

Reflecting on my journey through the scholarly contributions, I realized how our understanding of suicide had been deeply shaped by the literature. I recognized how the unique cultural backdrop of Guyana, with its rich tapestry of ethnic diversity and historical legacies, played a crucial role in shaping suicide ideation and behaviour. While I appreciated the

strides made by previous studies, I found myself advocating for deeper engagement with the cultural dimensions influencing suicide, paving the way for my exploration of suicide within the ethnographic landscape of Guyana. My research aimed to bridge this gap, shedding light on the cultural underpinnings of suicide and its ideation within the Guyanese context. I sought to uncover how cultural beliefs and values, social norms, practices, and language shaped the experiences and perceptions of suicide among Guyana's people, and how these insights could inform the development of culturally appropriate suicide prevention interventions. As I embarked on the next phase of my research, the challenge was not merely to gather empirical data but to immerse myself deeply in the cultural stories and lived experiences that defined the social landscape of Guyana. This approach necessitated a blend of qualitative and quantitative methods, a synergy of ethnographic inquiry and statistical analysis, to offer a comprehensive picture of suicide in Guyana. It required a methodology that was flexible, participatory, and deeply rooted in the principles of cultural respect and sensitivity.

# **CHAPTER 3: Methodological Voyages**

## **Introduction**

Transitioning from the comprehensive examination of the literature on suicide within the unique context of Guyana, the Methodology Chapter of this thesis describes the strategies and tools utilized in the ethnographic exploration of this pressing issue. This chapter is pivotal as it outlines the research design, data collection methods, and analytical approaches that underpinned the study, ensuring that the inquiry is robust, culturally sensitive, and methodologically sound.

The choice of ethnography as the primary methodological approach reflects a deliberate and informed decision, influenced by the need to deeply engage with the socio-cultural realities of Guyana. Ethnography, with its emphasis on participant observation and immersive fieldwork, allowed for an in-depth understanding of the social dynamics, cultural practices, and individual experiences that characterized the phenomenon of suicide in this culturally rich setting. (Hammersley & Atkinson, 2007).

This chapter outlines the specific steps taken to conduct the fieldwork, including the selection of research sites, the recruitment of participants, and the methods of data collection such as interviews, focus groups, and participant observation. It also discusses the ethical considerations essential to conducting research on sensitive topics such as suicide, ensuring respect and confidentiality for all participants involved (Sieber, 1992).

Furthermore, the chapter explains the analytical framework and tools used to interpret the collected data, aiming to uncover the underlying cultural and social factors that contribute to suicide in Guyana. By integrating qualitative data analysis techniques with a nuanced understanding of the local context, the study strives to provide meaningful insights into the complex interplay of sociocultural factors influencing suicidal behaviours.

In essence, the Methodology was foundational to the execution of my research, setting the stage for a systematic inquiry that respects the complexities of the subject matter and the cultural context of the study area. It served as the bridge between theoretical knowledge gained from the literature review and the practical insights derived from empirical research, ultimately contributing to a richer and more comprehensive understanding of suicide in Guyana.

## **Philosophical Considerations:**

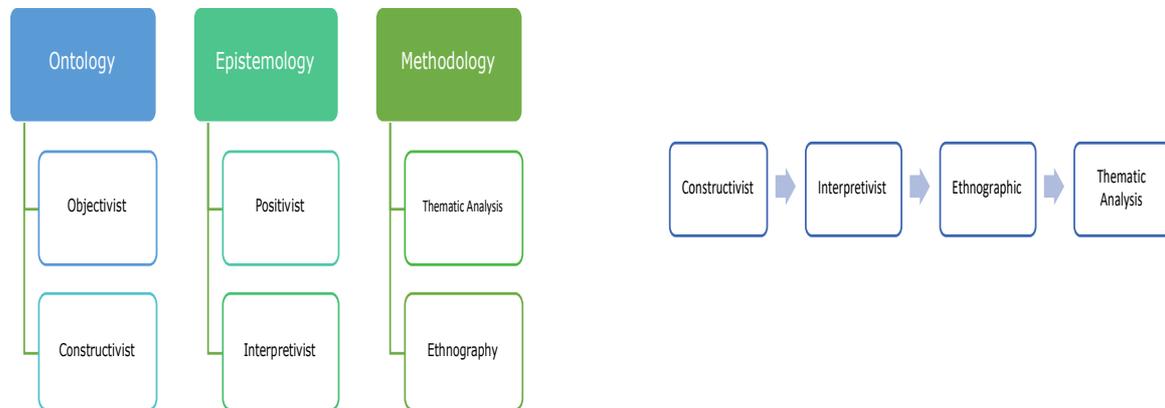
### **A Constructivist Approach to Exploring Suicide in Guyana**

As I embarked on my academic voyage through the verdant landscapes of Guyana, this research endeavoured to dissect the complex and multifaceted issue of suicide by immersing into the lived experiences of its people. Here, I explain the blueprint of my methodological framework, which is anchored firmly on a constructivist-interpretivist approach<sup>6</sup>. Drawing inspiration from Schwandt (1994) proclamation that knowledge blossoms through exploration and understanding, I anchored my inquiry in the fertile ground of constructivist ontology, complemented by an interpretivist lens, to delve deep into the social fabric of Guyanese society as seen in Figure 2.

Figure 2: From Constructivist Ontology to Interpretivist Epistemology | Source: Al-Saadi (2014)

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<sup>6</sup> The constructivist-interpretivist approach in research prioritizes understanding the complex world of lived experience from the point of view of those who live it. It asserts that reality is constructed through human interactions and interpretations, emphasizing the importance of subjective experiences and the meaning individuals attach to them. (Creswell, J.W., & Poth, C.N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (4th ed.). Thousand Oaks, CA: Sage Publications.)



The essence of this research is encapsulated in the recognition that the phenomena of suicide and its contemplation are individual tragedies and deeply embedded within the social constructs and cultural narratives of Guyana. Here, reality is not a static entity to be measured and quantified but a mosaic of subjective understandings, each piece coloured by the personal and collective experiences of the Guyanese people, as found by Crotty (1998), Ormston et al. (2014), and Snape & Spencer (2003). This acknowledgment steered me towards social constructivism, as articulated by Schwandt (2003), where the kaleidoscope of human perception forms the bedrock of my exploration.

Within this framework, 'social construction' is understood as the intricate process through which individuals and communities ascribe meanings to their experiences, constantly negotiating, sustaining, or reshaping these interpretations in light of their unique and collective journeys through life. This dynamic interplay of personal narratives and societal influences necessitates a research design that is sensitive to the qualitative nuances of lived experiences. And at the same time, being attuned to the historical, socio-political, and cultural currents that shape the discourse on suicide in Guyana. Denzin and Lincoln's (2011) affirmation of qualitative research as the lens through which the textured realities of individuals are brought into focus underpins our methodological

choices. This approach beckoned me to listen to the stories of those who have navigated the shadowed paths of suicidal ideation. Indeed, even further, to listen to those who have been touched by its ripple effects, then to contextualise these stories within the broader societal and cultural milieu of Guyana. It is a call to transcend the confines of clinical pathology and to weave a narrative that is both deep and expansive, capturing the essence of the Guyanese spirit and its confrontation with the spectre of suicide (Breakwell, Smith, & Wright, 2012).

Echoing the insights of Staples and Widgets (2012), my journey encompassed a profound connection with the participants' lives, aiming to fully grasp the breadth of experiences that shaped their reality. This quest was influenced by the ethos of critical suicidology, as Marsh (2015) highlighted, urging a more inclusive examination of suicide that embraced the union of ethical, social, and political dimensions (sociocultural factors). I dedicated myself to exploring the depths of this issue, amassing a mosaic of data that was both extensive and inclusive, to comprehend the complexity of human experience. This endeavour was a testament to the conviction that understanding suicide in Guyana demands a nuanced and culturally sensitive approach. It served as an invitation to undertake a methodological journey that aimed not only to find answers but also to honour the questions arising from the lived realities of the Guyanese people. The constructivist-interpretivist framework was pivotal in addressing the research questions formulated from the gaps identified in the literature review. As a reminder, these questions are:

1. What do Guyanese believe about suicide and its causes?
2. How do these beliefs manifest in the mosaic of social norms, practices, and language?
3. What are the social and cultural underpinnings of suicide ideation across Guyana's diverse demographics?

## **Research Design**

In the study of suicide within the sociocultural landscape of Guyana, my research design employed an ethnographic approach, leveraging

qualitative methods to delve into the complexities of this pressing issue. This decision was informed by the necessity to capture the nuanced experiences and perceptions that quantitative methods alone could not address, ensuring a deep, contextual understanding of the factors contributing to suicide.

## Ethnography as a Methodological Response to Guyana's Suicide Phenomenon

Transitioning from a comprehensive examination of the literature on suicide, particularly within the rich and varied context of Guyana. This study now pivoted towards the methodology that would underpin the forthcoming ethnographic exploration. The critical insights gleaned from the literature review not only shaped the foundational understanding of this research, but also directly informed the formulation of research questions and the selection of an ethnographic methodology uniquely tailored to the Guyanese context.

### From Literature to Methodology: Bridging Insights and Inquiry

The literature review highlighted the intricate interplay of cultural, societal, and individual factors contributing to the phenomenon of suicide in Guyana. Theories from Durkheim's sociological perspectives to contemporary views on interpersonal relationships and Critical Suicidology's emphasis on socio-cultural dimensions showcased the multifaceted nature of suicide. These theoretical insights, along with empirical studies focusing on the Guyanese context, highlighted significant gaps in our understanding of how cultural norms, historical legacies, and social dynamics influence suicide rates and behaviors in Guyana. These gaps necessitated research questions that probed deeper into the socio-cultural fabric of Guyanese society to uncover the nuanced understandings and lived experiences of suicide. The exploratory questions that arose, as noted above, were intrinsically linked to the insights derived from the literature.

### Selecting Ethnography: A Methodology Informed by Literature

The decision to employ an ethnographic methodology was a direct response to the findings of the literature review. Ethnography's inherent flexibility, emphasis on participant observation, and deep engagement with the community made it particularly suited to exploring the research questions that had emerged. This methodological choice was underpinned by the understanding that suicide in Guyana could not be fully comprehended through quantitative measures or detached analyses alone. Instead, a qualitative, ethnographic approach allowed for an immersive exploration of the cultural narratives, social relations, and everyday practices that framed suicide in Guyana. Ethnography's strength lay in its ability to capture the lived realities of individuals, offering insights into the subjective meanings and social processes that statistical analyses might overlook. This approach was aligned with the critical perspectives highlighted in the literature, advocating for a nuanced understanding of suicide that transcended biomedical or purely psychological explanations. By engaging directly with communities, individuals, and key stakeholders in Guyana, ethnography facilitated a comprehensive understanding of the socio-cultural dynamics at play, grounding the research in the actual experiences and perceptions of those most affected by suicide.

Therefore, the transition to the methodology section was a deliberate and informed choice, guided by the rich tapestry of theoretical and empirical insights uncovered in the literature review. The selection of an ethnographic methodology tailored to the Guyanese context reflected a commitment to understanding suicide in its socio-cultural complexity. This methodological approach, informed by and responsive to the literature, set the stage for an exploration. This exploration was both deeply rooted in Guyanese realities and attuned to the broader scholarly discourse on suicide. Through this lens, the research aimed to contribute meaningful, culturally informed insights to the ongoing efforts to address and prevent suicide in Guyana and beyond.

## Ethnographic Research as Naturalistic Inquiry

Situating my research as a form of naturalistic inquiry emphasised its commitment to researching phenomena in their natural settings, and as Lincoln & Guba, (1985) posited, this aims to interpret realities through the meanings individuals ascribed to them. This approach was particularly relevant for ethnographic work in Guyana, where understanding the socio-cultural dimensions of suicide necessitated immersion into the everyday lives and cultural contexts of individuals. The framework of naturalistic inquiry supported the notion that the researcher's engagement and first hand observations formed the cornerstone of authentic understanding and insight.

## Ethnographic Approach

Ethnography was chosen for its strength in studying groups and cultures in their natural settings, focusing on the intricate details of everyday life. This method allowed me to immerse myself in the communities being studied, engaging directly with participants to observe and document their daily interactions and cultural practices. The ethnographic approach was particularly advantageous in exploring suicide in Guyana, as it facilitated a detailed examination of how cultural beliefs, societal norms, and individual behaviours influence suicide-related behaviours and attitudes. (Hammersley & Atkinson, 2007). Having established the ethnographic framework for this study, the next step was to develop research questions that could effectively capture the socio-cultural dimensions of suicide in Guyana. Given the sensitivity of the topic, these questions were carefully crafted in collaboration with key informants to ensure cultural relevance and to foster open, non-stigmatizing dialogue.

## Framing the Inquiry: Developing Culturally Sensitive Research Questions and Methods

### Development of Research Questions

The research questions for this study were developed with the explicit aim of exploring the socio-cultural dimensions of suicide in Guyana, addressing its perceived causes and the meanings attributed to it by different cultural groups. The sensitivity of this subject necessitated a thoughtful and iterative process to ensure that the questions not only elicited meaningful insights but also respected the emotional and cultural boundaries of participants. Guided by ethnographic principles (Hammersley & Atkinson, 2007) and the critical suicidology framework (White & Marsh, 2016), the research questions sought to uncover the interplay between beliefs, norms, practices, and systemic factors shaping the perception of suicide in Guyana.

This process was inherently participatory, involving consultations with key informants from civil society organizations, government agencies, faith-based organizations, and community leaders. This collaborative approach was instrumental in refining the questions to ensure their cultural relevance while avoiding stigmatization. For example, questions were framed to focus on community narratives rather than individual experiences, allowing participants to discuss suicide indirectly. Examples of the final research questions include:

- "Can you tell me about the beliefs around suicide in Guyana?"
- "What stories do you hear about suicide, and why do you think it happens?"
- "What do you think about the stories that you hear?"

This participatory approach ensured that the research questions reflected the cultural complexity of Guyana, where the interplay of ethnicity, religion, and socio-economic factors significantly influences perceptions of suicide. By triangulating perspectives from diverse stakeholders, the study maintained a balance between cultural sensitivity and the academic rigor required to address a topic of such depth. To

ensure that the research questions were explored comprehensively, I employed a purposeful sampling strategy. This approach ensured that I identified participants with relevant expertise while also fostering a collaborative process of interview questions co-creation, ensuring that the data collection instruments were both culturally sensitive and contextually meaningful.

### *Purposeful Sampling and Interview Question Co-Creation*

Purposeful sampling was central to the methodology, enabling the selection of participants most likely to provide rich, relevant, and diverse data. This method aligns with ethnographic research's focus on understanding cultural phenomena from the perspectives of those embedded within the cultural context being studied (Bernard, 2011). Key informants were selected based on their expertise and roles in areas directly or indirectly related to suicide, such as health, education, community leadership, and human services. These individuals acted as gatekeepers, mediators, and co-creators in the research process.

The sampling process included:

1. Stakeholder Identification: Participants were drawn from diverse sectors, including the Ministry of Health, Guyana Police Force, Ministry of Human Services and Social Security, Ministry of Education, and local faith-based organizations. This diversity ensured that the study captured a wide range of cultural narratives and systemic influences on suicide.
2. Collaborative Development of Interview Questions: Informants contributed to refining interview questions to align them with cultural norms and systemic realities. For instance, questions were crafted to explore the intergenerational transmission of beliefs about suicide, the role of familial expectations, and how communal attitudes are shaped by historical and religious legacies. Questions such as

"Who tells the stories of suicide?" and "Where do you think these beliefs about suicide come from?" emerged directly from these collaborations.

3. Pilot Testing: The interview questions were tested with a small group of participants to ensure their clarity and appropriateness. Feedback from this phase led to adjustments in language and phrasing, making the questions less formal and more conversational to encourage openness.

### Conducting Focus Groups and Interviews

The data collection process combined focus groups and interviews to capture both communal and individual narratives about suicide. These methods were designed to create a safe, stigma-free space where participants felt comfortable sharing their insights. Recognizing the cultural taboo surrounding suicide, the research adopted specific strategies to encourage honest dialogue.

#### Creating a Safe Environment for Dialogue

Focus groups and interviews were conducted in neutral and culturally appropriate spaces, such as community centres, religious halls, and Blossom Inc. Child Advocacy Centres. These locations were chosen based on their accessibility and participants' familiarity with them, fostering a sense of comfort and security. Sessions began with icebreaker activities, such as sharing stories related to participants' initials, to establish rapport and ease the transition into more sensitive discussions.

#### Techniques for Encouraging Open Dialogue

Several ethnographic techniques were employed to facilitate meaningful conversations:

- Storytelling: Participants were encouraged to narrate how suicide is perceived within their communities. This

technique aligns with Guyanese cultural practices that value oral histories and communal storytelling (Kirmayer et al., 2009).

- Use of Proxies: Indirect questions, such as “What do you think people in your community say about suicide?” allowed participants to discuss sensitive topics without feeling personally implicated.
- Peer Interaction: In focus groups, participants were encouraged to respond to each other’s comments, fostering a collaborative dialogue that often revealed deeper cultural themes.

The focus groups and interviews were conducted to provide valuable insights into community perceptions of suicide, delve deep into the cultural narratives, and discover systemic factors shaping these perceptions. These qualitative methods were designed to foster open, stigma-free discussions, enabling participants to share their experiences and beliefs in a supportive environment.

But with this, and given the sensitive nature of discussing suicide, ethical and emotional complexities were inherent to the research process. These challenges required a robust ethical framework and culturally sensitive strategies to ensure the well-being of participants while maintaining the integrity of the research. The following section outlines the steps taken to navigate these complexities and highlights the importance of reflexivity in addressing culturally taboo topics.

### *Navigating Ethical and Emotional Complexities*

Given the sensitive nature of the topic, ethical and emotional considerations were central to the research design. These complexities were addressed through a robust ethical framework and strategies to safeguard participants’ well-being.

## Ethical Safeguards

The research adhered to international and cultural ethical standards, as outlined by Nottingham Trent University and local Guyanese authorities (World Health Organization, 2007). Key measures included:

- **Informed Consent:** Participants were fully informed about the study's purpose, their rights, and the voluntary nature of their involvement. Consent was obtained in both verbal and written forms.
- **Confidentiality:** Data was anonymized, and pseudonyms were used to ensure participants' privacy.
- **Cultural Approvals:** Collaborating with local leaders and ethical boards ensured the study's alignment with cultural norms.

#### Emotional Safeguards

Recognizing the emotional toll of discussing suicide, the study incorporated several measures:

- **Debriefing Sessions:** Each session concluded with a debrief, offering participants a chance to reflect and access on-site support if needed.
- **Trained Facilitators:** Blossom Inc. therapists were available during sessions to provide immediate emotional support.
- **Culturally Sensitive Questioning:** Questions were carefully framed to focus on cultural narratives and systemic factors rather than personal trauma, minimizing distress.

An example is during a focus group with faith-based organizations, one participant hesitated to discuss their community's experiences with suicide. Sensing their discomfort, I shifted the conversation to broader questions about the role of religion in supporting mental health. This redirection allowed the participant to share valuable insights indirectly, while preserving their emotional comfort. The session ended with a

supportive debrief, reinforcing the importance of sensitivity in navigating emotionally charged discussions.

### Summary

The development of research questions and the execution of data collection methods reflect a commitment to cultural sensitivity and ethical integrity. Through purposeful sampling, co-creation of interview questions, and the careful navigation of ethical and emotional complexities, this study provides a robust framework for understanding suicide in a culturally diverse and historically significant context. These strategies not only ensured the richness of the data but also laid the groundwork for findings that illuminate the socio-cultural dimensions of suicide in Guyana.

## **Main Stages of the Ethnographic Fieldwork for this Research:**

The main stages of ethnographic fieldwork for researching suicide in Guyana, as guided by Bernard (2002), involved a systematic approach to gathering, analysing, and interpreting cultural data. Here's an overview of these key stages:

1. **Preparation:** Before entering the field, extensive preparation is crucial. This includes a thorough literature review to understand the existing knowledge and gaps, formulation of research questions, and planning the logistical aspects of the fieldwork. Training in ethnographic methods, ethical considerations, and familiarization with the culture and language of the study population are also essential.
2. **Entry into the Field:** Gaining access to the community and establishing trust with participants are fundamental. This involves identifying key informants, building rapport, and obtaining necessary permissions from local authorities and individuals. The researcher needs to be sensitive to the community's norms and values and operate with a high degree of cultural competence.

3. **Data Collection:** This core phase involves various ethnographic methods:
  - a. Participant Observation: Immersing oneself in the community to observe and participate in daily activities, which helps gain a deeper understanding of cultural practices and social interactions.
  - b. Interviews: Conducting both structured and unstructured interviews with a range of participants to gather personal narratives and insights on the cultural context of suicide.
  - c. Focus Groups: Facilitating discussions among different community groups to explore collective attitudes and perceptions.
  - d. Document Analysis: Examining local media, public records, and other relevant documents to complement observations and discussions.
4. **Data Analysis:** Ethnographic data analysis involves coding and thematic analysis to identify patterns and meanings within the data collected. The researcher continuously analyses the data throughout the fieldwork to adjust focus and methods as necessary.
5. **Writing and Dissemination:** The final stage involves compiling the research findings into a coherent narrative that reflects the complexity of the cultural context of suicide. Disseminating the results through academic publications, conferences, and community presentations is also vital for sharing knowledge and potentially influencing public health strategies and interventions.

These stages, as outlined by Bernard (2002), provide a comprehensive framework for conducting ethnographic research that is deeply embedded in understanding the cultural dynamics of suicide in Guyana, ensuring that the research is methodologically sound and culturally sensitive.

## Preparation

In the preparation stage of my ethnographic journey to research suicide in Guyana, I undertook several key activities to prepare a solid foundation for the fieldwork. This process was critical for ensuring that I entered the field well-prepared and informed. Here's a detailed account of what I did:

1. **Literature Review:** I conducted a comprehensive review of existing research on suicide, with a particular focus on studies conducted within Guyana and similar sociocultural settings. This helped me identify significant gaps in the research, particularly concerning the sociocultural dimensions of suicide and the ethnographic approach. Understanding these gaps was essential in defining the scope and direction of my study.
2. **Research Questions:** Based on insights gained from the literature review, I formulated broad research questions that would guide my investigation. These questions were aimed at exploring what people in Guyana believed about suicide and its causes and what were their sociocultural perspectives.
3. **Methodological Training:** I utilised my professional training as a systemic therapist and forensic interviewer of children and special victims to do participant observation, conducting in-depth interviews, and manage field notes. My professional training was crucial in ensuring that I could effectively gather, and record data while being immersed in the field.
4. **Ethical Considerations:** I sought and obtained ethical approval from the Nottingham Trent University Research Ethics Committee, as documented in Appendix 5 of my thesis. This step was crucial in ensuring that my ethnographic research on suicide in Guyana was conducted according to the highest standards of ethical integrity and cultural sensitivity. The process involved preparing a detailed research proposal that addressed potential ethical challenges, guided by standards such as those set by the American

Anthropological Association (2012). Key ethical considerations in my research included:

- a. Ensuring Confidentiality: I developed strategies to protect the identities and privacy of my participants, which was vital given the sensitive nature of the topic of suicide.
- b. Obtaining Informed Consent: I made sure all participants were fully informed about the nature of the study and what their involvement would entail. This allowed them to provide informed consent freely.
- c. Participant Emotional Safety: I paid special attention to the emotional well-being of participants. This was particularly important due to the sensitive discussions around suicide. I also made sure that measures were in place to respond to any distress that might have arisen during the research process. (Appendix 4 – Distress Protocol)

Additionally, I investigated and sought advice on which bodies I needed to approach to seek and gain ethical approval in Guyana. This ensured that my research adhered not only to Nottingham Trent University's ethical standards but also respected local regulations and norms, enhancing the credibility and relevance of my findings both academically and within the local community contexts.

5. **Cultural Familiarization:** As a Guyanese by birth who grew up in England, I brought a unique perspective to my research. Despite my upbringing in England, my cultural roots remained deeply Guyanese, making Guyana not just a research site but a return to a familiar and comfortable setting. This intrinsic connection facilitated my reintegration and allowed me to engage deeply with the diverse ethnic and cultural makeup of the population. Preliminary contacts with local researchers and professionals further enriched my understanding, providing crucial insights into the current cultural and social dynamics of Guyana.
6. **Logistical Planning:** For my fieldwork in Guyana, I organized all necessary logistics, including travel arrangements and accommodations. To facilitate access to various communities, I coordinated with the local NGO, Blossom Inc. I also established local contacts and support networks through friends of my parents and other professionals. This careful planning was crucial to ensure

smooth entry into the field and effective navigation throughout the research process.

By carefully handling these preparation activities, I was able to enter the field with a clear research agenda and the necessary tools and knowledge to conduct sensitive and impactful ethnographic research on suicide in Guyana. This preparation was instrumental in setting the stage for a successful fieldwork experience, allowing me to deeply engage with the community and collect valuable data for my study.

### Entry into the Field

My research field (setting) was Guyana, a country distinguished by its rich cultural diversity and complex socio-cultural dynamics. Nestled on the northern coast of South America, it is bordered by the Atlantic Ocean, Brazil, Venezuela, and Suriname. Unlike most of its neighbours, Guyana's official language is English, a legacy of its British colonial history, which distinctly influences its cultural framework compared to the predominantly Spanish and Portuguese-speaking region (Clement et al., 2002). The population of Guyana is a tapestry of ethnic groups including Afro-Guyanese, Indo-Guyanese, Indigenous peoples, and smaller numbers of Europeans and Chinese, each contributing uniquely to the nation's cultural and social fabric (Clement et al., 2002). This diversity is pivotal in understanding the varied societal dynamics, particularly in relation to mental health and suicide rates, which are among the highest globally. (WHO, 2014).

**Gaining entry** into the community and establishing trust with the participants was a critical phase of my fieldwork in Guyana. This stage involved identifying key informants who could facilitate deeper access to various community segments, building rapport with local residents, and securing the necessary permissions from both local authorities and individuals. It was imperative to approach this phase with a high degree of cultural competence and sensitivity to the community's norms and values.

**The familiarization process** was both a procedural necessity and a profound personal journey. It served as a crucial initiation into the intricate web of relationships, beliefs, and struggles that define the Guyanese context of suicide, thereby laying the groundwork for deeper and more meaningful engagement with the community society. (Madison, 2012). This phase allowed me to delicately balance the roles of observer and participant, setting the stage for a comprehensive exploration of the sociocultural dimensions of suicide in Guyana.

**To effectively present myself and gain access**, I collaborated with Blossom Inc., a local NGO well-respected for its work in ending violence against women and girls and mental health advocacy. This partnership facilitated introductions to key institutional stakeholders such as the Ministry of Social Services, the Child Protection Agency, the Ministry of Health, the Guyana Police Force, and other local NGOs. These connections were invaluable in establishing a broad-based engagement with the issue of suicide from multiple societal perspectives. This was my entry point in building rapport and establishing trust with the participants of my research.

Throughout this process, I travelled extensively across Guyana, visiting communities in various regions to ensure a geographically and demographically inclusive approach. This extensive travel was crucial for capturing a diverse array of voices and understanding the varied cultural and societal contexts that frame discussions of suicide in the country.

Here, in Table 2 below, is a breakdown of the communities visited by region, illustrating the scope of the recruitment process:

Table 2: Communities visited by region

Region	Communities within the Region
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1	Mabaruma, Port Kaituma, Matthews Ridge, Baramita, Arakaka
2	Suddie, Anna Regina, Charity, Land of Plenty
3	Essequibo Islands-West Demerara
4	Georgetown, East Bank Demerara
5	Fort Wellington, Rosignol, Mahaicony, Bath Settlement
6	New Amsterdam
7	Bartica, Waramadong, Batavia
8	Mahdia
10	Linden Kwakwani

This phase was crucial for setting the logistical groundwork and for weaving personal connections that are essential for in-depth ethnographic inquiry. By ensuring ethical integrity and cultural immersion, this initial phase of fieldwork laid a solid foundation for understanding the sociocultural underpinnings of the suicide phenomenon in Guyana through a community-focused lens. (Denzin & Lincoln, 2011).

Here, I sought and obtained **ethical approval**, in Guyana, from The Ministry of Public Health Guyana, Institution Review Board / Ethical Review Committee (Appendix 5). Here too, it was a pivotal aspect of ensuring my research was conducted with the highest ethical standards, moral integrity, and cultural sensitivity in Guyana. This process, also, involved preparing a detailed research proposal, using the Guyana application forms, that outlined the purpose and objective of project, the literature review, how I would address potential ethical challenges, as indicated by AAA, (2021), such as ensuring confidentiality and obtaining

informed consent, how the research would engage with participants, ensuring participants' emotional safety, especially when discussing sensitive issues like suicide.

Recruiting participants for my ethnographic research on suicide in Guyana involved a nuanced and participant-driven approach, blending purposive and snowball sampling techniques. In my ethnographic research on suicide in Guyana, I employed purposive and snowball sampling techniques, both of which are crucial for gathering in-depth and relevant data from specific population segments:

- **Purposive Sampling:** This technique involved selecting participants based on specific characteristics or qualities that align with the key objectives of the research. It is a non-random method where the researcher uses their judgment to choose cases that will best contribute to the discovery of information about the topic of interest. In the context of my research, purposive sampling was used and according to Tongco, (2007), this method specifically targets individuals, groups, and organizations that are integral for specific understanding of an issue. And for this research, it would be necessary to understand the multifaceted aspects of suicide within Guyana, including cultural, social, and institutional perspectives.
- **Snowball Sampling:** This method is particularly useful in cases where potential respondents are hard to locate or reluctant to participate in research due to the sensitive nature of the topic. It involves initial participants or key informants referring other potential participants who meet the research criteria. As each participant provides referrals to additional participants, the sample progressively grows like a snowball. In Guyana, snowball sampling was effective in accessing a wider network of participants through established trust and community connections. (Biernacki & Waldorf, 1981).

This dual approach was integral to navigating the complex social landscape of Guyana and obtaining a diverse and comprehensive set of insights into the cultural and social dynamics influencing suicidal behaviors. These methods ensured that the study was both inclusive and representative of the community's varied perspectives, essential for understanding the broader sociocultural context (Noy, 2008). The familiarity phase that commenced in October 2019 was crucial in laying

the groundwork for this approach, fostering an environment of trust and openness essential for engaging with such a sensitive subject matter.

Purposive sampling allowed me to selectively identify individuals and organizations that were central to the context of suicide in Guyana. This method ensured that I engaged with a wide range of stakeholders, including healthcare professionals, community leaders, affected families, and individuals from various ethnic and social backgrounds who could provide diverse insights into the cultural and social dynamics of suicide.

Snowball sampling was pivotal, especially given the sensitive nature of the topic and the closely-knit structure of Guyanese society. This technique began with initial contacts made through my collaboration with Blossom Incorporated. These initial contacts then recommended further participants, creating a referral chain that expanded the breadth of the study and ensured a richer, more comprehensive set of data. This approach was effective in a setting where trust and personal connections play a critical role in research engagement, particularly on a topic as stigmatized as suicide.

The recruitment process started with foundational meetings with key institutional stakeholders from the Ministry of Social Services, the Childcare and Protection Agency, the Ministries of Health and Education, the Judiciary, religious and regional community leaders, and the Guyana Police Force. These meetings were instrumental in gaining access and establishing the legitimacy and safety of the research within the community.

During these interactions, I distributed my Research Information Leaflet (Appendix 1), which outlined the aims, scope, and ethical considerations of the study. This leaflet served as both an introduction to my research and a commitment to uphold the highest ethical standards, ensuring the confidentiality and welfare of all participants. The transparency and clarity provided by this leaflet helped foster trust and opened doors for further discussions and engagement.

The effectiveness of the snowball sampling was significantly enhanced by the initial groundwork laid during the familiarization phase. Establishing trust and credibility was crucial, especially when dealing with the delicate subject of suicide. Each recommendation from the initial participants led to new connections, expanding the scope of the research through organic and trusted networks (Goodman, 1961; Naderifar, Goli, & Ghaljaie, 2017).

My presence and engagement at community events and meetings, including a notable presentation at SASOD's<sup>7</sup> Spectrum Convos: Suicide Prevention in Guyana on September 10, 2020 (Appendix 7), further solidified my position within this specific community, thus enhancing participants' recruitment. This event, in particular, was a significant platform that showcased the relevance of my research and encouraged broader participation throughout all of Guyana.

By September 2021, the participant roster had grown to encompass one hundred and eighty two (182) individuals (See Table 4 below) from various walks of life, each offering a window into the lived reality of suicide within their communities. The participants spanned a wide age range, capturing the voices of the youth, professionals, parents, community members, and the wisdom of the elders, reflecting the collective and individual aspects of the suicide phenomenon. This diverse group of participants, each with their own story to tell, provided a rich tapestry of data, painting a comprehensive picture of the sociocultural dynamics at play.

Table 3: Research Participants Recruited and Responded by Region,  
Source: Fieldwork Data collection

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<sup>7</sup> The Society Against Sexual Orientation Discrimination (SASOD)

<b>Participants</b>						
<b>Focus Groups</b>				<b>Interviews with Key Informants</b>		
<b>No. of FGs</b>	<b>Region</b>	<b>Type of Community</b>	<b>No. of Participants attended</b>	<b>Region</b>	<b>Type of Community</b>	<b>No. of Participants</b>
1	1	Rural - Community Leaders	22	1	Rural	
2	1	Rural - Students	18	2	Rural	3
3	2	Rural - Students	15	3	Rural	1
4	2	Rural - Essequibo Coast 1	12	4	Urban	13
5	2	Rural - Essequibo Coast 2	8	5	Rural	
6	4/5	Rural - LGBTQI	15	6	Urban - New Amsterdam	1
7	4	Urban - Affluent	6	7	Rural	1
8	4	Urban - NGO	5	8	Rural	
9	4	Urban - Senior professionals	3	9	Rural	
10	4	Urban - Muslim Leaders	5	10	Rural	
11	6	Rural - LGBTQI	14	10	Urban - Linden	1
12	6	Rural - Nurses	7			
13	6	Rural - Police	3			
14	6	Rural - NGO service users	14	<b>Total Key Informants</b>		<b>20</b>
15	8	Rural - Community Leaders	4			
16	All	Police - Suicide Preventiopl Unit	11			
		<b>Total Focus Group participants</b>	<b>162</b>	<b>GRAND TOTAL PARTICIPANTS</b>		<b>182</b>

Ultimately, this methodical yet flexible approach to participant recruitment was instrumental in building a robust dataset that captures the multifaceted nature of suicide in Guyana, providing invaluable insights for both academic understanding and practical interventions.

### Data Collection: A Symphony of Methods

Embarking on an expedition into the heart of Guyana's communities, the research design employed a rich blend of qualitative techniques that contributed to the multifaceted narratives surrounding suicide. Anchored in Angrosino's (2007) articulation of interviewing as a conduit for meaningful conversation. The research ventured beyond observation to actively engage with individuals' reflections on their behaviours, circumstances, and the events shaping their understanding of suicide. In weaving together, the mosaic of Guyanese voices on suicide, the incorporation of interviews with key informant, focus group discussions, and documents made available to me (newspapers, media articles, data from police and hospitals, letters) served as crucial conduits for deep insights. The onset of the COVID-19 pandemic necessitated a pivot to virtual (telephone) ethnographic interviews with 2 of the key

informants. This adaptation not only bridged the physical distance imposed by the pandemic but also highlighted the adaptability of narrative collection methods in overcoming unforeseen challenges.

Beyond observing actions and behaviours in their native contexts, these methods offered intimate windows into the personal reflections of individuals. Through these varied conversations, the research journey ventured beyond the observable, delving into the rich tapestry of individual circumstances, identities, and the very essence of personal experiences related to suicide. This multifaceted approach, as emphasised by Eriksson and Kovalainen (2016, p.157), allowed for a comprehensive exploration of how people in Guyana navigate and articulate their encounters with suicide, weaving together a narrative that captures the complexity and nuance of their lived realities.

Engagements varied from observations to informal conversations to formal meetings, each interaction carefully recorded, through voice recorders, handwritten into my notebook, or typed, and reflected upon to ensure a diverse and representative sample. The very act of discussing the research topic often led to spontaneous expressions of interest, with individuals and groups eager to contribute their stories and, in turn, recommend others with relevant experiences.

#### Participant Observation:

Drawing upon Gold's (1958) delineation, as elaborated by Siebert (2014), the research navigated through four distinct roles, each offering a unique lens through which the societal and cultural layers of suicide could be examined. These roles, fluid and interchanging, facilitated a comprehensive exploration of the subject matter, allowing for a dynamic collection of data that reflects the complex interplay of factors contributing to suicide in Guyana. See Table 4 below.

Table 4: Participant Observer Roles. Adapted from Gold (1958) in Siebert (2014, p.62) identifies 4 separate possibilities

Role of Participant	Description
Observer	
Complete participant	Fully functioning member of social/political setting. True identity of researcher is not known to members of setting.
Participant as observer	Fully functioning member of social/political setting. True identity as researcher is known to members of setting.
Observer as participant	Researcher is largely an interviewer. Observations are done with little participation.
Complete observer	Researcher observes and does not interact with people. Researcher is unobtrusive.

This adaptive approach to participant observation, accentuated by both direct engagement and thoughtful observation, laid the groundwork for a rich tapestry of data. It emphasised the importance of flexibility and responsiveness in ethnographic research, especially when confronted with challenges such as a global pandemic. The journey, though marked by the necessity for adaptation, remained steadfast in its aim to uncover the deep-seated cultural narratives and social behaviours that influence the phenomenon of suicide in Guyana, crafting a nuanced understanding that could only be achieved through the intimate lens of ethnography.

#### A Multi Approach to Observation:

Participant observation in the context of my ethnographic study on suicide in Guyana involved a deep and prolonged engagement with the community to understand the everyday experiences and social contexts that influence mental health and suicide. Here's how I approached this method:

- **Community Integration:** I spent extended periods in Guyana, living among the locals and participating in daily activities. This immersive approach allowed me to observe and experience the community dynamics and individual behaviours that contribute to the broader social patterns of suicide.
- **Attending Local Events:** Participation in local events, religious gatherings, and public meetings provided insights into the communal bonds and stressors that influence suicide ideation. These gatherings were crucial for understanding the public discourse around suicide and mental health, as well as the community support systems in place.
- **Daily Interactions:** Engaging in everyday conversations with residents, sharing meals, and participating in day-to-day chores helped in building trust and understanding the nuanced ways in which cultural norms and practices affect mental health. These interactions were vital for observing the subtle signs of distress or resilience that might not be explicitly discussed but are crucial indicators of community mental health.
- **Observing Healthcare Access:** I visited local healthcare facilities to observe the availability and nature of suicide related services. This included noting how individuals interact with healthcare providers and the accessibility of suicide support resources, which are critical factors in suicide prevention.
- **Documenting Environmental and Social Factors:** Observing the physical environment and social conditions provided context to the mental health challenges faced by the communities. Factors like housing composition and conditions, access to employment and education, and local industries were noted for their impact on community well-being.

This comprehensive approach to participant observation allowed me to gather rich, contextual data that was essential for analysing the cultural and societal factors influencing suicide in Guyana. Through this method, I could see first-hand how historical legacies, cultural practices, and current

socio-cultural conditions converge to impact suicidal behaviours in diverse communities.

#### From Passive Spectator to Active Participant

The journey of participant observation oscillated between the realms of passive spectating to active involvement, a duality that enriched the research with a depth of understanding and insight. Engaging directly with the communities, the exploration took shape through over 20 educational outreach programs alongside the dedicated staff of Blossom, offering a first-hand glimpse into the communal fabric and its nuanced response to the subject of suicide.

#### The Spectrum of Engagement

Guided by the insights of Whitehead (2005), the approach to participant observation spanned the full spectrum from a non-participatory stance to one of complete immersion. This spectrum not only highlighted the fluidity of my, the observer's, role but also evidenced the necessity for active engagement in seeking out those elements that would enrich the study. The balance struck between observing as a participant and participating as an observer allowed for a multifaceted perspective, capturing the essence of the cultural and social underpinnings of suicide within the Guyanese context.

#### Focus Group Discussions

My research engagement with focus groups offered a dynamic platform for dialogue, enabling a dive into the collective consciousness of Guyanese society. These sessions, marked by the spontaneity of conversation (semi-structured interviews (Appendix 2) that Bernard (2002, p.205) described as having a, "freewheeling quality of unstructured interviewing, but is based on the use of an interview guide.....a written list of questions....that needs to be covered". Whitehead (2005) further

explains that “semi structured interviewing follows the open-ended approach that is characteristic of ethnographic and qualitative research”. In my “conversations”, the response possibilities were open, and participants responded with their own perspectives which further allowed me to gain the “emic” perspective) rather than a rigid questionnaire, revealed the deeply personal and communal perceptions of suicide. From social norms to religious beliefs, these discussions painted a vivid portrait of the societal undercurrents influencing suicide and its ideation.

In the heart of the ethnographic exploration of suicide in Guyana, focus group discussions emerged as a pivotal tool, a bridge to the collective psyche of communities grappling with the enigma of suicide. The journey through these discussions was a deliberate foray into understanding the multifaceted narratives that form the backdrop of suicide rates in Guyana, a country marked by its diversity yet united by shared struggles. One hundred eighty-two (182) participants who embarked on this exploration with me, one hundred and sixty-two (162) (see breakdown of focus group participants by region below in Table 5) lent their voices to the focus groups, offering a mosaic of perspectives across the spectrum of Guyanese society. Sixteen (16) focus group discussions, each a unique confluence of experiences and insights, were strategically held across six (6) of the ten (10) administrative regions of Guyana (See table 5 below), ensuring a geographical diversity that mirrored the societal one.

Table 5: Focus Groups

<b>Focus Groups</b>			
<b>No. of FGs</b>	<b>Region</b>	<b>Type of Community</b>	<b>No. of Participants attended</b>
1	1	Rural - Community Leaders	22
2	1	Rural - Students	18
3	2	Rural - Students	15
4	2	Rural - Essequibo Coast 1	12
5	2	Rural - Essequibo Coast 2	8
6	4/5	Rural - LGBTQI	15
7	4	Urban - Affluent	6
8	4	Urban - NGO	5
9	4	Urban - Senior professionals	3
10	4	Urban - Muslim Leaders	5
11	6	Rural - LGBTQI	14
12	6	Rural - Nurses	7
13	6	Rural - Police	3
14	6	Rural - NGO service users	14
15	8	Rural - Community Leaders	4
16	All	Police - Suicide Preventiopn Unit	11
<b>Total Focus Group participants</b>			<b>162</b>

The size of these groups varied, from intimate gatherings of three to more expansive dialogues with up to twenty-two (22) participants, each configuration fostering a different dynamic, a different depth of conversation. This variance in group size was not incidental but a reflection of my adaptability to the contexts within which these discussions unfolded. The choice of regions and the number of focus group discussions conducted therein were guided by a combination of factors: the identification of suicide 'hot spots,' logistical considerations such as transportation, and, most critically, the willingness and openness of communities to engage in these crucial conversations.

To organize the focus group discussions effectively across Guyana, I employed a structured approach with the support of Blossom Inc. staff:

1. Geographical Spread: I chose to visit locations across six (6) of the ten (10) administrative regions of Guyana to ensure a wide representation of cultural and social backgrounds. It is to be noted that the focus groups in Region 4 included participants from the regions that I did not physically visit. This diversity was critical for capturing varied regional perspectives on suicide, which might be

influenced by different cultural, economic, and environmental factors.

2. Participant Selection: Participants 15 years and over were invited due to the sensitive nature of the topic. Other than the exclusion of under 15s, participation was open to ensure a diverse mix of genders, ages, and social backgrounds. The goal was to gather a wide range of experiences and viewpoints related to suicide. Efforts were made to include individuals who might provide insights into community-specific issues, such as local leaders, healthcare providers, educators, and survivors of suicide attempts.
3. Discussion Setup: Focus group consisted of 3 - 22 participants. This size was chosen to balance between having enough participants to generate dynamic discussions and not too many to prevent individuals from sharing their thoughts. The discussions were held in community centres, local halls, benabs, or other accessible venues to make it easy for participants to attend.
4. Moderation and Data Collection: I moderated the discussions to ensure that everyone had the opportunity to speak, and that the conversation remained focused on the topics of suicide. I also engaged in the technique of repeating what a participant would say to ensure clarity and verify that I got the correct meaning. Discussions were audio-recorded with the consent of the participants. Notes were also taken during the discussions to capture non-verbal cues and dynamics that audio recordings might miss.
5. Ethical Considerations: Before each focus groups' session started, I explained the purpose of the study, how the data would be used, and participants' rights, including confidentiality and the right to withdraw from the study at any point. Consent forms were provided and signed by all participants, see appendix 1).
6. Post-Discussion Processing: After each session, I reviewed the recordings and notes to summarize key points and themes that emerged. These summaries were later analysed to identify common

patterns and unique perspectives across different groups and regions.

This approach allowed for a rich, nuanced exploration of the themes of suicide, one that went beyond mere numbers to touch on the lived realities of those affected. Through the focus group discussions, the layers of silence that often shroud discussions on suicide in Guyana began to peel away, revealing undercurrents of pain, resilience, and, at times, a poignant sense of communal loss. These discussions were about sharing experiences and constructing a collective narrative that could be used to inform more empathetic, effective approaches to suicide prevention.

#### Interviews with Key Informants

In the journey to unravel the complex tapestry of suicide in Guyana, interviews with key informant – professionals working in the social services, education, legal, and health sectors and community and religious leaders played a pivotal role in shedding light on the broader institutional and national perspectives. (see breakdown of Key Informant participants by region below in Table 6). They were identified for their unique insights into policies, programmes, and the overarching societal norms influencing suicidal behaviour.

Table 6: Key Informants

***Key Informants - online data collection form***

<b>Region</b>	<b>Type of Community</b>	<b>No. of Participants</b>
1	Rural	
2	Rural	3
3	Rural	1
4	Urban	13
5	Rural	
6	Urban - New Amsterdam	1
7	Rural	1
8	Rural	
9	Rural	
10	Rural	
10	Urban - Linden	1
<b>Total Key Informants</b>		<b>20</b>

**Enhancing the Research with Broad Perspectives:**

By incorporating the key format interviews into the research design, the study benefitted from a comprehensive overview of the structural and legislative frameworks that shape suicide prevention efforts. These informants, with their extensive experience and strategic positions, offered critical evaluations of existing interventions, and provided recommendations for more culturally sensitive and effective approaches. Through their specialized knowledge and experiences, the key informants shed light on the intricate web of socio-political dynamics, healthcare system inadequacies, and cultural attitudes toward mental health and suicide. Their contributions were invaluable in constructing a holistic view of suicide in Guyana, beyond the individual and community levels explored through focus groups and online interviews.

**Bridging the gap between policy and practice:**

Integrating interviews with key informant into the ethnographic study enriched the research with authoritative perspectives on suicide prevention in Guyana. By bridging the gap between policy and practice,

these interviews evidenced the importance of aligning national strategies with the cultural and social realities of the Guyanese people. The insights derived from these discussions are pivotal in guiding future research ultimately contributing to a more informed and culturally congruent approach to mitigating the suicide crisis in Guyana.

To effectively organize the interviews with key informants for my ethnographic study on suicide in Guyana, I followed a systematic and targeted approach to ensure comprehensive and insightful data collection:

1. **Selection of Key Informants:** I carefully selected key informants based on their in-depth knowledge, experience, and their potential to provide a nuanced understanding of the systemic and cultural dynamics at play, regarding suicide at its ideation within their communities. This group included healthcare professionals, community leaders, social workers, educators, religious leaders, and government officials. Their selection was aimed at gaining a broad spectrum of insights from different sectors affecting or affected by suicide. The diversity among the key informants ensured a rich, multi-dimensional exploration of the issue at hand.
2. **Scheduling and Logistics:** Interviews were scheduled at times and locations convenient for the informants to encourage their participation and ensure they felt comfortable and respected. This often meant traveling to their places of work, cafes, or community centres in various regions of Guyana.
3. **Interview Structure:** I developed a semi-structured interview guide (Appendix 2) with open-ended questions that allowed informants to discuss their views and experiences related to suicide while also addressing specific topics of interest identified in the literature review. This structure provided flexibility in the conversation, allowing informants to introduce new themes or elaborate on specific points.
4. **Consent and Ethical Considerations:** Before each interview, I explained the study's aims, confidentiality measures, and the

informants' rights, including their right to withdraw from the study at any time. Written informed consent was obtained from all participants (Appendix 1).

5. Conducting the Interviews: The interviews were conducted in a conversational style in order to put the informants at ease and encourage a more open and honest dialogue. I recorded the interviews with the informants' permission, which later facilitated accurate transcription and analysis.
6. Data Handling and Analysis: After each interview, I transcribed the recordings verbatim. The transcripts were then analysed using thematic analysis to identify common themes and unique insights across the interviews.
7. Follow-up: Where necessary, I conducted follow-up interviews to clarify certain points or gather additional information on emerging themes.
8. Feedback and Verification: To enhance the validity of the findings and maintain ethical standards, I shared summaries of the findings with the informants. This allowed them to verify the information and provided an opportunity to correct any inaccuracies or misinterpretations.

This careful planning and execution of key informant interviews were crucial for gaining a deeper understanding of the social and cultural dynamics of suicide in Guyana, enriching the research with diverse perspectives from across the community.

#### Insights from the Institutional and National Lens:

The interviews with key informant opened a window into the macro-level operations and thought processes governing the fight against suicide in Guyana. From policy makers to program implementers, these interviews illuminated the challenges, successes, and gaps in the current strategies employed to curb the high rates of suicide. The insights on stigma, family dynamics, social norms, religion, folklore, politics, race, and identity gained from these discussions, which I will discuss in detail in the Finding

and Discussion Chapters of this thesis, were instrumental in understanding the alignment (or misalignment) between national efforts and the lived realities of the Guyanese population.

#### Documented Evidence

In the quest to unravel the complex skein of suicide in Guyana, an analysis of diverse documents was conducted. This exploration into the depths of published records, ranging from the echoes of local journalism in newspapers and online to the structured cadences of the Mental Health Action Plan 2015 – 2020, National Suicide Prevention Plan 2015 – 2020, alongside empirical data from police and hospital reports, has illuminated the stark realities and trends characterising suicidal behaviour within the country.

#### Interpreting Documented Realities

The act of sifting through these documents was an endeavour to understand the underlying narratives that these numbers conceal. Each report, each statistic, was a reflection of lived experiences, of voices silenced by despair, and of the sociocultural underpinnings that shape suicidal behaviours. This exploration, therefore, extends beyond the mere archival to touch upon the ethnographic essence of document analysis – seeking to comprehend the cultural, social, and individual factors that converge to paint the broader picture of suicide in Guyana.

To collect data from documented evidence for my research on suicide in Guyana, I followed a structured approach that allowed me to access, analyse, and interpret a variety of sources:

1. Identification of Sources: I initially identified and listed potential sources of documented evidence, including police and government reports, public health records, academic articles, local newspaper archives, and books relevant to suicide in Guyana. This step ensured a comprehensive collection of data reflecting multiple aspects of the issue. My focus was on materials that provided statistical data on

suicide rates, insights into suicide policies, and cultural discussions around suicide.

2. **Accessing Documents:** Access to these documents involved visits to police headquarters, government offices, and health departments in Guyana. I also utilized online databases and academic platforms such as JSTOR, PubMed, and university libraries to access digital archives and current research studies. I also accessed online news portals and digital archives for contemporary media articles.
3. **Data Extraction/Analytical Approach:** From each document, I extracted relevant data points, such as suicide rates, demographic information, cultural insights, and policy changes over the years. I used thematic analysis to identify recurring themes and patterns related to the socio-cultural context of suicide.
4. **Critical Evaluation:** I critically evaluated the data to discern reliability, bias, and relevance. This involved evaluating the source's credibility, the context in which the data was gathered, and its applicability to my research questions. This step was essential to ensure that the conclusions drawn from the documents were well-founded.
5. **Synthesis of Information:** After collecting and evaluating the information, I synthesized it to construct a comprehensive view of the historical and current sociocultural state of suicide in Guyana. This synthesis helped to highlight gaps in the existing literature and provided a foundation for my ethnographic fieldwork.
6. **Integration into Research:** The documented evidence was used to inform the background and context of the study and to also be integrated into the analysis and discussion sections of my thesis. This approach ensured that my ethnographic findings were grounded in a broader empirical and theoretical framework.
7. **Citation and Referencing:** Throughout the process, I documented all sources and data points, using Harvard Referencing Style for citation and referencing to ensure academic integrity and traceability of information.

8. Regular Reviews: Throughout the data collection process, I regularly reviewed and reassessed the gathered information to fill any gaps and ensure a comprehensive understanding of the topic.

This method allowed me to construct a detailed and well-founded backdrop for my ethnographic fieldwork, grounding my observations and interactions within a solid historical and socio-cultural framework.

### Towards an Informed Understanding

Through the lens of documented evidence, this research aspired to forge a comprehensive understanding of the prevalence and patterns of suicide in Guyana. By weaving together, the threads of statistical data with the nuanced complexities of sociocultural influences, the research endeavours to contribute to a more informed and culturally congruent approach to suicide prevention. The journey through these documents, thus, forms a crucial cornerstone of the thesis, offering insights that are indispensable to learning about suicide beliefs in Guyana.

### Summary of Data Collection

Incorporating diverse perspectives through a multi-method approach, this research journey intricately woven together narrative rich in both personal experiences and communal insights. **Participant observations** allowed for a nuanced, on-the-ground understanding of daily life and societal dynamics, capturing the unspoken and often overlooked aspects of Guyanese culture that contributed to suicide ideation. **Focus Group Discussions** opened a communal space for collective reflection, unearthing the shared experiences and social fabrics that either cushion or exacerbate the vulnerabilities of those facing suicidal thoughts. **Interviews with Key Informants** complemented this by offering individuals the space to delve into their, and the "systems" inner worlds, providing a reflective and personal perspective often missed in group settings. This approach painted a comprehensive picture of the multifaceted phenomenon of suicide in Guyana. It highlighted not just the

individual struggle but also the systemic and structural challenges that influence suicide rates. **Documented Evidence** further enriched this narrative, grounding the research in the broader historical and socio-political and cultural context of Guyana. This offered a critical examination of the policies, reports, and media narratives surrounding suicide. The iterative nature of this process meant that findings from one method could lead to additional questions or areas of exploration, which could then be examined through other methods. This approach ensured a comprehensive understanding of the complex issue of suicide in Guyana, respecting and reflecting the diverse cultural landscape and providing a robust basis for the subsequent analysis and recommendations in the study. Together, these methods synergized to illuminate the diverse conceptualizations, experiences, and responses to suicide within the Guyanese society, crafting a narrative that is deeply personal yet expansively communal. By integrating these varied methods, the research aimed to construct a holistic understanding of suicide in Guyana, one that is vital for developing culturally sensitive and effective prevention strategies. This multi-dimensional exploration, detailed in the findings and discussions chapter, ventures to address the complex interplay of sociocultural factors influencing suicide, guided by the elements of culture constructs of beliefs and values, social norms, practices, and language. This methodological tapestry, rich in its diversity and depth, aspires to present a coherent narrative that respects and reflects the intricate cultural landscape of Guyana. Through this blend of participant observations, focus group discussions, interviews with key informant, and document analysis, the study stands as a testament to the depth and diversity of Guyanese voices. It seeks to inform suicide prevention strategies that are not only effective but are also culturally attuned to the nuances of Guyanese society.

## Data Analysis and Interpretation

In my research on suicide in Guyana, I utilized QDA Miner for the data analysis and interpretation phases. This qualitative data analysis

software facilitated a structured and comprehensive examination of the extensive textual data collected from interviews, focus group discussions, participant observations, and documented evidence. Guided by the belief that knowledge is a construct of human interaction deeply ingrained in cultural fabric, my analysis delved into the realm of thematic exploration with a keen sensitivity to the variegated patterns of life that constitute the Guyanese experience of suicide. This epistemological stance fostered an analytical approach that was both reflexive and immersive, allowing for a profound engagement with the narratives that emerged from the heart of Guyana. Embarking on this journey, I employed the strategy outlined by Roper and Shapira (2000), that included:

1. Coding for descriptive labels
2. Sorting for patterns
3. Identifying outliers
4. Generalising constructs and theories,
5. Memoing with reflective remarks.

This structured yet fluid approach facilitated a deep dive into the myriad stories, beliefs, and expressions encountered throughout the research process.

### Transcribing the Echoes of Guyana

To manage and analyse the rich data collected through participant observations, focus group discussions, interviews with key informants, and documented evidence for my ethnographic study on suicide in Guyana, I employed a detailed transcription and data management process. This process was crucial to ensure that the data was accurately represented and organized for effective analysis. Here's a breakdown of how I handled each type of data:

#### 1. Transcription of Audio Recordings

Interviews and Focus Group Discussions: All interviews and focus group discussions were recorded with the consent of the participants.

These recordings were then transcribed verbatim to capture the full range of participant expressions and nuances. Transcription was done manually by a team of Blossom Inc. trained Forensic Interviewers and me to ensure accuracy and to maintain the context of conversations.

Participant Observations: Notes and audio recordings from participant observations were transcribed similarly. Detailed field notes were expanded and transcribed into comprehensive descriptions that included contextual information, non-verbal cues, and reflective notes on the setting and interactions.

## 2. Handling Documented Evidence

Document Analysis: Documents such as reports, public health records, and newspaper articles were systematically organized and summarized. Key information was extracted and coded to align with emerging themes from the other data sources.

## 3. Data Integrity and Confidentiality

All data collected during the research was treated with strict confidentiality. Initially, participant personal data was securely stored on my password-protected electronic devices, including a smartphone and laptop. This data was then promptly transferred to Nottingham Trent University's (NTU) secure database, NTU DataStore, and the Zenodo data repository, accessible only to myself and my advisory team at NTU under strict confidentiality protocols.

To ensure anonymity, each participant was assigned a pseudonym, which was used throughout the analysis, and will be used in all reports, my PhD thesis, and any subsequent publications. This safeguard will maintain the privacy of participant identities and linked all data to pseudonyms stored in a password-protected document.

Additionally, participants were given the opportunity to review the report before its publication to verify the accuracy and representation of their contributions. Throughout this process, I adhered to the ethical codes of both NTU and Blossom Inc., ensuring that all data handling and

reporting processes upheld the highest standards of confidentiality and integrity.

#### 4. Quality Checks

To ensure the reliability of the transcriptions, a portion of the transcripts was randomly selected for quality checks. Another member of the research team (Blossom Inc. staff who facilitated and accompanied me on during the focus group discussions) reviewed these transcripts against the original audio for accuracy.

#### 5. Coding and Categorization

Once transcribed, the data was imported into the qualitative data analysis software, QDA Miner. This software facilitated the coding process, allowing for the organization of data into themes and sub-themes based on the research questions and emerging patterns.

#### 6. Engagement with the Data

Throughout the transcription phase, I engaged deeply with the transcribed data, reflecting on the context, comparing different viewpoints, and considering the implications of the findings. This immersion was critical to developing a nuanced understanding of the socio-cultural dynamics around suicide in Guyana.

This rigorous and methodical approach to data transcription and analysis ensured that the study was grounded in the lived realities of the participants, providing a robust foundation for understanding the complex issue of suicide in the Guyanese context.

In capturing and analysing the multifaceted narratives of suicide within Guyana, the transcription phase emerged as a pivotal, yet intricate, aspect of my ethnographic research. The task, extending beyond mere data transcription, ventured into preserving the authenticity and richness of the Guyanese dialects—a vivid testament to the nation's diverse cultural fabric. This phase was underpinned by the invaluable collaboration with Blossom Inc.'s staff, whose expertise in forensic

interviewing provided an indispensable foundation for this rigorous process. The essence of transcribing in this context transcended the conventional act of data conversion, evolving into a critical analytical exercise (Duranti, 2006). Adhering to a full verbatim approach, the Forensic Interviewers at Blossom Inc. and I endeavoured to maintain the integrity of participants' expressions, ensuring that the original voices were not diluted by interpretive alterations. This commitment to fidelity served not only as a bridge to the raw emotional and cultural depths embedded in the narratives but also as a starting point for the analytical journey. It was a delicate balance between preserving the essence of spoken word and preparing the ground for a nuanced understanding of the sociocultural dynamics at play. (Bucholtz, 2000).

The decision to engage Blossom Inc.'s trained forensic interviewers in the transcription process of the focus group discussions, was driven by practical and methodological considerations. Faced with a voluminous dataset peppered with distinct regional dialects, their expertise ensured that the transcriptions remained true to the source, free from the inadvertent introduction of theoretical biases. This strategic choice evidenced the importance of methodological rigor, allowing me to devote essential time to immerse myself further in the community and enrich the ethnographic exploration. This transcription journey, though challenging, was instrumental in laying the groundwork for the subsequent stages of analysis (Tessier, 2012). Each review of the transcribed interviews became an opportunity to delve deeper, to listen anew, and to begin discerning the emergent themes that would eventually guide the formation of coding categories. In essence, the act of transcribing was a step in the research process and a form of engagement with the data that began to reveal the complex tapestry of suicide in Guyana. It was through this thorough and reflective practice that the foundation for a culturally resonant analysis was established, marking a critical stride in unravelling the nuanced narratives at the heart of this research endeavour.

## Data Analysis

### Data Importation and Organization:

Initially, I imported all the transcribed data into QDA Miner. Each transcript was carefully coded to maintain confidentiality and assigned identifiers that corresponded to their pseudonyms, ensuring anonymity. The software's robust data management capabilities allowed me to organize the data systematically, categorizing it under distinct headers like "interviews," "focus groups," and "observations," which streamlined the analysis process.

### Coding Process:

Using QDA Miner, I developed a detailed coding scheme that reflected the key themes emerging from the initial readings of the data. These codes were both pre-defined, based on the literature review and elements of culture theoretical framework, and emergent, arising from the narratives shared by participants during the fieldwork. For instance, themes like "cultural beliefs/values about suicide," "social norms," "cultural practices" and "language" were tagged systematically across the dataset.

The utilisation of QDA Miner, a tool adept at navigating the intricate landscape of qualitative data, further empowered my analysis. This technological ally enabled a meticulous organisation and coding of data, shedding light on the thematic undercurrents that weave through the discourse on suicide in Guyana. It was in the sanctity of analysis, amid the transcribed dialogues and reflections, that I began to hear the subtle whispers of cultural expression, the echoes of despair and resilience, and the nuanced tones of social interaction that define the lived reality of Guyanese society.

The thematic analysis, therefore, was a methodological step and an epistemological journey that embraced the complexity of human experience within the cultural contours of Guyana. Each narrative, each

voice, contributed to a larger understanding of suicide as a phenomenon intricately tied to the weave of societal fabric

#### Analytical Techniques:

I employed a variety of analytical techniques available in QDA Miner to deepen the understanding of the coded data. This included text retrieval to extract all instances of specific codes for closer examination and coding comparison to explore relationships between different themes. I also used the co-occurrence feature to identify and analyse patterns or linkages between various themes, such as how cultural identity influenced perceptions of suicide.

#### Interpretation and Validation:

The interpretative phase involved synthesizing the insights from the coded data to construct a coherent narrative about the socio-cultural underpinnings of suicide in Guyana. QDA Miner's tools for visualizing data, such as code frequency charts and code co-occurrence matrices, helped in understanding the prevalence and interconnections of themes. To validate my findings, I revisited the data multiple times, cross-checking interpretations with raw data excerpts to ensure reliability and authenticity.

#### Collaborative Review:

Throughout the analysis, I engaged with my supervisors and the team at Blossom Inc. to discuss the emerging findings and to have a collaborative review and commentary directly within the software, ensuring that all interpretations were rigorously scrutinized, and consensus was reached on the thematic interpretations.

*From Data to Features of Interest: Analysing and Interpreting Socio-Cultural Narratives of Suicide*

The process of identifying the features of interest for the findings section was guided by a systematic approach to data analysis and interpretation. The aim was to distill and discover meaningful themes from the diverse narratives shared by participants, ensuring that the findings reflected the socio-cultural complexities of suicide in Guyana. This process involved multiple stages of analysis, integrating ethnographic techniques with reflexive and iterative coding to capture the richness and depth of the data.

#### Data Analysis Process

##### 1. Transcription and Familiarization

The first stage of analysis involved transcribing the audio recordings from focus groups and interviews verbatim. This ensured that participants' voices were preserved in their entirety, including tone, pauses, and contextual nuances. Transcription was complemented by detailed field notes that documented non-verbal cues, environmental contexts, and my reflections as a researcher. Familiarization with the data occurred through repeated reading and listening, which allowed me to immerse myself in the narratives and identify initial patterns.

##### 2. Coding and Categorization

The data was systematically coded using an inductive approach. This process began with open coding, where descriptive labels were assigned to meaningful segments of the text. For example, participants' references to familial expectations were coded as "lack of family connectedness," while discussions of silence around suicide were coded as "stigma." These codes were then grouped into broader categories through axial coding, where connections between related codes were identified. For instance, "stigma" was linked with "language of shame" and

“avoidance behaviours,” forming the basis for the theme of stigma and silence.

### 3. Reflexive Thematic Analysis

Following Braun and Clarke’s (2006) thematic analysis framework, I engaged in reflexive and iterative cycles of coding, categorization, and theme development. Reflexivity was central to this process, requiring me to critically examine how my own positionality as a researcher influenced the interpretation of the data. This iterative process ensured that themes were not imposed on the data but emerged organically from the participants’ narratives.

### 4. Triangulation

To enhance the validity and reliability of the analysis, triangulation was employed by comparing findings across multiple data sources. Key Informant Interview responses, focus group discussions, field notes, and documented evidence were cross-referenced to identify convergent and divergent patterns. For example, while stigma was a recurring theme in both focus groups and interviews, field notes and documented evidence highlighted additional dimensions, such as the role of social media in perpetuating stigmatizing narratives about suicide. This triangulation allowed for a more comprehensive understanding of the data.

### The Interpretation Process

The interpretation of the data was informed by the study’s theoretical frameworks, including critical suicidology (White & Marsh, 2016) and ethnographic principles (Hammersley & Atkinson, 2007). This theoretical grounding facilitated a nuanced analysis of how cultural, systemic, and familial factors intersect to shape perceptions of suicide in Guyana. The following steps were integral to my interpretation process:

1. **Contextualizing Narratives:** Participants' narratives were situated within their broader socio-cultural and historical contexts. For instance, discussions about familial expectations were interpreted through the lens of Guyana's colonial history, which has entrenched patriarchal and hierarchical family structures.

2. **Identifying Underlying Patterns:** Repeated patterns in participants' narratives were examined to uncover deeper cultural meanings. For example, the recurring association between silence and shame revealed how cultural norms perpetuate the marginalization of mental health struggles.

3. **Synthesizing Themes:** The identified patterns were synthesized into cohesive themes that aligned with the research questions and objectives. Each theme represented a significant dimension of the socio-cultural dynamics of suicide, providing a structured framework for presenting the findings.

Hence, the following features of interest for the Findings were derived from the data analysis and interpretation process, representing the most salient themes identified through the research:

1. **Cultural Narratives Around Suicide**

This theme explores how communities interpret suicide through cultural, religious, and historical lenses. Participants highlighted the role of religious teachings in framing suicide as a moral or spiritual transgression, while others discussed how historical legacies of colonialism and indentureship have shaped cultural narratives around suffering and resilience. For example, Indo-Guyanese participants often linked suicide to familial honour, reflecting cultural values rooted in historical practices of indentureship.

2. **Systemic and Familial Influences**

The second theme examines the interplay between systemic and familial factors in shaping suicidal behaviours. Socio-economic pressures, such as unemployment and poverty, emerged as key drivers of mental distress. Participants also discussed the role of familial expectations, particularly the pressure to succeed financially and maintain family reputation, as significant contributors to suicidal ideation. This theme highlights how structural inequalities intersect with personal and familial dynamics.

### 3. Stigma and Silence

Stigma emerged as a pervasive barrier to addressing suicide and suicide ideation. Participants described how stigma manifests in language, with terms like “madness” and “weakness” often used to label those experiencing mental distress. Silence around suicide was also a recurring theme, with many participants noting that discussions about suicide are actively avoided in their communities. This silence perpetuates a cycle of marginalization, preventing individuals from seeking help.

### 4. Coping Mechanisms and Resilience

Despite the challenges associated with stigma and systemic pressures, participants identified communal and individual strategies for coping with mental distress. Religious practices, such as prayer and spiritual counselling, were frequently mentioned as sources of solace. Storytelling and communal support networks also emerged as important resilience mechanisms, particularly in Indigenous and Afro-Guyanese communities. This theme highlights the potential for leveraging existing cultural practices in suicide prevention efforts.

In summary, the identification of these features of interest reflects the depth of the data analysis and interpretation process. By employing a systematic approach that integrated transcription, coding, thematic

analysis, and triangulation, the study uncovered nuanced insights into the socio-cultural dimensions of suicide in Guyana. These themes form the foundation of the findings section, offering a comprehensive framework for understanding the cultural, systemic, and individual factors that shape perceptions of suicide. Grounded in both participants' narratives and theoretical frameworks, these findings provide a critical contribution for the discourse on culturally sensitive approaches to suicide prevention.

With the identification of key themes through rigorous analysis and interpretation, the next stage of the research focused on synthesizing these insights into a coherent narrative and planning their dissemination to both academic and community audiences, ensuring the research's cultural and practical relevance.

## Writing and Dissemination

During the final stage of my ethnographic fieldwork on suicide in Guyana, I focused on synthesizing and articulating the rich data collected into a coherent narrative. This stage, crucial for the impact and reach of the research, involved painstaking writing and planned strategic dissemination.

**Writing:** The writing process entailed structuring the complex information into a narrative that accurately represented the cultural intricacies and personal stories surrounding suicide in Guyana. This involved organizing the data into thematic categories and analysing them in relation to the existing literature and theoretical frameworks discussed earlier in the thesis. Special attention was given to ensuring that the voices of the participants were highlighted, maintaining the authenticity of their experiences and the cultural context. The drafting of the findings was iterative, involving continuous refinement to best capture the sociocultural dynamics at play.

**Dissemination:** The planned dissemination of the research findings is multi-faceted, targeting both academic and community stakeholders. I will prepare papers for submission to academic journals

and presentations for various conferences to reach the scholarly community. Additionally, findings will be shared with local stakeholders in Guyana through community presentations, workshops, and at the yearly Guyana Mental Health Conference held in the later quarter of each year. These sessions are planned to inform the community about the research outcomes and to engage in dialogues about potential public health strategies and interventions that could be derived from the study. The goal is to ensure that my research has practical implications, contributing to the development of culturally sensitive and effective suicide prevention strategies.

The dissemination efforts will be complemented by the preparation of policy briefs aimed at influencing local public health policies. These briefs will outline key insights and recommended actions by government and NGOs, ensuring that the research could have a tangible impact on the community it studied – see draft white produced on page 276.

## **Conclusion**

In navigating the intricate tapestry of Guyana's sociocultural landscape, my thesis ventured into the heart of suicide research with a methodology as complex and nuanced as the phenomena it sought to understand. Marked with a constructivist ontology and interpretivist epistemology, this journey meandered through the qualitative thickets, guided by the ethnographic compass that prioritized deep, empathetic engagement with the community's lived experiences. By immersing myself within the societal fabric of Guyana, employing a mosaic of participant observation, interviews, focus group discussions, and document analysis. The aim was to collect data and to genuinely listen and understand the diverse narratives that sketched the intricate picture of suicide in this unique cultural context.

The thematic analysis wove these myriad voices into a narrative that uncovered the cultural bedrock - beliefs and values, norms, practices, and language - upon which understandings of suicide rested in Guyana.

This exploration, though fraught with challenges – Covid 19 pandemic and subsequent lockdowns, illuminated the often-obscured dimensions of suicide, offering fresh insights that beckoned towards culturally attuned prevention strategies. This thesis thus emerged not just as an academic discourse but as an ode to the transformative power of ethnographic storytelling in bridging the chasms between cultural intricacies and the universal human odyssey of despair and hope, resonating from the depths of the rainforest, and whispering through the winds of change.

In the following chapter, I will present the findings from the data I collected and analysed, making simple the complex interplay of cultural dynamics, personal narratives, and societal pressures that shape the landscape of suicide in Guyana. This segment of the thesis promises to deepen our understanding of the sociocultural underpinnings of suicide, drawing from the rich tapestry of lived experiences and cultural contexts that define this critical public health issue. Hence, this methods and methodology chapter unravelled the intellectual and methodological voyage undertaken to delve into the sociocultural underpinnings of suicide in Guyana, presenting an ethnographic narrative that invited readers into the core of Guyanese life. It illuminated the symbiosis between individual sagas and the overarching cultural ethos, inviting the audience to traverse the echoic realms of the rainforest, where tales of sorrow intermingled with threads of resilience and tendrils of hope. Anchored in rigorous ethical considerations and a strategic approach to data analysis, this research not only navigated Guyana's vibrant social tapestry but also unveiled a profound, nuanced comprehension of suicide, affirming the indispensable role of cultural sensitivity and understanding in devising effective interventions for this critical public health issue. Through this layered analysis, the research journeyed through the intricate societal weave of Guyana while also enhancing our understanding of suicide, highlighting the essential need for cultural sensitivity and insight in developing responses to this urgent public health concern. The echoes unveiled in this research resonated far beyond the academic realm, serving as a clarion call for integrating cultural nuances into the broader discourse on suicide

prevention and intervention, ensuring that strategies resonate with the lived realities of the Guyanese people.

### Reflective note

Embarking on the exploration of suicide in Guyana, I found myself navigating the nuanced landscape of ethnographic research, where my personal journey intertwined with the narratives of a nation grappling with this complex issue. My professional background as a Systemic Therapist had prepared me for the sensitive conversations that lay ahead, yet the depth of cultural intricacies inherent to Guyana's story demanded an approach both empathetic and analytically rigorous. My roots in Guyana, coupled with a life shaped by the culture and education of the UK, positioned me uniquely as Merton, (1972) puts it, at the crossroads of insider familiarity and outsider perspective. This dual identity became both a lens through which I could deeply connect with the community and a tool to maintain the critical distance necessary for objective analysis. My involvement in the Guyanese community, particularly in the context of suicide, drew me closer to the heartbeats of families touched by tragedy, yet it also underlined the imperative to weave these personal stories into a tapestry that reflected the broader sociocultural landscape.

The academic discourse around the researcher's identity in ethnography highlights the fluid dance between the perceived objectivity of the outsider and the nuanced understanding of the insider. My journey through this research was a testament to the dynamic nature of this continuum, enriched by the cultural, social, and political tapestries that shape our interactions (Song and Parker, 1995). The rich narratives I encountered were a mosaic of insights, granting me a privileged window into the complexities of suicide within the Guyanese context, while my experiences abroad offered a distinct vantage point to critically engage with these stories. My heritage opened doors to conversations that wove the fabric of Guyana's sociocultural identity, allowing me to delve into the collective psyche with an insider's ease but also with the analytical rigor

of an academic. This intricate balance between connection and critique was pivotal in navigating the myriad layers of suicide's impact on the community, where personal pain and societal norms intertwined.

As the world grappled with the COVID-19 pandemic, my prolonged immersion in the field became a journey of adaptation, reflection, and deepened engagement. The pandemic's constraints underlined the resilience of my methodological approach, enabling me to remain connected to the community's pulse while also stepping back to reflect on the emerging themes from a distance. My systemic therapy background provided a compass through these emotional landscapes, ensuring my research journey remained anchored in ethical integrity and sensitivity. In weaving together, the narrative of my ethnographic exploration, I was mindful to honour the voices of Guyana, to illuminate the shadows cast by suicide with a lens that captured the interplay of cultural, social, and individual factors. This narrative, reflective of my thesis, is a story of convergence—a tale where the personal and collective, the insider and outsider, and the emotional and analytical coalesce to offer a nuanced understanding of suicide within the rich cultural mosaic of Guyana.

The journey through the focus groups was a testament to the power of shared storytelling, a reminder that at the heart of the statistics are human stories that demand attention, understanding, and action. It was in these gatherings that the voices of Guyana found a space to resonate, to challenge the stigma surrounding suicide, and to pave the way for a future where such conversations could lead to tangible change. In the rich tapestry of narratives that emerged from the focus group discussions laid the seeds of hope, the potential for a more compassionate, culturally attuned approach to addressing the complex issue of suicide in Guyana. These focus group discussions were instrumental in providing a nuanced understanding of the community-level perspectives on suicide, contributing significantly to the overall findings of my research on suicide in Guyana.

## **Section Two - Study Findings**

In this section of my doctoral thesis, I present the comprehensive findings derived from my ethnographic fieldwork in Guyana. This analysis is structured to first detail the descriptive findings that is aligned directly with my initial research questions, followed by an extensive thematic analysis that interpreted the broader implications of these findings within the context of Guyana's unique social and cultural landscape.

### **Descriptive Findings**

The descriptive portion of this analysis systematically addressed the research questions posed at the outset of this study. It explored the Guyanese peoples' beliefs about suicide and its causes, how these beliefs manifest through cultural values, norms, practices, and language, and examines the social and cultural underpinnings of suicide ideation across the diverse demographics of Guyana. This section presented raw data in a structured manner, highlighting the direct responses and observations collected through interviews, focus groups, and participant observation, providing a clear, data-driven picture of the current state of suicide and suicide ideation in Guyana.

### **Thematic Analysis**

Building on the descriptive data, the thematic analysis delved deeper into the emergent patterns and themes that reflected the complex interplay of factors influencing suicide in Guyana. This part of the findings drew upon the rich qualitative data gathered to discuss key themes that emerged. Among these were the impact of economic stress, the role of family dynamics, and the profound influence of cultural identity on suicide ideation and suicide rates. Each theme was supported by nuanced insights into how these elements interact within the Guyanese context, offering a

detailed examination of the societal, cultural, and individual dynamics at play.

This structured approach ensured a comprehensive understanding of the factors contributing to suicide in Guyana, providing a robust foundation for developing culturally appropriate interventions and informing future research and policymaking. Through this dual presentation of descriptive findings and thematic analysis, my research sought to offer a detailed narrative that respected and reflected the lived realities of the Guyanese people, contributing significantly to the academic discourse on suicide and suicide ideation in culturally diverse contexts.

The below Table 7 of Ethnographic Findings on Suicide in Guyana serves as a pivotal tool in this study, methodically cataloguing and contrasting the varied beliefs about suicide across Guyana's cultural landscape. By systematically arranging these insights, the table allows for a clear visual comparison and deeper understanding of how cultural, historical, and social factors uniquely influence each group's perceptions and attitudes towards suicide. This structured approach highlighted the diversity within the population and aided in identifying specific cultural narratives and beliefs that might have contributed to the prevalence and prevention strategies of suicide in the nation. This, in turn, enhanced the study's depth by providing a comprehensive snapshot of the societal underpinnings that shaped the complex phenomenon of suicide in Guyana.

Table 7: Ethnographic Findings on Suicide in Guyana

Cultural Element	Theme	Participants' Statements	Description
Values/Beliefs	Economic Considerations Over Romantic Choices	FGD6P: "It was not about religion; it was not about race. It was just this young man didn't have a job and they didn't see him, this young man can't have a future."	Reflects a societal value where economic stability is prioritised over emotional or romantic compatibility in relationships. This could indicate a materialistic underpinning affecting family approval and societal acceptance of relationships.
Values/Beliefs	Suicide Prevention	<p>KI5: "Suicide is preventable, it's unfortunate that people see taking their life as the only way out of negative situations."</p> <p>ESP85: "It always breaks my heart when someone I know, or hear of, commits suicide. Suicide prevention starts with recognizing the warning signs and taking them seriously especially if we can see someone"</p>	This reflects a shared belief in the possibility and necessity of suicide prevention. It evidenced a profound understanding within the community and among service providers that the hardships of life and societal pressures can push individuals to their limits. The emphasis is on the importance of recognizing warning

		screaming for help. Suicide is that desperate attempt to escape suffering that has become unbearable."	signs and offering support to those in need.
Values/Beliefs	Resilience and Religious Conviction	FGD1P6: "I was once there...And...I had my [inaudible- a type of poison] in a little bottle...but you know, faith, in the man that you serve, it's all that we need. Faith and grace. And when I sat down that night on a bed and I open the window and I look up in the sky... 'child, put away that thing. You don't live for a man, but you live for your children."	Participants' stories illustrate the complex interplay between personal struggles and religious beliefs, which can influence the decision-making process in moments of despair. It highlights the belief that spiritual faith and family obligations can provide the strength and purpose needed to overcome personal despair and crises
Values/Beliefs	Cultural Contextualization of Suicide	ESP4: "In Guyana, suicide primarily occurs within the Indo-Guyanese community between the ages of 16 to 35 years old." K14: "13 to 50 years old mostly Indo Guyanese" K11: "Teens and young women and men from East Indian, Amerindian and Afro Guyanese (in that order)" K13: "All the ethnic	The statements from various participants highlight a belief in the higher prevalence of suicide among the Indo-Guyanese community, with some linking this trend to religious beliefs such as reincarnation. This reflects a cultural

		groups, but Indians particularly the Hindu who believes in reincarnation"	dimension to the understanding and perception of suicide within Guyana.
Norms	Stigma and Suicide as a Social Issue	ESP33: "Honestly I don't believe in committing suicide as an option because there's more to life and there's people that would rather listen to you than hear about your death, but I know what it feels like to want to commit suicide so I wouldn't judge someone for wanting to."	Emphasizes empathy and the importance of offering support to those contemplating suicide, challenging the stigma and advocating for open communication and understanding. These perspectives underline the evolving norms and beliefs around suicide in Guyana, pointing to the need for a compassionate and comprehensive approach to prevention and support.
Norms	Stigma	ESP61: "Perhaps deciding that ending their life is a better alternative than living with their situation. Also many young people are clinically	The notion that ending one's life is considered a better alternative than living with one's situation reflects a troubling

		depressed but often go undiagnosed because they are reluctant to seek treatment."	normalization of suicide within certain segments of Guyanese society. This suggests a deep-seated sense of hopelessness and despair, exacerbated by social, economic, and family pressures, where suicide is viewed as an escape from unbearable circumstances.
Norms	Stigma	FGD2P4: "Divorce..isn't..it's..taboo in our family. However... I have children with more than one man, taboo."	This reflects the sociocultural theme of societal norms and stigma in the Guyana context, particularly around family honour and expectations. It highlights how societal perceptions of morality and traditional family structures exert pressure on individuals, potentially leading to suicide in the face of perceived failure or shame. This theme evidenced the conflict between

			individual life choices and rigid societal expectations, illustrating the impact of cultural norms on personal wellbeing and decision-making.
Norms	Stigma	<p>FGD6P6: "...you just say, this person become mentally sick, so this person commit suicide...in a bad relationship, so, you commit suicide, because you are depressed, you decide that, oh let me just call it a day, you decide to drink a dose poison or hang."</p> <p>ESP61: "People commit suicide when depression or other acute psychological trauma go undiagnosed and untreated."</p>	<p>The normalisation of not seeking help due to stigma and a perceived lack of support systems reflects a critical norm within Guyanese culture that affects mental health. The statements illustrate a cultural barrier to addressing mental health issues, where depression is often left untreated, and seeking help is not encouraged. This norm significantly contributes to the prevalence of suicide, as individuals feel isolated in their struggles and see suicide as the only</p>

			escape from their suffering.
Norm	Neglect and stigma	FGD6P5: "If you try to commit suicide (inaudible) when you get to the hospital, they don't have time with you."	This statement evidences a dismissive attitude towards those who attempt suicide, often rooted in societal misconceptions about mental illness and suicide. This theme highlights the need for greater awareness, education, and sensitivity in medical settings to adequately support individuals in crisis.
Norm and Practice	Stigma and marginalization	FGD2P1: "You see in region number two, we are so confine. We don't have resources—for example the LGBT community, right...nobody don't want to come out—Well, I'm out..and, um, we don't have resources cause if we walk on the road, persons get thing to tell yuh and those are things that li—lik-like we—like—like—persons—well I'm strong.	This highlights the challenges faced by sexual minorities in accessing support and resources, compounded by societal neglect and discrimination. This theme evidences the intersection of cultural attitudes, lack of resources, and societal stigma, all contributing to the

		<p>Persons who are not strong, they would, um, attempt to build a mind to commit suicide because of neglect to society, and...and we don't have, like, LGBT resources in region number 2 so where these persons can help—get help. The [inaudible] is brief so pe—so a person feels scared to go—"</p>	<p>isolation and vulnerability of LGBTQ+ individuals in Guyana, thereby exacerbating the risk of suicide among this group.</p>
<p>Norm and Practice</p>	<p>Silence and stigma</p>	<p>FGDP10: "Because they don't have people really to talk to, or they don't take—tell they self they could talk to people. They feel as if..I talk to you, maybe you would tell somebody. This confidentiality is not in some people. So they don't want to talk to people. Unless they really confide in you, that's when they tell they story."</p>	<p>Points to the communication barriers and cultural limitations on discussing sensitive topics like suicide openly. It evidences a prevalent cultural norm where discussions on topics like suicide are avoided, partly due to mistrust in confidentiality and fear of judgment. This silence perpetuates the stigma associated with suicide, hindering open dialogue, reducing the likelihood of seeking help, and</p>

		<p>FDG1P12: "What I found is that they don't talk. They just treat the problem and that is not the first solution that you do. You let the individual speak then you differentiate if that, medication or not. But if all that region 2 is doing is treating—treating the symptoms and not finding the root cause of persons, depress—mostly for me what I've gathered is [inaudible] suffer from depression."</p>	<p>reinforcing the isolation of those struggling.</p> <p>Highlights the observation that conversations about suicide are often avoided or inadequately addressed in Guyana, with a focus on treating symptoms rather than exploring underlying causes. The lack of open dialogue about suicide contributes to an environment where individuals struggling with suicidal ideation may not feel supported or understood.</p>
<p>Norm and Practice</p>	<p>Suicide Stigma</p>	<p>ESP89: "We lack accessible mental health facilities, and those</p>	<p>Points to the critical gap in mental health services and</p>

		<p>facilities that exist are stigmatized as being only for 'mad people'."</p>	<p>the prevailing stigma, complicating access to necessary care. It highlights the societal norm of stigmatizing suicide ideation and the practice of underutilizing mental health facilities due to fear of being labelled.</p>
<p>Norm</p>	<p>Community Surveillance, Societal Shaming, and Isolation</p>	<p>FGD1P10: "One of the things that I find in region 2 is—a—like a lot of people mind each other business. So, you find that anything...people would talk about it and then, um, suicide—suicide people feel --they are the weakest, yeah, when they're at their weakest they—they don't even want to confide in anybody because they tell they self that, you know, voicing what they feel or emotions, that people would tend to laugh at them or mock them, and—and they don't know who to turn to. And at that time, they don't see anywhere else or anything else to do but they tell they self, the best thing</p>	<p>Highlights a cultural paradox where, despite the close-knit nature of the community, individuals feel profoundly isolated in their struggles due to the fear of judgment, ridicule, or lack of confidentiality.</p>

		I should do..is end my life. And that's one of the things we really gotta try to overcome."	
Norms	Coping with societal challenges	KI15: "I believe that suicide is becoming an easy way of escaping hard times and challenges that our society faces on a daily basis...My view also is that before suicide was predominantly occurring in the Indo-Guyanese society but as to date it is now any race."	Highlights how suicide is increasingly seen as a response to societal pressures, noting a shift from being predominantly an issue within the Indo-Guyanese community to affecting all demographics. This reflects a cultural shift in the perception of suicide, suggesting a broadening understanding of its causes and impacts across different ethnic groups in Guyana
Norms	Absence of Family Support	FGD10P2: "Well I think most people push to suicide especially when they don't have nobody to sit and talk to"	Highlights the significant impact of a lack of familial support and connectedness on individuals' susceptibility to suicide ideation.

<p>Norms</p>	<p>Parental Acceptance</p>	<p>FGD10P4: "You don't have like—for me, you don't have a mom to speak to or your dad is there but is not there"</p>	<p>Reflects on the emotional consequences of feeling rejected or neglected by parents, contributing to feelings of isolation and despair.</p>
<p>Norms</p>	<p>Family Rejection and Alienation</p>	<p>FGD10P11: "So, an—an—and family ba—family values, family bonding, family love and respect, there is no longer there."</p>	<p>Discusses the erosion of key familial relationships and bonds, and its deep impact on individual well-being and potential for suicide ideation.</p>
<p>Norms</p>	<p>Being Private About One's Personal Life</p>	<p>FGD8P10: "asking for help because of their culture, that is imbedded in Indians, they don't want to talk their story. They don't reach out for help—I don't know if you guys agree with me but, um, according to my research and through the LGBT it seems like that. Because I work with [inaudible] change and inspiration. And...most Indian they don't want to tell they story. So that is</p>	<p>Points to the cultural stigma against discussing personal issues and seeking help, exacerbating feelings of loneliness and despair.</p>

		why they does be confine to the environment, and when pressure catch them..."	
Norms	Family dynamics	<p>"...and a lot of young people why this young person commit suicide? for example you would hear a young person and very common in our country, very common in our country, and this happen in India and so on, but we are talking about Guyana. two young persons they fall in love and when they fall in love... this boy he loves this girl and, and you know, and the parents are not happy with this young boy they don't like him, so one of them decide, you know what, suicide they commit suicide they love... Romeo and Juliet" - FGD8P7</p> <p>FGD6P10: "You know one of the things that I really find that, um, with Indian people? If something happen or if a child does something, or some member of the family does</p>	<p>Desperation and hopelessness felt when faced with insurmountable societal and familial opposition.</p> <p>It touches upon the norms of dealing with issues or behaviours deemed problematic within the family context. The continuous mentioning or "nagging" about a</p>

		<p>something, they...keep talking about it, nagging at you all the time. And sometimes we get so fed up, and you know, who can I talk to? If this is my mother and my brother, and they always keep telling me about it, who should I turn to? And that's when you go down to depression."</p>	<p>particular incident or behaviour by family members highlights a cultural approach to correction and discipline that emphasizes repetition and direct confrontation.</p>
Norms	Intimate partner relationship dysfunction	<p>"...He end up come one morning with a poison bottle... .and said if, um, if I don't take him back, he's going to drink this poison...." (FDG6P5)</p>	<p>Termination of relationship leading to suicide attempt by partner</p>
Norm and Practice	Romantic Relationship	<p>FGD2P6: "Yeah. I was like in my..early teens and, you just heard this girl that, she was in love with this young man and..something, she find out that he was having another girlfriend somewhere along the road and, she find the best thing is to commit suicide. At that age I didn't really understand."</p>	<p>Highlights the intense emotional pain and perceived rejection that can lead to suicide among teenagers. The narrative suggests that relationship stress and the loss of a lover can push young individuals towards considering suicide as an escape</p>

			from their emotional turmoil.
Norm and Practice	Perception and Causes of Suicide	<p>".....so, you just say, this person become mentally sick, so this person commit suicide. So is there any other thing that .....you can think about, you know, in our society that we know about we can have, this person commit suicide because of this, umm...in a bad relationship, so you find yourself in a bad relationship, so, you commit suicide, because you are depressed, you decide that, oh let me just call it a day, you decide to drink a dose poison or hang. 6PAnd then there was another situation where, and this is still happening husbands, brutal killing, where this young boy kills his girlfriend you know, and there is a lot of cases, a lot of cases we read in the newspaper"</p>	<p>I recognized a grim pattern within Guyanese culture—a tendency to associate Mental illness correlated solely with extreme acts, such as suicide. The candid discussions exposed an unsettling norm, where domestic disputes escalating to fatal violence were not just stories in the newspapers but mirrored in the lived experiences of people around me.</p>

<p>Norm</p>	<p>Inter-generational Conflict</p>	<p>"Because this guy from Berbice he want and when you find out what is the problem the father was controlling his life, the father aint want he hang out, aint want he go out aint want he. this it was a whole complicated situation. 9P3: but eventually after we talk cause we been on the phone for three hours, we finally got through to him. 9P3: Nice guy he does work at the court but and that is nah hindu, is black, you do have some black people who want to kill them self, somehow they genetically related" – FGD9P3</p>	<p>Examines the clash between younger generations' desires for independence and older generations' control, contributing to emotional distress.</p>
<p>Norm</p>	<p>Family Honour and Societal Expectation</p>	<p>FGD10P11: "Or if somebody get pregnant, or the family don't like the bai or the bai ain't want to married them, they heng theyself, it always end in some suicide." –</p>	<p>Discusses societal and familial pressures surrounding pregnancy out of wedlock, and how the fear of bringing shame to the family can drive individuals to consider suicide as a way out. The quote suggests a cultural stigma</p>

			attached to pregnancy outside of marriage, reflecting on the severe implications for those involved.
Norm	Family Approval and Societal Expectation	FGD6P: "I know of a situation, I know of a situation, I am from Mahaica, a young girl, she commit suicide humm because the father wasn't happy with this young man she commit suicide, so they buried her, funeral and so on, when they burry this girl Shafi.....uhum this boy he love this girl so much, that the night when they buried her he went and dug her body up from that grave, had a physical relationship with her and then he drank a dose of poison, and lied down in a day"	Emphasizes the profound effect of familial approval and societal norms on individual well-being. It illustrates how the clash between personal desires and family expectations can result in feelings of hopelessness and alienation, potentially leading to suicide.
Norm	Relationship issues with parents and partners	" Cause if you hear them telling a friend, "I gone commit suicide." And that would be the best way	Suicide perceived as the best way out

		<p>out because, [inaudible]. Sometimes it don't matter how keen you might be looking. It is [inaudible] because they are not willing to as teenagers for you to get help for them, if you can—speaking from experience. So, suicide is prevalent. Researcher: Yeah, oh. 2P6: Like, issues with parents, or, relationship. Researcher: Mostly man-woman relationship? [Most saying yes] 2P6: Like, issues with parents, or, relationship.."</p> <p>(FDG2P6)</p>	
Norm	Family and Social Expectations	"Selfish and inconsideration actions." - KI4	Indicates the stigma and judgment faced by individuals contemplating suicide, possibly hindering open discussions and help-seeking behaviour.
Norm	Substance Use as a Coping Mechanism	ESP56: "Another contributing factor is the high level of alcohol use within the Guyanese society."	The mention of the high level of alcohol use within the society underpins the normative aspect of substance abuse as

			both a coping mechanism and a factor in suicide ideation.
Practice	Silence and Stigma in Suicide Conversations	P10: "Because they don't have people really to talk to, or they don't take—tell they self they could talk to people. They feel as if..I talk to you, maybe you would tell somebody. This confidentiality is not in some people. So they don't want to talk to people. Unless they really confide in you, that's when they tell they story"	Describes the habitual behaviour and attitudes towards discussing sensitive topics like suicide, indicating a prevalent practice of maintaining silence due to fears of breach of confidentiality and judgment. This practice is deeply ingrained in the societal framework, affecting how individuals interact with each other regarding personal and emotionally charged issues.
Practice	Family Communication	"--Um, certain homes, persons don't discuss it with their children. They would learn—the children would learn from television, they	Highlights the importance of open discussions within families about suicide prevention. The lack of communication

		<p>friends, and stuff like that. And...I think if those things were told to them in the home certain things can be prevented, you know? As they said, if you have a listening ear, sometimes you just need to listen to that person, you can save a life, or more. So, sometimes it starts from the home."</p>	<p>within homes is contrasted with external influences, pointing to a need for stronger familial support systems to combat suicide ideation.</p>
Practice	Family Control and Societal Expectations	<p>FGD11P1: "Families tend to be a bit withdrawn to actually come forward and say exactly what was affecting the person prior to their committing such an act. There are cases whereby young persons who might want to find themselves in a particular relationship that is not approved by their parents, they tend to act out..." -</p>	<p>Reflects on the struggle for personal agency within strict cultural norms and the rebellion against these constraints through suicide. It highlights the tension between individual desires and societal expectations, where suicide becomes a tragic assertion of control over one's life in the absence of perceived alternatives.</p>
Practice	Emotional Despair	<p>ESP57: "Those who have survived attempts have given different reasons which seem related</p>	<p>This touches on societal values and beliefs concerning dealing with pain,</p>

		<p>to deep loss, deep despair and hopelessness, to end pain."</p>	<p>suffering – this is my lot in life/ man-up/ pull yourself together. The variety of reasons provided by survivors emphasizes that suicide is a complex issue with no single cause. It highlights the multifaceted nature of suicide ideation, driven by personal circumstances, emotional states, and societal pressures.</p>
<p>Practices</p>	<p>Media Influence</p>	<p>FGD9P3: "I think these same thing looking at television, looking at movies Indian movies the Hindus 504 movies, and a lot of movies cause the majority of Indian movies I love watching them but they 505 must get a suicide incident somebody always running to commit suicide, and they favourite thing 506 is either drinking poison or taking a rope and go straight to the tree. 507 9P: yeah 508 9P3: You even find the African</p>	<p>Highlights how popular media, particularly films, can play a significant role in shaping public perceptions and attitudes toward suicide, possibly contributing to its normalization or romanticization.</p>

movies now, them showing now they get suicide inside a lot, 509 where they taking a rope and going to the tree and get the poison and a whole set a drama so 510 most likely I think is the movies they watching and leh we say if suicide occur ... now they get suicide inside a lot."

FGD8P1: "And also the movies that they make for the Indian movies, they could look at the—the culture, the moral behind these movies. Theeyyy—because they, they love, they lack the love and sexual gratification, they end they life. And, the Bollywood—if you know, you does watch Bollywood movies? Most of these movies, if the bride can't get to the man? Commit suicide. Them a—them a cut up them hand, them a do something—"

Highlights the role of cultural narratives, conveyed through movies and television, in influencing how people perceive and react to complex issues such as love, rejection, and despair.

<p>Practice</p>	<p>Social Media and Cyberbullying</p>	<p>FGD11P1: "It's a sole point issue, and you know another thing that is probably creeping up is umm... is umm... social media or I should say cyber bullying."</p> <p>FGD11P1: "I never known of a case whereby a person would go to an extent to take their life. But there are cases where you may find that young persons in a relationship something went wrong, but you know prior to that they have been exchanging notes. And then when the agreed party is out everything is blown up on social media and umm... when the report comes, we will deal with it as a cyber - crime related matter. But we still have to look at the aspect of the psychological effect it holds upon the victim. Unless they actually bring that out on the initial report, we will not be able to activate them here to get</p>	<p>Cyberbullying – linked to shaming – family issue.</p>
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		the individual into some form of counselling and some monitoring system in place.”	
Practice	Cyberbullying and Online Shaming	FGD11P1: "There are cases where young persons in a relationship something went wrong, but you know prior to that they have been exchanging notes. And then when the agreed party is out everything is blown up on social media... But we still have to look at the aspect of the psychological effect it holds upon the victim."	Discusses the psychological impact of cyberbullying and online shaming as a driving factor for suicide. This practice reflects a broader societal issue of handling personal conflicts and grievances through public, digital spaces, potentially exacerbating the distress of affected individuals.
Practice	Domestic Violence	FGDP6: "I used to get beat, I used to get put out outside, sleep outside in the night. Drag out!"	Domestic violence leading to suicidal thoughts
Practices and Language	Stigma and Silence - Subtle Communication in Suicide	FGD10P13: "Almost since you small because you grow up in it and you hear somebody dead, they hang they self—they may not say suicide, but they kill they self—; For me it was	Highlights how the language surrounding suicide is often indirect and euphemistic in Guyanese society, reflecting cultural

		<p>when I entered secondary school because, I, um, I come from a poor educated background, so since secondary I started to hear suicide. But, back in the small days you hear they say, 'somebody kill them self'."</p>	<p>taboos around discussing suicide openly. This way of speaking about suicide, while avoiding the term itself, indicates societal attitudes towards the topic—where silence, stigma, or discomfort may prevent open discussion. It highlights how cultural practices and language contribute to the social construction of suicide, influencing perceptions from a young age and affecting how individuals communicate about such sensitive issues.</p>
<p>Practice and Language</p>	<p>Lack of Confidentiality, Stigma, and Community Dynamics</p>	<p>FGD7P6: "And, like, eventually when these maid them get to hear- is what [R1] said, when they get to hear bout yuh story- they spreading it. It's like a disease it become. Because how many people afterward, heard about that poison thing. From two, it</p>	<p>Exposes the challenge of maintaining confidentiality within small communities, where personal stories and tragedies can quickly become public knowledge. This practice contributes to</p>

		went all round...you know...it all about respecting each other. They don't have that in here. It's out."	a culture of stigma and silence around suicide, discouraging individuals from seeking help for fear of judgment or breach of privacy. This reflects a broader issue of trust and respect within the community and institutional settings.

**Outliers**

<b>Practice</b>	<b>Workplace Support and Care</b>	FDG13P6: "There is where I found love, in this [R2] Hospital. When I had that thing to drink, one day I cry so much and I tell one of the nurse. She said, 'you will bring it for me, cause I need it.' One day she deh on my back every day, every day. And I brought it for her. She threw it in the sink."	Showcases the practice of providing emotional and social support within professional environments, contrasting with more common narratives of isolation, and highlights the importance of supportive workplace cultures.
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## **Chapter 4: Beliefs About Suicide and its Causes**

### Introduction

In this chapter, the exploration of cultural beliefs in relation to suicide in Guyana, as discovered through the interviews and focus groups, revealed a complex interplay of economic, societal, and familial factors. And these collectively shaped perceptions and incidences of suicide within this South American context. As is evident in the Table of Ethnographic Findings on Suicide in Guyana above, at the heart of this study lay the critical understanding that economic considerations often took precedence over emotional or romantic compatibility. Thus, underscoring a societal fabric where material success was paramount for social acceptance and personal validation. This prevailing emphasis on economic stability, as a prerequisite for societal standing and personal fulfilment, illuminated the intricate ways in which societal norms and economic pressures converged. And this influenced individual life choices and, in some instances, contributed to feelings of despair and isolation. Simultaneously, this exploration brought to light the evolving consciousness within Guyanese society regarding suicide prevention. It highlighted a growing recognition of the importance of proactive engagement in recognizing and addressing signs of emotional distress, advocating for a societal shift towards more compassionate and stigma-free approaches to suicide and suicide prevention. The discourse further extended to the realm of emotional despair. Here personal narratives of loss, despair, and hopelessness unveiled the profound emotional struggles that could lead to suicidal ideation. Thus reflecting the necessity for a nuanced understanding and comprehensive support mechanisms to address these challenges. Furthermore, the cultural contextualization of suicide within Guyanese society, particularly among various ethnic communities, added another layer of complexity to the understanding of suicide. The exploration of beliefs such as reincarnation among the Indo-Guyanese highlighted the significant role of cultural beliefs in shaping attitudes toward suicide and mental health. This revealed the need for culturally sensitive approaches

in suicide prevention strategies. Here, the introduction therefore, set the stage for a detailed examination of the multifaceted relationship between cultural values and beliefs and the phenomenon of suicide in Guyana. And this highlighted the critical need for an integrated approach that considered the economic, societal, and cultural dimensions influencing individuals' lives and decisions in the Guyanese context.

## Key Insights

### Economic Considerations Over Romantic Choices

A participant's statement,

FDG6P: "It was not about religion; it was not about race. It was just this young man didn't have a job and they didn't see him; this young man can't have a future."

Illuminated a prevailing societal value where economic stability overshadowed emotional or romantic compatibility. This materialistic underpinning, affecting both family approval and societal acceptance of relationships, indicated a profound shift in cultural priorities, where economic viability became a precondition for romantic entanglements. In Guyana economic stability is often synonymous with social standing, respectability, and marriageability. The emphasis on financial stability as a prerequisite for societal acceptance and personal success is a stark reflection of the socio-economic dimensions that dictate individual and communal life. The statement poignantly highlights a societal judgment that places significant value on an individual's economic contribution. Consequently, unemployment is not just seen as a lack of job but as a fundamental deficiency that casts doubt on an individual's future potential and their ability to contribute meaningfully to society and family.

This perspective suggests a broader cultural narrative that prioritizes economic stability over personal qualities, emotional compatibility, or even love in interpersonal relationships and societal standing. It reflected a materialistic underpinning that can affect family

approval and societal acceptance of relationships, where economic considerations supersede other aspects of individual worth. The remark sheds light on the dire consequences of this socioeconomic pressure, where individuals without employment face not only financial difficulties but also societal invisibility and marginalization.

#### Suicide Prevention

Statements like:

"KI5: "Suicide is preventable, it's unfortunate that people see taking their life as the only way out of negative situations."

ESP85: "It always breaks my heart when someone I know, or hear of, commits suicide. Suicide prevention starts with recognizing the warning signs and taking them seriously especially if we can see someone screaming for help. Suicide is that desperate attempt to escape suffering that has become unbearable."

These statements of the participants highlighted a crucial aspect of Guyanese culture: a growing awareness and call to action for suicide prevention. The remarks evidenced the belief in the preventability of suicide, pointing towards a societal recognition of the need for more proactive approaches in addressing suicide ideation crises. This reflects a sociocultural theme of emergent mental health awareness and the importance of community and individual responsibility in recognizing and responding to the signs of distress in others.

The statements revealed an acute sense of empathy and the shared grief that suicide brings to communities, emphasizing the collective impact of these tragedies. The mention of suicide as a desperate escape from unbearable suffering highlighted the profound personal crises that lead individuals to consider this fatal decision. This perspective called for a shift in societal attitudes towards a more compassionate understanding of

mental suicide, advocating for the removal of stigma and the enhancement of support systems. Moreover, the emphasis on the preventability of suicide by recognizing and taking warning signs seriously indicates an evolving discourse in Guyana toward more preventative suicide prevention strategies. It suggested an acknowledgment of the complexity of factors leading to suicide and the imperative to engage in meaningful, supportive interventions for those at risk.

#### Resilience and Religious Conviction

This participant's statement captured a poignant moment of personal crisis, reflecting on the brink of despair but ultimately finding solace and purpose through faith and familial responsibility.

FGD1P6: "I was once there...And...I had my [inaudible- a type of poison] in a little bottle...but you know, faith, in the man that you serve, it's all that we need. Faith and grace. And when I sat down that night on a bed and I open the window and I look up in the sky... 'child, put away that thing. You don't live for a man, but you live for your children."

In the context of Guyanese culture, this narrative evidenced the significant roles that religion and family play in shaping individual responses to life's challenges. Guyana, with its diverse cultural heritage, places a strong emphasis on spiritual beliefs and practices, regardless of the specific religion. Faith often acts as a cornerstone of community and personal life, providing guidance, comfort, and a sense of belonging. The mention of "faith in the man that you serve" highlights how religious belief can act as a powerful deterrent against actions like suicide, offering a perspective that there is always hope, and a higher power provides the strength to overcome adversity. Furthermore, the shift from considering self-harm to choosing life for the sake of one's children highlights another deeply ingrained cultural practice and value: the importance of family. In Guyanese society, children are often seen as the paramount reason for living, a source of joy and purpose. The narrative transition from despair to a recognition of responsibility towards one's children illustrated a common cultural narrative that parental duties transcend personal

suffering. It reflected a broader societal expectation that individuals will endure great hardships for the benefit of their family, especially their children. This story speaks volumes about the coping mechanisms individuals may employ when faced with seemingly insurmountable challenges. It emphasizes the cultural importance of looking beyond one's immediate circumstances and finding reasons to persevere, grounded in faith and familial love. Such narratives are crucial in understanding the sociocultural fabric of Guyana, revealing the resilience imbued by spiritual faith and the deep-rooted commitment to family as central pillars supporting individuals through their darkest times.

#### Cultural Contextualization of Suicide

The perception of suicide within various ethnic communities, especially the belief in its higher prevalence among the Indo-Guyanese community and the linkage to religious beliefs like reincarnation, added another layer to the cultural understanding of suicide in Guyana.

ESP4: "In Guyana, suicide primarily occurs within the Indo-Guyanese community between the ages of 16 to 35 years old."

K14: "13 to 50 years old mostly Indo Guyanese"

K11: "Teens and young women and men from East Indian, Amerindian and Afro Guyanese (in that order)"

K13: "All the ethnic groups, but Indians particularly the Hindu who believes in reincarnation"

The statements made by participants drew attention to the cultural lens through which suicide was viewed in Guyana, particularly its association with Indo-Guyanese communities and the concept of reincarnation present in Hindu beliefs. This cultural belief influenced the

way suicide was perceived, as a transition rather than an end, which could impact both the incidence of suicide and the community's response to it.

In Guyana, a country with a diverse ethnic composition, the Indo-Guyanese community—comprising individuals of Indian descent—had its own unique set of cultural practices and beliefs, many of which had been retained from ancestral origins. The mention of reincarnation by K13 as a belief that could potentially influence attitudes toward suicide spoke to the importance of understanding cultural context when examining suicide and its ideation. The idea that one's soul would continue in another form could potentially diminish the finality of suicide, affecting how it was viewed and discussed within the community.

The age range provided by ESP4 and K14, specifying that suicide primarily occurred among the Indo-Guyanese community between the ages of 16 to 50, indicated that the issue of suicide spanned across various life stages, affecting both the youth and the middle-aged. It suggested that factors contributing to suicide might include a complex interplay of economic pressures, societal expectations, and perhaps a clash between traditional values and contemporary challenges.

The sequence provided by K11 highlighted the intersectionality of ethnicity and suicide, suggested that while it might have been more prevalent within certain groups, it remained a concern across all ethnic backgrounds in Guyana, including East Indian, Amerindian, and Afro Guyanese communities. This reflected the multifaceted nature of suicide, where cultural beliefs, social pressures, and individual experiences converged.

## Conclusion

My research into the beliefs about suicide within Guyana has uncovered a complex interplay of cultural, economic, and spiritual factors that influence perspectives on this sensitive issue. This study has

highlighted the strong materialistic ethos prevalent within the Guyanese community, where economic stability often takes precedence over emotional wellness. Such a pragmatic approach to life decisions, including those involving romantic relationships, reveals a societal tendency to value material security, a factor that can contribute to the pressures leading to suicide.

The findings from participant discussions illuminated the profound impact of cultural beliefs and practices on suicide ideation. The role of spiritual beliefs in coping with life's hardships was notably significant across various ethnic groups in Guyana. Many participants expressed that spiritual faith and familial obligations provide essential support and purpose, helping individuals navigate through personal turmoil and despair. This spiritual and familial support system is crucial in a context where formal suicide prevention resources may be lacking or stigmatized.

Additionally, the study highlighted the unique cultural perspectives on suicide, such as the belief in reincarnation among some Indo-Guyanese, which influenced how suicide is perceived and discussed within the community. Such beliefs contributed to a broader cultural narrative that can either deter or contribute to suicide rates, depending on how they intersect with other socio-economic factors.

In conclusion, the beliefs about suicide in Guyana are shaped by a tapestry of economic pressures, cultural values, and spiritual insights. This complexity necessitated suicide prevention strategies that are culturally sensitive and multifaceted. Thereby, addressing not only the economic and emotional needs but also respecting the cultural and spiritual dimensions that influence the community's approach to suicide. These findings not only enriched the understanding of suicide in a Guyanese context, but also informed the development of interventions that are attuned to the nuanced needs of this diverse society.

## **Reflective Note**

In exploring the beliefs about suicide and its causes within the Guyanese context, my engagement with the participants' perspectives revealed that suicide is often seen not just as a personal tragedy but as a reflection of broader societal issues. This realization has been both enlightening and challenging, pushing me to think critically about the role of cultural stigma, economic hardship, and familial expectations in shaping these beliefs. It has also reinforced my belief in the necessity of culturally sensitive interventions that acknowledge and address the underlying causes of suicide in different communities in Guyana. Also, it cemented my understanding that effective suicide prevention must go beyond the individual to engage with the cultural, economic, and social roots of suicide. In addition, it highlighted the potential for community-based approaches to reshape the narratives around suicide, promoting a more supportive and open environment for discussing suicide. This chapter has been instrumental in shaping my recommendations for suicide prevention, emphasizing that any efforts must be deeply rooted in the local context to be truly effective.

## **Chapter 5: Cultural and Social Norms in Relation to Suicide**

### Introduction

Here, in my ethnographic journey through Guyana, I was captivated by the profound influence of social norms - those unwritten rules that govern behaviours within the community - on individuals grappling with the idea of suicide. These norms, deeply rooted in the cultural fabric of Guyanese society, played a critical role in shaping the responses and attitudes towards suicide ideation and suicide. Through my analysis, I presented how these societal norms not only reflect but also enforced the complex interplay of cultural beliefs and values, guiding the community's reactions to and perceptions of suicide. This exploration aimed to uncover the underlying mechanisms through which cultural practices and societal expectations dictate the ways individuals manage their personal crises and seek support within their communities. The findings revealed a dynamic landscape where cultural resilience and societal pressures converged, influencing the spectrum of responses to the distress that often leads to suicidal ideation.

### Key Insights

#### Stigma and Suicide as a Social Issue

The statements from ESP33 and ESP61 revealed a profound insight into the complex attitudes toward suicide within Guyanese culture. These statements highlighted a tension between the instinct to preserve life and the stark reality of deep-rooted despair that drives individuals toward considering suicide as a viable option.

ESP33's reflection, encapsulated a personal understanding and empathy toward the emotional turmoil that leads to suicidal ideation. This statement acknowledged the critical value of life and the presence of supportive individuals willing to help, yet it does not dismiss the validity of the feelings that lead one to contemplate suicide. It suggested a cultural

undercurrent of empathy and understanding for those struggling, alongside a recognition of the importance of open dialogue and emotional support. This perspective could contribute to breaking the stigma surrounding mental health discussions, encouraging a more compassionate and supportive community response to individuals in distress. ESP33's statement reflected several intertwined sociocultural themes within the Guyanese context:

ESP33: "Honestly I don't believe in committing suicide as an option because there's more to life and there's people that would rather listen to you than hear about your death, but I know what it feels like to want to commit suicide so I wouldn't judge someone for wanting to."

1. *Stigma and Judgement*: It highlighted the ongoing stigma associated with suicide and its ideation, a significant barrier to seeking help. The mention of not judging someone for having suicidal thoughts is critical in a culture where judgment and stigma can prevent individuals from discussing their suicide ideation struggles openly.
2. *Value of Life and Community Support*: The statement began with a strong affirmation of life's value and the belief in the existence of supportive individuals within the community. This suggests an underlying cultural value that life should be preserved, and that communal support can play a crucial role in helping individuals navigate through their darkest moments. It highlighted the participants' belief in the potential for empathy and understanding within segments of Guyanese society, which can be pivotal for individuals contemplating suicide.
3. *Empathy and Understanding*: The participant's acknowledgment of understanding the feelings that lead to suicidal thoughts signifies a deep level of empathy. This empathy resulted from personal experiences and close observation of others' struggles, indicating an awareness within the culture that complex emotions and circumstances can drive individuals to consider suicide. This understanding is

significant in a cultural context where stigma often surrounds suicide ideation, suggesting a shift towards more compassionate attitudes.

4. *Communication and Confidentiality*: Implicit in the statement is the importance of open communication — the idea that talking to someone and being heard can be lifesaving. This underscored a societal need for safe spaces where individuals feel comfortable sharing their struggles without fear of judgment or breach of confidentiality. It highlighted a gap in Guyanese society where such open dialogues about mental health are needed but may not be sufficiently available or culturally accepted.

These themes collectively underlined the complexity of addressing suicide in Guyana. His points to the need for cultural shifts towards greater empathy, reduced stigma, and enhanced communication and support mechanisms to better support individuals facing suicide ideation.

Conversely, ESP61's observation, sheds light on the grim reality that some individuals perceive suicide as the only escape from their unbearable circumstances.

ESP61: "Perhaps deciding that ending their life is a better alternative than living with their situation. Also, many young people are clinically depressed but often go undiagnosed because they are reluctant to seek treatment."

This statement points to a critical gap in suicide prevention awareness and accessibility in Guyana. Here, societal stigma, lack of resources, and reluctance to seek help due to cultural beliefs and norms contribute to the underdiagnosis and undertreatment of mental health issues, particularly among the youth. This participant's statement sheds light on two significant issues within Guyanese society related to suicide and mental health. First, it touched upon the perception of suicide as a viable solution to unbearable life situations, indicating a profound sense of despair and hopelessness among individuals. This view reflected the broader cultural and societal challenges in Guyana, where economic

hardships, social pressures, and the lack of accessible mental health resources can contribute to the perception that there are limited alternatives to escape one's circumstances. Second, the statement highlighted the issue of clinical depression among young people and the barriers to seeking treatment. The reluctance to seek help can be attributed to various factors, including stigma associated with suicide, a general lack of awareness about mental health, and inadequate access to mental health services. In many communities within Guyana, suicide is not widely discussed, and seeking help for such issues are seen as a sign of weakness or failure. This cultural norm contributes to the underdiagnosis of mental health conditions like depression, leaving many young individuals to navigate their struggles without professional support.

This participant's statement reflects several sociocultural themes within the Guyanese context, notably:

1. *Mental Health Stigma and Reluctance to Seek Help*: The reluctance to seek treatment for clinical depression, especially among young people, highlighted the pervasive stigma surrounding mental health issues in Guyana. This stigma, rooted in cultural and societal norms, discourages individuals from acknowledging their struggles and seeking professional help.
2. *Normalization of Suicide as a Solution*: The notion that ending one's life is considered a better alternative than living with one's situation reflected a troubling normalization of suicide within certain segments of Guyanese society. This suggested a deep-seated sense of hopelessness and despair, exacerbated by social, economic, and possibly familial pressures, where suicide is viewed as an escape from unbearable circumstances.
3. *Access to Mental Health Services*: The mention of undiagnosed depression points to a broader issue of accessibility and availability of mental health services in Guyana. The lack of sufficient mental health resources and facilities, coupled with a general lack of awareness about mental health conditions and treatments,

contributes to the underdiagnosis and undertreatment of mental health issues.

4. *Cultural Barriers to Mental Health Care*: The statement also evidenced cultural barriers to mental health care, where societal perceptions and norms about mental health and illness significantly influence individuals' willingness to acknowledge their struggles and seek help. This reflects a need for cultural change towards a more open and supportive approach to suicide ideation.

The normalization of not seeking help due to stigma and a perceived lack of support systems was a critical norm affecting suicide ideation in Guyana.

ESP61: "People commit suicide when depression or other acute psychological trauma go undiagnosed and untreated."

observed one participant, encapsulating the cultural barriers to addressing mental health issues.

FGD6P6: "...you just say, this person become mentally sick, so this person commit suicide...in a bad relationship, so, you commit suicide, because you are depressed, you decide that, oh let me just call it a day, you decide to drink a dose poison or hang."

The participant's statement reflected a pervasive stigma within Guyanese culture regarding mental illness and its ultimate and tragic consequence—suicide. This notion of 'becoming mentally sick' and the resulting decision to commit suicide is indicative of a society where mental health issues are often oversimplified or misunderstood. Within this cultural context, mental illness is not seen as a spectrum of conditions that require empathy and professional treatment but rather as an insurmountable defect that pushes one towards drastic actions like suicide. The reference to 'a bad relationship' as a trigger for suicide further evidenced the interplay between personal crises and mental health struggles. It suggests a cultural narrative where the burden of such

personal turmoil is expected to be borne in silence, without the recourse to support systems or therapeutic interventions that might mitigate the risk of suicide. It also highlighted how relationship breakdowns and emotional distress are not just private sorrows, but are entwined, with broader societal expectations and the community's limited capacity or willingness to address such issues openly and constructively. ESP61's statement amplified this by pointing out the critical gap in diagnosing and treating depression and psychological trauma. It underlined a cultural reluctance or incapacity to acknowledge the depth and seriousness of mental health conditions, leading to a lack of proactive treatment and support. The untreated psychological suffering, stigmatized and left in the shadows, often culminates in suicide, which could have been preventable with timely and compassionate intervention.

This participant's statement points to a perceived lack of care and attention towards individuals who attempt suicide and seek medical help in Guyana.

FGD6P5: "If you try to commit suicide (inaudible) when you get to the hospital, they don't have time with you".

This reflects a broader sociocultural theme of stigma and neglect in the healthcare system regarding mental health crises. The suggestion that hospital staff may not provide adequate time or attention to those who have attempted suicide highlights a critical gap in the healthcare system's response to mental health emergencies. This gap may be rooted in societal attitudes that devalue mental health and view suicide attempts with judgment rather than compassion. It signifies a call for a more empathetic, informed, and comprehensive approach to mental health care, where every individual's struggle is met with the urgency and care it deserves.

Collectively, the participants' statements highlighted the urgent need for societal, cultural, and systemic changes in Guyana. In order for the suicide stigma to be addressed, to improve access to mental health care, and to shift societal attitudes towards a more compassionate and

understanding view of suicide ideation and suicide. The combination of viewing suicide as an escape and the barriers to accessing care creates a precarious situation for those experiencing suicidal ideation. This calls for a comprehensive approach to address the root causes of despair and to improve suicide prevention care access and acceptance within Guyanese society. Addressing these issues requires efforts to destigmatize suicide, increase public awareness about root causes of suicide and suicide prevention options, and improve the accessibility and quality of suicide prevention services.

The societal view on family shame, particularly in cases of non-traditional family structures or actions deemed as bringing disgrace, further complicated the discourse on suicide.

2P4: "Divorce..isn't..it's..taboo in our family. However... I have children with more than one man, taboo."

The participant's statement shed light on the societal view in Guyana that regarded family shame, particularly in cases of non-traditional family structures or actions seen as bringing disgrace, as exacerbating factors in the discourse on suicide. This participant's remark encapsulated the weight of societal judgment on personal life choices. This community perception of immorality for having children with more than one partner unveiled a cultural narrative deeply ingrained within Guyanese society, one that often placed undue pressure on individuals.

In the Guyanese context, where family honour and societal expectations carried significant weight, diverging from traditional norms could invoke a sense of failure and shame. The cultural stigma attached to divorce and non-traditional family arrangements, as expressed by the participant, highlighted the intense scrutiny and moral judgment individuals faced. Such societal pressures were not abstract societal norms but had tangible, sometimes devastating, impacts on individuals' suicide ideation and decision-making processes.

The mention of taboo in relation to divorce and having children with more than one partner spoke volumes about the moral frameworks that governed personal relationships within the community. It evidenced the conflict between individual autonomy and societal expectations, where personal choices could lead to social ostracization or internalized shame. This dichotomy between personal freedom and societal approval created an environment where individuals felt trapped by their circumstances, with some viewing suicide as the only escape from the judgment and shame cast upon them by their community. The cultural narrative surrounding family shame in Guyana, particularly when it came to actions deemed disgraceful, played a significant role in shaping the discourse on suicide.

#### Stigma and Marginalisation

Further, the lack of resources and societal acceptance for the LGBTIQ+ community, as encapsulated by a participant,

FGD2P1: "You see in region number two, we are so confine. We don't have resources—for example the LGBT community, right...nobody don't want to come out—Well, I'm out..and, um, we don't have resources cause if we walk on the road, persons get thing to tell yuh and those are things that li—lik-like we—like—like— persons—well I'm strong. Persons who are not strong, they would, um, attempt to build a mind to commit suicide because of neglect to society, and...and we don't have, like, LGBT resources in region number 2 so where these persons can help—get help. The [inaudible] is brief so pe—so a person feels scared to go—"

highlighted how norms and practices contributed to the marginalization and isolation of LGBTIQ+ individuals, perpetuating fear and shame, significantly influencing their suicidal ideation. This participant's statement highlighted a critical sociocultural and structural challenge within Guyanese culture, particularly in region number two, regarding the lack of support and resources for the LGBT community. The statement showed a societal environment that constrains the expression

of sexual orientation and gender identity as well as significantly lacks the necessary support mechanisms to assist individuals facing discrimination and stigma. This scenario places individuals from the LGBT community in a vulnerable position, where the fear of societal rejection and verbal abuse becomes a daily reality, significantly impacting their well-being.

The mention of individuals feeling "confine" and the fear of coming out due to societal neglect reflects a broader issue of social isolation and marginalization experienced by LGBT individuals in Guyana. This isolation is further exacerbated by the absence of resources specifically tailored to support the LGBT community, leaving individuals without a safe space to seek help, counsel, or solidarity. The participant's reference to the strength required to face these challenges highlighted the resilience within the LGBT community; however, it also implicitly acknowledged the dire consequences for those who may not feel as resilient, including the risk of suicide as a result of overwhelming societal pressure and neglect.

#### Silence and Stigma

The discourse on suicide in Guyana was marked by a pronounced reluctance of participants to engage in conversations about suicidal thoughts with their families and communities. This reluctance was rooted deeply within the cultural fabric of the society. Participants expressed a pervasive fear of breach of confidentiality and a distrust in the discretion of confidants, which significantly limited their willingness to seek help or share their experiences openly. This societal stance on communication regarding suicide ideation created an environment where individuals felt isolated in their struggles, fearing judgment and further ostracization should their thoughts become known.

FGDP10: "Because they don't have people really to talk to, or they don't take—tell they self they could talk to people. They feel as if..I talk to you, maybe you would tell somebody. This confidentiality is not in some people. So they don't want to talk to people. Unless they really confide in you, that's when they tell they story."

This participant's statement sheds light on a significant cultural barrier to open dialogue about suicide in Guyana. The sentiment expressed here points to a pervasive lack of trust and fear of breached confidentiality within the community, which significantly hampers open discussions about sensitive issues like suicide ideation. This fear of gossip and the potential for personal matters to become public knowledge discourage individuals from seeking the support they need.

In Guyanese culture the fear that personal disclosures might not be kept confidential was particularly stifling. This was compounded by societal norms that stigmatize suicide ideation, making individuals hesitant to share their struggles or seek help. The mention of needing to "really confide" in someone before sharing such sensitive information showed the deep need for trust and safety in these conversations, which many feel they cannot find within their existing social circles. This scenario highlighted a broader issue in the culture's approach to suicide prevention. It pointed to a critical need for creating more robust, trustworthy, and confidential support systems where individuals feel safe to express their concerns and vulnerabilities. It also suggested an urgent requirement for cultural shifts towards more empathetic and understanding attitudes regarding mental health struggles, encouraging a community environment where people feel supported and understood, rather than judged or exposed.

Further, the observation that discussions about suicide were frequently avoided or inadequately addressed pointed to a broader cultural reluctance to confront the issue head-on. The focus on treating symptoms rather than exploring underlying causes highlighted a systemic failure to address mental health comprehensively. This lack of open dialogue contributed to an environment where individuals struggling with suicidal ideation felt unsupported and misunderstood, emphasizing the need for a shift towards more empathetic and holistic approaches to mental health care in Guyana.

FDG1P12: "What I found is that they don't talk. They just treat the problem and that is not the first solution that you do. You let the individual speak then you differentiate if that, medication or not. But if all that region 2 is doing is treating—treating the symptoms and not finding the root cause of persons, depress—mostly for me what I've gathered is [inaudible] suffer from depression."

This participant's statement illuminated a significant challenge in the approach to suicide prevention within Guyana, particularly highlighting a common practice in many communities: treating the symptoms without addressing the root causes. This insight pointed to a broader issue within Guyanese culture, where there is a tendency to overlook or inadequately address the underlying factors contributing to suicidal ideation.

The mention of "they don't talk" points to a cultural reluctance to engage in open discussions about mental health. And which can be attributed to stigma, lack of awareness, or perhaps a misunderstanding of mental health conditions. This silence around mental health issues perpetuates a cycle where individuals suffering from depression or other mental health concerns may not feel comfortable seeking help or sharing their experiences, leading to isolation, and exacerbating their conditions. The participant's observation that treatment often focuses on symptoms rather than exploring and addressing the underlying causes highlighted a critical gap in mental health care provision in Guyana. This approach, which may include the over-reliance on medication without integrating therapeutic conversations, fails to offer a holistic solution to individuals' mental health needs. Moreover, the reference to Region 2 suggests that this issue might be more pronounced in certain areas, due to variations in healthcare resources, accessibility, or community attitudes towards suicide. This variability underlines the need for targeted interventions that consider the unique cultural, social, and economic contexts of different communities within Guyana. By fostering a culture that encourages open dialogue about suicide, recognizes the importance of understanding the root causes of distress, and promotes comprehensive care strategies,

individuals may feel more supported in seeking help and discussing their experiences.

### Suicide Stigma

Stigma as a pervasive cultural norm, was identified as exacerbating suicide ideation through the inadequate addressing of suicide issues. The focus on treating symptoms rather than understanding the individual's experiences reflected a broader cultural reluctance to engage with mental health on a deeper, more empathetic level.

ESP89: "We lack accessible mental health facilities, and those facilities that exist are stigmatized as being only for 'mad people'."

This participant's statement highlights a significant issue within Guyanese society regarding suicide prevention and the stigmatization of mental health facilities. It evidences a critical gap in the healthcare system that hinders individuals from seeking help for suicide ideation, rooted in a widespread societal stigma that equates mental health treatment with insanity.

In Guyana, suicide remains a taboo subject, with prevailing misconceptions and fears about mental illness and treatment facilities. The characterization of mental health facilities as places for "mad people" not only reinforces harmful stereotypes but also creates a barrier for those in need of support, who may fear being labelled or ostracized by their community. This stigma around mental health facilities can lead to underutilization of available services, leaving many individuals without the care they need to address their mental health concerns effectively.

Moreover, the mention of the lack of accessible mental health facilities, points to a broader issue of insufficient mental health resources and infrastructure, which exacerbates the challenge of providing adequate care. This lack of resources, combined with the stigmatization of existing facilities, creates a vicious cycle where suicide issues are neither adequately addressed nor discussed openly within the society.

## Community Surveillance, Societal Shaming, and Isolation

The pattern of societal shaming, particularly against those deviating from gender norms:

FGD1P10: "One of the things that I find in region 2 is—a—like a lot of people mind each other business. So, you find that anything...people would talk about it and then, um, suicide—suicide people feel --they are the weakest, yeah, when they're at their weakest they—they don't even want to confide in anybody because they tell they self that, you know, voicing what they feel or emotions, that people would tend to laugh at them or mock them, and—and they don't know who to turn to. And at that time, they don't see anywhere else or anything else to do but they tell they self, the best thing I should do..is end my life. And that's one of the things we really gotta try to overcome."

Revealed a culture of isolation and mockery. This cycle fostered a sense of helplessness among already vulnerable persons, pushing them towards considering suicide as the only escape from a society that shunned their plight. This participant's statement sheds light on the pervasive culture of shame - communal surveillance and judgment - within Region 2 of Guyana, particularly in how it intersects with the issue of suicide. It reflected a sociocultural theme of social scrutiny and the stigmatization of suicide ideation struggles. In this context, the intense community focus on individuals' lives created an environment where personal issues become public discourse, exacerbating the feeling of vulnerability among those struggling with suicidal thoughts. The fear of being mocked or not taken seriously discourages individuals from seeking help or confiding in others, contributing to a sense of isolation and hopelessness. This narrative also underlined the critical issue of stigma in Guyanese society, where expressing emotional distress or seeking help is often perceived as a sign of weakness. It highlighted a cultural paradox where, despite the close-knit nature of the community, individuals feel profoundly isolated in their struggles due to the fear of judgment, ridicule,

or lack of confidentiality. This environment creates a barrier to open discussions about suicide ideation, discouraging individuals from confiding in others and seeking the support they need. The sense of hopelessness and isolation mentioned by the participant underlined the urgent need for cultural and societal shifts towards greater empathy, understanding, and support for mental health, aiming to dismantle the stigma and create a more inclusive community where individuals feel safe to share their experiences and access help without fear of judgment.

This statement also reflected the sociocultural theme of stigma and marginalization of LGBTQ+ communities within the Guyana context. It highlighted the challenges faced by sexual minorities in accessing support and resources, compounded by societal neglect and discrimination. This theme emphasized the intersection of cultural attitudes, lack of resources, and societal stigma, all contributing to the isolation and vulnerability of LGBTQ+ individuals in Guyana, thereby exacerbating the risk of suicide among this group.

#### Coping with Societal Challenges

One informant, whom I shall refer to as KI15, shared,

"I believe that suicide is becoming an easy way of escaping hard times and challenges that our society faces on a daily basis...My view also is that before suicide was predominantly occurring in the Indo-Guyanese society but as to date it is now any race."

This statement unveiled a significant cultural shift, marking a broadening in the understanding and impact of suicide across different ethnic groups within Guyana. Reflecting on the insights shared by the participant, I delved into the nuanced understanding of how suicide is perceived and addressed within the diverse cultural landscape of Guyana. This reflection highlighted a critical evolution in the cultural discourse surrounding suicide, pointing to the universality of the suicide crisis, regardless of ethnic or racial background. Initially, the common belief held

suicide as a phenomenon more prevalent within the Indo-Guyanese community, possibly due to the community's specific socio-cultural pressures and historical contexts. However, the participant's observation indicated a changing perspective, acknowledging that the despair leading to suicide knows no ethnic boundaries, affecting individuals across the spectrum of Guyanese society.

This shift suggested a growing awareness of the multifaceted nature of suicide, influenced not just by cultural or ethnic identity but by a complex interplay of socio-economic factors and societal pressures. The mention of "escaping hard times and challenges" highlighted the impact of socio-economic instability, systemic inequalities, and daily stressors on individuals' mental well-being. This perspective invited a deeper exploration of the structural factors exacerbating the suicide crisis in Guyana. The evolution in understanding that suicide affects "any race" pointed to an emerging dialogue in Guyana, one that seeks to bridge cultural divides and foster a unified approach to suicide and suicide prevention. This growing recognition of the universal struggle against despair and hopelessness underlined the importance of solidarity, empathy, and shared responsibility in the face of a common challenge.

#### The Absence Of Family Support

Here was another dominant theme, encapsulated by a participant in a focus group discussion:

FGD10P2: "Well, I think most people push to suicide, especially when they don't have nobody to sit and talk to."

This highlighted the critical role of family connectedness, or the lack thereof, in individuals' vulnerability to suicidal ideation. This participant's statement sheds light on a poignant aspect of Guyanese culture and its approach to suicide and communal support. In the context of Guyana, a country marked by its rich diversity and complex social fabric, this observation speaks volumes about the prevailing attitudes towards

isolation, communication, and suicide ideation. It's a reflection of individual struggles that indicates broader cultural and societal challenges. The participant's statement indicated a critical factor contributing to this epidemic: the profound sense of loneliness and the lack of accessible, non-judgmental support systems where individuals feel comfortable sharing their struggles. In Guyanese culture, there is a strong emphasis on family ties and social networks. However, the stigma surrounding mental health issues, combined with a cultural tendency towards privacy and resilience, often discourages open discussions about personal distress. This cultural norm fosters an environment where individuals feel isolated in their pain, perceiving their struggles as burdensome to others or fearing judgment and misunderstanding from their community.

#### Parental Acceptance

Parental acceptance or rather the lack of it, was reflected in another poignant statement:

FGD10P4: "You don't have like—for me, you don't have a mom to speak to or your dad is there but is not there."

This spoke to the emotional consequences of feeling neglected by one's parents, contributing to feelings of isolation and despair. The statement captured a poignant aspect of familial relationships within the Guyanese cultural context, revealing the intricate dynamics of emotional support and presence within families. This narrative indicated the significant emotional toll that perceived parental neglect could have on individuals, potentially contributing to feelings of isolation, despair, and vulnerability to suicide. The participant's reflection on the lack of a confidante within the family unit spoke to broader issues within Guyanese culture regarding communication about personal and emotional matters. There existed a cultural reticence in discussing issues perceived as sensitive or private, including suicide ideation concerns. This reticence was compounded by the stigma surrounding suicide issues, which deterred

open conversations even within the apparent safe confines of the family. Consequently, individuals struggling with emotional distress found themselves trapped in a cycle of silence and isolation. Moreover, the statement highlighted the nuanced role of gender and societal expectations in shaping parental involvement. In Guyana's culture traditional gender roles influenced the nature and extent of emotional support parents provided to their children. The expectation that fathers maintain a stoic, less emotionally expressive role contributed to the perception of their absence, even when physically present.

#### Family Rejection and Alienation

Further compounding the issue of family dynamics was the erosion of familial relationships and bonds,

FDG10P11: " So, an-an—and family ba—family values, family bonding, family love and respect, there is no longer there."

Lamented a participant from another focus group. This discussion brought to light the deep impact of family rejection and alienation on an individual's well-being and potential for suicide ideation. This statement, heavy with loss and longing, shed light on a profound cultural shift that I observed within the heart of Guyanese society. Once, the bedrock of Guyanese life, the traditional family structure—characterized by strong bonds, mutual respect, and an unbreakable sense of unity—seemed to be eroding, leaving in its wake a void filled with fragmented relationships and a yearning for a sense of belonging.

In the past, Guyanese families were tightly knit communities within themselves, offering a sanctuary of support, guidance, and unconditional love. These families operated as units of kinship and as fundamental pillars of cultural identity and societal stability. However, as I delved deeper into the narratives and lived experiences of those around me, it became evident that modern challenges and evolving societal norms were straining these once-sacred bonds. This cultural shift towards a more fragmented

family structure significantly impacted the emotional well-being of individuals. The loss of a close-knit family environment meant that many faced life's trials without the traditional support network, leading to increased feelings of isolation, misunderstanding, and neglect. The participant's lament on the disappearance of family values, bonding, love, and respect mirrored a collective mourning for a bygone era that many participants shared. As I pondered over this cultural transformation, it became clear that the essence of family - its inherent capacity to nurture and sustain its members - remained unchanged. What was required was a conscious effort to adapt and reinforce these bonds in new ways, ensuring that despite the inevitable changes, the core values of love, respect, and mutual support continued to thrive within Guyanese families.

#### Being Private About One's Personal Life

The cultural norm of maintaining privacy about one's personal life, especially prevalent in the Indian community, was another area of finding,

FDG8P10:" .....asking for help because of their culture, that is imbedded in Indians, they don't want to talk their story. They don't reach out for help—I don't know if you guys agree with me but, um, according to my research and through the LGBT it seems like that. Because I work with [inaudible] change and inspiration. And...most Indian they don't want to tell they story. So that is why they does be confine to the environment, and when pressure catch them...,"

Pointing to the cultural stigma against discussing personal issues and seeking help. Reflecting on my journey through the intricate cultural landscapes of Guyana, I was struck by this statement as it resonated with me, as it encapsulated a profound aspect of Guyanese Indian culture—a reticence rooted deeply in tradition, affecting how individuals navigate the sharing of personal experiences and struggles. In my exploration, I discovered that this reluctance to vocalize personal stories, particularly those involving hardship or emotional turmoil, was a matter of personal

choice and a cultural norm that had been passed down through generations. This cultural characteristic, while serving to maintain a certain social harmony and familial privacy, also had profound implications for mental health and communal support systems.

The Guyanese Indian community, with its rich tapestry of traditions and values brought from the Indian subcontinent, has always placed great emphasis on maintaining family honour and societal respect. In this context, divulging personal or family issues was often seen as airing dirty laundry in public, potentially bringing shame or dishonour to the family unit. Consequently, individuals often bore their burdens in silence. This cultural norm of silence and stoicism, while protective in some respects, inadvertently contributed to a lack of open communication within families and communities about critical issues, including suicidal ideation. The cultural stigma associated with mental health issues further compounded this silence, leaving many to suffer in isolation without the support or understanding. As I delved deeper into this aspect of Guyanese Indian culture, I realized that this reluctance to share personal stories was not just a barrier to individual healing but also a reflection of broader societal challenges in addressing mental health. It underscored the need for culturally sensitive approaches to mental health awareness and support, ones that respected the values and norms of the community while encouraging more open dialogue about personal struggles. Through conversations and observations, I began to appreciate the complexity of balancing cultural heritage with the need for emotional expression and support. In reflecting on this cultural norm of reticence within the Guyanese Indian community, I recognized that the path to change was nuanced, requiring patience, empathy, and a deep respect for cultural values.

#### Family Dynamics

Reflecting on my exploration into Guyanese culture and its perception of suicide, this narrative shed light on a recurring theme within

Guyanese society, where young love often finds itself at odds with familial expectations and societal norms.

FDG6P: "...and a lot of young people why this young person commit suicide? for example you would hear a young person and very common in our country, very common in our country, and this happen in India and so on, but we are talking about Guyana. two young persons they fall in love and when they fall in love... this boy he loves this girl and, and you know, and the parents are not happy with this young boy they don't like him, so one of them decide, you know what, suicide they commit suicide they love... Romeo and Juliet."

The comparison to "Romeo and Juliet" was poignant, illustrating not just the depth of their affection but the desperation and hopelessness they felt when faced with insurmountable societal and familial opposition. This story is a testament to the powerful influence of cultural expectations on individual choices and behaviours in Guyana. Love, often seen as a universal emotion, is complicated by social structures and norms dictating whom one should love and marry. The resistance against these norms can have devastating outcomes, with suicide being seen as a dramatic but final assertion of autonomy and resistance against imposed constraints.

During my time in Guyana, I learned that such narratives are not anecdotes but reflections of deeper societal issues. These include the clash between modern individual desires for autonomy in matters of the heart and traditional values prioritizing family honour and social conformity. The consequence of this clash is tragically played out in the lives of young lovers who see no other escape from the pain of being torn apart by societal and familial expectations. The cultural backdrop of Guyana, influenced by its diverse ethnic makeup and historical contexts, provides a rich yet complex tapestry where love, honour, and duty intertwine. The participant's story highlighted the urgent need for cultural dialogue and

understanding, particularly among the younger generation seeking to navigate their paths in love and life.

Following on, the narration of family dynamics and the perpetuation of nagging about past mistakes highlighted deep-rooted cultural elements that inadvertently fostered conditions leading to hopelessness and, ultimately, suicide as FGD6P10 recounted:

FGD6P10: You know one of the things that I really find that, um, with Indian people? If something happen or if a child does something, or some member of the family does something, they...keep talking about it, nagging at you all the time. And sometimes we get so fed up, and you know, who can I talk to? If this is my mother and my brother, and they always keep telling me about it, who should I turn to? And that's when you go down to depression.

The pervasive culture of nagging within families, often borne out of concern, can unwittingly sow seeds of persistent unease and distress. This behaviour, deeply embedded in familial interactions, transcends mere annoyance, evolving into a relentless reminder of perceived failures or shortcomings – what is right from what is wrong! The incessant nature of such interactions is a source of daily irritation and becomes emblematic of a deeper, more corrosive narrative - one that evokes feelings of shame and disgrace on the individual at the receiving end. This aspect of Guyanese culture showcased the complex intergenerational dialogues that often contributed to the escalation of suicide ideation and suicide.

The reference to the Indo-Guyanese community highlighted the cultural nuances in how suicidal ideation are navigated within families. Moreover, the participant's reflection on the lack of a confidante within the familial circle due to the very source of distress being the family itself, illuminates the critical need for external support systems and mental health resources. It also emphasized the importance of creating safe

spaces for individuals to express their feelings and struggles without fear of judgment or further alienation.

This participant's statement delved into the complexities of coping with familial pressures, the burden of perpetual reminders of past mistakes, and the consequent descent into depression within the Guyanese cultural context, especially among the Indo-Guyanese community. It underscored a pervasive issue where the cultural norm of incessant scrutiny and criticism from family members exacerbates feelings of despair and isolation for individuals who are already struggling. This dynamic can significantly contribute to a sense of hopelessness and the belief that there is no escape from the cycle of judgment and pain, except through suicide.

This participant's statement reflected the interrelated sociocultural themes in the Guyana context, including the stigma surrounding suicide and the challenges of coping with societal and familial pressures. Specifically, it underscored:

1. **The Stigma Surrounding Suicide:** There's a prevailing stigma against discussing suicide issues openly, which exacerbates feelings of isolation among those struggling.
2. **Lack of Support Systems:** The difficulty in finding a confidante within or outside the family circle indicates a broader issue of insufficient mental health resources and support systems that are culturally sensitive and accessible.
3. **Cultural Attitudes Towards Coping Mechanisms:** The narrative points to a cultural reluctance to address underlying issues directly, leading to maladaptive coping mechanisms that can include suicidal ideation as an escape from relentless family criticism and societal judgment.

These themes together paint a picture of a cultural landscape where traditional values, social norms, and the lack of suicide awareness combine to create an environment where individuals facing psychological distress often find themselves without adequate support or understanding. As I delved deeper into the cultural dynamics at play, it became clear that addressing these deeply ingrained societal norms requires empathy, education, and open communication

### Intimate Partner Relationship Dysfunction

The breakdown of intimate relationships also emerged as a significant factor, with one participant sharing,

"FDG6P5: "The only problem I have, I does have problem with my husband with who I living home. And I does have a lot of problem with him. Because I used to live with a bai before and now why I know about suicide is because we living 7 year and something and then he gone on the otha side. And when he gone on the otha side, I decide tuh leff him because of- (Inaudible participant speaking to 6P5) 6P5: No he didn't break my heart. I break his heart because of he do things what I cannot tolerate because I think that he life done because he gone on the otha side and I decide (inaudible) anymore. Then he try to kill me and he didn't get through and when he realize he didn't get through, he can't get fuh kill me. He end up come one morning with a poison bottle- (A participant starts to giggle) 6P5: -and call for mee, "open d door, open d door!" and I open d door and I open d door and he said if, um, if I don't take him back, he's going to drink this poison. (A participant: Oh my god.) 6P5: So, I thought that he was bluffing. So I say, "man, you carry on, you do what you want to do. I don't cares." When he open d bokkle and mek lean suh, in he mouth, you see me like, me can't move! All I could do now, what running through me mind, this bai drink dis poison, he drink this poison he could want do me anything. I just go (inaudible) jump the back, go and run to me neighbah. When I run to the neighbah, um, the neighbah go ova and talk to he and he said what me do, what me do, keep asking he wah me do, but me nah turn u...."

Illustrating the distress caused by relationship dissolution. The participant's account reflects several sociocultural themes relevant to Guyana's context:

1. Gender Relations and Domestic Conflict: The narrative presented a troubling picture of gender dynamics within intimate relationships.

- It suggested a culture where personal disputes may escalate to threats of self-harm or violence as forms of manipulation or control.
2. **Mental Health and Crisis Management:** The situation described points to a lack of appropriate responses to mental health crises. The threatened suicide as a reaction to a breakup highlights the need for better mental health awareness and resources.
  3. **Social Stigma and Personal Agency:** There's an implicit commentary on the stigma associated with 'the other side,' referring to a same sex relationship - a socially taboo relationship. The individual takes decisive action to leave, which reflects personal agency within the constraints of societal norms.
  4. **Reactions to Threats of Suicide:** The community's response to a suicide threat, as indicated by the giggling of another participant, could signify discomfort, disbelief, or even a normalization of such threats in conflict, which can be detrimental to taking potential cases seriously.
  5. **Violence and Threats in Relationships:** The extreme lengths one may go to either to retain or end a relationship, including the use of threats of violence against oneself or others, underlines a troubling aspect of romantic relationships within the cultural context.
  6. **Survival and Coping Mechanisms:** The storyteller's reaction, a mix of disbelief and decisive action for self-preservation, showcases the complex ways individuals might respond to traumatic events shaped by cultural understanding and survival instincts.
  7. **Community and Neighbours as Support Systems:** The turn to neighbours for help indicates the role of the community as a support system and the importance of communal ties in personal crises.

This statement offers a glimpse into how complex interplays of love, control, and societal expectations can culminate in life-threatening situations, requiring a nuanced understanding of cultural and individual behaviours.

### Romantic Relationship

Relationship stress was explored through the lens of young love and emotional pain, reinforcing the notion that the emotional upheaval stemming from romantic relationships could drive individuals towards suicidal thoughts.

FGD2P6: "Yeah. I was like in my..early teens and, you just heard this girl that, she was in love with this young man and..something, she find out that he was having another girlfriend somewhere along the road and, she find the best thing is to commit suicide. At that age I didn't really understand."

This participant's recounting touched on a profound aspect of Guyanese culture and its impact on the youth, especially regarding romantic relationships and how they are perceived and handled during vulnerable stages of life. The statement reflected a situation where a young girl, upon discovering infidelity in her relationship, considered suicide as the most viable solution to her emotional pain. This tragic thought process highlights several underlying sociocultural dynamics at play within Guyanese society.

Firstly, it pointed to the intense emotional investment and significance placed on romantic relationships among young people in Guyana. This significance is so profound that the loss or betrayal within such relationships can drive individuals to consider extreme actions. It underscored the need for better emotional support and coping mechanisms for young people navigating romantic relationships, suggesting a gap in communication and guidance from older generations about dealing with emotional distress and betrayal.

Secondly, the statement illustrates a potentially limited awareness or discussion around suicide and emotional well-being in Guyanese culture, especially among the youth. The fact that the participant, at a young age, could not understand the girl's thought process indicates a lack of dialogue or education on coping with emotional pain, the importance of mental health, and the availability of support systems beyond romantic entanglements.

Furthermore, this situation sheds light on societal attitudes towards fidelity, trust, and the handling of personal crises. It suggested that societal expectations - perhaps unspoken - place a heavy burden on

individuals to maintain appearances or fulfil certain roles within relationships, without equally emphasizing resilience, self-worth, and the pursuit of healthy coping strategies in the face of adversity.

Lastly, the mention of suicide as a response to relationship issues among the youth raises concerns about the broader societal and cultural attitudes towards suicide. This participant's reflection, therefore, served as a poignant reminder of the complex interplay between individual emotional experiences and broader sociocultural expectations.

### Perception and Causes of Suicide

Reflecting upon the narrative shared,

FGD6P: "".....so, you just say, this person become mentally sick, so this person commit suicide. So is there any other thing that ".....you can think about, you know, in our society that we know about we can have, this person commit suicide because of this, umm...in a bad relationship, so you find yourself in a bad relationship, so, you commit suicide, because you are depressed, you decide that, oh let me just call it a day, you decide to drink a dose poison or hang. 6PAnd then there was another situation where, and this is still happening husbands, brutal killing, where this young boy kills his girlfriend you know, and there is a lot of cases, a lot of cases we read in the newspaper"

This statement suggests a societal understanding that attributes suicide to specific, identifiable causes such as mental illness, problematic relationships, depression, and even instances of domestic violence. The mention of "brutal killing" alongside suicide indicated an awareness of extreme outcomes stemming from intense personal and social issues, including violence within intimate relationships. This narrative revealed the complexities of addressing suicide in Guyana, highlighting the need for multifaceted approaches that consider mental health, relationship dynamics, societal norms, and the broader context of violence. It points

towards a societal recognition of various factors contributing to suicide, emphasizing the importance of targeted interventions and support for those in distress.

In addition, the statement reflected several sociocultural themes within the Guyana context, including mental health stigma, relationship struggles, societal pressures, and the impact of domestic violence. It highlights a recognition of complex and multifactorial reasons behind suicidal behaviour, including:

1. *Suicide Stigma*: The mention of people becoming "mentally sick" before committing suicide points to societal perceptions of mental illness and possibly the stigma surrounding it. Underscoring a need for greater mental health awareness and the destigmatisation of seeking help.
2. *Relationship Struggles*: The reference to "a bad relationship" as a cause for suicide illustrates the profound effect of personal relationships on mental well-being. Suggesting that relationship issues are significant stressors that can lead to depression and suicidal thoughts, highlighting the need for supportive services for those navigating relationship difficulties.
3. *Societal Pressures*: The overarching narrative that people commit suicide due to specific social or personal circumstances reflects the impact of societal pressures and expectations. It suggests a societal understanding that external factors, such as social roles and expectations, significantly influence individuals' mental health.
4. *Domestic Violence*: The mention of "brutal killing" and domestic violence cases alongside suicide discussions indicates an awareness of the extreme outcomes of domestic conflict. This theme underscored the critical intersection between violence, mental health, and suicidal behaviour, pointing towards the need for interventions that address domestic violence as part of suicide prevention efforts.

Together, these themes indicated the complexity of suicide in Guyana, influenced by a web of interpersonal, societal, and mental health factors. They highlight the need for comprehensive strategies to address mental health stigma, provide support for relationship-related issues, tackle societal pressures, and combat domestic violence.

The statement encompasses aspects of cultural norms and practices. It reflects on the societal norms around discussing and handling mental health issues, relationship struggles, and responses to domestic violence. Norms are the accepted behaviours within a society, while practices involve the actions and responses to specific situations. This statement points to how suicide ideation and suicide issues are perceived and managed within Guyanese society, the societal response to relationship problems, and the tragically normalized association between severe relationship issues and suicide. Thus, it emphasizes the practical and normative aspects of how these critical issues are culturally understood and addressed.

In addition, I recognized a grim pattern within my own Guyanese culture - a tendency to associate mental illness solely with extreme acts, such as suicide. It had become clear that in the societal discourse, there was a lack of nuanced understanding of mental health; the conversation often reduced to fatalistic terms. When someone fell prey to the despair of a fractured relationship, the community's lexicon seemed to lack the vocabulary for support or recovery, defaulting instead to tragic outcomes like suicide. The candid discussions exposed an unsettling norm, where domestic disputes escalating to fatal violence were not just stories in the newspapers but mirrored in the lived experiences of people around me. This was not merely a narrative of individual suffering but an indictment of the collective failure to nurture mental wellness and relationship health within our culture.

#### Inter-generational conflict

Inter-generational conflict further exacerbated the situation. "Stifling parental control," observed in a focus group discussion, examined the clash between the desires of younger generations for independence and the control exerted by older generations.

FGD9P3: "Because this guy from Berbice he want and when you find out what is the problem the father was controlling his life, the father aint want he hang out, aint want he go out aint want he. this it was

a whole complicated situation. 9P3: but eventually after we talk cause we been on the phone for three hours, we finally got through to him. 9P3: Nice guy he does work at the court but and that is nah Hindu, is black, you do have some black people who want to kill them self, somehow they genetically related.”

This statement shed light on the complex intergenerational dynamics within Guyanese culture, where paternal control and the expectation of obedience play significant roles in the lives of young adults. The mention of the individual from Berbice who was contemplating suicide due to the oppressive control exerted by his father highlighted a clash between personal autonomy and familial hierarchy. The prolonged intervention by the speaker, which ultimately helped the individual reconsider his drastic plans, suggests that while these cultural pressures are deeply ingrained, empathetic communication can serve as a critical lifeline.

Additionally, the participant's observation about the individual's ethnic background diverging from the commonly held perception that suicide is more prevalent among individuals of Indian descent in Guyana broadens the conversation. It challenges the societal narrative that suicide is predominantly associated with certain ethnicities, recognizing that the despair leading to suicidal ideation crosses ethnic lines.

#### Family Honour and Societal Expectation

Here, I delved into the societal and familial pressures faced by individuals dealing with pregnancy outside of marriage. The fear of bringing shame to the family emerged as a potent force driving individuals towards considering suicide as an escape from the perceived disgrace. This cultural stigma attached to pregnancy outside of marriage underscored the need for a shift towards more compassionate and understanding societal attitudes.

FGD10P11: "Or if somebody get pregnant, or the family don't like the bai or the bai ain't want to married them, they heng theyself, it always end in some suicide."

This statement sheds light on the grave consequences of societal and familial pressures surrounding pregnancy out of wedlock and romantic relationships not approved by the family in Guyana. It highlights a sociocultural theme of "Family Honour and Societal Expectations," emphasizing how deeply ingrained cultural norms and values can dictate personal choices and lead to tragic outcomes.

In the context of Guyanese culture, this statement reflected the intense stigma and shame associated with pregnancy outside of marriage, especially when the male partner refuses marriage. Such situations are not only seen as personal failures by the individuals involved but are also perceived as bringing dishonour to the entire family. The societal expectation that a pregnancy must lead to marriage to maintain family honour is a powerful force, and the failure to meet this expectation can result in profound feelings of shame, isolation, and despair.

The reference to suicide as a frequent outcome in these scenarios underscored the devastating impact of these cultural pressures. Suggesting that for some, the stigma of being pregnant without the prospect of marriage, combined with the lack of support from the partner and condemnation from the family and broader society, becomes an unbearable burden. The perception that suicide is the only escape from this dishonour reflects a critical need for cultural, societal, and familial shifts towards more compassionate and understanding approaches to dealing with pregnancy out of wedlock and relationships that defy traditional norms. This narrative points to the broader issues of gender roles, sexual norms, and the consequences of violating these established cultural expectations.

### Familial Approval and Societal Expectations

The devastating impact of societal and familial disapproval on individual well-being. The tragic story of a young girl's suicide, followed by her lover's grave act of necrophilia and subsequent suicide, starkly illustrated the lethal consequences of the clash between personal desires and societal norms. This scenario not only shed light on the depths of despair induced by societal rejection but also called for a re-evaluation of the rigid societal and familial expectations that can alienate and push individuals towards drastic actions.

FGD6P: "I know of a situation, I know of a situation, I am from Mahaica, a young girl, she commit suicide humm because the father wasn't happy with this young man she commit suicide, so they buried her, funeral and so on, when they burry this girl Shafi.....uhum this boy he love this girl so much, that the night when they buried her he went and dug her body up from that grave, had a physical relationship with her and then he drank a dose of poison, and lied down in a day"

This participant's statement, deeply tragic and distressing, casts a light on the extreme emotional turmoil and societal pressures existing within Guyanese culture. The recounted event underscored the profound impact of familial approval and societal norms on individual well-being and decision-making, particularly regarding romantic relationships. In this context, the father's disapproval of the young woman's romantic choice is not merely a personal family matter but a societal concern, capable of driving individuals to despair and, ultimately, suicide. The subsequent actions of the young man, driven by profound grief and possibly societal and cultural expectations of love and loyalty, reflect an intense manifestation of mourning and desperation. This incident illustrated how deeply ingrained cultural norms and values, such as the importance of familial consent and the stigma associated with defying these norms, can lead to catastrophic outcomes. It highlighted the clash between personal desires and family expectations, where the latter often holds significant sway over individuals' lives and choices. Such pressures can result in

feelings of hopelessness and alienation, particularly when individuals perceive no reconciliation between their personal happiness and societal acceptance. Moreover, the extreme actions following the young woman's suicide indicate a cultural backdrop where love and grief might drive individuals to acts that starkly deviate from societal practices, further complicating the discourse on suicide, and societal values in Guyana. This tragic story unveiled the urgent need for open dialogues on suicide, the importance of supportive structures for individuals navigating romantic relationships against the backdrop of strict cultural norms, and the critical role of familial understanding and acceptance in preventing such devastating outcomes.

#### Relationship Issues with Parents and Partner

The statement from the participant underscored a sociocultural theme within Guyanese culture, where suicide is perceived as the best way out of challenging situations.

"Cause if you hear them telling a friend, "I gone commit suicide." And that would be the best way out because, [inaudible]. Sometimes it don't matter how keen you might be looking. It is [inaudible] because they are not willing to as teenagers for you to get help for them, if you can—speaking from experience. So, suicide is prevalent. Researcher: Yeah, oh. 2P6: Like, issues with parents, or, relationship. Researcher: Mostly man-woman relationship? [Most saying yes] 2P6: Like, issues with parents, or, relationship.." (FDG2P6)

The narrative captures a grim reality where teenagers, burdened by problems with parents or romantic relationships, consider suicide as a viable solution to their troubles. This perception is indicative of a larger cultural crisis where the avenues for open dialogue and emotional support are so deficient that ending one's life is seen as a preferable alternative to confronting and working through the issues at hand. It is a reflection of the societal barriers that impede young people from seeking or receiving

help - a combination of stigmatization, inadequate suicide prevention resources, and potentially a generational divide in understanding suicide ideation challenges. The participant's experience speaks to a cultural silence and a normative helplessness that seem to pervade the youth's approach to dealing with emotional distress in Guyana. Such a view of suicide as the "best way out" is a poignant indication of the cultural and systemic changes that are desperately needed to address the suicide crisis among the young population.

#### Family and Social Expectations

In the framework of Family and Social Expectations, the participant's, K14, characterization of suicide as "Selfish and inconsiderate actions" echo a profound conflict between individual anguish and communal obligations within Guyanese culture. This perspective reflects a tension between individual agency and the responsibilities toward the collective, as actions are appraised by their repercussions on the family unit and community at large. In such a context, a decision to end one's life is construed as a disregard for familial bonds and societal expectations, projecting shame and exacerbating stigma.

The participant's words also underscored a potential deficit in societal empathy and comprehension for those grappling with mental health challenges. It unveiled a cultural discourse that potentially misinterprets suicide as an act of self-interest rather than the culmination of intricate sociocultural distress. Moreover, the stigma and judgment faced by individuals contemplating suicide often hindered open discussions and help-seeking behaviour. "Selfish and inconsiderate actions," as described by one key informant, indicated the societal perception of suicide.

#### Substance Use as a Coping Mechanism

The high level of alcohol use within the Guyanese society, as noted by participants,

ESP56: "Another contributing factor is the high level of alcohol use within the Guyanese society."

Underpinned the normative aspect of substance abuse, serving both as a coping mechanism and a significant factor in suicide ideation. The participant's statement about substance abuse in Guyana opens up a discussion on the pervasive role of alcohol within the cultural fabric of the nation. It shines a light on a significant issue that is often entwined with the social and economic pressures faced by many Guyanese. It is Guyana's high level of alcohol consumption (Ahamad, 2021) reflects individual choices and also a collective struggle. Within this context, alcohol use - and abuse - is believed to be a coping mechanism in response to the numerous challenges life presents, from financial difficulties to interpersonal conflicts. Moreover, the mention of alcohol use as a contributing factor to suicide ideation suggests that for some Guyanese, substance abuse is linked to a profound sense of hopelessness and a desire to escape from unbearable life circumstances. The societal implications of such norms are complex.

## Conclusion

In concluding the exploration of how cultural beliefs and values are supported through social norms in Guyana. It is evident that these norms significantly shape community responses to suicide and suicidal ideation. The intricate tapestry of Guyanese society revealed that cultural beliefs and values are deeply woven into everyday interactions and social expectations, affecting how individuals perceive and deal with suicide ideation. Through the voices of the community, it is clear that societal norms both reflected and reinforced cultural ideologies, shaping behaviours and attitudes towards suicide.

The analysis highlighted that while there is a foundational empathy and understanding within segments of the community, stigma and judgment associated with suicide remain pervasive, often hindering open

discussions and support. Social norms that prioritized family honour and societal expectations often placed immense pressure on individuals, exacerbating feelings of isolation and despair. Moreover, the normalization of silence around suicide issues, the stigmatization of those seeking help, and the cultural emphasis on stoicism all contribute to a societal landscape where suicide is often seen as the only escape from unbearable circumstances.

Even further, a critical analysis of norms around suicide in Guyana revealed a complex interplay of accepted behaviours and societal expectations that deeply influenced the phenomenon of suicide. My examination unearthed a myriad of societal challenges and coping mechanisms emerging in response to the pervasive pressures of daily life, particularly highlighting the stigmatization of suicide and mental health issues as significant barriers to open discussion and support. The stigma surrounding suicide and its ideation, deeply embedded within the Guyanese cultural fabric, manifested in various facets of society, ranging from familial interactions to broader community and healthcare responses.

Participants' reflections pointed to a tension between the instinct to preserve life and the stark reality of deep-rooted despair that drove individuals toward considering suicide as a viable option. This cultural dichotomy underscored the critical value of life juxtaposed with an acknowledgment of the validity of feelings leading to suicidal thoughts, suggesting a need for a societal shift towards more compassionate and supportive community responses to individuals in distress. Moreover, the societal perception of suicide, often labelled as "selfish" or "inconsiderate," reflected a profound conflict between individual anguish and communal obligations. This perspective not only highlighted a potential deficit in societal empathy but also pointed to the broader issue of societal and familial pressures exacerbating individuals' vulnerability to suicidal ideation. The normative expectation that personal struggles, particularly those involving family honour or societal expectations, should be borne in silence without causing disruption or shame to the collective, significantly

impacted individuals' willingness to seek help or openly discuss their struggles.

My analysis also brought to light the role of substance use as a normative coping mechanism within Guyanese society, underlining the significant impact of alcohol consumption on individuals' mental health and propensity towards suicide ideation. This normative aspect of substance abuse, serving both as a coping mechanism and a significant factor in suicide ideation, underscored the complex interrelationship between societal norms, individual coping strategies, and the prevalence of suicide. Additionally, inter-generational conflict emerged as a notable norm influencing the landscape of suicide in Guyana, with younger generations' desires for autonomy clashing with older generations' expectations and control. This dynamic, coupled with the societal and familial disapproval stemming from non-traditional family structures or actions deemed as bringing disgrace, further complicated individuals' emotional well-being and potential for suicidal ideation.

Therefore, the manifestation of these cultural beliefs through social norms not only tells of the complexity of addressing suicide in Guyana but also highlighted the urgent need for cultural shifts towards greater empathy, reduced stigma, and enhanced communication and support mechanisms. By fostering a more open and supportive environment, where cultural sensitivity is paramount and mental health is destigmatized, Guyana can better address the root causes of suicide and support those in crisis. This requires a collective effort to transform social norms, encouraging a community-wide dialogue that embraces mental health awareness and promotes compassionate responses to those in need.

## **Reflective Note**

In examining the cultural and social norms relating to suicide in Guyana, I confronted the profound impact these norms have on both the manifestation and interpretation of suicidal behaviours. I saw how deeply

ingrained cultural codes and social expectations govern the attitudes towards and responses to suicide, revealing a landscape where stigma and silence often prevailed.

This exploration has been particularly challenging due to the delicate nature of the topic. Engaging with community members about such a sensitive issue required careful navigation and respect for their vulnerabilities and privacy. Throughout this process, I gained insights into how cultural and social norms act as both barriers and gateways to addressing mental health issues. It was clear that these norms are not static; they are dynamic and can either hinder or facilitate suicide prevention efforts depending on how they are understood and addressed.

I thought about the critical role that cultural competence plays in suicide prevention. Understanding the local context—how people communicate about suicide, the terms they use, the stigma they associate with it, and their typical responses to it - is essential for designing interventions that are not only effective but also culturally consonant. This deep dive into the sociocultural underpinnings of suicide has reinforced my commitment to advocating for community-specific strategies that respect and utilize local knowledge and practices.

## **Chapter 6: Manifestation of Cultural Beliefs and Values Through Cultural Practices and Language**

In the chapter, "Manifestation of Cultural Beliefs and Values Through Cultural Practices and Language," my research delved into the intricate ways in which cultural practices and the use of language shape the perspectives and behaviours regarding suicide in Guyana. I explored how deeply ingrained cultural practices and the nuanced use of language within various communities influence the decision-making process surrounding suicide. This examination revealed how family dynamics, societal expectations, and the stigmatization of suicide are embedded within the cultural fabric of Guyanese society. And further, how these elements collectively influence individual actions and societal attitudes towards suicide. Through this analysis, I aimed to unravel the complex interplay between cultural norms and the personal and collective experiences that lead to the contemplation and act of suicide, highlighting the significant role of cultural practices and linguistic expressions in shaping these critical aspects of Guyanese social life.

### **Key Insights**

#### **Silence and Stigma in Suicide Conversations**

For sexual minorities, the layers of silence and stigma were compounded by anxieties over confidentiality and the potential disclosure of their sexual orientation without their consent.

P10: Because they don't have people really to talk to, or they don't take—tell they self they could talk to people. They feel as if.. I talk to you, maybe you would tell somebody. This confidentiality is not in some people. So they don't want to talk to people. Unless they really confide in you, that's when they tell they story

This double burden significantly marginalized LGBTQ+ individuals within Guyanese society, leaving them particularly vulnerable to suicide ideation without a reliable support system. The absence of open channels for these communities to discuss their unique challenges exacerbated their sense of isolation and underscored the dire need for culturally sensitive and confidential support mechanisms. In a society where traditional values and norms often dictate the discourse on sexuality and gender identity, LGBTQ+ individuals frequently navigate a landscape marked by prejudice, misunderstanding, and outright hostility. The fear of being outed without consent—a concern deeply rooted in the potential for discrimination, rejection, and even violence—significantly hinders their ability to openly discuss their experiences, struggles, and identities. This lack of safe, confidential spaces to express themselves exacerbates feelings of loneliness and despair, pushing many towards silence and further into the shadows. The statement "Unless they really confide in you, that's when they tell their story" underscores the profound need for trust and confidentiality in conversations around sexual orientation and identity. It reflects a broader societal need to cultivate environments—be it within families, social circles, or professional settings—where LGBTQ+ individuals feel valued, respected, and safe to share their experiences without fear of judgment or betrayal.

#### Family Communication

It became apparent that in certain homes, the silence surrounding the topic of suicide contributed to a lack of awareness and open discussion among family members. This void in communication was often filled by external influences such as television and peers, which, without the grounding perspective of family guidance, sometimes led to misconceptions and isolation. The emphasis on the importance of a "listening ear" within the home highlighted the transformative power of familial support in preventing suicide, underscoring the necessity for open dialogue within the family unit as a foundational step towards suicide prevention.

FGDP9: "Um, certain homes, persons don't discuss it with their children. They would learn—the children would learn from television, they friends, and stuff like that. And...I think if those things were told to them in the home certain things can be prevented, you know? As they said, if you have a listening ear, sometimes you just need to listen to that person, you can save a life, or more. So, sometimes it starts from the home."

This participant's statement highlighted a significant cultural practice within Guyanese society regarding the communication - or lack thereof - about sensitive issues within the family unit. It underscored the prevailing reticence among some families to engage in open discussions about subjects like suicide, emotional well-being, and suicide prevention. This silence can be attributed to cultural norms that prioritizes privacy, a sense of stoicism, or perhaps a discomfort with confronting what are perceived as challenging or taboo topics.

The observation points out that, in the absence of these crucial conversations at home, children and adolescents turn to alternative sources for information and guidance, such as television, peers, and social media. While these can be informative, they may not always provide the nuanced, compassionate, or accurate advice that a sensitive topic like suicide requires. Furthermore, external sources may perpetuate myths, stigma, or misunderstanding about suicide, potentially harming vulnerable individuals seeking help or understanding.

The statement also emphasized the transformative power of open communication and active listening within the family environment. It suggests that creating a space where children feel safe to express their fears, concerns, and emotions can be a vital preventive measure against suicide. This participant's insight acknowledged that the willingness to listen and engage in dialogue can equip family members with the awareness to recognize signs of distress and the opportunity to intervene effectively.

## Family Control and Societal Expectations

Here, we experience intergenerational conflict and practice in the search for autonomy that captured the struggle for personal autonomy within rigid cultural norms. The practice of families withdrawing support in light of unapproved relationships highlighted the complex dynamics between individual desires and societal expectations. In instances where suicide became a tragic assertion of control, the need for a cultural dialogue that respects personal agency while providing support became evident.

FGD11P1: "Families tend to be a bit withdrawn to actually come forward and say exactly what was affecting the person prior to their committing such an act. There are cases whereby young persons who might want to find themselves in a particular relationship that is not approved by their parents, they tend to act out..."

This participant's statement sheds light on a significant cultural dynamic within Guyanese society related to family communication and approval in personal matters, particularly concerning relationships. It underscored a common practice where families, often uncommunicative about discussing personal and emotional issues openly, may not fully understand or acknowledge the struggles of their members until it leads to actions, such as suicide. The mention of young individuals "acting out" in response to their families' disapproval of their relationships highlights a broader theme of intergenerational conflict and the struggle for autonomy within the Guyanese cultural context. In Guyana, family approval plays a crucial role in personal decisions, including romantic relationships. The disapproval or outright rejection of a relationship by parents can create significant emotional turmoil for young individuals, who feel torn between their personal desires and the need to adhere to familial and cultural expectations. This scenario often leads to a sense of isolation and despair among the youth, who may feel unsupported and misunderstood by their families. The lack of open communication exacerbates the situation, as young people do not have the opportunity to express their feelings, explain

their perspectives, or seek guidance in a supportive environment. Instead, the disapproval becomes a source of conflict, leading some to "act out" as a means of asserting their independence or expressing their distress.

### Emotional Despair

The perpetuation of nagging about past mistakes highlighted deep-rooted cultural elements that inadvertently fostered conditions leading to hopelessness and, ultimately, suicide.

ESP57: "Those who have survived attempts have given different reasons which seem related to deep loss, deep despair, and hopelessness, to end pain."

The mention of "deep loss, deep despair and hopelessness, to end pain" speaks to the profound emotional turmoil experienced by those contemplating suicide. It reflects a struggle to cope with intense emotional suffering, further compounded in the Guyanese context by specific cultural practices of dealing with failure or missteps, where one is expected to "man-up", "pull yourself together", or acknowledge that "this is my lot in life". This participant's statement captured a poignant aspect of the suicide landscape in Guyana, highlighting the diverse and deeply personal reasons behind suicide attempts. It brings to the forefront several sociocultural themes within the context of Guyana. Specifically, it underscores:

1. **Multiplicity of Causes:** The variety of reasons provided by survivors emphasizes that suicide is a complex issue with no single cause. It stresses the multifaceted nature of suicide ideation, driven by personal circumstances, emotional states, and societal pressures.
2. **Emotional Despair:** The mention of "deep loss, deep despair and hopelessness" suggests a common thread among those who attempt suicide—overwhelming emotional pain that they perceive as insurmountable. This reflects a societal challenge in providing adequate emotional support and suicide prevention resources.
3. **The Desire to End Pain:** The idea that suicide attempts are a means to end pain highlights a critical lack of accessible coping mechanisms or support systems that can help individuals navigate through their suffering. It points to the need for a more

compassionate understanding and open discourse on suicide and emotional well-being.

4. **Stigma and Silence:** The fact that survivors have shared these reasons implies that personal narratives and experiences are crucial for understanding suicide. However, stigma and societal discomfort around discussing suicide may hinder these vital conversations, leaving many to struggle in silence.
5. **Need for Comprehensive Support:** The diversity of reasons behind suicide attempts underscores the need for comprehensive suicide support services that are sensitive to individual experiences and societal contexts. It calls for a holistic approach to suicide prevention, which includes improving mental health care accessibility, community support networks, and public awareness campaigns to address the stigma associated with suicide.

In essence, this statement sheds light on the urgent need for a nuanced approach to suicide prevention in Guyana, emphasizing the importance of understanding the personal and societal dimensions that contribute to suicide ideation and attempts.

### Media Influence

The portrayal of suicide in media, particularly in Indian movies, emerged as a significant influencer of societal perceptions and behaviours towards suicide. Participants highlighted how the language and dramatization of suicide as a romantic or heroic act contributed to a romanticized view of suicide, potentially leading to an increase in suicidal ideation among viewers. This aspect of cultural influence called for a critical examination of the content consumed and its impact on public health, advocating for media literacy and the promotion of responsible portrayals of mental health issues.

FGD9P3: "I think these same thing looking at television, looking at movies Indian movies the Hindus movies, and a lot of movies cause the majority of Indian movies I love watching them but they must get a suicide incident somebody always running to commit suicide, and they favourite thing is either drinking poison or taking a rope and go straight to the tree. 9P: yeah 9P3: You even find the African movies now, them showing now they get suicide inside a lot, where they taking a rope and going to the

tree and get the poison and a whole set a drama so most likely I think is the movies they watching and leh we say if suicide occur ... now they get suicide inside a lot."

FGD8P1: "And also the movies that they make for the Indian movies, they could look at the—the culture, the moral behind these movies. Theeyyy—because they, they love, they lack the love and sexual gratification, they end they life. And, the Bollywood—if you know, you does watch Bollywood movies? Most of these movies, if the bride can't get to the man? Commit suicide. Them a—them a cut up them hand, them a do something—"

These participant statements shed light on an intriguing aspect of Guyanese culture and its interaction with media, specifically the influence of Indian and, to some extent, African movies on societal perceptions of suicide. These narratives suggest a significant impact of cinematic portrayals on the collective consciousness regarding suicide, with films often dramatizing suicide as a response to failed romantic endeavours or unattained sexual gratification. This portrayal potentially romanticizes and normalizes suicide as an acceptable or expected reaction to personal despair or romantic failure.

In Guyana, a country with a significant Indo-Guyanese population, Bollywood movies are not just entertainment; they are a cultural touchstone that offers a connection to ancestral heritage. However, the thematic repetition of suicide in these films, as pointed out by the participants, raises concerns about the messages being internalized by the viewers. The depiction of suicide as a dramatic resolution to unrequited love or insurmountable obstacles can subtly reinforce the notion that such extreme measures are justified or even valorous in the face of emotional turmoil. This is particularly potent in a society where discussions on suicide ideation are often stigmatized or avoided, leaving individuals with limited

healthy coping mechanisms or support systems for dealing with emotional distress.

The extension of this narrative to African movies, as mentioned by one participant, indicates a broader trend in global media to incorporate suicide into storytelling, further emphasizing the need for critical engagement with the media we consume. The repetitive visualization of suicide methods, such as drinking poison or hanging, not only desensitizes viewers to the gravity of suicide, but also risks presenting these methods as viable options to those in vulnerable states of mind.

These reflections from the participants underscored a broader cultural dialogue needed within Guyanese society about the responsible portrayal of suicide in media. This calls for a deeper examination of the cultural, moral, and ethical underpinnings in movies and their impact on societal attitudes towards suicide. Moreover, it highlights the importance of media literacy, encouraging viewers to critically assess the content they consume and its potential effects on their perceptions and behaviours. In conclusion, these participant statements invite us to reflect on the power of media in shaping societal norms and values, particularly concerning sensitive issues like suicide.

### Social Media and Cyberbullying

Social media and cyberbullying were identified as modern avenues through which personal conflicts and grievances are magnified, exacerbating the distress of affected individuals. The practice of airing personal issues in digital public spaces was linked to an increased risk of suicide, emphasizing the need for awareness and interventions addressing cyberbullying's psychological impacts.

FGD11P1: "It's a sole point issue, and you know another thing that is probably creeping up is umm... is umm... social media or I should say cyber bullying."

FGD11P1: "I never known of a case whereby a person would go to an extent to take their life. But there are cases where you may find that young persons in a relationship something went wrong, but you know prior to that they have been exchanging notes. And then when the agreed party is out everything is blown up on social media and umm... when the report comes, we will deal with it as a cyber -crime related matter. But we still have to look at the aspect of the psychological effect it holds upon the victim. Unless they actually bring that out on the initial report, we will not be able to activate them here to get the individual into some form of counselling and some monitoring system in place."

The participants statement addressed the emerging challenge of social media and cyberbullying within the context of Guyanese culture, highlighting its psychological impacts and the responses to such incidents. This narrative introduced a relatively modern issue intersecting with traditional societal dynamics, reflecting the global trend of increasing online harassment and its effects on individuals' mental health.

Cyberbullying, as described by participants, involves harmful behaviours executed through social media, often worsening the emotional distress experienced by individuals, particularly the youth. The scenario where young people's private exchanges become public on social media illustrates the vulnerability of personal relationships to online scrutiny and the potential for widespread public shaming in the Guyana context. In Guyana, this form of bullying magnifies the consequences of interpersonal conflicts, leaving the victim exposed to a broader audience's judgment and criticism, which can significantly intensify feelings of humiliation, isolation, and despair.

The participant notes the lack of direct correlation in their knowledge between cyberbullying and suicide but acknowledges the serious psychological toll such harassment can have on individuals. This acknowledgment points to an understanding within the Guyanese context that while not always leading directly to suicide, cyberbullying contributes to the conditions that can exacerbate mental health struggles, potentially increasing the risk of suicidal ideation among vulnerable populations. The

statement also touches on the procedural response to cyberbullying, indicating an awareness of its criminal aspects and the need for psychological support for victims. However, it also reveals a gap in the proactive management of such cases, suggesting that unless specific psychological impacts are reported, the system may not automatically provide the necessary counselling and support. This highlights a broader sociocultural and systemic issue in addressing the mental health consequences of cyberbullying, emphasizing the need for more comprehensive strategies that not only penalize the perpetrators but also offer immediate and effective support to the victims.

Reflecting on this within the Guyanese cultural framework, it's evident that the integration of digital technology into daily life has introduced new challenges that intersect with existing societal norms and values. The issue of cyberbullying and its impact underscored the importance of evolving cultural attitudes towards suicide ideation, privacy, and the responsible use of social media.

#### Cyberbullying and Online Shaming

Cyberbullying and Online Shaming coupled with the profound impact of Religious Conviction and the Lack of Confidentiality within communities, further illustrated the multifaceted cultural landscape within which suicide ideation flourishes. These practices, from the damaging effects of cyberbullying to the protective yet sometimes constraining influence of religious beliefs, underscored the complexity of addressing suicide within the Guyanese context.

FGD11P1: "There are cases where young persons in a relationship something went wrong, but you know prior to that they have been exchanging notes. And then when the agreed party is out everything is blown up on social media... But we still have to look at the aspect of the psychological effect it holds upon the victim."

The participant's statement brings to light a contemporary challenge within Guyanese culture, cyberbullying and the misuse of social media in the context of personal relationships. This scenario encapsulates a significant shift in how interpersonal conflicts and private matters are navigated among the youth, with digital platforms becoming arenas for public spectacle and humiliation. In a society like Guyana's, where community and familial bonds have traditionally played a central role in resolving disputes and offering support, the introduction of social media as a tool for airing grievances or shaming individuals represents a new frontier of social discord. The statement highlighted a scenario where young individuals, unable to cope with the complexities of romantic relationships, resort to social media to expose or retaliate against a partner. This not only breaches privacy but also subjects the victim to widespread scrutiny, judgment, and bullying, amplifying the emotional distress caused by the initial conflict.

The mention of "exchanging notes" prior to the public fallout underscored the intimacy and trust that once characterized the relationship, which is shattered in the aftermath of the social media exposure. This dynamic reflects a deeper issue within Guyanese culture regarding the evolving norms of communication, privacy, and conflict resolution among young people. The digital realm offers anonymity and a sense of detachment that can embolden individuals to act in ways they might not in face-to-face interactions, disregarding the potential psychological impact on those involved. Furthermore, the participant's call to consider the "psychological effect it holds upon the victim" points to a crucial need for awareness and intervention strategies that address the mental health repercussions of cyberbullying and online shaming. In Guyana suicide resources and support systems are limited and stigmatized, leaving victims of cyberbullying to navigate their trauma alone. This can exacerbate feelings of isolation, depression, and suicidal ideation among affected individuals.

## Domestic Violence

The participant's harrowing account of domestic abuse reveals a disturbing aspect of private life that sometimes permeates Guyanese society. This statement sheds light on the extreme challenges and violence that individuals face within their own homes. Such experiences of physical abuse, being forced to sleep outside, and being dragged out of the home are stark illustrations of the deep-seated issues of domestic violence that plague communities, transcending cultural, economic, and social boundaries.

FGDP6: "I used to get beat, I used to get put out outside, sleep outside in the night. Drag out!"

In the context of Guyanese culture, where familial bonds are often emphasized as the cornerstone of social life, these experiences of abuse represent a critical betrayal of trust and a violation of the sanctity of family. The prevalence of domestic violence, as highlighted by many, but in particular, this participant's experience, underscored a significant societal problem that demands attention and action. It reflects not only on the individual perpetrators but also on broader cultural and systemic failures to protect the most vulnerable. The participant's experience speaks volumes about the cycle of violence that can ensue within families, often hidden from public view due to shame, fear of reprisal, or the societal stigma associated with airing 'dirty laundry' in public. This silence around domestic abuse contributes to its perpetuation, as victims may feel isolated and without recourse to help or support. The fear of not being believed or of facing further violence for speaking out can trap individuals in dangerous situations, sometimes leading them to believe that there is no escape from their circumstances. Moreover, such experiences of violence and neglect within the family setting contributed to feelings of worthlessness, despair, and, in some cases, lead individuals to consider suicide as a way out of their suffering. The link between domestic violence and suicidal ideation heard through the lived experiences of participants highlighted the critical need for robust support systems, including mental

health services, shelters, and legal protection for victims of domestic abuse.

In addressing this issue within the Guyanese context, it is essential to confront the cultural norms that may inadvertently perpetuate the cycle of domestic violence. This includes challenging the acceptance of violence as a disciplinary measure, breaking the silence around domestic abuse, and promoting gender equality and respect for individual rights within families.

#### Stigma and Silence - Subtle Communication in Suicide

The language surrounding suicide in Guyanese society was often characterized by indirectness and euphemisms, reflecting deep-rooted cultural taboos around the topic. This subtle mode of communication, while culturally ingrained, posed significant challenges to identifying and addressing suicidal thoughts and behaviours, as it hindered open and direct conversations about suicide. The tendency to avoid explicit discussions about suicide further limited opportunities for intervention and support, leaving many individuals without the understanding and help they critically needed.

FGD10P13: "Almost since you small because you grow up in it and you hear somebody dead, they hang they self—they may not say suicide, but they kill they self—; For me it was when I entered secondary school because, I, um, I come from a poor educated background, so since secondary I started to hear suicide. But, back in the small days you hear they say, 'somebody kill them self'."

This statement reflected a cultural practice and language surrounding the topic of suicide in Guyana. It highlighted how cultural practices and language contribute to the social construction of suicide, influencing perceptions from a young age and affecting how individuals communicate about such sensitive issues. While providing a poignant reflection on the nuances of language and societal attitudes towards

suicide in Guyana. It highlighted a cultural tendency to employ euphemistic or indirect language when discussing sensitive topics such as suicide, particularly among younger or less educated segments of the population. This approach to communication reflects broader cultural norms around discussing death and suicide, where direct references to suicide are often avoided, due to stigma, discomfort, or a desire to protect the young and vulnerable from the harsh realities of such tragedies. Growing up, the participant was exposed to the concept of suicide through indirect references, with phrases like "somebody kill them self" used to describe the act without explicitly naming it as suicide. This form of subtle communication suggested a societal attempt to navigate the complexity of discussing suicide while adhering to cultural sensitivities and taboos. It illustrated how, from a young age, individuals are introduced to the concept of suicide in a manner that is both veiled and normalized, contributing to a certain level of desensitization to the act without a deep understanding of its causes, implications, or the pain underlying it.

The transition in the participant's understanding, from indirect references in childhood to a more explicit acknowledgment of suicide upon entering secondary school, indicated a maturation in both vocabulary and conceptual understanding of suicide. This evolution mirrors the broader educational and social journey of individuals within the Guyanese context, where increased exposure to diverse environments, such as secondary education, broadens one's perspective on societal issues, including the complexities surrounding suicide. The participant's background, described as coming from "a poor educated background," sheds light on the socio-economic and educational factors that influence perceptions and discussions of suicide in Guyana. It underscored the importance of education, not just in academic terms but also in raising awareness and understanding of mental health issues. Education can play a pivotal role in breaking down stigma, encouraging open dialogue, and equipping individuals with the language and tools needed to address and support mental health and suicide prevention effectively.

In the Guyanese cultural context, this statement suggested a need for increased efforts in education and public awareness campaigns to foster a more open, informed, and compassionate dialogue around suicide. By challenging the existing norms of indirect communication and addressing the stigma associated with discussing suicide openly, society can move towards a more supportive environment for individuals struggling with mental health issues, encouraging them to seek help without fear of judgment or misunderstanding.

#### Lack of Confidentiality, Stigma, and Community Dynamics

This participant's statement sheds light on the rapid spread of personal stories and the lack of privacy within certain contexts in Guyanese culture, comparing the spread of information to a "disease." It highlighted a cultural dynamic where gossip and the sharing of personal matters can quickly escalate beyond the control of the individuals involved. This practice is particularly impactful in close-knit communities where everyone knows each other, and news travels fast.

FGD7P6: "And, like, eventually when these maid them get to hear- is what [R1] said, when they get to hear bout yuh story- they spreading it. It's like a disease it become. Because how many people afterward, heard about that poison thing. From two, it went all round...you know...it all about respecting each other. They don't have that in here. It's out."

The reference to the story spreading "all round" after just a few people initially heard about it, points to the challenges of maintaining confidentiality in such environments. It reflected a societal tendency towards community involvement in individuals' personal affairs, which can sometimes lead to a lack of respect for personal boundaries and privacy. This can exacerbate the feeling of exposure and vulnerability for those at the centre of the gossip, particularly in sensitive situations like mental health struggles or suicide attempts. Moreover, the participant's lament

about the absence of mutual respect underscored a broader issue of social cohesion and communal support in Guyana. The statement "They don't have that in here" suggests a perceived erosion of core values that traditionally underpin Guyanese society, such as respect, empathy, and understanding for one another. This points the attention to the need for a cultural shift towards more supportive and respectful interpersonal interactions, especially in handling sensitive matters. The narrative also touches on the potential harm caused by the stigmatization and public exposure of personal crises. It highlighted the need for greater awareness and education on mental health issues, emphasizing the importance of treating such matters with confidentiality, sensitivity, and respect. The participant's story is a call to action for strengthening community bonds and fostering an environment where individuals feel safe to share their struggles without fear of judgment or breach of privacy. In sum, this statement offers valuable insights into the complexities of social relationships and privacy within Guyanese culture, pointing to the crucial role of community attitudes and behaviours in shaping individuals' experiences of suicide ideation and their willingness to seek help. This statement reflects a cultural practice and language within the context of Guyana. It highlighted the social practice of gossip and the spreading of personal information within communities, as well as the language used to describe and disseminate such information. This practice is intertwined with cultural norms that dictate how individuals interact with and talk about each other's personal lives, affecting the stigma and silence around issues like suicide and suicide ideation.

## The Outlier

### Embracing Empathy: A Beacon of Support in the Workplace

This participant's statement from FDG13P6 offers a compelling narrative that stands out within the broader context of Guyana's cultural discourse on suicide and suicide ideation. It presents an outlier scenario that highlights the critical role of workplace support amidst personal crises, contrasting sharply with the more commonly identified themes of

isolation, stigma, and lack of open dialogue surrounding mental health issues.

In Guyanese society, where suicide ideation and suicide is often shrouded in silence and stigma, the workplace is seldom discussed as a source of emotional and social support. The traditional view leans towards a separation of personal issues from professional life, where personal struggles are expected to be managed privately, without impacting one's work. However, this narrative from the [R2] Hospital reveals a departure from such norms, illustrating a supportive and interventionist role played by a workplace colleague in a moment of acute personal distress. As FDG13P6 reported:

"There is where I found love, in this Hospital. When I had that thing to drink, one day I cry so much and I tell one of the nurse. She said, 'you will bring it for me, cause I need it.' One day she deh on my back every day, every day. And I brought it for her. She threw it in the sink."

The action of the nurse, who upon learning of the participant's intent to harm themselves, not only offered emotional support but also took a direct, hands-on approach. This was done by ensuring that the harmful substance is disposed of, is a powerful testament to the potential for compassion and intervention in professional settings. This story underscores the importance of empathetic connections and the willingness to support colleagues facing personal crises, demonstrating that workplaces can serve as critical environments for offering support and potentially preventing suicide.

The cultural context of Guyana, with its complex interplay between communal ties and individual struggles with suicide ideation, provides a backdrop against which this narrative stands out. It challenges the prevailing norms and suggests a shift towards more supportive, open, and interventionist workplace cultures that recognize the importance of addressing mental health issues. This outlier story amplifies the call for broader cultural and systemic changes to destigmatize mental health

discussions and encourage supportive practices across all facets of Guyanese society, including the workplace.

## Conclusion

The findings from this exploration vividly illustrated how cultural beliefs and values are manifested through cultural practices and language in Guyana, particularly in the context of suicide. These cultural expressions are deeply embedded within the fabric of Guyanese society, influencing individual behaviours and societal attitudes towards suicide in profound ways. The interplay of cultural practices and language profoundly shaped perspectives on suicide, weaving a complex tapestry of stigma, silence, and societal expectations that enveloped the conversation around this sensitive topic. My findings illuminated the multifaceted dimensions of how suicide was perceived, discussed, and addressed, highlighting the critical roles of family communication, societal norms, media influence, and the challenges faced by sexual minorities and those suffering from domestic violence.

The silence enveloping suicide conversations, especially in the context of sexual minorities, underscored a pervasive culture of stigma compounded by fears of confidentiality breaches and discrimination. This double burden left LGBTQ+ individuals particularly vulnerable, highlighting the urgent need for culturally sensitive and confidential support mechanisms. In Guyanese society, where traditional values often governed discourse on sexuality and gender identity, the fear of being outed without consent exacerbated feelings of isolation and despair, pushing many towards silence and further marginalization.

Family dynamics played a crucial role in shaping attitudes towards suicide, with certain homes fostering a silence that prevented open discussion and awareness among family members. This void in communication often led to misconceptions and isolation, underscoring the transformative power of familial support and the necessity for open dialogue as foundational steps towards suicide prevention. The practice of

family withdrawal in light of unapproved relationships further complicated the dynamics between individual desires and societal expectations, sometimes making suicide a tragic assertion of control. Through the analysis of cultural practices, it became evident that family dynamics, societal expectations, and the pervasive stigma associated with suicide play a significant role in shaping individual decisions regarding suicide. Cultural practices such as the stigmatization of discussing suicide, the silencing of personal struggles, and the community's involvement in individual lives, have created an environment where suicide is often considered in silence, with little external support or understanding.

Moreover, the portrayal of suicide in media, particularly in Indian movies, emerged as a significant influencer of societal perceptions, contributing to a romanticized view of suicide that potentially led to increased suicidal ideation among viewers. This aspect of cultural influence called for a critical examination of media content and its impact on public health. Social media and cyberbullying represented modern avenues through which personal conflicts were magnified. Thus, exacerbating the distress of affected individuals, and emphasizing the need for interventions addressing the psychological impacts of cyberbullying. This digital phenomenon intersected with traditional societal dynamics, reflecting global trends in online harassment and its effects on mental health.

The subtle communication surrounding suicide in Guyana, characterized by indirectness and euphemisms, reflected deep-rooted cultural taboos and posed significant challenges in addressing suicidal thoughts and behaviours. This cultural practice of avoiding explicit discussions about suicide limited opportunities for intervention and support, leaving many without the understanding and help they critically needed.

However, the narrative of FDG13P6 from the [R2] Hospital offers a striking illustration of how workplace support can significantly deviate from the normative expectations of professional detachment in Guyanese culture. This participant's experience not only highlights an outlier

scenario but also challenges the traditional separation between personal issues and professional life, commonly upheld in Guyana. Such an example not only highlights the positive impact that workplace support can have on individuals experiencing personal crises but also serves as a model for reimagining professional environments as spaces of care, empathy, and intervention. It beckons a re-evaluation of societal norms surrounding mental health support, advocating for a culture where personal struggles are met with understanding and assistance rather than silence or stigma. This narrative invite reflection on the roles individuals and institutions can play in creating a more supportive society, where help can come from unexpected places, making a profound difference in the lives of those in distress.

Collectively, these cultural practices and linguistic patterns form a complex system that both reflects and perpetuates the cultural beliefs and values surrounding suicide in Guyana. They underscore the need for culturally sensitive approaches in addressing suicide, which recognize and respect these ingrained practices, while striving to transform harmful norms and encourage more open, supportive dialogues around mental health.

This chapter has highlighted the critical role that cultural practices and language play in the manifestation of cultural beliefs about suicide, pointing to the necessity of integrating these cultural understandings into suicide prevention and intervention strategies. By addressing these cultural factors, it is possible to foster a more compassionate and effective response to suicide in Guyana, ultimately saving lives and improving the well-being of the community.

## **Reflective Note**

I had the opportunity to explore how cultural beliefs and values are intricately woven into the fabric of everyday practices and language in Guyana, influencing perceptions and behaviours related to suicide. My ethnographic journey into these manifestations revealed the powerful

ways in which culture shapes the discourse and actions surrounding suicide, from taboo and stigma to expressions of distress and calls for help.

Through my interactions and observations, I was consistently struck by the complexity and depth with which cultural norms are embedded in communication and social rituals. Language, in particular, emerged as a significant carrier of cultural meaning, where even subtle nuances in terminology could reveal underlying attitudes towards suicide and mental health. It became evident that to truly grasp the implications of these cultural expressions, a nuanced understanding of the local linguistic and ritualistic landscape was indispensable.

I thought and felt the immense responsibility and sensitivity required to interpret these cultural expressions accurately. For me, it was imperative to approach this investigation with a mindset that was open and devoid of preconceived notions, allowing the community's voice to guide the understanding of their cultural practices. My appreciation for the complex interplay between culture and suicide and the importance of cultural humility in research was heightened. This understanding reinforced my commitment to fostering dialogue that bridges cultural insights with suicide prevention interventions, aiming for a more inclusive and effective approach to suicide prevention.

## **Chapter 7: Discovering the Social and Cultural Underpinnings of Suicide Ideation**

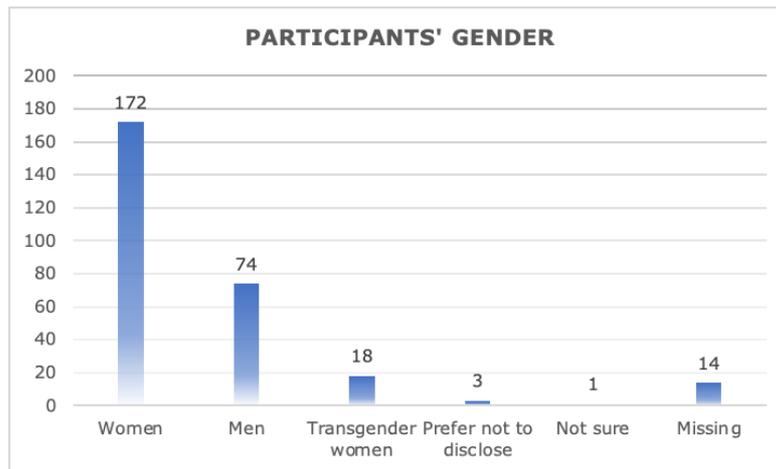
In my culturalized and nuanced exploration of suicide within Guyana, examining the demographic profiles of my research participants offered me invaluable insights into the societal and cultural dimensions underpinning this complex issue. This chapter, "Discovering the Social and Cultural Underpinnings of Suicide Ideation," aims to dissect the

multifaceted influences that shape suicide ideation across diverse demographic groups within Guyana. Here, I delved deep into the intricacies of gender sensitivities, exploring the pivotal roles played by women and girls in the discourse on suicide, alongside my observations on the reticence of men, the inclusion of transgender voices, and the broader socio-economic and racial/ethnic landscapes. Each demographic facet contributes to a richly textured understanding of how suicide is perceived, experienced, and articulated across different segments of Guyanese society. By unpacking these layers, this chapter seeks to illuminate the complex interplay between individual experiences and the broader social and cultural frameworks that influence them, providing a comprehensive view of the factors that drive suicide ideation in this culturally rich yet challenged context.

### Exploring Gender Sensitivities

In the intricate landscape of suicide research within Guyana, the gender composition of my research participants (Chart 6: Participants Gender) shed light on broader societal norms and the openness of different gender groups to engage in discussions about suicide. The sample predominantly consisted of girls and women, followed by men, and included representation from transgender women, revealing nuanced layers of societal discourse on gender and suicide.

Figure 3: Participants Gender



### Women at the Forefront of Conversation

In the fabric of Guyanese society, where the warp and weft of culture are intricately woven with threads of tradition, religion, and social norms, my data collected showed that women and girls emerge as poignant narrators of their collective and individual experiences as explained by FN24,

“De big part weh women playing in dis talk nah just about how many of dem deh, but it mean a whole lot more deep down, like how de culture give dem de okay fi show dem feelings and talk bout dem soft side. Dis thing, weh might come from how people does expect different thing from man and woman, put woman in de spot fi be de one who gotta deal with all de heart feelings and stuff in de community”.

This narrative, enriched by the ethnographic exploration of suicide and its ideation within Guyana, underscored the distinctive role women play in the discourse on suicide and societal pressures. The prominence of women in this conversation reflected a numerical majority within the research and signifies a deeper, culturally sanctioned openness towards vulnerability and emotional expression. This phenomenon, potentially rooted in gendered expectations, as stated by FN24, positions women as the custodians of emotional labour within their communities. It is within this context that their voices resonate louder in discussions on suicide, not because their experiences are more valid, but perhaps because Guyanese society has earmarked them as the emotional communicators—the ones

who can, will, and do talk about feelings, despair, and hopelessness. This gendered landscape of emotional discourse may also suggest a tacit societal permission, or even an expectation, for women to navigate the treacherous waters of suicide challenges. It posits women and girls not only as subjects within the narrative of suicide but also as key agents in seeking understanding, support, and solutions. F22 presses this point:

“Dem woman active in dis research show a bigger picture in we society, where dem woman always deh front line when time come fi deal with family and community trouble, making dem key in how we all face big problems, like how suicide deh hang over we head in Guyana. But, dis way how we talk bout suicide and how it tie up with man and woman role, it shine light pon a tricky situation. On one side, how dem woman ready fi talk straight bout thinking bout suicide and all dem kinda things could look like a big plus, giving we ways fi really get what going on and how fi step in.”

Their active participation in this research underscored a broader societal dynamic where women are often at the forefront of familial and community coping mechanisms. Therefore, making them pivotal in the collective response to crises, including the spectre of suicide that looms large over Guyanese society. However, this gendered dimension of suicide discourse also illuminates the double-edged sword of societal expectations. On one hand, the willingness of women to engage openly about suicide ideation challenges and suicide could be seen as a strength, offering pathways to understanding and intervention. On the other, it highlights the disproportionate burden placed on women to manage not only their own mental health but also that of their families and communities. This burden, coupled with societal norms that simultaneously valorise and limit female expression, can exacerbate the challenges women face, making them more visible in discussions about suicide yet potentially more vulnerable to its impacts. The narrative of Guyanese women and girls within the context of suicide is thus a complex interplay of cultural, societal, and gendered norms. It reflects a society

grappling with deep-seated challenges that intersect with issues of gender, identity, and social cohesion. The ethnographic insights gleaned from the voices of women in this study reveal not only the contours of suicide within Guyanese society but also the potential for these same voices to forge pathways toward understanding, healing, and change.

#### Men's Reluctance: A Societal Insight

My observations from traversing the regions of Guyana during my ethnographic fieldwork I learned that in the intricate societal tapestry of Guyana, where cultural norms and traditional values are deeply entrenched, the voices of men regarding the issue of suicide whisper in the shadows, marked by a palpable silence. This silence is not born of indifference but is woven from the heavy fabric of societal expectations and stigma surrounding male vulnerability. For instance, P10 expressed:

P10: It's—it's something in the culture, it's not practically said to you, but, the way you see you family, you grow. P10: No, because you grow—you growing up in this family and you just see how you family be, how they talk things, or they jus—they just hush it and you cannot, you know, go out and say anything to no body.....

..... because of their culture, that is imbedded....., they don't want to talk their story. They don't reach out for help—I don't know if you guys agree with me but, um, according to my research and through the LGBT it seems like that. Because I work with [inaudible] change and inspiration. And..... they don't want to tell they story. So that is why they does be confine to the environment, and when pressure catch.....

The reluctance of men in my research to express emotional distress speaks volumes about the invisible barriers erected by societal norms. This norm equates emotional openness with weakness, thereby perpetuating a cycle of silence and suffering. This societal insight into men's reluctance to discuss suicide and suicide ideation challenges sheds light on the

broader patriarchal constructs that prevail, not only in Guyana but globally. In these constructs, masculinity is often narrowly defined by strength and stoicism, leaving little room for the expression of vulnerability or the acknowledgment of mental health struggles. Men are socialised to bear their burdens silently, to "man up" as participants in my research often repeated, in the face of adversity, and to eschew any form of emotional openness as antithetical to the masculine ideal. This socialization process begins in childhood and is reinforced throughout a man's life, embedding a deep-seated aversion to vulnerability that can have devastating consequences. FN25 expressed this,

"Men get teach from small to hold dem trouble quiet, to "man up" when hard times hit, and to stay far from showing feelings, like it ain't fit the big man image. Dis kinda teaching start from when dem a pickney and keep going all through a man life, planting a strong fear of showing weak spot that can end up real bad."

The implications of this societal barrier in Guyana are profound, affecting not only the individual men who suffer in silence but also their families, communities, and the broader societal framework. The stigma associated with male vulnerability acts as a formidable obstacle to seeking help, leading to a scenario where suicide ideation can escalate unchecked, culminating in suicide as expressed by FN 48:

"Dis societal barrier in Guyana big, man. It not just affect de man dem who a suffer quiet, but it touch dem family, community, and de whole society structure. De shame we put pon man when dem show dem weak side stand up like a big wall against seeking help. So, you find say thoughts bout taking yuh own life just grow wild till it turn into de act itself."

It was also expressed by other participants, FN64:

"This issue we got here in Guyana, it deep, you see. It ain't just about the men who keep things to themselves, but it's about how it hits everyone around them.....famiy, chiren, teacha, pasta, them whole

communiy, and the whole setup of how we live together. The shame that's thrown on men for showing any kind of softness or struggle, it's like a huge block stopping them from getting the help they might need. So, what happens? Them thoughts of ending it all, they just keep building and building till it's too late.”

The ethnographic exploration of suicide in Guyana thus uncovered a critical gap in the societal response to suicide and suicide prevention among men. It calls for targeted interventions that challenge and dismantle the patriarchal norms that stigmatize emotional openness among men. Such interventions must foster a culture of understanding and support, where men feel empowered to speak about their struggles without fear of judgment or ridicule. This involves not only individual and community-level initiatives but also broader societal and policy changes that redefine masculinity in more inclusive and emotionally intelligent terms. Addressing men's reluctance to discuss suicide and suicide ideation requires a concerted effort to change the narrative around masculinity, to build supportive networks that encourage openness, and to provide accessible mental health services that cater to the specific needs of men. By breaking down the barriers of silence and stigma, Guyana, can move towards a more compassionate and holistic approach to suicide and suicide prevention—one that acknowledges and embraces the full spectrum of human emotion and vulnerability, regardless of gender.

#### Inclusion of Transgender Voices

The narratives of 18 transgender women in my ethnographic research in Guyana unfurl a poignant chapter in the tapestry of suicide research, offering a glimpse into the lived realities that are often shadowed by societal prejudice and systemic marginalization. Their inclusion in this study amplifies voices that are frequently silenced and also underscores the necessity of understanding suicide through a lens that acknowledges the diversity of experiences shaped by gender identity.

Transgender individuals in Guyana, navigate a precarious landscape marked by stigma, discrimination, and exclusion as expressed by FN69:

“In Guyana, ‘antimen’ are walking a real tuff road, dealing with all kinda stigma, discrimination, and feeling lef out. It's more than jus wha they face from others; it's sumtin that gets right into de day-to-day, messing with de mental health and how they feel inside.” These societal adversities are external pressures that infiltrate the very essence of their daily lives, influencing their mental health and wellbeing as FN4 states, “Being who they are in a place with such strong culcah and society rules mek things them even harda. It's like dey more at risk, more likely to end up feelin so down and even thinking bout suicide because of all these pressures.”

The intersection of their gender identity with the cultural and societal norms of Guyana compounds their vulnerability, rendering them disproportionately susceptible to emotional distress and suicide ideation.

Their stories reveal the harsh reality of living at the crossroads of societal rejection and the relentless pursuit of self-authenticity. The societal stigma attached to transgender identity often results in a myriad of challenges, including familial rejection, educational and employment discrimination, and limited access to healthcare, particularly mental health services tailored to their needs. These systemic barriers exacerbate feelings of isolation, alienation, and despair, factors known to contribute significantly to suicide risk, as participant P1 details:

P1: “Remember, um, you got your house problems, ya’ll excuse my colloquial expressions, so you got your house problem and you got your work stress problem, right. So, now when you...you...for me I—I—my brother put me out from my house, my father had passed away, my mother moved on with she life. My brother—I—I—I gone home, I find all my things, on my birthday, all me things them, all my belongings, out on the road. I—I gone blank. Me aint even like—me can’t think—like I just

left stranded. I just, um, see a bleach bottle and [claps] drink it and that was it. Yes, I was hospitalized when I—when I came out from the hospital...remember I serve this region for ten years, my services is emmencable in the health sector. When I beg for help, [starts speaking passionately] the person in high authority, that consider themselves human, I didn't get the satisfaction—here what them gone turn and say, "The anti-man drink bleach, he shoulda dead" That is the soc—no it hurt me to know that persons in high authority, and—is strangers came out and, um, [becomes emotional, trying to hold tears]. P1: This person from the road that came and give me a house, and I was living free and I—I — I'm happy now. But the—the, the system is very hurtful." [Emotional]

Moreover, the heightened visibility of transgender individuals in a society that rigidly adheres to binary gender norms subjects them to increased scrutiny, harassment, and violence. This relentless scrutiny not only undermines their dignity and rights but also perpetuates a cycle of mental health challenges that can lead to suicide ideation and attempts.

The voices of transgender women in this research enrich our understanding of the complexities surrounding suicide while also serve as a clarion call for action. They remind me that suicide prevention efforts must be rooted in compassion, respect, and an unwavering commitment to equity. By listening to and learning from their experiences, society can move towards a more inclusive approach to suicide prevention, one that honours the inherent worth of every individual, irrespective of their gender identity.

## Socio-Economic Diversity

The socio-economic status of participants in this research (as seen in Figure 4: Mind Map) weaves a complex narrative fabric of Guyanese society, capturing an array of voices from different walks of life. This diverse assembly—comprising students, housewives, drivers, business owners, academics, and more—brings a rich multiplicity of perspectives to



psychological challenges that contribute to suicide vulnerabilities which will be discussed in the Discussion Chapter.

### Housewives and Hidden Struggles

Housewives, whose roles are frequently undervalued in discussions about socio-economic impact, bring attention to the domestic sphere's hidden stresses. Their participation spoke to the isolation, outlining a day-to-day existence that may lack external validation yet is rife with internal struggles.

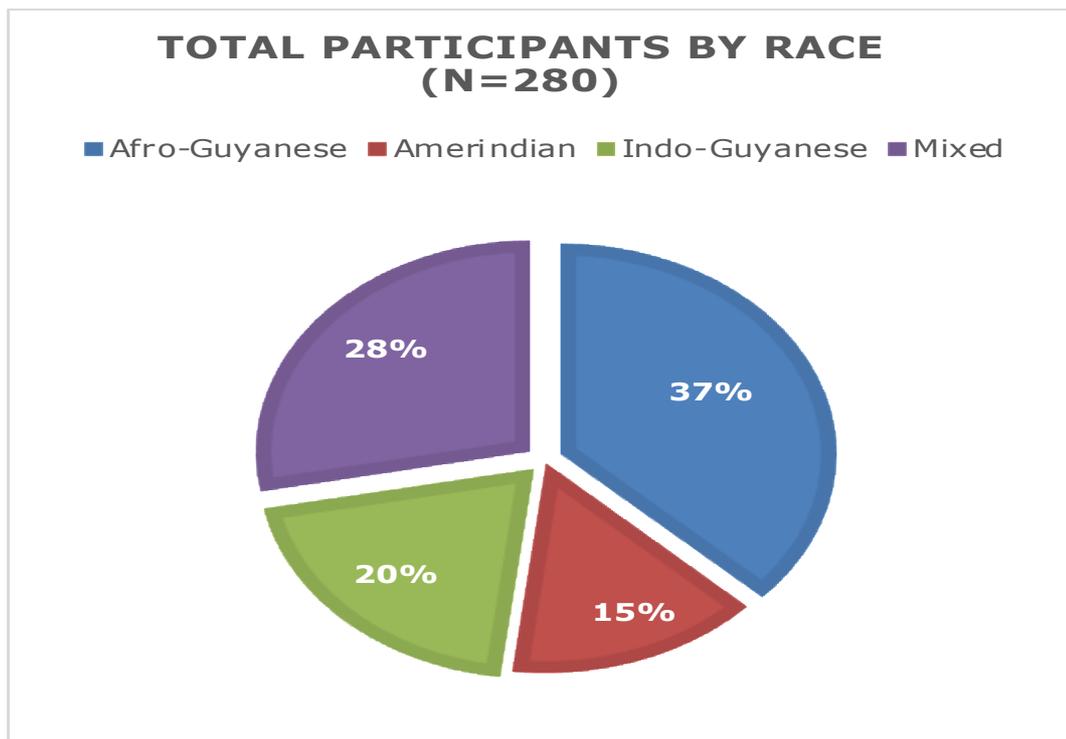
### Drivers, Business Owners, Academics: A Spectrum of Professional Experiences

Drivers and business owners, navigating the economic tides of Guyana, share tales of resilience amidst adversity but also of vulnerability in “man-woman” relationships. Academics, delved into the intellectual realms, confront the paradox of knowledge: the more they understand societal woes especially as it pertains to murder-suicide and discord within families – including their own, the heavier the burden of solving them weighs, leading to unique pressures that can influence mental health.

### Race/ethnicity Landscapes in my Suicide Research

In Guyana, a country characterized by its vibrant patchwork of cultures, races, and religious affiliations, the discourse on suicide takes on a unique dimension. This ethnographic exploration ventured beyond the surface, seeking to understand how the threads of race and religion not only shaped individual identities but also influenced perceptions and practices surrounding suicide. The participant demographic, mirroring the nation's diversity, as seen in Figure 5 below, provided a rich tapestry of stories that shed light on the nuanced ways race and religion intersect with the phenomenon of suicide.

Figure 5: Race/Ethnicity Landscape of My Research Participants



#### Racial Dynamics and Representation

With 37% of participants identifying as Afro-Guyanese, 28% as mixed race, 20% as Indo-Guyanese, and 15% as Amerindian, the research revealed a variance from the national ethnic composition reported in the 2012 census. The national population at the last population census in 2012 reported that Indo-Guyanese represented 39.83% of the population; Afro-Guyanese 29.25%, Mixed race people 19.88%, and Amerindians 10.51%.

The racial dynamics within Guyana, as mirrored in the research participant demographic, highlight an intriguing departure from the nation's overall ethnic composition. This variance is not merely statistical but unfolds a deeper narrative about the complexities of addressing suicide in a multi-ethnic society. Each racial group within Guyana carries a distinct set of historical experiences, societal pressures, and cultural norms, all of which converge to shape their mental health landscape and perceptions surrounding suicide. The representation of racial groups in this research—where Afro-Guyanese, mixed race individuals, Indo-Guyanese, and Amerindians contributed their voices—provides a fertile ground for

understanding how racial identity interacts with societal attitudes towards suicide. The slight overrepresentation of Afro-Guyanese and underrepresentation of Indo-Guyanese, when compared to national census data, may reflect varying degrees of willingness or societal permission among different racial groups to engage in conversations about suicide, a topic often shrouded in stigma and cultural taboos as P10 revealed:

P10: ".....asking for help because of their culture, that is imbedded in Indians, they don't want to talk their story. They don't reach out for help—I don't know if you guys agree with me but, um, according to my research and through the LGBT it seems like that. Because I work with [inaudible] change and inspiration. And...most Indian they don't want to tell they story. So that is why they does be confine to the environment, and when pressure catch the...."

For Afro-Guyanese participants, discussions about suicide may intersect with historical narratives of resilience and survival, influencing how individuals within this community confront and articulate their experiences with mental health challenges. Conversely, the Indo-Guyanese participants, despite being numerically dominant in national suicide statistics, may face unique cultural pressures that either deter or shape their engagement with the subject of suicide. The historical context of indentureship and its lingering effects on communal and individual psyches could play a role in how suicide is perceived and addressed within this community. Mixed race individuals and Amerindians bring additional layers to the conversation, embodying the intersectionality of racial identities and how these intersections impact mental health and suicidality. The mixed-race population, navigating between multiple cultural heritages, may experience unique challenges in defining their identity and finding support that resonates with their diverse backgrounds. Amerindians, on the other hand, face the dual challenge of geographical isolation and cultural marginalization, which may affect their access to

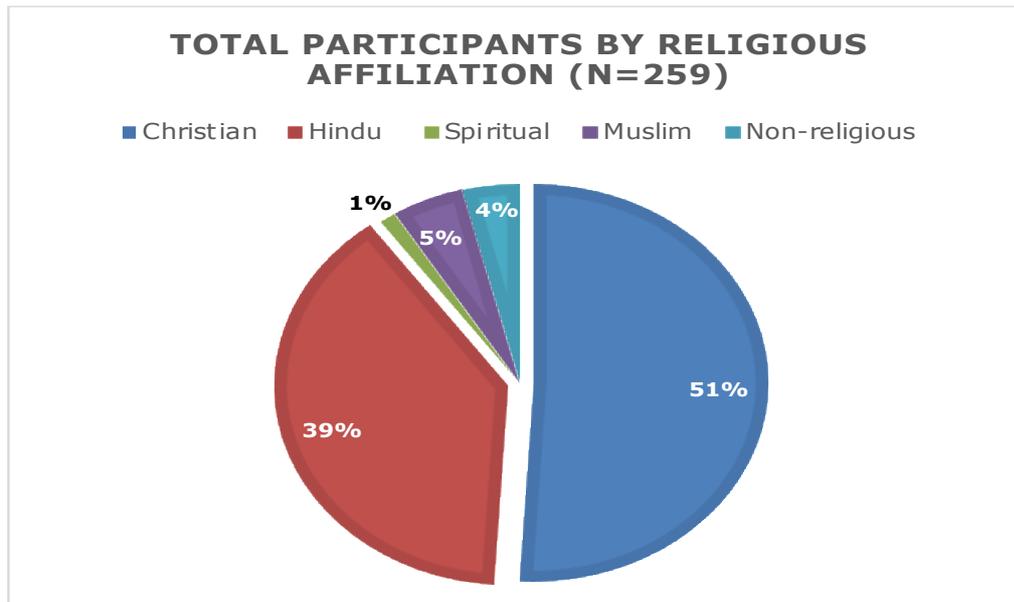
mental health resources and influence their community's perceptions of suicide.

This research, within a racial diversity context, participants shed light on the necessity of a nuanced approach to suicide prevention in Guyana. This calls for strategies that are not only sensitive to the cultural and historical contexts of each racial group but also attentive to the ways in which these contexts intersect with broader societal dynamics. Understanding the racial dynamics and representation in discussions about suicide is a step towards crafting interventions that are inclusive, culturally competent, and capable of addressing the specific needs of Guyana's diverse population.

### Religious Affiliations: A Complex Tapestry

The religious breakdown of our participants, predominantly Christian (51%) and Hindu (39%), mirrors the significant role religion plays in shaping individuals' worldviews, coping mechanisms, and attitudes toward mental health and suicide. The presence of Muslims, Non-Religious, Spiritual, and "Other" affiliations further complicate this tapestry, hinting at the varied ways in which faith and belief systems intersect with suicide ideation and behaviours. The religious affiliations of participants in my research form a complex tapestry that vividly illustrated the profound influence of faith and belief systems on attitudes toward suicide ideation and suicide in Guyana. With a majority identifying as Christian (51%) and a significant portion as Hindu (39%), the data underscored the pivotal role religion plays not only in shaping individual worldviews and coping mechanisms but also in framing societal attitudes toward suicide in Guyana.

Figure 6: Participants By Religion



The Christian participants' perspectives, as revealed in the data, indicated in Figure 6 above, is shaped by biblical teachings and church doctrines. This often navigates the intricate balance between compassion for those struggling with suicide ideation and attempts and adherence to religious convictions that frame suicide as morally and spiritually problematic. This duality reveals the nuanced ways in which Christian beliefs intersect with the realities of mental health and suicide. Thus, offering both a source of comfort and a framework that might inhibit open discussions about suicide prevention and support. Hindu participants, on the other hand, bring to the fore the rich tapestry of beliefs within Hinduism that influence perceptions of suicide. The doctrine of karma, the cycle of rebirth, and the pursuit of dharma offer a unique lens through which suicide is viewed, potentially as an act that carries implications beyond the current life. Yet, this religious context also provides a space for community support and spiritual solace, highlighting the diversity within Hindu responses to suicide and mental health. The inclusion of Muslims, Non-Religious, Spiritual, and those identifying with "Other" religious affiliations adds further complexity, to the understanding of how diverse faith perspectives impact the discourse on suicide in Guyana. Muslim participants draw upon Islamic teachings that emphasize the

sanctity of life and the importance of seeking help through faith and community, shaping a distinct approach to suicide prevention and support. Meanwhile, individuals identifying as Non-Religious or Spiritual reflect a growing segment of the population that navigates mental health and suicide ideation outside the bounds of organised religion, potentially prioritising secular forms of support and coping mechanisms.

The varied racial and religious makeup of the participants challenges researchers, policymakers, and practitioners alike to consider the multifaceted nature of suicide in Guyana. It calls for an inclusive understanding that respects and integrates the diverse narratives, beliefs, and experiences of all segments of society. Such an approach not only enriches our comprehension of the phenomenon but also ensures that prevention and intervention strategies are grounded in the lived realities of those they aim to support.

## Conclusion

In concluding this chapter on "Discovering the Social and Cultural Underpinnings of Suicide Ideation" in Guyana. It is clear that the phenomenon of suicide is not merely an individual crisis but a complex intersection of cultural, social, and demographic factors that resonate deeply within the societal fabric. This exploration has brought to light how deeply ingrained beliefs, societal norms, and individual demographic characteristics collectively shape the landscape of suicide ideation across different segments of Guyanese society.

From the poignant expressions of gender sensitivities where women and girls often emerge as the primary narrators of distress, to the constrained silence of men bound by rigid expectations of stoicism, and the marginalization of transgender voices, each demographic facet offers unique insights into the broader societal dynamics at play. These insights underscore the necessity of adopting a multifaceted approach in addressing suicide—one that appreciates and integrates the diverse experiences and challenges faced by various groups within the population.

Furthermore, the intricate overlay of socio-economic statuses and the racial/ethnic tapestry of the participants have illustrated how different layers of identity influence perceptions and experiences related to suicide. Economic pressures, educational levels, and racial identities interact with cultural narratives and societal expectations to either exacerbate risks or provide avenues for support and resilience.

The discussions within this chapter highlighted the critical need for suicide prevention strategies that are not only culturally competent but also tailored to meet the specific needs of diverse demographic groups. Such strategies must move beyond generic approaches to acknowledge and address the particular pressures, stigmas, and expectations that different groups face. It is evident that fostering open dialogues, enhancing support systems, and challenging stigmatizing norms can create a more supportive environment for all individuals, particularly those at heightened risk of suicide ideation and attempts.

This chapter deepened our understanding of the social and cultural dimensions of suicide in Guyana while also setting the stage for a comprehensive analysis in subsequent discussions on effective interventions and policies. This research has unpacked the complex web of factors influencing suicide ideation, thus, has equipped stakeholders - including researchers, policymakers, community leaders, and mental health professionals - with the necessary tools to address this critical public health issue with empathy, precision, and an appreciation for Guyana's diverse cultural context. As we move into the Discussion section, we will delve into how these findings inform broader implications, shape targeted intervention strategies, and open avenues for future research, thereby enhancing our collective approach to mitigating the impacts of suicide.

## **Reflective Note**

### **Cultural Narratives and the Tension in Suicide Prevention**

These findings reveal the complex cultural narratives that shape perceptions of suicide in Guyana. While participants often framed suicide within the context of familial honor, personal sacrifice, or spiritual reconciliation, these narratives also highlighted the cultural acceptance of suicide as a legitimate response to life's challenges. This cultural intelligibility, however, presents a dilemma for suicide prevention efforts, which aim to challenge and intervene in behaviours considered harmful. The tension between local acceptance and the goals of prevention programs indicates the need for strategies that respect cultural contexts while working to reduce preventable deaths. Ethnographic findings from this study illuminated the profound tension between cultural acceptance of suicide and the imperative for its prevention. Participants' narratives revealed deeply embedded cultural beliefs that positioned suicide as an intelligible response to economic, familial, or societal pressures. These beliefs, while providing cultural coherence, often stood in stark contrast to the goals of Western-style suicide prevention programs.

For instance, among Indo-Guyanese participants, suicide was frequently framed within narratives of honour and duty. One participant described the case of a father who ended his life after his family lost their agricultural land - a loss perceived as a failure of his role as provider and protector. This act, though tragic, was understood by the community as a self-sacrifice to alleviate familial shame and provide symbolic closure to the crisis. Such narratives complicate the traditional prevention paradigm, which might categorize this act solely as a result of untreated depression, without addressing the cultural and systemic factors that render such acts intelligible and even meaningful.

Similarly, Afro-Guyanese participants shared stories of women who viewed suicide as an escape from domestic violence or economic hardship. In one account, a mother who had endured years of physical abuse ended her life after a particularly violent episode. The community interpreted her suicide as both a personal tragedy and a symbolic rejection of her suffering, framing it as a powerful - albeit devastating - act of agency. These narratives reveal the duality of suicide as both a culturally embedded phenomenon and a preventable tragedy.

Indigenous participants highlighted the spiritual dimensions of suicide, where acts of self-harm were sometimes understood as transitions into another realm or as a form of spiritual reconciliation. This perspective challenges Western prevention strategies that often neglect the spiritual and communal dimensions of mental health, underlining the importance of culturally sensitive approaches that integrate local worldviews.

Participants also expressed scepticism toward external interventions, particularly those perceived as imposing Western mental health paradigms. Many highlighted the disconnect between individualistic therapeutic models and the collective values that shape their cultural responses to suicide. For instance, the reliance on clinical counselling was seen as inadequate in addressing the systemic conditions - such as poverty, unemployment, and familial stress - that participants identified as root causes of suicidal behaviour.

These narratives reveal a duality in how suicide is perceived - both as a culturally embedded act and as a preventable tragedy. This duality accentuates the tension between cultural acceptance and the goals of suicide prevention programs, particularly those that operate within Western frameworks.

# Section Three – The Discussion

## Chapter

"Everywhere, suicidal behavior is culturally scripted..... Women and men adopt the self-destructive behaviors that are expected of them within their cultures" (Canetto, 2010)

The Discussion section of this thesis served as a crucial nexus where the results of the research are interpreted and contextualized within a broader theoretical framework, engaging deeply with existing literature. This section is divided into three main parts:

1. **Interpretation of Results:** This segment provides a deep analysis of the research findings, integrating them with the theoretical underpinnings that guide this study. It examines how the results align or diverge from previous studies, offering a critical analysis that highlights both corroborations and novel discoveries. This discussion aims to enrich the academic conversation about suicide in Guyana by connecting empirical evidence with established and emerging theories.
2. **Cultural Insights:** Insights into how cultural factors uniquely influence suicide ideation and behaviours in Guyana form the core of this part. It delves into the nuanced ways in which cultural identity, practices, and societal norms shape the perceptions and experiences of suicide among different communities. This analysis broadens the understanding of suicide within a culturally diverse context and illustrates the complex interplay between culture and suicide ideation and suicide.
3. **Implications for Policy and Practice:** The final part of this section discusses the practical implications of the findings for public health policies and suicide prevention strategies. It offers targeted recommendations for policymakers, healthcare providers, and community leaders, aimed at crafting interventions that are culturally sensitive and effective. The discussion also explores potential pathways for integrating these findings into existing health systems and community-based

initiatives to enhance the effectiveness of suicide prevention efforts in Guyana.

By weaving together these critical discussions, this section aims to provide a comprehensive analysis that not only interprets the findings in relation to the broader academic field but also offers practical insights for improving public health responses to suicide in diverse cultural settings.

## **Chapter 8: Discussion & Interpretation of Results**

This segment of the thesis delves into a profound analysis of the collected data, juxtaposing it with the theoretical frameworks that have

scaffolded this research. By describing how the findings align with or diverge from existing literature, this chapter endeavours to contribute meaningful insights into the ongoing academic discourse on suicide, particularly within the unique socio-cultural context of Guyana.

#### Alignment with Theoretical Frameworks

Here, I provide a detailed examination of how the empirical findings from my study on suicide in Guyana align with established theoretical frameworks. By critically analysing the data against these theories, I can better understand the underlying mechanisms that drive suicide ideation and behaviours within the specific socio-cultural context of Guyana.

#### *Durkheim's Sociological Theories*

The research findings strongly resonate with Émile Durkheim's sociological theories on suicide, particularly his concepts of anomie and social integration (Durkheim, 1897). According to Durkheim, anomie occurs in a society when there is a significant discrepancy between common social goals and the availability of legitimate means to achieve those goals. In Guyana, disruptions in social cohesion and a sense of normlessness may precipitate feelings of despair and isolation - key factors Durkheim identified as precipitants to suicide. This theoretical alignment is supported by my data indicating a high incidence of suicide in areas undergoing rapid social changes, which disrupt traditional lifestyles and community structures. Such disruptions are disrupting and eroding established social norms and support systems, thereby increasing suicide risk among affected populations.

#### *Joiner's Interpersonal Theory of Suicide*

The findings also extended the applicability of Thomas Joiner's Interpersonal Theory of Suicide, which posits that the desire to die arises from a lethal combination of perceived burdensomeness, thwarted belongingness, and the acquired capability for suicide (Joiner, 2005). The

narratives of participants, especially from marginalized groups such as the transgender community, vividly highlighted these dynamics. Many transgender individuals expressed feelings of not belonging and being a burden, factors that Joiner suggested significantly contribute to suicide risk. This alignment demonstrated the relevance of Joiner's theory in explaining the high rates of suicide among Guyanese, providing a framework for understanding how interpersonal relationships and community integration, or the lack thereof, can influence suicide ideation.

#### *Duane Edwards's Theory of Suicide in Guyana*

Additionally, the research incorporates local perspectives on suicide through the integration of Duane Edwards's (2016) theory, which emphasizes the specific socio-economic and cultural factors influencing suicide rates in Guyana. Edwards proposes that the unique historical, economic, and cultural landscape of Guyana creates specific stressors and societal pressures that can lead to suicide. His theory suggests that in Guyana, economic hardships, lack of access to mental health care, and pervasive stigma associated with mental health issues play critical roles in the high prevalence of suicide. Further, in his analysis of the suicide problem in Guyana, Edwards (2016) made the point that Durkheim's theory of suicide, that argued about levels of social integration and social regulations in a country are the key determinants of suicide, required a total shift to be able to account for suicide in Guyana. Edwards' (2016) research in Guyana evidenced that suicide occurred mainly within the group with the strongest social, political, and religious support network. He went on to say that when Durkheim's macro sociological theory was expanded to include Parson's micro sociological framework that focuses more on individual social agency (Edwards 2016) and, in this case, deviance, his theory could align with the cultural phenomenon that is unfolding in Guyana. The current research supports and expands upon Edwards's theory by showing how these factors are interwoven with global sociological and interpersonal theories, thereby providing a more comprehensive understanding of suicide in Guyana.

### Synthesis and Expansion

By synthesizing these theoretical frameworks - Durkheim's and Joiner's established theories with Edwards's localized perspective - the analysis not only underscores the complexity of suicide as a multi-dimensional issue but also highlights the importance of considering both global and local contexts in suicide research. This theoretical alignment emphasizes the need for suicide prevention strategies in Guyana that are culturally sensitive and tailored to address specific local needs while also informed by global psychological and sociological insights.

### Summary

In summary, aligning the study's findings with these theoretical frameworks provided a robust foundation for understanding the multifaceted nature of suicide in Guyana. It highlighted the critical need for interventions that are both culturally relevant and theoretically informed, paving the way for more effective public health strategies to combat the suicide epidemic in the region. As we move forward into the discussion section, these theoretical insights will inform a deeper exploration of the implications for policy and practice, aiming to enhance both the academic understanding and the practical handling of suicide prevention in diverse cultural settings.

### Theoretical Discussions on Sociocultural Factors of Suicide in Guyana

The exploration of Guyana's sociocultural landscape, through the prism of suicide, has unveiled a complex interplay of cultural elements comprising values and beliefs, norms, practices, and language. This study, anchored in the ethos of critical suicidology, has illuminated the nuanced ways in which these elements intersect, shaping the contours of suicide ideation and actions within Guyanese society. Drawing upon critical suicidology's imperative to contextualize suicide within cultural and social

milieus (White, Marsh, Kral, & Morris, 2016), this chapter endeavours to dissect these intersections, unravelling the dance of culture that orchestrates perceptions and responses to suicide.

*Beliefs and Values: Economic Stability vs. Emotional Fulfilment*

The exploration into Guyanese society's valuation of economic stability over emotional fulfilment unveiled a complex interplay between cultural values and the phenomena of suicide. The emphasis on economic considerations reflected a deeply entrenched societal norm that prioritized material success as a key determinant of relational and familial worth. This normative stance not only influenced interpersonal relationships but also significantly impacted how suicide was perceived and addressed within the community. The materialistic underpinning, as highlighted by the narrative of FGD6P, suggested a societal inclination to view relationships through the lens of economic viability, often at the expense of emotional or romantic compatibility. This cultural predisposition is aligned with Canetto and Sakinofsky's (1998) observations on the role of socio-economic factors in shaping attitudes towards suicide and life preservation. Thus, underscoring the need to contextualize suicide within a broader socio-economic framework. The discourse on suicide prevention, as articulated by participants like KI5 and ESP85, introduced a contrasting yet complementary perspective that emphasized a shared belief in the preventability of suicide. This belief was grounded in the recognition of both societal and emotional triggers as pivotal factors in suicide ideation, echoing the sentiments of critical suicidology scholars such as Hjelmeland & Knizek (2010), who advocated for an expansive understanding of suicide. This perspective emphasized the importance of addressing the multifaceted socio-cultural and economic pressures that precipitated suicidal behaviour, advocating for a shift from a purely individualistic interpretation of suicide to a more holistic, socio-environmental approach. This dual narrative within Guyanese society—of valuing economic stability over emotional fulfilment on one hand and recognizing the preventability of suicide through societal intervention on the other—presented a nuanced

cultural landscape that shaped the discourse on suicide. It highlighted the critical interplay between societal values, economic pressures, and the collective responsibility towards suicide prevention.

The acknowledgment of societal influences on suicide ideation underpinned a crucial shift towards a more empathetic and comprehensive approach to suicide prevention. Thus transcending individual circumstances in order to address the broader cultural and economic determinants of despair. In critically examining the theoretical discussions around values and beliefs in the context of Guyanese society, it became evident that the cultural dance between economic stability and emotional fulfilment was a multifaceted one. It not only shaped personal and communal identities, but also influenced societal responses to suicide. By deciphering this cultural choreography, it was possible to understand the complex layers of societal values that contributed to the normalization of suicide as a response to life's challenges. This critical examination invited a re-evaluation of the societal structures and values that governed individual experiences, advocating for a more inclusive and compassionate approach to understanding and preventing suicide within the Guyanese context.

#### *Norms: Stigma and Silence*

The stigma surrounding suicide was highlighted as a deeply entrenched norm within Guyanese culture, fostering an environment where silence frequently overshadowed open dialogue. This cultural norm, as depicted through the experiences shared by ESP33 and ESP61, revealed a notable contradiction: while there was an acknowledgment of the complexity of suicide, there existed a concurrent societal reluctance to address or discuss it openly. This reluctance, fuelled by fears of judgment and misunderstanding, not only inhibited conversations but also marginalized those in distress, limiting their capacity to seek support or express their struggles.

The societal silence on suicide, as perpetuated by cultural norms, effectively marginalized crucial discussions on mental health and suicide

prevention, casting suicide not as a subject of urgent communal concern but as a taboo. This contributed to the normalization of suicide as a conceivable solution to personal and societal crises. Participants, such as FGD2P4, indicated that suicide was viewed as an escape from insurmountable societal pressures and personal despair, highlighting a troubling cultural narrative that posited suicide as a rational response to a perceived lack of alternatives.

This narrative and the normalization of suicide within such a cultural framework underscore the critical need for a paradigm shift in Guyanese society's approach to suicide prevention and suicide. By continuing to stigmatize and silence discussions around these issues, the community inadvertently perpetuates the cycle of despair and isolation for those in need. Addressing this stigma and cultivating an environment where open conversations about mental health and suicide are welcomed, could serve as a fundamental step towards dismantling the cultural barriers contributing to the normalization of suicide. Such an approach would not only aid in destigmatizing mental health challenges but also promote a more inclusive and supportive community atmosphere. Therefore, enabling individuals to seek help and express their struggles without fear of judgment or ostracization.

Link and Phelan (2001) offer a comprehensive framework for understanding stigma, emphasizing its role in producing social inequality. According to their model, stigma is not merely an attribute of individuals but a complex process involving labelling, stereotyping, separation, status loss, and discrimination within a power dynamic. This framework is particularly pertinent in examining how societal norms around stigma and silence in Guyana shaped the collective response to suicide and mental health issues. By applying Link and Phelan's model, it becomes evident that the stigmatization of suicide acts as a barrier to effective prevention strategies, emphasizing the necessity for cultural and societal transformation. Such transformation could pave the way for a more empathetic, open, and supportive discourse and practices surrounding

suicide and mental health, ultimately contributing to a reduction in suicide incidence by fostering a culture of understanding and support.

*Practices: From Family Communication to Media Influence*

Practices within Guyanese society, ranging from family communication dynamics to the portrayal of suicide in media, served to elucidate the complex cultural foundations of suicide. The prevalent practice of avoiding open discussions about suicide within families, juxtaposed with the potent influence of media portrayals, highlighted a pronounced cultural disjunction that exacerbated misconceptions and feelings of isolation among individuals. Notably, the romanticization of suicide by the media, as detailed by participants such as FGD9P3 and FGD8P1, emerged as a significant force in shaping societal perceptions, thus contributing to the normalization and romanticization of suicide. This portrayal by the media, in tandem with the pervasive silence on the subject within family settings, fostered a cultural environment that simultaneously mystified and normalized suicide, presenting substantial challenges to effective intervention and prevention efforts.

The romanticization and normalization of suicide within media narratives can be seen as a reflection of broader societal values and beliefs. This, when combined with the stigma and silence surrounding mental health discussions in family contexts, contribute to a complex landscape in which individuals navigating suicidal thoughts feel both isolated and misunderstood. This duality underscores the urgent need for nuanced approaches to suicide prevention that will not only address the immediate risks associated with suicidal ideation, but also engage with the deeper cultural narratives that influence perceptions and behaviours related to suicide.

Applying a critical lens to the role of media in shaping attitudes towards suicide, Stack (2005) provides a framework for understanding the media's influence on suicidal behaviour, suggesting that media portrayals can significantly impact societal suicide rates. This underscores the importance of responsible media reporting and the depiction of suicide.

Thus, advocating for a shift towards narratives that emphasize support, recovery, and the availability of help rather than glorifying or romanticizing suicidal acts. Similarly, Niederkrotenthaler et al. (2010) highlight the concept of the "Papageno effect," wherein media coverage of coping mechanisms in adverse circumstances can have a protective effect against suicide, suggesting a pathway for media to contribute positively to suicide prevention efforts.

In this context, the Guyanese societal practice of silencing discussions on mental health and suicide within families emerges as a critical area for intervention. Important here is fostering open and supportive communication within families and challenging the media's romanticized portrayals of suicide. This can result in potential to shift cultural norms towards greater acceptance and understanding of mental health challenges. This, in turn, could lead to a decrease in the stigma associated with seeking help, ultimately facilitating a more compassionate and effective response to the issue of suicide in Guyana.

#### *Language: Euphemisms and Indirectness*

The language surrounding suicide in Guyana, characterized by euphemisms and indirectness, encapsulated the cultural complexities of discussing suicide. As FGD10P13's narrative suggests, the societal approach to suicide communication is marred by an avoidance of direct mention, reflecting a broader cultural discomfort with the topic. This subtle communication, while deeply ingrained in Guyanese culture, presents significant barriers to identifying and addressing suicidal thoughts and behaviours, as it hinders the ability to engage in open and direct conversations about suicide.

In extending the critical analysis within "Theoretical Discussions on Sociocultural Factors of Suicide in Guyana," it became imperative to weave in the scholarly contributions of researchers like Edwards, Shaw, Shako, and others who have deeply explored the cultural, socio-political, and economic landscapes surrounding suicide in Guyana. Edwards (2017) illuminated the intricate connection between socioeconomic factors and

suicidal behaviours, presenting a compelling argument for considering economic disenfranchisement and unemployment as significant drivers of mental health issues, including suicide in Guyana. This perspective resonates with the findings of the present research, where economic considerations were underscored as pivotal in influencing romantic and familial relationships and, by extension, individual well-being. Shaw (2018) offered an invaluable exploration into the cultural dimensions of suicide, elucidating how societal norms, beliefs, and communication practices shape the perceptions and management of suicide within Guyanese communities. Shaw's work on the stigma surrounding mental health and the cultural barriers to discussing suicide adds depth to our understanding, echoing the themes identified in this research about the critical role of culture in shaping suicide discourse. Shako (2019), focusing on the public health approach to suicide in Guyana, critiqued the existing mental health services and suicide prevention strategies, highlighting the disconnect between policy and the cultural realities of the Guyanese people. Shako's analysis aligns with the present study's emphasis on the need for culturally sensitive, accessible mental health care and suicide prevention initiatives that are responsive to the unique needs of the Guyanese population.

Furthermore, integrating these academic works enriches the theoretical discussions by providing a holistic view of the multifaceted nature of suicide in Guyana. It underscores the necessity of a multidisciplinary approach to suicide prevention, incorporating economic empowerment, cultural understanding, and systemic healthcare reforms. The synthesis of insights from Edwards, Shaw, Shako, and the finding from my ethnographic research offers a nuanced narrative that captures the complexity of navigating cultural, economic, and systemic influences on suicide in Guyana. Thus, the integration of these scholarly contributions into the discussion chapter deepens the analysis and also highlights the interconnectedness of economic instability, cultural practices, and healthcare system challenges in the context of suicide. It advocates for an informed, comprehensive strategy to address suicide in Guyana,

leveraging local insights and academic research to foster a supportive, resilient society.

### Summary

The exploration of beliefs and values, norms, practices, and language within the Guyanese society has unravelled the intricate cultural complexities surrounding suicide. Guided by the critical suicidology movement, this research has illuminated the pivotal role of contextualizing suicide within these cultural dimensions. It has accentuated the imperative for interventions that are not only culturally sensitive but are also designed with an acute awareness of the Guyanese cultural specificities.

By delving into the nuanced dance of culture that underpins perceptions and practices related to suicide in Guyana, this study champions a comprehensive approach to suicide prevention. Such an approach necessitates embracing the unique cultural nuances of the Guyanese society while promoting open dialogue, mitigating stigma, and extending support to those grappling with distress. It calls for a departure from conventional one-size-fits-all strategies, advocating instead for tailored interventions that are deeply rooted in the understanding of local cultural practices, beliefs, and values. This research underscores the significance of a multifaceted suicide prevention strategy that harmonizes with the cultural ethos of Guyana. It emphasizes the importance of community engagement, the development of culturally resonant mental health education, and the cultivation of a societal atmosphere where discussions on mental health and suicide are destigmatized. Through fostering a more compassionate and culturally informed response, there lies the potential to address suicide more effectively within the Guyanese context. In conclusion, this exploration into the cultural fabric of suicide in Guyana serves as a clarion call for a more nuanced and empathetic approach to suicide prevention. By weaving together, the threads of critical suicidology with an intimate understanding of Guyanese culture, this research paves the way towards crafting interventions that are both culturally congruent and impactful. It is through this deeper

comprehension of the cultural dynamics at play that we can aspire to mitigate the distress that leads to suicide and cultivate a society that offers hope and support to those in need.

### Novel Discoveries and Divergences

While the findings of this research aligned with established theories of suicide such as those proposed by Durkheim and Joiner, they also introduced novel insights that highlighted the unique cultural dimensions of suicide in Guyana. This section explored how specific cultural practices and societal norms influenced suicide risk, presenting both corroborations and significant divergences from Western-centric theoretical frameworks.

#### *Cultural Practices and Communal Support*

In the context of Guyana, one of the distinct findings, particularly within Afro-Guyanese communities, was the influence of cultural practices and communal support plays a crucial role in shaping responses to suicide ideation and behaviour. This collective approach starkly contrasts with the individualistic perspectives that dominate Western theories of suicide, such as those proposed by Durkheim and Joiner (Durkheim, 1897; Joiner, 2005). Durkheim's theory of suicide, which emphasizes the role of social integration and regulation, finds a different expression in the tightly knit communities of Afro-Guyanese, where the fabric of communal life itself acts as a form of social regulation and support. Similarly, Joiner's theory, which posits that a lack of belongingness and perceived burdensomeness lead to suicidal behaviour, is mitigated in environments where community support is strong and pervasive.

### Collective Well-being and Shared Support

In Afro-Guyanese communities, the emphasis on collective well-being and shared support manifests through various cultural practices that reinforce community bonds and provide a network of support. These practices include communal gatherings, religious services, and other forms

of social interaction that are ingrained in daily life. Such environments foster a sense of belonging and significance among individuals, reducing feelings of isolation and alienation that are often cited as risk factors for suicide.

#### Critical Analysis of Communal Influence on Suicide Ideation

Critically, the communal support structures within Afro-Guyanese communities provide emotional support and also practical assistance that can mitigate the circumstances leading to suicide ideation. For instance, in times of economic hardship or personal crisis, community members often step in to provide tangible help, such as financial assistance or childcare, which can alleviate the stress and hopelessness that may lead to suicidal thoughts.

However, while communal support can serve as a protective buffer, it can also have limitations. In some cases, the pressure to conform to community norms and the fear of stigmatization can discourage individuals from expressing their struggles or seeking help outside the community. This can be particularly challenging for those who feel marginalized within their own communities due to differences in sexuality, mental health status, or other factors that might not align with predominant community values.

#### Gender Dynamics and Suicide Ideation

In Guyana, the impact of gender on suicide ideation and behaviour takes on unique characteristics that deviate from the patterns often observed in Western contexts. The global literature generally indicates that men are more likely to die by suicide, whereas women tend to have higher rates of suicide attempts and ideation. Canetto and Sakinofsky (1998) discuss this phenomenon as part of a broader, often Western-focused narrative that associates masculinity with higher lethality in suicide methods. However, in the Guyanese setting, the cultural constructs

of gender roles deeply influence both the expression of suicidal thoughts and the actions taken by individuals.

The research findings from Guyana suggest that although men may indeed experience significant levels of suicide ideation, societal expectations about masculinity can act as a barrier to expressing vulnerability or seeking help. In many cultures, masculinity is associated with strength, stoicism, and self-reliance. Men may therefore feel pressured to conceal emotional pain to align with these cultural expectations, which can exacerbate the risk of suicide by preventing them from seeking necessary support or communicating their distress.

Conversely, women in Guyana, while also affected by cultural norms, may find slightly more social acceptance in expressing emotional distress or seeking help, due to societal perceptions that view women as more emotionally expressive. However, this does not necessarily translate to better mental health outcomes, as women often face other forms of gender-specific stress and expectations that can also contribute to suicide ideation and attempts.

Duane Edwards (2016) expands on these observations by linking them to broader socio-economic and cultural dynamics within Guyana. Edwards points out that economic pressures, combined with rigid gender roles, can lead to a situation where men, who are often expected to be the primary breadwinners, may feel overwhelming pressure when they are unable to fulfil this role due to economic constraints or unemployment. This pressure can contribute significantly to feelings of inadequacy and despair, which are potential precursors to suicide. This gendered analysis of suicide ideation in Guyana emphasises the necessity of considering how deeply ingrained cultural norms influence suicide. It highlights the need for suicide prevention strategies that are sensitive to gender dynamics and cultural contexts. Such strategies should aim to change societal perceptions that stigmatize suicide issues while also address the specific ways in which gender influences the experience and expression of suicidal thoughts.

### *Integration of Duane Edwards's Theory*

Duane Edwards's (2016) theory emphasized the interplay of historical, economic, and cultural factors that uniquely shape the suicide landscape in Guyana. This framework is crucial for understanding how specific pressures distinct to the Guyanese context contribute to high rates of suicide. By integrating Edwards's theory with broader sociological and interpersonal frameworks, such as those proposed by Durkheim and Joiner, my research provides a multidimensional perspective on suicide ideation in Guyana, underscoring the complex causality that involves both local and universal factors.

#### Historical Context and Its Implications

Edwards (2016) points out that the historical context of Guyana, which includes the legacies of colonialism, slavery, and indentured servitude, has left profound impacts on the social and economic fabric of the nation. These historical factors have contributed to ongoing socio-economic disparities and a sense of disenfranchisement among certain populations. The research found that these historical injustices continue to influence contemporary attitudes toward life and death, impacting suicide rates. For instance, the lingering effects of these historical processes can be seen in the uneven development and limited economic opportunities in rural versus urban areas, exacerbating feelings of isolation and despair among the rural populace.

#### Economic Factors and Cultural Norms

Edwards (2016) also highlighted the role of economic instability and the lack of sufficient mental health resources as significant contributors to suicide. This research expanded on these notions by linking economic pressures directly with cultural expectations around success and resilience. In Guyana, where economic hardship is prevalent, failure to meet these cultural expectations can lead to a "loss of face" and a sense of burden, aligning with Joiner's concept of perceived burdensomeness as

a driver of suicide ideation. Moreover, the cultural stigma associated with suicide issues and the traditional resistance against discussing personal hardships openly compound these challenges, making it difficult for individuals to seek help.

#### Integration with Global Theoretical Frameworks

The integration of Edwards's localized insights with global theories such as Durkheim's sociological perspective on social integration and regulation provides a broader understanding of how integration or lack thereof influences suicide rates. In Guyana, the breakdown of traditional community networks, partly due to socio-economic changes and migration, has weakened the communal support systems that once provided a buffer against suicide. This scenario is indicative of Durkheim's concept of anomie, where a breakdown in social norms leads to increased suicide rates.

#### Critical Analysis

While Edwards's (2016) theory provides a solid foundation for understanding the specific socio-economic and cultural factors influencing suicide in Guyana, it also raises questions about the applicability of such a framework in addressing the issue proactively. The theory robustly explains the causes but also necessitates a discussion on potential interventions that could mitigate these factors. This research suggests that interventions need to be both culturally sensitive and economically viable, focusing on enhancing community support systems, improving economic opportunities, and reducing stigma associated with suicide and mental health.

Moreover, the integration of Edwards's theory with broader sociological theories encourages a holistic approach to suicide prevention that considers both individual psychological needs and broader socio-economic and cultural environments. It underscores the importance of multi-faceted strategies that address not only immediate risk factors but

also deeper systemic issues contributing to the prevalence of suicide in Guyana.

Therefore, Edwards's theory, when combined with global theoretical frameworks, enriches the understanding of suicide in Guyana by highlighting how deeply embedded cultural, historical, and economic factors interact with universal human sociological processes. This comprehensive approach is critical in developing targeted interventions that are both respectful of cultural specifics and effective in reducing suicide rates.

### *Synthesis and Implications*

The novel insights from the ethnographic research on suicide in Guyana emphasised the critical need for culturally sensitive and community-specific interventions in suicide prevention strategies. By integrating an understanding of the protective factors inherent in community practices and recognizing the complex role that gender dynamics play in shaping suicide risk and behaviour, these interventions can be more effectively tailored to the unique sociocultural landscape of Guyana.

#### Community Practices as Protective Factors

Community practices in various Guyanese cultures, particularly among Afro-Guyanese groups, often involve strong communal ties and support systems that can act as significant protective barriers against suicide. These practices may include communal coping mechanisms, collective problem-solving, and shared responsibilities that provide emotional support to individuals facing personal crises. Interventions that aim to strengthen these existing communal bonds or replicate these supportive structures in other communities can enhance resilience against suicide challenges and suicidal ideation.

However, while these community practices can be protective, they may also have limitations, such as the potential for reinforcing stigma around suicide issues or suppressing individual expressions of distress that

do not conform to the communal norms. Therefore, interventions need to be designed in a way that enhances community support without inadvertently reinforcing negative stereotypes or stigmas about mental health.

### Gender Dynamics and Suicide Prevention

The role of gender in shaping suicide ideation and behaviours in Guyana presents a complex challenge for suicide prevention efforts. Cultural expectations surrounding masculinity, for example, often discourage men from expressing vulnerability or seeking help, which can exacerbate feelings of isolation and despair. Suicide prevention strategies must therefore address these cultural constructions of gender, possibly by promoting new norms that allow for emotional expression and vulnerability among men.

For women, the focus may be on addressing specific risk factors that disproportionately affect them, such as domestic violence, economic dependency, and societal pressures related to their roles as caregivers. Programs designed to empower women, provide economic opportunities, and offer support for domestic abuse survivors could be crucial components of a comprehensive suicide prevention strategy.

### Implications for Policy and Practice

The need for culturally sensitive suicide prevention policies cannot be overstated. Policies should be designed to facilitate the development of programs that respect and integrate the cultural values and practices of each community, while also challenging harmful norms and providing safe spaces for individuals to seek help. This could involve training for healthcare providers and community leaders that emphasizes cultural competence, as well as public health campaigns that use culturally appropriate messaging to reduce stigma and encourage help-seeking behaviours.

Moreover, policies should support the integration of suicide prevention services into primary healthcare settings, making these services more accessible and less stigmatized. Additionally, considering the gender-specific aspects of suicide risk, policies should also ensure that suicide prevention and social services are attuned to the different needs of men and women, providing gender-sensitive support that addresses the distinct challenges faced by each group.

### Critical Considerations

While advocating for culturally sensitive approaches, it is also critical to ensure that these do not become culturally relativistic or patronizing. Interventions must be based on a deep understanding of cultural contexts, derived from continuous dialogue with community members and adaptation based on ongoing feedback and evaluation. This ensures that interventions remain respectful of cultural values while promoting positive change and supporting the overall mental health and well-being of the community.

Therefore, the effective reduction of suicide rates in Guyana through culturally informed interventions requires a delicate balance of respecting community practices and challenging harmful norms. It necessitates a nuanced approach that considers the complex interplay of cultural, social, and individual factors influencing suicide, ensuring that prevention strategies are both inclusive and effective.

### Summary

To summarise, the study supports existing theories but also contributed new dimensions to the understanding of suicide by highlighting the critical role of cultural practices and societal norms. These insights will enrich the academic conversation about suicide in Guyana, and also have practical implications for developing effective, culturally appropriate suicide prevention strategies. The integration of local insights with global theories offers a richer, more textured understanding of

suicide, paving the way for interventions that are both informed by theory and grounded in the lived realities of the people they were designed to help.

### Critical Analysis

The critical analysis of the research findings highlighted the necessity of adapting established theories of suicide to better accommodate the nuanced influences of cultural, economic, and gender-related factors specific to Guyanese society. While Durkheim's sociological theories and Joiner's Interpersonal Theory of Suicide offered foundational insights into the broad mechanisms of suicide, their application within the Guyanese context revealed certain limitations when confronted with the unique societal structures and cultural norms present in Guyana.

#### *Cultural Adaptations to Established Theories*

For instance, Durkheim's concept of anomie, which describes the fragmentation of social norms that often leads to suicide, needed to be reconsidered in light of the strong communal bonds and collective practices observed in Afro-Guyanese communities. These communal bonds, which starkly contrasted with the normlessness described by Durkheim, suggested that anomie might be less applicable in communities where collective welfare and social support were emphasized. Research by Kral (2012) in indigenous communities similarly highlighted how communalism served as a protective factor against suicide, challenging the universal applicability of anomie.

#### *Gender Dynamics and Theoretical Implications*

Additionally, the gender dynamics uncovered in the research illustrated the necessity of integrating gender-sensitive analyses into suicide theories. The findings indicated that cultural expectations around masculinity restricted men's expression of emotional distress, a factor not fully accounted for in Joiner's model, which posits that the desire to die

arises from perceived burdensomeness and thwarted belongingness. Studies by Canetto and Sakinofsky (1998) argued that gender norms significantly shaped the expression of suicidal behaviour, suggesting that men might experience high levels of psychological pain but were less likely to seek help due to societal expectations of stoicism.

#### *Economic and Socio-cultural Factors*

Furthermore, Duane Edwards's (2016) theory highlighted the impact of specific socio-economic pressures unique to Guyana, such as economic instability and historical legacies of indentureship, which exacerbated feelings of despair and isolation. Edwards's insights compelled a re-evaluation of how economic factors were integrated into existing suicide theories, which often did not fully consider the historical and socio-economic contexts of non-Western societies.

#### *Intersectionality in Suicide Research*

These observations advocated for an intersectional approach in suicide research, which considered the multiplicity of identities and experiences influencing an individual's vulnerability to suicide. Intersectionality, a concept developed by Crenshaw (1989), provided a framework for understanding how various forms of identity (race, gender, socioeconomic status) intersected at the individual level and how these intersections contributed to unique experiences of oppression and privilege. Applying an intersectional lens to suicide research in Guyana could yield more comprehensive insights into the complex interplay of factors that contributed to suicide risk.

#### *Summary*

In summary, the critical analysis of these findings highlighted the importance of adapting and expanding established suicide theories to better address the specific cultural, economic, and gender-related factors prevalent in Guyanese society. By incorporating a more nuanced

understanding of these factors, researchers and policymakers could develop more effective, culturally sensitive interventions that were tailored to the unique needs of the Guyanese population.

#### Contribution to Academic Discourse

My research significantly enriches the academic discourse on suicide by demonstrating the profound impact of incorporating context-specific investigations into the broader field of suicide studies. By integrating the empirical findings from Guyana with established theoretical frameworks, the research not only confirms some aspects of these theories but also challenges and expands them to include the nuanced effects of cultural, social, and economic factors specific to Guyana. This approach underscores the need for suicide research methodologies that are not only culturally sensitive but also adaptable to the unique contexts they study.

For instance, while Durkheim's classical theory of anomie provides a foundation for understanding the effects of societal breakdown and normlessness on suicide rates, this study's findings in Guyanese communities highlight the role of strong familial and community bonds as protective factors against suicide, thus suggesting modifications to the original theory to account for cultural variations in social cohesion and support systems. Similarly, Joiner's Interpersonal Theory of Suicide is expanded to incorporate the specific societal and cultural pressures faced by different demographic groups in Guyana, particularly the transgender community, whose experiences of perceived burdensomeness and thwarted belongingness are exacerbated by discrimination and social exclusion.

#### *Novel Contributions to Suicide Prevention Models*

My study contributes novel insights by exploring how specific cultural practices, such as the communal support found in Afro-Guyanese communities, and the stigma associated with expressing vulnerability in many Indo-Guyanese communities, affect suicide ideation and behaviours.

These insights are critical for developing suicide prevention models that are culturally attuned and effective. For example, Mars et al. (2014) discuss the importance of community-based approaches in mental health interventions, which could be particularly effective in Guyanese settings where community ties are strong.

#### *Informing Public Health Strategies and Policy*

The incorporation of these culturally specific factors into academic and clinical understandings of suicide can greatly inform public health strategies and policymaking. By recognizing the importance of cultural factors in suicide ideation, health professionals and policymakers would be better able to design intervention programs that were respectful of and responsive to the cultural contexts of the populations they serve. For instance, Canetto and Lester (1998) emphasized the need for culturally sensitive approaches in understanding and preventing suicide, which would be particularly relevant in a diverse and multicultural context like Guyana.

#### *Advocating for Inclusive and Representative Frameworks*

Furthermore, this research advocates for a paradigm shift in the academic and clinical fields towards frameworks that are inclusive of, and representative of the diverse populations affected by suicide. This shift is crucial for addressing the gaps in current suicide research and intervention strategies, which often overlook the specific needs and circumstances of non-Western societies. Kirmayer et al. (2012) argued for the inclusion of indigenous and culturally specific knowledge in understanding mental health issues, aligning with this research's call for more inclusive and comprehensive frameworks.

#### *Summary*

Overall, my thesis's contributions to the academic discourse on suicide represents a significant advancement in understanding the

complex interplay between cultural factors and suicide. It challenges the field to move beyond universal models to embrace more nuanced and culturally informed approaches that reflects the realities of diverse global populations. This work advances academic knowledge and has practical implications for developing more effective public health policies and interventions in suicide prevention.

### Conclusion

In conclusion, this section reaffirmed the relevance of established theoretical frameworks in understanding suicide but also challenged and expanded these models to better reflect the cultural and social complexities of Guyana. The insights gleaned from this detailed analysis enriched both academic discourse and practical approaches to suicide prevention, emphasizing the necessity of culturally congruent strategies. As the thesis progressed, these findings guided discussions on cultural nuances, informed policy considerations, and shaped practical recommendations to effectively address suicide in Guyana and similar contexts worldwide. This integrative approach highlighted the critical role of culturally informed research in enhancing the efficacy of suicide prevention efforts globally.

### Cultural Insights

In this subsection, the focus shifts to the profound impact of cultural factors on suicide ideation and behaviours within Guyana, offering a deep dive into the ways cultural beliefs and values, societal norms, practices, and language uniquely influence these phenomena. This analysis is pivotal in revealing the intricate relationships between culture, and suicide and its suicide ideation, highlighting how sociocultural factors shape the perceptions and experiences of suicide in Guyana. So, in order to describe how I discovered this relationship I will remind you of the role ethnography played in creating this tapestry of suicide in Guyana.

## Ethnography as a Conduit to Cultural Understanding

Transitioning from the rich and nuanced findings that were unearthed in my exploration of suicide in Guyana, I will now shift my focus back to the methodological underpinnings that made such depth of understanding possible. The ethnographic approach, which was central to my inquiry, facilitated both a comprehensive examination of the intricate cultural and social tapestry influencing suicide and its ideation while also enabling my immersive exploration into the lived realities of the Guyanese people. This shift from findings to methodology is being done to explain the pivotal role that ethnography played in navigating the complex terrain of suicide research here in Guyana, offering profound insights into the dynamic interplay of factors that shaped this critical social issue.

My exploration delved into the utilization of an ethnographic approach, highlighted for its exceptional capacity to immerse in and extract nuanced understandings of the cultural and social practices influencing suicidal behaviours. Engaging directly with individuals and communities, this method enabled a comprehensive exploration of the lived experiences, meanings, and perceptions that constitute suicide in Guyana (Madison, 2012). By using the ethnographic approach, my research was equipped to uncover the intricate dynamics of cultural norms and societal expectations that influence the prevalence of suicide within the region (Atkinson et al., 2001). This methodological lens allowed for the nuanced understanding of how suicide is perceived, experienced, and contextualized within Guyanese society. It offers invaluable insights into the cultural specificities that inform effective suicide prevention and intervention strategies (Pink, 2015). And even further, my ethnographic study on suicide in Guyana introduced a nuanced, contextually rich perspective to the academic discourse on suicide, emphasizing the intricate interplay of cultural, economic, societal, and individual factors. This methodological innovation provided a profound understanding of the lived experiences and societal norms influencing suicidal behaviours in a less examined context. Here's how these contributions aligned with and expanded upon existing academic references:

- **Cultural and Societal Nuances:** Kleinman and Cohen (1997) discussed the importance of understanding the cultural context in mental health issues, highlighting the relevance of ethnographic methods in uncovering the nuanced impacts of societal norms and values on health behaviours. My findings on cultural dynamics related to suicide in Guyana extended this discourse, offering a detailed exploration of how these factors shaped suicidal ideation and behaviours within Guyana's societal context.
- **Stigma and Silence:** Link and Phelan (2001) conceptualized stigma in a way that underscored the significance of societal perceptions and individual experiences in the context of mental health. The ethnographic insights into the stigma and silence surrounding suicide in Guyana added depth to this framework, demonstrating how these elements operated within and were perpetuated by specific cultural and societal norms.
- **Underrepresented Voices:** The focus on marginalized voices in the study echoed the call by Marshal et al. (2011) for more inclusive research methodologies that captured the experiences of underrepresented groups. The ethnographic approach used in my research successfully amplified these voices the transgender population, offering a more comprehensive understanding of suicide in Guyana.
- **Economic and Romantic Considerations:** Stack (2000) highlighted the role of economic factors in suicide, but my research extended this analysis by juxtaposing economic stability with emotional and romantic considerations within the context of family approval and societal acceptance. This contributed a nuanced understanding of the economic dimensions influencing suicide, especially in contexts where materialistic values were emphasized.
- **Religious and Spiritual Beliefs:** Colucci and Martin (2008) discussed the complex role of religion in suicide, a theme that the study elaborated on by exploring the dual role of religious and spiritual beliefs in Guyana. This investigation into how these beliefs served both as sources of resilience and as contributors to stigma

added a valuable dimension to the ongoing academic conversation about the intersection of religion and suicide.

- **Methodological Innovation:** Bernard (2011) underscored the value of ethnography in understanding human behaviour from within its cultural context. The application of ethnographic methods to suicide research in Guyana showcased the potential of this approach to uncover deep, contextual insights into suicidal behaviours, advocating for its broader use in suicide studies, particularly in culturally specific settings.

These references provided a foundational framework for understanding the contributions of the ethnographic study on suicide in Guyana, positioning it within a broader academic conversation and highlighting its innovative approach to exploring the complexities of suicide in a culturally specific context. Through this approach, the research contributed to the broader anthropological discourse on suicide by evidencing the critical role of cultural insights in developing targeted and culturally sensitive suicide prevention measures (Ingold, 2014).

#### Unveiling the Cultural Dimensions of Suicide

Therefore, to follow on, through participant observation, in-depth interviews, focus group discussions, documented evidence, and the analysis of cultural practices, my ethnographic approach allowed for a comprehensive understanding. This understanding showed how cultural influences permeate perceptions and practices surrounding suicide in Guyana, highlighting several key areas:

#### *Economic Stability vs. Emotional Fulfilment:*

Ethnography exposed a pronounced societal preference for economic stability over emotional or romantic compatibility in relationships. This trend, highlighting materialistic values entrenched in family approval and societal acceptance. This suggested that economic

factors significantly intertwine with relational dynamics, influencing perceptions and decisions related to suicide (Bourgois, 1995; Stack, 2000).

*Religious and Spiritual Beliefs:*

By delving into the local context, the ethnographic method underscored the dual role of religious and spiritual beliefs in resilience and stigmatization of suicide. Insights into Guyana's diverse religious landscape revealed the multifaceted ways faith intersects with suicide ideation, showcasing how religious beliefs shape community and individual responses to suicide (Hjelmeland et al., 2008; Colucci & Martin, 2008).

*Stigma and Silence:*

This approach skilfully highlighted the pervasive stigma and silence surrounding suicide and mental health. It pointed out how cultural norms and societal expectations contribute to environments where dialogue about suicide is suppressed, leading to the isolation of those suffering (Corrigan, 2004; Link & Phelan, 2001).

*Media Influence and Social Dynamics:*

Investigating media portrayals and social media dynamics through an ethnographic lens illuminated the impact of these representations on societal attitudes and the normalization of suicide as a crisis response (Stack, 2003; Niederkrotenthaler et al., 2010).

By employing the ethnographic approach, this research meticulously charted the cultural dimensions of suicide in Guyana, offering crucial insights into the societal, economic, religious, and media-related factors that collectively shape the landscape of suicide ideation, stigma, and prevention strategies.

### Summary

My ethnographic journey into the research of suicide in Guyana culminated in a deeply nuanced exploration that not only deepened our understanding of this grave issue from a uniquely Guyanese perspective but also illuminated the indispensable role of cultural context in both the occurrence and prevention of suicide. This transition from findings back to methodology wasn't just a shift in focus but a critical reflection on how the ethnographic approach enabled me to comprehensively dissect the intricate tapestry of cultural, economic, and societal factors influencing suicide and its ideation. This reflection served to underscore the profound insights afforded by ethnography in navigating the complex terrain of suicide research in Guyana, revealing the dynamic interplay of multifarious factors shaping this critical social issue. My decision to employ an ethnographic methodology was rooted in its unparalleled ability to offer a deep, immersive exploration of the lived experiences, meanings, and perceptions surrounding suicide in Guyana.

This methodological choice proved instrumental in uncovering the nuanced dynamics of cultural norms, economic pressures, and societal expectations that bear upon the prevalence of suicide within the region. The ethnographic lens provided a unique vantage point from which to view how suicide was perceived, experienced, and contextualized within Guyanese society. This furnished invaluable insights into the cultural specificities that shape effective suicide prevention and intervention strategies. The integration of my ethnographic findings with the broader academic discourse on suicide was both a contribution and a challenge. Drawing upon the foundational frameworks provided by Kleinman and Cohen (1997) and others, I navigated the delicate balance of honouring the unique cultural context of Guyana while engaging with universal themes and ethical considerations surrounding suicide research. This endeavour highlighted the critical role of cultural insights in developing targeted, culturally sensitive suicide prevention measures, thereby enriching the anthropological discourse on suicide.

My approach to revealing the cultural dimensions of suicide in Guyana was marked by a conscientious effort to avoid sensationalism or stigmatization, prioritizing instead a representation of findings that respected the dignity and complexity of participants' experiences. This was achieved through strategies such as prioritizing the participants' voice and autonomy, ensuring sensitivity in representation, and engaging in collaborative analysis with community stakeholders. These strategies underscored the ethical and methodological rigors of conducting ethnography in such a sensitive area.

As a Guyanese researcher, my role was fraught with unique challenges, particularly in maintaining objectivity and navigating my personal connections to the community. Reflexive practices, including journaling and debriefing sessions, proved pivotal in ensuring that my preconceptions did not colour the research findings. This self-reflection was also crucial in managing the emotional toll of the research, highlighting the importance of self-care and support systems in conducting sensitive ethnographic research.

Therefore, my ethnographic journey into suicide in Guyana underscored the profound importance of cultural context in understanding and addressing this complex social issue. Through meticulous methodological approach that valued participant voices and cultural sensitivities, the research not only contributed valuable insights to the academic discourse on suicide but also emphasized the need for culturally informed prevention and intervention strategies. This exploration reaffirmed the belief that ethnography, with its deep immersion and nuanced understanding, is an invaluable tool in unravelling the complex tapestry of factors influencing suicide, promising pathways toward interventions that resonate with the lived realities of communities.

#### Unravelling the Stigma of Suicide in Guyana's Socio-Cultural Landscape

Based on my data presented, I put forward that stigma, in the context of suicide in Guyana can be defined as a societal process. This

process is characterized by the recognition of an individual's characteristics, behaviours, or identities (such as those contemplating suicide, experiencing mental health challenges, or belonging to marginalized groups like the LGBTQ+ community) that are deemed undesirable or deviant by prevailing societal standards. Thus, leading to discrimination, marginalization, and the application of stereotypes, effectively separating the stigmatized individuals from the rest of society.

The stigma surrounding suicide and mental health in Guyana is reinforced through various cultural norms and practices, including silence and avoidance in discussing such issues, societal shaming, and the absence of adequate support systems. This creates an environment where individuals struggling with suicidal ideation may feel isolated, misunderstood, and reluctant to seek help for fear of judgment or breach of confidentiality. The pervasive stigma, contributes significantly to the normalization of suicide as an escape from unbearable circumstances, inhibiting open dialogue and reducing the likelihood of individuals accessing the care and support they need. In this section, I delved into the intricate web of stigma associated with suicide in Guyana, navigating through its socio-cultural tapestry to uncover how societal norms and practices contribute to the marginalization and isolation of individuals facing suicide ideation.

#### *Academic Perspectives on Stigma and Suicide: Theorizing Identity and Exclusion in Guyana*

Drawing from Goffman's (1963) seminal work, which defines stigma as a deeply discrediting attribute, that reduces the bearer from a whole and usual person to a tainted, discounted one. My investigation into the Guyanese narratives revealed the profound impact of societal attitudes on those grappling with suicidal ideation. This conceptualization of stigma as an identity-disruptive process provided a critical lens through which to understand the challenges encountered by my participants. Further, Link and Phelan's (2001) framework on stigma, which outlined the processes

of labelling, stereotyping, separation, status loss, and discrimination within a power dynamic, offered an insightful perspective on the social construction of stigma in Guyana. Their emphasis on the role of power imbalances in the perpetuation of stigma resonated with the dynamics observed within the Guyanese community, where cultural norms and power structures significantly influenced the manifestation and consequences of stigma. Moreso, Michel Foucault's (1978) theories on power/knowledge and biopower enriched my understanding of how societal discourses govern individuals' lives, effectively marginalizing those who deviate from prescribed norms.

The narratives from Guyana depicted a Foucauldian landscape, where societal norms function as mechanisms of control, delineating the boundaries of normalcy and deviance. This analysis highlighted how the societal discourse on suicide and mental health in Guyana serves to stigmatize and isolate individuals, casting them into the periphery of societal concern. The work of Zola (1982) and Scambler (2009) on the lived experience of stigma further illuminated the dual nature of enacted and felt stigma. Their research draws attention to the silence and neglect faced by individuals with physical or psychological challenges, themes that were poignantly echoed in the experiences shared by my participants. This insight into the enacted and felt dimensions of stigma underscored the complex interplay between societal perceptions and individual experiences, contributing to a culture of silence around suicide and mental health in Guyana. In addition, Olafsdottir and Pescosolido's (2011) exploration of the cross-cultural dimensions of stigma provided a comparative lens, underscoring how cultural influences shape the manifestation and impact of stigma. Their work emphasized the importance of understanding cultural specificities in addressing stigma, particularly in the context of suicide prevention and intervention. By weaving together academic insights with lived experiences from Guyana, it aims to shed light on the pervasive nature of stigma and its profound impact on individuals struggling with suicidal ideation and mental health issues.

The references to foundational texts in stigma studies enriched the analysis, offering a nuanced understanding of how stigma operates as a powerful societal force, shaping the contours of human experience and interaction, especially in the delicate realm of suicide in Guyana.

### *Contours of Stigma: Mapping the Landscape of Silence and Shame in Guyana*

The exploration of stigma within Guyana's socio-cultural tapestry, particularly in relation to suicide, presents a poignant narrative. This narrative speaks of how deeply ingrained societal norms can significantly exacerbate the struggles of individuals facing suicide and suicide ideation. This discussion extends beyond the mere identification of stigma as a barrier to seeking help; it delves into the mechanisms through which stigma is perpetuated and the profound consequences it has on the well-being of individuals and the societal collective. Here, I further interpreted and critically discussed this stigma, drawing from the rich academic discourse and the lived experiences shared during my ethnographic research.

### *The Mechanisms of Stigma in Guyana*

The process of stigmatization in Guyana, as observed in the context of suicide and suicide ideation, operates through several key mechanisms: silence, societal shaming, and the inadequacy of support systems. These mechanisms are not isolated but are interlinked, each reinforcing the other to create an environment where suicide ideation and suicide are cloaked in a veil of secrecy and shame. The silence surrounding these topics is not merely a lack of conversation but a culturally ingrained practice that serves to ostracize those in need, pushing them further into isolation. Critically examining this silence, it becomes evident that it is both a cause and a consequence of stigma. The reluctance to discuss suicide and its ideation openly stems from fear—fear of judgment, of social exclusion, and of tarnishing family honour. This fear perpetuates silence, making mental health struggles an invisible burden that many carry alone. The irony here

is profound; in a society where communal ties and relationships are highly valued, the silence around suicide and its ideation creates barriers that prevent individuals from accessing the very communal support that could offer solace and understanding.

### *The Role of Power Dynamics*

Link and Phelan's (2001) emphasis on power dynamics in the process of stigma offers a crucial lens for understanding the Guyanese context. The societal response to suicide and its ideation is imbued with power relations that privilege certain identities and experiences over others. For instance, the marginalization of the LGBTQ+ community within Guyana underscores how power dynamics shape the experiences of stigma, with societal norms and religious beliefs contributing to the intensification of stigma faced by these individuals. This dynamic suggests that efforts to address stigma must also confront the underlying power structures that sustain it.

### *Societal Shaming and Marginalization*

The role of societal shaming in the stigmatization process cannot be overstated. Individuals experiencing mental health issues or suicidal ideation are often subjected to judgment and stereotyping, branded as weak, attention-seeking, or morally flawed. This societal shaming is a powerful tool of social control, serving to enforce conformity to cultural norms and expectations. However, this shaming not only fails to address the root causes of suicide struggles but also actively contributes to worsening the condition of those affected. It strips individuals of their dignity and autonomy, reducing their complex experiences to stigmatized labels that offer no path to understanding or healing.

### *The Inadequacy of Support Systems*

The absence of adequate support systems is both a reflection of and a contributor to the stigma surrounding suicide and its ideation in Guyana.

The lack of accessible, culturally sensitive mental health services means that many individuals have nowhere to turn for help. Moreover, the existing services are often stigmatized, perceived as being only for the "mad" or "crazy." This perception further discourages individuals from seeking help, reinforcing the cycle of stigma and silence.

### *Towards a Critical Reimagining of Stigma*

To address the stigma surrounding suicide and suicide ideation in Guyana, a critical reimagining of societal attitudes and practices is necessary. This involves not only increasing awareness and understanding of the family and society dynamic issues but also actively challenging the cultural norms that perpetuate stigma. Education and dialogue can play a crucial role in this process, creating spaces where mental health can be discussed openly and without judgment. Moreover, there is a need for a paradigm shift in how mental health services are provided and perceived. By integrating mental health care into the fabric of community support systems and ensuring that services are culturally attuned and accessible, we can begin to dismantle the stigma that has long hindered individuals from seeking help.

### *Summary*

In summary, the stigma associated with suicide and suicide ideation in Guyana is a complex, multi-faceted issue that requires a nuanced understanding and a multi-pronged approach to address. Through my ethnographic research and the academic literature, it is clear that combating stigma is not just about changing individual attitudes but about transforming societal structures and norms that perpetuate silence and shame. By fostering a culture of openness, understanding, and support, we can begin to dismantle the barriers that stigma erects, paving the way for a more compassionate and inclusive society.

## Social Discord: Interplay of Culture and Vulnerability

In the orchestration of social discord within Guyana's cultural landscape regarding suicide, the interplay between culture and vulnerability was meticulously dissected through a lens that resonated deeply with the critical suicidology movement. This analysis synthesized the cultural elements - values and beliefs, norms, practices, and language - with the emerging themes of social discord, intergenerational conflict, ideological disparities, and a troubling normalization of suicide, informed by insights from seminal works in the critical suicidology field. (Kral, 2012; White, 2012).

### *Intergenerational Conflict and Ideological Differences*

The exploration of the Symphony of Social Discord within Guyanese society, particularly through the lens of intergenerational conflict and ideological differences, underscores the intricate interplay between culture and vulnerability. This tension, arising from the clash between traditional communal values and the individualistic aspirations of younger generations, highlights significant areas of vulnerability that contribute to the complex landscape of suicide within the community. The conflict manifests as cultural friction, where the pursuit of personal autonomy by younger individuals often collides with entrenched societal and familial expectations, catalysing emotional distress and, in some cases, leading to suicide as a form of resistance or escape.

Drawing upon the critical suicidology framework, which emphasizes the socio-cultural foundations of suicide, this research underscores the importance of understanding the impacts of cultural continuity and change on mental well-being. Michael Kral's work (2012) within critical suicidology provides a valuable lens through which to view this matter, suggesting that the negotiation of identity and belonging, within the context of cultural transition, plays a crucial role in shaping individuals' mental health outcomes. Kral's perspective is especially relevant in the Guyanese context, where the tension between maintaining traditional values and adapting to modern, individualistic aspirations reflects broader societal

shifts and challenges. The narratives shared by participants illuminate the multidimensional nature of this discord, suggesting that pathways to suicide are deeply embedded within the cultural and societal structures that govern individual lives. The friction between generations underscores the complexities of navigating cultural identity in a rapidly changing world and points to potential mental health implications for individuals caught in this struggle. Incorporating insights from critical suicidology, particularly Kral's (2012) contributions, this discussion highlights the necessity for interventions that are sensitive to the cultural nuances and complexities shaping individuals' experiences of suicide. The emphasis on cultural continuity and change within critical suicidology provides a framework for understanding how these tensions contribute to vulnerability and, ultimately, to suicidal behaviours.

To address the Symphony of Social Discord effectively, an approach that acknowledges diverse cultural narratives and experiences within Guyanese society is essential. By fostering open dialogue and creating spaces for intergenerational communication, it's possible to bridge ideological gaps and mitigate associated emotional distress. Such an approach resonates with the perspective offered by White (2012), who argues for a broadened understanding of suicide that moves beyond medicalized views to encompass social, cultural, and economic dimensions. In conclusion, the analysis of intergenerational conflict and ideological differences within the Guyanese context reveals the critical role of culture in shaping vulnerability to suicide. By integrating insights from critical suicidology and academic contributions like those of Kral (2012) and White (2012), this research advocates for culturally informed strategies that address the underlying socio-cultural determinants of suicide. Through a nuanced understanding of the interplay between culture and vulnerability, there is hope for developing more effective and compassionate approaches to suicide prevention that resonate with the lived realities of the Guyanese people.

### *The Normalization of Suicide as Problem-Solving*

The phenomenon of the normalization of suicide as a method of problem-solving in Guyanese society illuminates the profound impact of the interplay between culture and vulnerability. Through the narratives shared by participants, it became evident that societal norms, coupled with media portrayals, have fostered an environment where suicide is increasingly considered a viable solution to both personal and societal crises. This normalization process is a direct outcome of social discord characterized by a lack of open dialogue on suicide ideation and mental health issues, pervasive stigma surrounding suicide, and the romanticization of suicide in media. This environment has effectively embedded the notion of suicide as a normative response to distress within the societal psyche. This critical analysis draws upon the critical suicidology movement, which advocates for a departure from the pathologization of suicide, as traditionally seen in mainstream suicidology, towards a deeper understanding of the cultural and social underpinnings of suicide. Jennifer White's (2012) work within this movement provides a crucial framework for this discussion, emphasizing the need to contextualize suicide within the socio-cultural milieu that shapes individuals' perceptions and responses to life's challenges. White argues for a more nuanced approach to suicide prevention, one that moves beyond medical and psychological models to incorporate an understanding of the socio-cultural dynamics at play.

In the Guyanese context, the normalization of suicide as a method of problem-solving reflects broader issues of social discord and cultural vulnerability. It underscores the urgency of developing suicide prevention strategies that are culturally informed and sensitive to the complex interplay of factors that contribute to the normalization of suicide. By acknowledging the role of societal norms, media portrayals, and the stigma surrounding mental health and suicide, interventions can be designed to challenge and change the narrative around suicide, promoting healthier, more supportive responses to personal and societal crises. Moreover, incorporating insights from critical suicidology, as advocated by

White (2012), this analysis suggests that addressing the normalization of suicide in Guyanese society requires a holistic approach.

Such an approach should include public education campaigns to demystify and destigmatize mental health and suicide, the promotion of open dialogues within communities about mental well-being, and the development of media guidelines to prevent the romanticization of suicide. Furthermore, it necessitates a shift in public and mental health policies to reflect a more comprehensive understanding of suicide, one that recognizes the intricate web of cultural, social, and individual factors that influence suicidal behaviour. In conclusion, the normalization of suicide as a method of problem-solving within Guyanese society highlights the critical need for interventions that are rooted in an understanding of the cultural and social context. By leveraging the insights of the critical suicidology movement and integrating a multidimensional perspective on suicide, it is possible to challenge the prevailing narratives and foster a societal shift towards more compassionate, constructive responses to the vulnerabilities that underpin suicidal ideation and behaviour.

#### *Cultural Practices and Communication Barriers*

The amplification of social discord was further highlighted by cultural practices and communication barriers that shaped expressions and perceptions of vulnerability. Practices of silence and indirect communication about suicide, along with the pervasive stigma against mental illness including suicide and its ideation, created an atmosphere where individuals facing suicidal thoughts felt isolated and misunderstood. The cultural reluctance to engage in mental health conversations exacerbated vulnerabilities, restricting individuals' abilities to seek and receive support. From the perspective of critical suicidology, the importance of cultural competence in suicide prevention efforts was emphasized, advocating for practices that respect cultural nuances and promote open, empathetic communication (Marsh, 2010).

In the intricate symphony of social discord and the interplay of culture and vulnerability in Guyana, the discussion was further enriched

by incorporating critical works by academics who have delved into the phenomenon of suicide within this unique context. The analysis drew upon the seminal contributions of scholars like Lokuge et al. (2015), who explored the epidemiology of suicide in Guyana, shedding light on the country's high rates and the complex interplay of socio-economic factors influencing these trends. This work underscored the critical role of economic instability and societal pressures as catalysts for suicidal behaviour, aligning with the themes identified through participant narratives in the current research. Additionally, the research was informed by insights from Dennis et al. (2016), whose qualitative study on suicide ideation among young people in Guyana illuminated the critical impact of interpersonal relationships, family dynamics, and societal expectations on youth's mental health. Their findings echoed the narratives of social discord identified in the current analysis, emphasizing the role of family approval, societal stigma, and the challenges of navigating personal autonomy within a culturally rigid framework.

The work of Hicks (2014) further contributed to the understanding of cultural practices and language surrounding suicide in Guyana. Hicks' exploration of the narratives and stigma associated with suicide among Indigenous communities provided a deeper understanding of the cultural specificity of suicide ideation and the importance of culturally sensitive suicide prevention strategies. This perspective highlighted the need for approaches that honour cultural beliefs and practices while addressing the underlying vulnerabilities leading to suicide. Moreover, Jansen et al. (2018) offered a critical examination of mental health care access and stigma in Guyana, which was instrumental in understanding the barriers to seeking help and the pervasive stigma against mental illness within the society. Their analysis of the inadequacies in mental health services and the societal attitudes towards mental health care illuminated the systemic challenges faced by individuals struggling with suicidal thoughts, reinforcing the findings of limited support and stigma identified in my current research. By integrating these critical academic works into the analysis, my discussion was significantly deepened, providing a broader scholarly context to the themes of social discord, intergenerational

conflict, and the normalization of suicide as problem-solving in Guyana. These works underscored the complexity of suicide as a socio-cultural phenomenon, necessitating a multifaceted approach to suicide prevention that considers economic, relational, and cultural dimensions. The incorporation of these academic perspectives underscored the alignment of this current research's findings with existing literature, while also highlighting the unique cultural factors contributing to the landscape of suicide in Guyana. This enriched analysis advocated for culturally attuned, systemic interventions that resonate with the lived experiences of Guyanese individuals, emphasizing the importance of addressing the root causes of social discord and vulnerability in suicide prevention efforts.

### Summary

In concluding the analysis of the interplay between culture and vulnerability within Guyanese society, through the critical lens of suicidology, a complex picture of social discord has been unveiled. This discord, marked by intergenerational clashes, ideological rifts, and the troubling normalization of suicide, highlighted the nuanced ways cultural elements shape both individual and community vulnerabilities. The study argued for a suicide prevention and intervention approach that is deeply sensitive to cultural nuances, recognizing the significant influence of cultural norms, practices, and communication barriers on the phenomenon of suicide ideation and mental health. By delving into the symphony of social discord, the research laid a foundation for culturally congruent interventions, ensuring that efforts to address suicide resonate with the lived experiences of the Guyanese populace. This necessitates interventions grounded in a profound understanding of cultural specifics, characterized by empathy and inclusivity. In this context, the critical suicidology movement has shed light on the necessity of adopting a more compassionate and culturally informed approach to the pervasive issue of suicide. This movement, challenging the conventional pathologizing of suicide, promotes a broader perspective that encompasses the socio-cultural determinants of suicide. It advocates for a shift from traditional,

medicalized views of suicide towards a comprehensive approach that integrates socio-cultural insights into suicide prevention strategies. This approach not only aligns with the complex reality of suicide within diverse cultural contexts like Guyana's but also paves the way for more effective, empathetic, and inclusive suicide prevention measures globally. Therefore, this critical discussion underscores the importance of intertwining cultural sensitivity with suicide prevention efforts, advocating for a nuanced understanding of the roles played by cultural norms, intergenerational dynamics, and societal structures in shaping the landscape of suicide. By embracing the insights offered by critical suicidology, stakeholders can forge a path toward mitigating the impact of suicide in a manner that honours the cultural fabric of communities, thereby contributing to the global endeavour to address this multifaceted challenge with the depth and compassion it demands.

#### Normalisation of Suicide – Suicide as a Cultural Resolver

The "Normalisation – Suicide as a Cultural Resolver" captured the essence of how suicide had become entwined with the cultural fabric of Guyana, revealing a complex interplay between societal norms, values, and practices that collectively shaped perceptions and behaviours towards suicide. This critical analysis delved into the layers of normalization, drawing upon data that exposed the multifaceted nature of suicide within Guyanese society, highlighting the convergence of economic considerations, societal stigma, familial expectations, and media portrayals in the conceptualization of suicide as a cultural resolver. In the past, this "Normalisation – Suicide as a Cultural Resolver" in Guyana was critically analysed through the lens of both local insights and broader academic discourse, particularly incorporating perspectives from the critical suicidology movement. Though not ethnographic in approach, this analysis drew upon the foundational works of academics such as Edwards, Shaw, and Shako, who had extensively explored the multifaceted nature of suicide within the Guyanese context. Their research, combined with the principles of critical suicidology, offered a nuanced understanding of how

cultural, economic, and social dynamics contribute to the normalization of suicide as a solution to personal and societal challenges.

### *Economic Considerations Over Romantic Choices*

The prioritization of economic stability over emotional or romantic compatibility in relationships reveals a materialistic value system deeply embedded within Guyanese society. This system elevates economic viability as a crucial factor for future stability, inadvertently cultivating a belief that financial inadequacies can justify extreme measures, including suicide, as a means to navigate relational conflicts. The observations in this study echo the insights provided by Edwards (2018), who highlighted the exacerbating effect of socioeconomic pressures on suicide risk, particularly among the youth. This alignment with the local context in Guyana, where economic considerations often eclipse the importance of emotional or romantic compatibility, hints at a materialistic underpinning that influences family approval and societal acceptance of relationships. This complex interplay between economic strain and societal expectations has been extensively explored in the field of critical suicidology, which argues against the oversimplification of suicide causes and advocates for a comprehensive understanding of socioeconomic factors. White (2016), a prominent figure in critical suicidology, stresses the importance of acknowledging the multifaceted nature of suicide, proposing that economic pressures combined with societal norms collectively contribute to framing suicide as a rational solution to personal and financial crises.

Kleinman and Cohen (1997) provided further insight into how socioeconomic disparities and cultural expectations shape mental health outcomes, including suicide. Their work underscores the importance of cultural context in understanding mental health issues, suggesting that interventions must be culturally tailored to be effective. Joiner's (2005) theory of interpersonal-psychological factors in suicide also contributes to this discussion by linking perceived burdensomeness and thwarted belongingness to suicidal behaviour, which can be exacerbated by economic and relational pressures within a society. By weaving together

these perspectives, the critical discussion highlights the necessity of incorporating socioeconomic insights into suicide prevention strategies. Acknowledging the impact of economic factors and societal norms on individual behaviours and decisions allows for a richer understanding of suicide, beyond individual pathology. It underscores the need for prevention strategies that address the broader socioeconomic and cultural factors predisposing individuals to view suicide as a viable solution. This approach aligns with the broader objectives of critical suicidology and emphasizes the specific cultural and economic nuances of Guyanese society, advocating for interventions that tackle the root causes of suicide in a culturally sensitive manner.

#### *Suicide Prevention and the Belief in Resilience*

The emphasis on suicide prevention, coupled with the poignant belief in resilience and religious conviction among participants, delineated a dual narrative within Guyanese society. On one side, a communal belief prevailed in the potential and necessity for suicide prevention, highlighting a deep collective awareness that societal pressures could push individuals beyond their breaking points. On the flip side, the appeal to spiritual faith and familial obligations as mechanisms against suicide revealed a cultural foundation where resilience—bolstered by religious beliefs—was perceived as crucial in surmounting personal crises. This juxtaposition of views unveiled a cultural paradox wherein endeavours toward suicide prevention existed alongside entrenched convictions in spiritual and familial resilience. Shaw's (2017) examination of how religious and cultural beliefs inform reactions to suicide mirrors the scenarios encountered in Guyana, where resilience and spiritual conviction are frequently invoked as safeguards against suicide. Shaw underscores the significance of weaving cultural and religious nuances into suicide prevention frameworks, resonating with the critical suicidology movement's advocacy for culturally attuned methodologies in comprehending and mitigating suicide (Marsh, 2016). Furthering this discussion, the critical suicidology literature, spearheaded by thinkers like White (2012) and Kral (2012), have

persistently championed for a broader, more inclusive understanding of suicide that transcends the biomedical model. White's critique of the medicalization of suicide and Kral's focus on the social and cultural dimensions of suicidal behaviour underscore the necessity of integrating cultural, economic, and spiritual factors into suicide prevention efforts. This approach acknowledges the complex interplay between individual experiences and the wider sociocultural environment. Thereby, advocating for prevention strategies that are responsive to the lived realities of those within different cultural contexts. Incorporating these academic perspectives enriches the discourse on suicide prevention within Guyana, suggesting a multifaceted strategy that honours the community's cultural and spiritual values while addressing the socioeconomic pressures that contribute to suicidal behaviour. The critical suicidology movement, with its emphasis on cultural sensitivity and socio-economic awareness, offers a valuable framework for developing suicide prevention initiatives that are both effective and respectful of Guyanese cultural identity. This approach not only aligns with Shaw's (2017) and Marsh's (2016) recommendations but also paves the way for a more compassionate and holistic response to suicide, rooted in the understanding that cultural and spiritual resilience can coexist with proactive prevention measures.

#### *Cultural Contextualization of Suicide*

The elevated incidence of suicide among specific demographic segments, particularly the Indo-Guyanese community, and the association of this trend with religious beliefs such as reincarnation, highlighted the profound impact of cultural beliefs and practices on the comprehension and perception of suicide. This localization of suicide within distinct cultural and ethnic narratives underscored the role of cultural identity in both the expression of suicidal behaviours and the community's reactions to these actions. This nuanced understanding of suicide, embedded within the cultural and religious fabric of the Indo-Guyanese population, has been a central theme in Shako's (2019) investigations. Shako delved into the ways in which cultural identity, intertwined with religious convictions and

customs, affects the incidence and societal perception of suicide, echoing the critical suicidology movement's challenge to the biomedical conceptualization of suicide and bolstering my findings. Shako's research advocates for an expansive exploration of cultural, religious, and societal dynamics in devising suicide prevention strategies, aligning with Kral's (2012) emphasis on the necessity of incorporating a broad spectrum of cultural and social elements into understanding and mitigating suicide.

This discourse is further enriched by the work of scholars like Marsh (2016) and White (2012), who advocated for a departure from the traditional pathologizing approaches to suicide, urging instead for a comprehensive understanding that includes cultural narratives and societal influences. Marsh's advocacy for post-suicidology invites a multidimensional exploration of suicide that values cultural congruence and relevance, while White challenges the medical model's limitations by suggesting a more inclusive approach that acknowledges the socio-cultural complexities of suicide.

By integrating these academic insights, the discussion surrounding the cultural contextualization of suicide in Guyana is deepened, demonstrating a clear need for suicide prevention measures that are sensitive to the cultural and religious nuances of the population. Such an approach not only aligns with the critical suicidology's call for culturally responsive and inclusive strategies but also acknowledges the importance of cultural identity in shaping the experiences and perceptions of suicide. Through this lens, preventative efforts can be tailored to address the unique cultural, religious, and societal contexts of communities like the Indo-Guyanese, offering a more effective and empathetic response to the challenge of suicide.

### *The Stigma Surrounding Suicide*

Stigma surfaced as a critical factor, influencing the societal norms and practices related to suicide. The acceptance of suicide as a more favourable option than enduring insufferable situations underscores a worrisome societal endorsement of suicide as a means of escape. This

acceptance is further exacerbated by the stigma within society and families against openly discussing mental health issues, including thoughts and acts of suicide. Such stigma perpetuates a cycle of silence and isolation, solidifying suicide's role as a cultural solution of last resort. This prevalent stigma and silence around the topic of suicide in Guyana have been the focus of intense scrutiny by local scholars and constitute key topics within the field of critical suicidology. Both domains argue that stigma not only impedes open discussions about suicide and mental health but also solidifies the role of suicide as a cultural resolver by restricting access to support and care. This analysis aligns with the arguments presented by researchers like Hjelmeland & Knizek (2017), who advocated for dismantling stigma and encouraging open dialogue as vital elements of effective suicide prevention strategies. The interrelation between stigma and societal acceptance of suicide as detailed in this study mirrors findings from the broader field of suicidology, which emphasizes the complex interplay between individual experiences of distress and broader socio-cultural forces. Notably, the work of Joiner (2005) on the interpersonal theory of suicide provides a framework for understanding how stigma can exacerbate feelings of isolation and perceived burdensomeness, key predictors of suicidal behaviour. Furthermore, the application of Durkheim's (1897) sociological analysis of suicide illuminates how societal regulations and the degree of social integration play critical roles in suicide rates, with stigma acting as a barrier to social cohesion and support. Incorporating these scholarly insights into the discussion enhances the understanding of how stigma operates within the Guyanese context, highlighting the urgency for culturally sensitive approaches that address the root causes of stigma and promote inclusivity and empathy. By fostering environments where open discussions about suicide are normalized, and where individuals feel supported rather than isolated, it becomes possible to challenge the normalization of suicide and mitigate its role as a cultural resolver. This approach does not only align with the principles of critical suicidology but also opens pathways for more compassionate and effective responses to the multifaceted challenge of suicide prevention.

### *Media Influence and Social Media Dynamics*

The depiction of suicide in media and the dynamics of social media played pivotal roles in its normalization. The romanticized and dramatized representations of suicide in popular media, alongside the exacerbation of personal grievances and cyberbullying through social media, significantly influenced public perceptions and attitudes towards suicide. These portrayals fostered a cultural narrative that tacitly approved suicide as a dramatic, yet acceptable, solution to personal and relational crises. The impact of media portrayals of suicide and the influence of social media dynamics on the normalization of suicide are points of intersection between local observations and the principles of critical suicidology. Scholars like White (2016) within the critical suicidology movement contend that media representations not only mirror but also shape societal attitudes towards suicide, facilitating its normalization. This critical stance underscores the necessity for responsible media portrayals and a nuanced comprehension of social media's impact on suicide phenomena. The critical examination of media's role in the normalization of suicide resonates with Joiner's (2005) theories on the contagious nature of suicidal behaviour, suggesting that media portrayals can indeed influence suicide rates through a process of social contagion. Similarly, Durkheim's (1897) classical sociological perspectives on suicide highlight the influence of societal factors on individual behaviour, suggesting that media could play a role in either exacerbating or mitigating suicide rates depending on how suicide is culturally framed and discussed. Furthermore, the work of Niederkrotenthaler et al. (2010) on the Werther and Papageno effects, provides empirical support to the notion that media can have both harmful and protective effects on suicide rates, depending on the nature of its portrayals. This duality underscores the importance of adhering to established media guidelines, such as those proposed by the WHO, to ensure that suicide is reported in a way that minimizes harm and encourages positive coping mechanisms among vulnerable populations. In integrating these academic insights, the discussion highlights the complex

interplay between media, cultural narratives, and individual vulnerabilities in the context of suicide. It advocates for a critical approach to media consumption and production, emphasizing the need for media literacy and responsible reporting as integral components of suicide prevention strategies. By aligning with critical suicidology's call for a multifaceted understanding of suicide, this analysis points towards the potential for media to act as a powerful ally in demystifying suicide, reducing stigma, and promoting resilience and help-seeking behaviours within society.

### Summary

The amalgamation of various cultural elements and themes demonstrated how suicide has become a multifaceted cultural resolver within the Guyanese milieu, intertwined with economic, relational, and ideological facets. This embedded normalization of suicide underscores the urgent need for a comprehensive approach towards prevention, one that not only tackles the immediate triggers but also the deep-rooted economic, cultural, and systemic precipitants. Initiatives must strive to break down the stigma surrounding suicide and its ideation, encourage open and supportive dialogues within families and communities, and critically assess and challenge the media's portrayal of suicide to transform the current cultural narratives that endorse suicide as a resolution to life's adversities.

In wrapping up, this critical examination of suicide's normalization in Guyana, enriched by insights from local scholars and the expansive viewpoints of the critical suicidology movement, highlights the intricate nature of suicide as a phenomenon that is simultaneously cultural, economic, and societal. This analysis advocates for a nuanced suicide prevention strategy, one that is attuned to the local cultural nuances yet informed by a critical perspective on the wider societal factors that perpetuate the normalization of suicide. Such an approach necessitates collaborative efforts, spanning from policy formulation to grassroots interventions, aiming not only to mitigate the incidence of suicide but to

fundamentally alter the societal norms and narratives that have historically framed suicide as a viable solution to complex problems.

### Conclusion

In concluding for the "Cultural Insights" subsection, this study significantly broadened my understanding of the myriad ways in which culture profoundly impacted suicide ideation and behaviours within Guyana. Through ethnographic exploration, it became evident that cultural beliefs and values, societal norms, practices, and the nuances of language not only framed the perceptions but also shaped the lived experiences of suicide across diverse Guyanese communities.

This exploration highlighted the importance of cultural sensitivity in suicide prevention strategies, demonstrating that effective intervention must go beyond the clinical and embrace the cultural context in which individuals live. The findings from this research echoed the necessity for a holistic approach that integrates cultural insights into the planning and implementation of suicide prevention initiatives. By incorporating the voices and experiences of the community, interventions can be more responsive and respectful of the cultural dynamics at play.

Furthermore, the study underlined the critical role of societal discourse in either perpetuating stigma and silence around suicide or in fostering an environment where open discussions and support systems could thrive. It became clear that for meaningful progress in suicide prevention, there must be a concerted effort to change the cultural narratives that currently frame suicide as an acceptable response to personal and societal crises.

The insights garnered from this research contributes to the academic discourse on suicide by enriching our understanding of its cultural underpinnings and has practical implications for public health strategies within Guyana and similar contexts globally. They serve as a call to action for policymakers, community leaders, and mental health

professionals to re-examine and revitalize their approaches to suicide prevention, ensuring they are culturally congruent and grounded in the realities of the people they aim to serve.

Ultimately, this subsection described the complex interplay between culture and suicide in Guyana and also highlighted the transformative potential of ethnographic research in uncovering these deep-seated cultural influences. By bringing these cultural insights to the forefront, the research paved the way for more informed, effective, and compassionate strategies to mitigate suicide, tailored to the unique cultural landscape of Guyana. This approach was about preventing suicide and about nurturing a society in which suicide ideation was understood, valued, and cared for with the utmost cultural empathy and respect.

## Integrating Cultural Insights into my Research of Suicide in Guyana

The exploration of suicide in Guyana, through the lens of related literature, sets the stage for a ground-breaking inquiry that sought to bridge the gap between traditional sociological theories and the nuanced reality of suicide within a distinct cultural context. This journey into the heart of Guyana's societal fabric aimed to enrich the discourse on suicide prevention by integrating the rich tapestry of cultural insights into the understanding of this complex phenomenon.

### Cultural Contextualization: A Cornerstone for Understanding

The exploration of this phenomenon within the Guyanese context provides a compelling case for the imperative of cultural contextualisation in understanding and addressing suicide. Drawing on the insights from global studies and the profound observations of scholars, I unravelled the significance of cultural factors in shaping the contours of suicide risk, ideation, and prevention. The emphasis on cultural factors in suicide risk assessment and patient care, as noted by Moutier et al. (2021), underscores the critical role of cultural understanding in crafting effective

suicide prevention and intervention strategies. This notion is further supported by the work of Porter et al. (2021), who advocated for a multimodal and organisationally inclusive approach that necessitates cultural awareness. The disparities in suicide prevention efficacy among indigenous communities, highlighted by Wexler and Gone (2011), point to the urgent need for culturally sensitive approaches that resonate with the lived realities of diverse populations.

#### Evidence of Cultural Sensitivity in Suicide Prevention

The effectiveness of culturally sensitive frameworks in reducing suicide risk, as demonstrated in studies by Robinson et al. (2016) among African American adolescents and advocated by Goebert et al. (2018) for Native Indigenous American communities, illuminates the potential of culturally responsive protective frameworks. These frameworks, as argued by Allen, Wexler, and Ramus (2019), necessitate a social ecological perspective that emphasizes community-level interventions.

#### Unpacking the Guyanese Cultural Tapestry

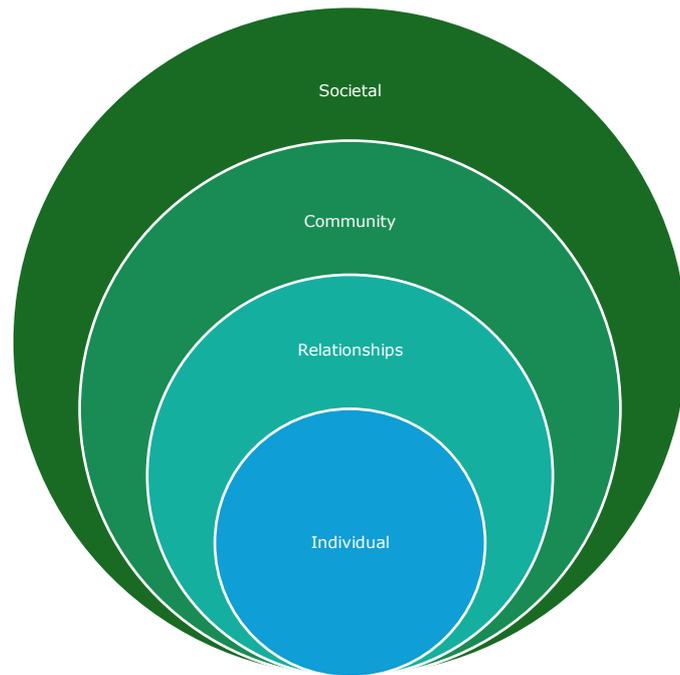
Within the Guyanese milieu, the interplay of African, Indian, Indigenous, and other cultural influences presented a unique backdrop against which suicide and its ideation unfold. The exploration of suicide through a cultural lens in Guyana required an acknowledgment of the diverse sociocultural characteristics that pervade this society. The insights from Hjelmeland (2013) and the foundational perspectives provided in "Suicide and Culture: Understanding the Context" (Colucci & Lester, 2013, p.7) underscore the indelible impact of culture on individuals' lives and, by extension, their experiences of suicidality. She states:

"According to Bhugra and Bhui (2007), "People eat, drink, and breathe culture" (p. xvii), and Geertz (1973) maintained that: "there is no such thing as a human nature independent of culture ... We are ... incomplete or unfinished animals who complete or finish ourselves through culture" (p. 49). In the words of Markus and Hamedani (2007), "biological

beings become human beings through their engagement with the meanings and practices of their social world” (p. 32). In other words, culture is fundamental to people’s lives and, hence, will be of crucial importance to their suicidality as well since suicidality is about what kinds of lives people have. Boldt (1988) emphasized that the meaning of suicide is culture-specific and that “no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community” (p. 106). Thus, to prevent suicide we need to understand what suicidal behavior means to people in their particular sociocultural context(s) (Boldt, 1988; Colucci, 2006; Hjelmeland & Knizek, 2011).”

In other words, as Lester (2011) concludes “cultural meaning of suicide is best rooted in the lay theories of suicide in which the members of cultures and subcultures believe.” In fact, as Leong and Leach (2008) points out “most of what is known about suicide behaviour is derived from dominant culture.” Such meaningfulness of culture to the study of suicide and suicide ideation for designing useful prevention measures and strategies therefore can or should be rationalized. Consequently, there is a basis for such rationalization through an understanding of the ecosystem of how suicide and suicide ideation can occur, by a member(s) of a culture, see Figure 7 below:

Figure 7: The Ecology Model of Understanding Suicide



Source: Leenaars 2008, in "Suicide Among Racial and Ethnic Minority Groups: Theory, Research, and Practice" edited by Frederick T.L. Leong, Mark M. Leach.

In Guyana, where the cultural tapestry is both rich and complex, the integration of cultural insights into the study of suicide and its ideation offers a path forward. By embracing a culturally informed approach, grounded in the understanding of the ecosystem of suicide and suicide ideation within this vibrant society, this research will contribute to the development of prevention strategies that are not only effective but also culturally consonant. The journey into the cultural contextualization of suicide in Guyana is an invitation to delve into the heart of what makes us human: our cultures, our communities, and our connections. It is a commitment to understanding the cultural underpinnings of suicide in order to forge a future where prevention efforts are as diverse and nuanced as the people they aim to support. Through this exploration, the aim is to illuminate the pathways toward a more compassionate, culturally attuned, and effective approach to suicide prevention in Guyana, ensuring that the strategies developed are deeply rooted in the cultural realities and meanings that shape the lives of its people.

## Cultural Contextualization in Understanding Suicide in Guyana: A Holistic Approach

The endeavour to contextualize suicide within the vibrant and diverse cultural landscape of Guyana marks a pivotal shift towards a comprehensive understanding of this complex phenomenon. The insights gleaned from the literature underscore the indispensable role of cultural intelligence in shaping effective, culturally responsive suicide prevention strategies. This section delves into the ways in which the cultural fabric of Guyanese society influences the manifestation, perception, and prevention of suicide, advocating for a holistic approach that transcends individual-centric models.

### *The Imperative for a Cultural Model of Suicide*

Drawing upon the seminal work of Chu et al. (2010), it becomes evident that cultural expressions, including ethnicity and minority group statuses, play a significant role in the prevalence and nature of suicide. The identification of cultural stressors, meanings attributed to these stressors, and their manifestations highlights the necessity for a cultural model of suicide. This model, enriched by the understanding of culturally infused explanators such as social discord and idioms of distress, provides a nuanced framework for addressing suicide within specific cultural contexts.

### *The Role of Cultural Intelligence in Suicide Prevention*

The association between cultural factors and suicide risk, as explored by Kukoyi et al. (2010) in the context of adolescents in western Jamaica, illustrates the critical need for cultural intelligence in suicide risk assessment. The findings that socially and culturally disadvantaged backgrounds contribute to higher suicide ideation and attempts emphasize the importance of understanding cultural norms, values, and beliefs in formulating effective prevention measures. This insight challenges the

traditional paradigms of suicide prevention, urging a shift towards approaches that are cognizant of the cultural ethos governing individuals' lives.

*Navigating the Complexities of Cultural Meanings in Suicide*

The diversity of cultural meanings associated with suicide, as emphasized by Lester (2012), highlights the complexities inherent in understanding and preventing suicide across different cultural landscapes. Lester's cautionary note reminds us that the cultural meaning of suicide is not monolithic within or across cultures; instead, it varies among different subgroups and may evolve over time. This underscores the necessity for a dynamic and flexible approach in suicidology, one that acknowledges the possibility of distinct cultural interpretations and the potential for deviation from established cultural norms. Lester (2012, p. 91) insightfully points out:

“... that the cultural meaning of suicide can be ascertained only by interviewing a representative sample of individuals in the various cultures in order to assess their attitudes toward suicide. In modern research, this has often been labelled as the study of lay theories of suicide....”. He “recognized that there may not be simply one cultural meaning of suicide in any given culture. Many cultural meanings may be present in the culture, and different cultural meanings may exist for different subgroups of the culture..., the cultural meaning of suicide may change over time, and there may be different cultural meanings for different types of suicidal acts...” He recognized too that “Some individuals behave defiantly in their culture, departing from cultural norms. Thus, the individual meaning of a suicide may differ greatly from the cultural meaning if the suicidal individual is a deviant in the culture.”

From Lester's observations, the distinction between individual and cultural meanings of suicide is evident. While recognizing the roles of deviance and mental illness as potential departures from these norms, the

ecological model and cultural approaches in suicidology remain crucial. However, the reliance solely on representative quantitative sampling to uncover cultural attitudes towards suicide may not be entirely sufficient or necessary. Qualitative research, as advocated by Kral et al. (2011), adds depth and generates substantive understanding that can reveal the multifaceted nature of this issue.

Moreover, qualitative studies have the advantage of comprehensiveness and the capacity to uncover different meanings, addressing potential oversights of quantitative approaches which may overestimate the role of mental disorders in suicide, as noted by Hjelmeland & Knizek (2016) in White et al. (2016). Hjelmeland (2016) asserts that qualitative research is capable of producing "new and useful knowledge," essential for a more nuanced and effective approach to suicide prevention.

Therefore, the exploration of suicide demands a methodological balance that respects both the cultural and individual dimensions of this phenomenon. By integrating qualitative insights with quantitative data, researchers and practitioners can develop more culturally sensitive and effective interventions to address the varied and complex realities of suicide.

### *The Integration of Culture in Suicidology*

The insights from Maharajh and Abdool (2005) and Kral (2016) reinforce the argument for the inclusion of cultural considerations in the study of suicide. Recognizing culture as a defining element in the relationship between an individual and their environment and advocating for a perspective that considers suicide beyond the individual level, aligns with the ecological model's emphasis on the interplay between the individual, their relationships, community, and society at large.

## Conceptualizing Suicide: Beyond Ideation to Cultural Context

The journey from understanding suicide ideation to examining the leap towards suicide attempts necessitated a framework that encompassed both the psychological underpinnings and the cultural context in which these phenomena occur. The Interpersonal Theory and the Interactive Motivational-Volition Model, as discussed by Klonsky et al. (2018), provided a foundational understanding of suicide risk. However, it is the incorporation of the cultural dimension that offered a more comprehensive view of suicide in Guyana. This research aimed to weave together the threads of interpersonal and motivational theories with the vibrant cultural narratives and practices of Guyanese society. By doing so, it sought to illuminate the pathways from ideation to attempt, framed within a context that values cultural specificity and individual experiences. This integration of cultural insights into the study of suicide represents a pioneering step towards developing prevention strategies that are not only effective but also deeply resonant with the people of Guyana.

## Implications for Policy and Practice

Here, I provided a critical examination of the practical implications of the findings for suicide prevention strategies and public health policies in Guyana. The insights derived from the research offer valuable guidance for policymakers, healthcare providers, and community leaders on crafting culturally sensitive and effective interventions. This discussion also outlines potential pathways for integrating these findings into existing health systems and community-based initiatives, aiming to enhance the effectiveness of suicide prevention efforts in Guyana.

### Targeted Recommendations for Policymakers

- *Cultural Sensitivity in Policy Formulation:* Policies should recognize and incorporate cultural beliefs and practices. This includes the development of suicide prevention strategies that respect and integrate local traditions and community structures, ensuring that these strategies are not only culturally appropriate but also supported by the communities they intend to serve (Kleinman & Cohen, 1997).
- *Enhanced Training for Healthcare Providers:* Training programs for healthcare workers should include modules on cultural competence, emphasizing understanding and navigating the cultural contexts of suicide. This training should equip providers with the skills necessary to offer support that is respectful of cultural identities and community norms (Betancourt et al., 2003).
- *Community Engagement and Empowerment:* Policymakers should foster community engagement by involving local leaders and stakeholders in the design and implementation of suicide prevention programs. This approach ensures that interventions are rooted in the community's own understanding of suicide ideation and suicide, enhancing their relevance and impact. (Morgan et al., 2011).
- *Integration of Mental Health Services:* Efforts should be made to integrate suicide prevention services into primary healthcare

settings, reducing stigma and making suicide prevention care more accessible. This integration should consider the cultural dimensions of health-seeking behaviours to ensure services are utilized effectively. (Patel et al., 2018).

#### Recommendations for Healthcare Providers

- *Adoption of a Holistic Approach:* Healthcare providers should adopt a holistic approach that considers the psychological, social, and cultural factors influencing suicide. This includes being attentive to the cultural narratives that shape individuals' perceptions of suicide. (Wexler & Gone, 2012).
- *Community-Based Health Interventions:* Develop and support community-based health interventions that leverage cultural strengths. For example, utilizing community gatherings for suicide prevention education can demystify suicide ideation issues and provide a supportive space for discussion. (Kirmayer et al., 2009).
- *Collaboration with Traditional Healers:* Where appropriate, collaborate with traditional healers and community elders who play a significant role in the cultural life of communities. This collaboration can help bridge the gap between modern healthcare practices and traditional beliefs. (Wahlberg et al., 2014).

#### Recommendations for Community Leaders

- *Promotion of Suicide Prevention Education:* Community leaders can promote suicide prevention education that challenges existing stigma and encourages open conversations about suicide ideation and suicide. This could include workshops, community talks, and school-based programs (Corrigan, 2004).
- *Support Networks:* Establish and strengthen community support networks that can offer social support to individuals facing suicide ideation challenges. These networks can serve as an important

resource for reducing isolation and providing practical support. (Pescosolido, 2007).

- *Crisis Intervention Teams:* Develop community-based crisis intervention teams that can act swiftly in situations where there is a risk of suicide. These teams should be trained in culturally competent practices and work in close collaboration with healthcare providers. (Knox et al., 2003).

#### Integration into Health Systems and Community Initiatives

- *Policy Alignment:* Ensure that all new health policies and programs align with the cultural and social realities of Guyanese society. This requires regular consultation with cultural anthropologists, community leaders, and mental health experts. (Unützer et al., 2000).
- *Funding for Cultural Research:* Allocate funding for ongoing research into the cultural aspects of suicide ideation and suicide. This research can provide a continual feedback loop for policymakers and practitioners, informing them of necessary adjustments and innovations in program design. (Kral et al., 2011).
- *Monitoring and Evaluation:* Implement robust monitoring and evaluation frameworks that specifically assess the cultural appropriateness and effectiveness of suicide prevention strategies. This data should be used to refine and improve strategies over time. (Wandersman et al., 2008).

By considering these recommendations, Guyana can enhance its public health policies and suicide prevention strategies, making them more culturally sensitive, effective, and sustainable. This approach addresses the immediate challenges associated with suicide and contributes to the long-term well-being and resilience of communities across the nation.

## Culturally Sensitive Approaches to Suicide Prevention

Given the tension between cultural acceptance of suicide and the imperative for its prevention, there is a pressing need for culturally sensitive strategies that navigate this complexity. Effective suicide prevention programs in Guyana must engage with local narratives, integrating culturally resonant practices while challenging harmful norms. Addressing the tension between postcolonial critiques of suicide and the imperative for prevention requires a paradigm shift in how interventions are conceptualized and implemented. Traditional suicide prevention strategies, often rooted in Western frameworks, prioritize universalist approaches that may neglect the socio-historical and cultural nuances of non-Western contexts like Guyana. To bridge this gap, culturally sensitive strategies must centre on community agency, systemic change, and respect for local narratives. By aligning interventions with the lived realities of Guyanese communities, such approaches can reduce harm while honouring cultural values and promoting meaningful engagement. The following recommendations outline actionable strategies that balance respect for cultural context with the goal of reducing harm, fostering interventions that resonate deeply within Guyana's diverse communities.

### Co-Creation of Community-Led Programs

Effective suicide prevention begins with community ownership and leadership. Interventions co-created with local stakeholders - such as religious leaders, cultural elders, and grassroots advocates - are more likely to resonate with the values and priorities of the populations they aim to serve. This participatory approach ensures that prevention strategies reflect local knowledge systems, fostering cultural alignment and sustainability.

For instance, community dialogues can serve as platforms for exploring alternative narratives around resilience and coping. These conversations might draw on culturally meaningful symbols and rituals, such as the use

of religious teachings to frame suicide as a preventable tragedy rather than a moral failing. In Indo-Guyanese communities, for example, suicide has often been linked to familial honour and duty (Seecharan, 2005). By engaging religious leaders in co-designing programs, these narratives could be reinterpreted to emphasize collective support and hope, creating interventions that challenge stigma without alienating participants. Similarly, in Afro-Guyanese communities, narratives of resilience rooted in historical struggles against oppression could be leveraged to promote strength-based approaches to mental health.

### Integrative Holistic Interventions

Suicide in Guyana is shaped by a complex interplay of economic, social, and cultural factors, necessitating holistic interventions that address these interconnected dimensions. For instance, participants in this study frequently cited economic hardship, familial stress, and social isolation as drivers of suicidal behaviours. A culturally sensitive approach requires moving beyond purely individualistic models of mental health to address these systemic challenges comprehensively.

Integrative programs that combine economic empowerment with mental health support offer a promising pathway. Microfinance initiatives, for example, could be paired with family counselling services to alleviate financial stress while fostering stronger interpersonal relationships. These programs might also include educational workshops on conflict resolution, equipping families with the tools to navigate stressors collaboratively. As Kirmayer et al. (2009) argue, mental health interventions in multicultural contexts must account for the broader social determinants of distress, recognizing that economic precarity and social exclusion are as critical to suicide prevention as psychological well-being.

### Cultural Adaptation of Public Health Campaigns

Public health messaging plays a pivotal role in shaping societal attitudes toward suicide. However, campaigns that fail to align with local beliefs and values risk alienating the communities they intend to serve. In Guyana, culturally adapted messaging can bridge this gap by employing language and imagery that reflect the diverse narratives and identities of its population.

For Indo-Guyanese communities, public health campaigns might draw on Hindu or Muslim teachings about communal care and the sanctity of life, emphasizing themes of hope and support. Meanwhile, messaging in Afro-Guyanese communities could highlight historical narratives of resistance and resilience, framing mental health as an extension of collective strength. Chandler and Lalonde (1998) recommend that culturally resonant messaging fosters greater community buy-in, making prevention efforts more effective. Tailored campaigns could also include local proverbs, symbols, and metaphors to ensure accessibility and relatability across cultural groups.

#### Integration of Local Practices and Rituals

Incorporating local practices and rituals into prevention strategies can enhance their cultural relevance and impact. Guyanese communities, particularly Indigenous groups, often use communal mourning rituals or spiritual ceremonies to process grief and distress. These practices provide a sense of belonging and collective healing, countering the isolation that often accompanies suicidal ideation.

Prevention programs could integrate these rituals into crisis intervention strategies, creating hybrid models that blend cultural traditions with clinical support. For instance, traditional wakes or prayer gatherings could serve as entry points for mental health professionals to engage with affected families, offering counselling in a culturally sensitive manner. This approach aligns with the findings of Wexler and Gone (2012), who

emphasize the importance of embedding interventions within local cultural frameworks to foster trust and acceptance.

### Continuous Engagement and Research

The evolving cultural dynamics of suicide in Guyana necessitate ongoing research and engagement with local communities. Participatory action research (PAR) provides a valuable methodology for ensuring that prevention strategies remain adaptive, contextually relevant, and responsive to community needs. By involving community members as co-researchers, PAR fosters a sense of ownership and accountability, making interventions more sustainable over time (Kleinman & Benson, 2006).

Longitudinal studies could explore how cultural narratives around suicide shift in response to socio-economic and political changes, providing insights into emerging trends and challenges. For example, as globalization continues to influence Guyanese society, traditional cultural values may intersect with new pressures and opportunities, reshaping perceptions of mental health and suicide. Continuous engagement with these shifts is essential for designing prevention programs that remain both effective and culturally attuned.

### Navigating Complexity with Cultural Sensitivity

Culturally sensitive suicide prevention requires a fundamental rethinking of how interventions are conceptualized and implemented. By centring community agency, integrating holistic and systemic approaches, and respecting local practices and values, these strategies can navigate the tension between postcolonial critiques and harm reduction. In the Guyanese context, where suicide is deeply embedded in cultural narratives, such approaches offer a pathway to meaningful and sustainable change. Grounded in the lived realities of Guyanese communities, these recommendations provide a blueprint for

interventions that honour cultural diversity while working to reduce the devastating impact of suicide. Given the tension between cultural acceptance of suicide and the imperative for harm reduction, suicide prevention strategies must be rooted in cultural sensitivity. The following recommendations aim to navigate this complexity, fostering interventions that resonate deeply within Guyana's diverse cultural contexts while reducing preventable deaths.

My recommendations for inclusion into the current Suicide Prevention Plan:

1. Increased involvement of grassroots stakeholders in suicide prevention solutions-focused planning. Grassroots stakeholders often have direct access to at-risk populations, and more importantly, have a deep and implicit understanding of local beliefs, cultures, and values that is crucial to fostering trust. By integrating grassroots stakeholders in solutions planning, Guyana would be better able to strengthen its "bottom up" approach to suicide prevention.
2. Creating fiscal space across the sector. These funds should be geared toward building and bolstering mental health programming in Guyana, but alongside fiscal resources, specified human resources as well as established timelines for implementation of these strategies should also be developed.
3. Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting, and social media. The Guyanese government should consider establishing media guidelines at a national level, and should work with local news outlets to develop responsible reporting checklists that covers:
  1. Using safe, inclusive language
  2. Presenting confirmed information
  3. Removing method and location detail
  4. Including help-seeking pathways

4. Creation of a National Steering Committee with clearly delineated roles and responsibilities that will provide expert guidance on and a full balanced range of experienced viewpoints on suicide which can inform suicide prevention strategies at the national level.
5. Investing in Social norms and behaviour change campaigns. Behaviour-change campaigns can reach a wide audience, which is critical for Guyana since the population is fragmented over many diverse geographical regions. A targeted suicide behavioural change campaign can further raise awareness for suicide in Guyana. There is evidence that suggests that these targeted campaigns increase help-seeking behaviours.
6. Culture-based therapies. Culture-based therapies may positively affect help-seeking behaviours that lead to utilisation of mental health services for prevention or treatment of suicidal behaviours. Preventative intervention must be empathic and responsive to the cultural and social context in Guyana that recognises especially the family, religious, social, political, and cultural diversity of Guyana.

The participants of this research, through their stories, particularly highlighted how the socio-cultural factors were instrumental in influencing suicidal behaviour. These factors included transgenerational cultural conflicts, psycho-social problems, media exposure, social distress, religion, and family structure. These trends were common across both Indo-Guyanese, Afro-Guyanese, and Amerindian cultures. The results of this research revealed the heightened degree to which culture impacted suicidality in Guyana and this in turn, by going back to the roots of culture and beliefs, we may use these understandings to begin to improve suicide prevention in Guyana.

Therefore, the recommendations for the Suicide Prevention Plan reflects a concerted effort to address the complex interplay of factors contributing to suicidality in Guyana. Drawing from the depths of cultural understanding, the richness of grassroots involvement, and the clarity of targeted interventions, these recommendations aimed to forge a pathway towards a future where suicide is no longer seen as the only resolution to

life's challenges. By embracing a holistic approach that values the importance of grassroots participation, financial and human resource investment, media responsibility, national oversight, social norm transformation, and culturally nuanced therapies, Guyana can embark on a journey of healing and prevention. This approach, inspired by the narratives and evidence uncovered through rigorous research, holds the promise of mitigating the rate of suicide and fundamentally transforming the societal norms and cultural narratives that perpetuate it. The path forward, enlightened by the insights and recommendations detailed herein, is a testament to the strength found in collective action, cultural sensitivity, and a deep-rooted commitment to understanding and addressing the nuances of suicide within the Guyanese context. In the spirit of collaboration, empathy, and innovation, we can look towards a horizon where the resolve to prevent suicide is as diverse and vibrant as the society it seeks to protect.

I had drafted a white paper during 2021, since there was a critical need to systematically address the multifaceted nature of suicide in Guyana. Informed by extensive ethnographic research and the current best practices in suicidology, it provides a strategic framework that aligns with the cultural, economic, and social realities of Guyana. This framework offers actionable recommendations designed to effectively reduce suicide rates and enhance community resilience, guiding the nation toward improved suicide outcomes and a more supportive societal structure. Therefore, I believe it comes at an opportune time to be included in this thesis piece.

Draft White Paper

White Paper: Strategic Framework for Suicide Prevention in Guyana  
Executive Summary

This white paper proposed a strategic framework for addressing and preventing suicide in Guyana, integrating insights from a comprehensive

ethnographic study aligned with principles of critical suicidology. It suggests culturally sensitive, multi-pronged interventions that include socio-economic initiatives, community-based suicide prevention support, and robust policy enhancements, aimed at tackling the complex nature of suicide within the country.

## Introduction

The high suicide rate in Guyana is influenced by a myriad of factors including cultural dynamics, economic conditions, and inadequate prevention resources. An effective strategy must address these diverse influences through tailored prevention and intervention methods that are culturally and contextually appropriate.

## Contextual Background

Guyana possesses one of the highest suicide rates globally, a situation exacerbated by cultural stigma, economic distress, and limited suicide prevention resources. A nuanced approach that respects local cultural contexts and tackles systemic barriers is essential for effective interventions (Marsh et al., 2016).

## Key Findings from Ethnographic Research

- **Economic Pressures:** Economic instability correlates strongly with mental health challenges, exacerbated by societal expectations (Kirmayer et al., 2009).
- **Cultural Norms:** Stigma and cultural norms around mental health discourage open discussion and help-seeking behaviours (Canetto & Sakinofsky, 1998).
- **Community Dynamics:** Guyana's strong communal ties can be leveraged to build support networks and enhance resilience. (Chandler & Lalonde, 1998).

- **Media Influence:** Media portrayals significantly impact public perceptions of suicide, often normalizing or romanticizing it, necessitating responsible media practices. (Niederkrotenthaler et al., 2010).

## Strategic Recommendations

### 1. Policy and Governance

- a. **National Suicide Prevention Strategy:** Implement comprehensive policies that incorporate suicide prevention across all government levels and sectors, informed by best practices (White, 2016).
- b. **Media Regulation:** Develop regulations to guide responsible media portrayal of suicide, aiming to educate without sensationalizing. (WHO Media Guidelines, 2017).

### 2. Economic Empowerment

- a. **Job Creation and Economic Support:** Focus on job creation and economic supports in high-risk areas to alleviate financial stress that can lead to suicidal behaviours. (Edwards, 2018).
- b. **Financial Literacy Programs:** Enhance financial literacy to help individuals manage economic pressures effectively. (Marshall & Hjelmeland, 2011).

### 3. Healthcare and Community-Based Interventions

- a. **Cultural Competence Training:** Train healthcare providers in cultural sensitivities to effectively address the diverse needs of the Guyanese population. (Kirmayer et al., 2009).
- b. **Expand Community Mental Health Services:** Increase access to mental health services at the community level, incorporating traditional practices to enhance cultural relevance. (Chandler & Lalonde, 1998).

### 4. Education and Awareness

- a. **Public Education Campaigns:** Initiate national campaigns to raise awareness about mental health and suicide prevention,

targeting educational institutions, workplaces, and community centers. (White, 2016).

b. School-Based Programs: Integrate mental health education into school curricula to foster early understanding and support networks among youth. (Marsh, 2016).

#### 5. Research and Monitoring

a. Continuous Research: Support ongoing research into socio-cultural factors affecting mental health in Guyana to refine prevention strategies. (Canetto & Sakinofsky, 1998).

b. Evaluation and Monitoring: Establish mechanisms to monitor and evaluate the effectiveness of suicide prevention initiatives, ensuring relevance and impact (Kral, 2012).

#### Implementation Strategies

- NGO and International Collaboration: Collaborate with NGOs and international health bodies to share knowledge and scale successful interventions. (WHO, 2017).
- Community Engagement: Engage community leaders in the design and implementation of programs to ensure cultural appropriateness and community-driven solutions. (Marsh et al., 2016).
- Phased Implementation: Implement interventions in phases, starting with pilot programs in areas with the highest suicide rates to tailor approaches based on feedback. (White, 2016).

#### Conclusion

To address the challenge of suicide in Guyana, a comprehensive, culturally attuned approach is crucial. By implementing this strategic framework, Guyana can build resilient communities, enhance public health outcomes, and significantly reduce the suicide rate. These efforts will not only save lives but also improve the quality of life and mental well-being across the country, fostering a model for suicide prevention that respects and incorporates the nation's cultural heritage.

## A Sociocultural Perspective on Guyana's National Response to Suicide

Guyana's concerted efforts to tackle the pressing issue of suicide through its Mental Health Action Plan 2015 – 2020 underline the critical recognition of suicide as a public health crisis. The Plan's spotlight on suicide among the youth and young adults as a leading cause of death presents a sobering reality that demands urgent and thoughtful responses. The establishment of this framework marked a pivotal moment in the nation's health policy, symbolizing a significant stride towards acknowledging and addressing mental health challenges with the seriousness they warrant.

The Mental Health Action Plan delineates a comprehensive approach aimed at mitigating the factors contributing to the high rates of suicide in Guyana. It reflects a commitment to creating a health care system more responsive to the mental health needs of its population. However, while the Plan is an admirable step forward, it also presents an opportunity to deepen the dialogue around suicide prevention by incorporating a sociocultural lens that this thesis advocates. The inclusion of sociocultural factors—beliefs and values, social norms, practices, language, and identity—into the national response could enrich the current strategy by offering insights into the complex web of societal influences that underpin suicide and its ideation in Guyana. Understanding these dimensions is paramount to crafting interventions that are not only effective but also culturally resonant and sensitive to the lived experiences of Guyanese individuals. For instance, acknowledging the role of language and its stigmatizing undertones can lead to the development of more empathetic communication strategies that encourage openness and dialogue around suicide ideation and suicide. Recognizing the impact of family dynamics, social issues, religion, and folklore on individuals' mental well-being can inform targeted support systems that address the specific needs and concerns of different community segments. Moreover, appreciating the

profound influence of identity—shaped by religion, politics, ethnicity/race, and geography—on individuals' perceptions and experiences of suicide can guide the creation of tailored prevention programs that resonate deeply with the Guyanese populace.

This thesis posits that integrating a sociocultural perspective into Guyana's national suicide prevention strategy can significantly enhance the effectiveness of interventions. By weaving these cultural constructs into the fabric of the Plan, the response to suicide in Guyana can become more holistic, addressing not just the symptoms but the underlying cultural currents that drive suicidal behaviours. In doing so, the strategy can evolve to not only combat the incidence of suicide but also foster a societal environment where mental health, including suicide ideation, is understood, supported, and nurtured within the rich tapestry of Guyanese culture. Therefore, as Guyana continues to navigate its path towards improved suicide prevention, incorporating sociocultural insights offers a promising avenue to strengthen and enrich its national response. By doing so, Guyana can pave the way for a future where mental health, including suicide ideation, is prioritized, supported, and integrated into the very heart of its societal fabric, ultimately leading to a more resilient and mentally healthy nation.

## A Comprehensive Framework for Action: Enhancing Guyana's Suicide Prevention Strategy

Guyana's commitment to tackling the complex issue of suicide is commendably illustrated in its Mental Health Action Plan 2015 – 2020, a strategic framework designed with a clear focus on prevention and intervention. This Plan stands out as a testament to Guyana's dedication to mental health, positioning it among a select group of thirty-eight (38) countries worldwide that have established such a focused initiative, as noted by Shaw et al. (2022). This recognition highlights the significance of the steps taken by Guyana in addressing a critical public health concern,

marking a pivotal move towards safeguarding the mental well-being of its citizens.

Table 8: Suicide Prevention Framework, below outlines the comprehensive framework deployed by Guyana to combat suicide, encapsulating a multi-faceted approach that spans education, healthcare, community engagement, and policy reform. This framework highlights the importance of an integrated strategy that leverages various sectors of society to foster a supportive environment conducive to mental health resilience and suicide prevention.

Table 8: Suicide Prevention Framework

Framework	Description
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<p>Legal</p>	<p style="text-align: center;">Criminal Law (Offences) Act Cap 8:01, 1998: <u>Section 95</u> Everyone who—</p> <p style="padding-left: 40px;">(a) counsels or procures any person to commit suicide actually committed in consequence of the counsel or procurement; or</p> <p style="padding-left: 40px;">(b) aids or abets any person in the commission of suicide, shall be guilty of felony and liable to imprisonment for life.</p> <p style="text-align: center;">Section 96</p> <p>Everyone who attempts to commit suicide shall be guilty of a misdemeanor and liable to imprisonment for two years.</p> <p style="text-align: center;"><b>Suicide Prevention Act No.19, 2022:</b> Make provision for the prevention of suicide, for the establishment of a National Suicide Prevention Commission, the functions of which shall include preparation of a National Suicide Prevention Plan consisting of Policies and measures to be implemented for the prevention of suicide, for the provision of Suicide prevention centers to provide support services including counseling services to suicide survivors and persons contemplating suicide, and for related matters.</p> <p style="text-align: center;"><b>Pesticide and Toxic Chemical Control Act Cap. 68.09:</b> To regulate the manufacture, importation, transportation, storage, sale, use and disposal of pesticides and toxic chemicals and to provide for the establishment of the Pesticides and Toxic Chemical Control Board, and for matter connected therewith or incidental thereto.</p>
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<p style="text-align: center;">Policy</p>	<p style="text-align: center;"><b>National Suicide Prevention Plan 2015-2020:</b></p> <p>Presents the strategies for suicide prevention. This gives general policy direction that covers the following:</p> <p style="padding-left: 40px;">Universal interventions which aim to engage the whole of a population to reduce access the means reduce inappropriate media coverage of suicide and to foster stronger and more supportive communities and schools. Example Pesticide and Toxic control Act.</p> <p style="padding-left: 40px;">Selective interventions which aim to work with groups and communities who are identified as being at higher risk of suicide. Providing face to face response service for those bereaved by suicide, training for front line emergency response services in the community and coordination of suicide response services.</p> <p style="padding-left: 40px;">-Indicated interventions which target individuals who are showing signs of symptoms that are strongly associated with suicide or are in circumstances that place them at highest risk of suicide. For example, Suicide Prevention Helpline a telephone and peer support networks for those with suicide ideation and suicide attempt.</p>
<p style="text-align: center;">Program</p>	<p style="padding-left: 40px;">-Help Lines and Hotlines at the front line to interact with those requiring help.</p> <p style="padding-left: 40px;">-Inter-agency coordination protocols developed to handle suicide attempt cases.</p> <p style="padding-left: 40px;">-The Gatekeepers Programme where Individuals in the community are trained to recognize signs and refer to the competent authority.</p>

However, while the existing framework provides a solid foundation for suicide prevention efforts, the incorporation of sociocultural dimensions—encompassing beliefs and values, social norms, practices,

language, and identity—could further strengthen the national response. This thesis suggests that embedding a deeper understanding of these sociocultural factors into the framework can amplify its effectiveness by ensuring that interventions are culturally sensitive and resonate with the unique sociocultural landscape of Guyana.

Incorporating sociocultural insights into the framework would involve:

1. Cultural Competency Training for Mental Health Professionals and Community Leaders: Enhancing the cultural awareness of healthcare providers to better understand and navigate the sociocultural nuances that influence mental health and suicide ideation among different community groups in Guyana.
2. Community-Based Interventions: Tailoring suicide prevention programs to reflect the cultural, religious, and ethnic diversity of Guyanese society, ensuring that initiatives are relevant and accessible to all segments of the population.
3. Language and Communication Strategies: Developing communication materials and outreach programs that utilize culturally appropriate language, reducing stigma and encouraging open discussions about suicide and suicide prevention.
4. Inclusion of Traditional and Religious Leaders: Engaging leaders from various faiths and cultural backgrounds in the development and implementation of suicide prevention efforts to harness their influence and reach within communities.
5. Research and Data Collection on Sociocultural Factors: Conducting further studies to explore the impact of sociocultural dynamics on mental health and suicide, facilitating data-driven decision-making in policy and program development.

By enriching the Mental Health Action Plan 2015 – 2020 with these sociocultural considerations, Guyana can enhance its framework to not only address the immediate challenges of suicide prevention but also to build a stronger, more cohesive society where mental health is recognized,

respected, and nurtured. This refined approach promises to pave the way for a more effective national response, one that honours the diverse cultural fabric of Guyana while striving towards a future where every individual has the support and resources needed to thrive mentally and emotionally.

## Conclusion

The culmination of this exploration into the socio-cultural determinants of suicide in Guyana brought forth robust recommendations aimed at reshaping public health policies and suicide prevention strategies. These recommendations, anchored in a deep understanding of the Guyanese context and enriched by the insights derived from extensive ethnographic research and critical suicidology, offer a blueprint for transformative change. As I contemplate the path forward, it became evident that the effectiveness of suicide prevention in Guyana hinged on the integration of culturally informed, multidisciplinary approaches that recognized and addressed the multifaceted nature of suicide.

Policy reform must go beyond legislative changes and embrace a holistic paradigm that involves community engagement, enhancement of healthcare systems, and the education of all sectors of society. These strategies should be implemented in a manner that respects the cultural nuances of the Guyanese population, and as Kleinman & Cohen (1997), notes to leverage local knowledge and practices in order to foster an environment where suicide ideation can be addressed openly and without stigma.

Healthcare providers are encouraged to adopt a culturally sensitive approach, utilizing the insights gained from the local context to tailor interventions that are effective and acceptable to the community. Training in cultural competence should become a cornerstone of healthcare provision, ensuring that providers can navigate the complexities of cultural beliefs and practices that influence perceptions of suicide and mental health (Betancourt et al., 2003).

Community leaders play a pivotal role in this new strategy. By championing suicide prevention education and facilitating open dialogues about suicide, they can help to dismantle the stigma that often surrounds these discussions. Community-driven initiatives, supported by evidence-based research and policy backing, can create sustainable change, reducing the incidence of suicide and improving mental health outcomes (Morgan et al., 2011).

For policymakers in Guyana, the call to action is clear. There is a need for policies that are not only responsive to the findings of academic and field research but also adaptive to the evolving understanding of suicide as influenced by cultural, economic, and social dynamics in Guyana. Funding allocations, policy formulations, and legislative changes should all aim to support the systemic integration of suicide prevention strategies into national health plans, ensuring that these strategies are comprehensive, continuous, and culturally sensitive (Patel et al., 2018).

In integrating these findings into existing health systems and community-based initiatives, Guyana has the opportunity to enhance the effectiveness of its suicide prevention efforts significantly. The collaboration between policymakers, healthcare providers, community leaders, and researchers will be critical in crafting interventions that are not only theoretically sound but practically viable and culturally resonant.

This section has laid out a detailed roadmap for transforming the landscape of suicide prevention in Guyana. By embracing a culturally sensitive approach that incorporates the insights from both research and practice, Guyana can lead the way in developing a suicide prevention model. A model that is as compassionate as it is effective, ensuring that future generations are better equipped to address this complex public health challenge. This proactive and inclusive approach promises to mitigate the factors contributing to suicide and to enhance the overall well-being and resilience of the Guyanese community, paving the way for a healthier, more hopeful future (Wexler & Gone, 2012; Wahlberg et al., 2014; Knox et al., 2003; Unützer et al., 2000; Kral et al., 2011; Wandersman et al., 2008).

## Reflective Note

The quest to unravel the complexities of suicide in Guyana has led me through a rich tapestry of cultural narratives and social discords, revealing a landscape where the roots of suicidality are deeply entangled in the socio-cultural fabric of the society. This journey, guided by the voices of the Guyanese people—spanning across Indo-Guyanese, Afro-Guyanese, and Amerindian communities—has illuminated the multifaceted nature of suicide but also highlighted the pivotal role of cultural and social dimensions in shaping suicidal behaviours. The insights gleaned from this exploration, particularly the emphasis on the instrumental role of socio-cultural factors, beckon us towards a paradigm shift in suicide prevention strategies. As I pivoted towards the formulation of recommendations for inclusion in the Suicide Prevention Plan for Guyana, it became imperative to anchor strategies in the lived realities, beliefs, and values that define the Guyanese experience. The recommendations are rooted in a profound understanding of the local context, aimed at weaving a more resilient societal fabric that can withstand the spectre of suicide.

# Conclusion

## Summary of Finding: Unveiling the Sociocultural Dynamics of Suicide in Guyana

My journey into the heart of Guyana's suicide enigma began in October 2019, with an ethnographic quest to uncover the sociocultural landscapes that scaffold the crisis of suicide, interlacing the societal fabric. Central to the unravelling narratives was the profound theme **of Social Discord within Families**, painting a picture of a community where familial disputes and tensions bleed into the wider societal consciousness, manifesting as a prevalent issue. The investigation exposed not just sporadic episodes but a widespread tale of deep-seated emotional abandonment and rejection. This atmosphere of familial strife, heightened by the pressures of society at large, paints a stark picture of individuals caught on the precipice, with the seed of suicide taking root amidst the unresolved turmoil.

Venturing deeper, the lens shifts towards **Cultural Beliefs**, where the normalisation of death, intertwined with religious and cultural attitudes, markedly influences perceptions of suicide. In certain communities, death transcends its finality to signify a transition, subtly shifting societal reactions to suicide. This segment unravels how cultural narratives and religious tenets significantly mould these attitudes, fostering a complex web of beliefs that muddy mental health and suicide prevention discussions.

**Economic and Social Pressures** further complicating this narrative, is depicting a grim battle against poverty and unemployment. This investigation paints a stark picture of how economic duress extracts hope from the hearts of the Guyanese populace, positioning suicide as a desperate exit from a relentless reality. Herein, the critical nexus between socioeconomic factors and a rising tide of despair, potentially culminating in fatal outcomes, is highlighted. The exploration then transitions to **Mental Health Stigma and Lack of Support Services**, uncovering a glaring void within the healthcare ecosystem. The stigmatization of mental

health issues, coupled with a paucity of support services, often leaves individuals without recourse. This gap is particularly pronounced in remote locales, where mental healthcare access is severely limited, and cultural stigmas exacerbate feelings of isolation and despair.

**The Impact of Media and Cultural Representation** examines how Bollywood films, local folklore, and media portrayals romanticize suicide, impacting vulnerable psyches. These cultural narratives, far from mere entertainment, profoundly shape perceptions and, by extension, realities, perpetuating stereotypes, and misconceptions surrounding suicide.

In addressing the **Challenges Faced by Sexual Minorities**, this narrative unveils the discrimination and alienation plaguing LGBTQI+ individuals. Their struggle for acceptance and identity often leads to a solitary journey marked by suicide's shadow, underscoring the critical need for inclusive support systems and societal acceptance.

**Idioms of Distress and Communication Patterns** delve into the complex web of unarticulated suffering, where distress is communicated through idioms and euphemisms. This barrier to communication obscures the true magnitude of despair, complicating efforts to offer support and decode the nuanced expressions of emotional pain in Guyanese society.

**Religious and Ethno-racial Influences** explore the diversity within Guyanese society, where the interplay of religious beliefs and ethno-racial identities shapes attitudes towards suicide in sometimes contradictory ways. This complexity highlights the imperative for culturally sensitive suicide prevention approaches, attuned to Guyana's diverse societal fabric.

**Intergenerational Conflict and Ideologies** reveal a chasm between tradition and modernity, where value clashes often leave younger generations feeling alienated and misunderstood. This generational disconnect can intensify feelings of despair, nudging some towards irreversible decisions.

Finally, the **Normalisation of Suicide as Problem-Solving** uncovers a disconcerting trend: in some communities, suicide has

morphed into a tragically accepted solution to life's adversities. This normalisation signals a profound societal malaise that demands immediate, concerted action to alter perceptions and instil hope. Journeying through Guyana in 2019 and 2020, for my research, a tapestry of life unfolded, vibrant yet shadowed by a complex narrative of despair. Through the lens of culture, themes emerged - beliefs and values, social norms, practices, and language. Here, I discovered the depths of a suicide tragedy.

## **Contributions to Knowledge**

This doctoral thesis carves a distinctive niche within the realm of suicidology, particularly through the prism of critical suicidology, by delving into the rich tapestry of Guyana's sociocultural landscape to unravel the complexities of suicide. Positioned against the backdrop of Guyana's unique historical and cultural fabric, this research ventures beyond the conventional boundaries of suicide studies, which often neglect the intricate influences of culture on the expression and perception of suicidal behaviours.

Embarking on a detailed exploration of the cultural beliefs/values, norms, practices, and language that are interwoven into the fabric of Guyanese society, this thesis brings to light the intricate dance between social discord and the normalisation of suicide as a method of navigating life's quandaries. By anchoring the discourse of suicide within Guyana's broader sociocultural narratives, the study accentuates the critical need to consider the diverse array of factors that moulds individuals' encounters with and understanding of suicide.

The knowledge contributed by this thesis, lies in its ethnographic approach to understanding suicide in Guyana, highlighting the importance of cultural context in shaping the ways in which suicide is perceived, experienced, and addressed within society. By situating suicide within the broader sociocultural narratives of Guyana, this research challenges the

dominant paradigms of suicide prevention and calls for a more culturally sensitive approach that recognises the significance of cultural and ethnic identities in influencing suicidal behaviour. Adopting a critical perspective, the research challenges the dominant biomedical and individual-centric interpretations of suicide, advocating instead for a more encompassing comprehension that recognises the vital roles played by social, cultural, and historical elements. This approach not only enriches the academic dialogue surrounding suicide but also provides invaluable perspectives for crafting culturally attuned suicide prevention and intervention strategies that resonate with the authentic experiences of diverse communities.

Moreover, by casting a spotlight on Guyana - a nation that stands among those with the highest incidences of suicide globally, yet remains on the periphery of suicidology research, this thesis amplifies the voices of populations often overlooked in Western-centric narratives (White, Marsh, Kral, & Morris, 2016). It underlines the pressing necessity for suicidology to embrace a broader, culturally nuanced lens, acknowledging the myriad experiences and significances attached to suicide across different cultural landscapes. In essence, this thesis advocates for a transformative shift in critical suicidology towards embracing more inclusive and culturally informed research and practices. It beckons for a move towards more effective, compassionate approaches to suicide prevention and care, underpinned by an acknowledgment of the cultural, historical, and sociocultural contexts that shape the phenomenon of suicide. Through this ethnographic journey, the thesis contributes a vital perspective to the field, championing a paradigm that values cultural sensitivity and inclusivity in understanding and addressing the complexities of suicide.

## **Limitations of Suicide Research in Guyana**

Researching suicide presents a complex array of challenges and limitations that are both inherent to the subject matter and the methodologies employed. My doctoral thesis, grounded in the rich

sociocultural tapestry of Guyana, has navigated through the intricate web of suicide's multifaceted dimensions, offering insights into its prevalence, causation, and potential interventions. However, the exploration has also encountered several significant limitations that warrant discussion for a holistic understanding of the research scope and its implications.

One primary limitation is as a result of the sensitivity of suicide as a subject matter. Despite the critical need for in-depth exploration, the stigma and taboo surrounding suicide in Guyana often restrict open dialogue. This societal reticence impacts the willingness of individuals to participate in research, share personal experiences, or disclose sensitive information related to suicide ideation or attempts within their community or family. The reluctance to engage with the topic openly limits the depth and breadth of data that can be collected, potentially skewing the research findings towards those willing to speak out, who may not represent the full spectrum of experiences and perspectives experiences (Creswell, 2013; White, 2016).

Furthermore, the ethnographic approach, while rich in potential for deep cultural insights, brings with it the challenge of researcher bias and subjectivity. The interpretation of qualitative data, particularly when analysing cultural norms, practices, and language, is inherently influenced by the researcher's perspectives, beliefs, and background (Denzin & Lincoln, 2011). Despite rigorous efforts to maintain objectivity and reflexivity throughout the research process, the possibility of subconscious biases influencing the analysis and interpretation of findings cannot be entirely eliminated.

The variability and diversity within Guyana's cultural, ethnic, and religious landscapes present another layer of complexity. While this research has endeavoured to capture the nuanced interplay between these elements and suicide, the vast heterogeneity of the Guyanese population means that findings may not be universally applicable across all groups (Geertz, 1973; Kleinman, 1988). This limitation highlights the challenge of generalizing research outcomes and the necessity for targeted,

culturally specific suicide prevention strategies that acknowledge and address the unique needs of different communities.

Data collection methods, particularly in suicide research, also encounter limitations related to accuracy and comprehensiveness. The qualitative data gathered through interviews and focus groups are subject to participants' recall bias and the potential influence of social desirability on their responses (Silverman, 2010). These factors may lead to an underestimation or alteration of the reported experiences, further complicating the task of painting an accurate picture of suicide in Guyana.

Lastly, as Appadurai (1996) warns, the dynamic nature of culture itself poses a limitation to researching suicide. Cultural norms, values, practices, and language are not static; they evolve in response to changing social, economic, and political landscapes. As such, the research findings, while reflective of the current state, may not fully encapsulate the future trajectories of suicide's cultural underpinnings in Guyana. This temporal limitation highlights the need for ongoing research that can adapt to and reflect the societal changes over time.

In conclusion, researching suicide in Guyana has its limitations that challenges the research process and the interpretation of findings. These limitations, spanning from societal stigma to methodological challenges, highlights the importance of approaching suicide research with sensitivity, rigor, and an openness to the complexities of human behaviour and cultural diversity (Kral, 2012; Marsh, 2010). Acknowledging these limitations, as Hjelmeland & Knizek (2017) says, strengthens the research's credibility. This paves the way for future studies to build upon the foundation laid, exploring new avenues and strategies to address the persistent challenge of suicide in Guyana and beyond.

## **Suggestion for Future Research into Suicide in Guyana**

Building on the ethnographic findings from my study on suicide in Guyana, there are several future areas of research that could expand the

understanding and enhance interventions within the socio-cultural context of Guyana. These areas should ideally continue to utilize an ethnographic approach to capture the nuanced and deeply cultural aspects of suicide in this diverse society.

1. Cultural Interpretations of Suicide and Suicide Ideation: Further research could delve into how different cultural groups within Guyana understand and respond to suicide ideation and suicide. Studying these cultural interpretations could help in designing more culturally congruent suicide prevention programs.
2. Intersections of Race and Suicide: Exploring how racial and ethnic identities influence perceptions of and responses to suicide could provide deeper insights into the targeted support needed by different communities. This could involve comparative studies among the Indo-Guyanese, Afro-Guyanese, and indigenous groups.
3. Gender and Suicide: Investigating the roles of gender in shaping experiences and risks of suicide, particularly focusing on how societal expectations of masculinity and femininity influence suicide ideation and behaviour, would provide crucial insights for gender-sensitive interventions.
4. Impact of Economic Policies on Suicide Rates: Given the potential links between economic conditions and suicide, future research could assess the impact of specific economic policies on suicide rates. This would be crucial for understanding how economic development or downturns affect community mental health.
5. Stigma and Community Dynamics: Deeper investigation into the stigma associated with suicide in various Guyanese communities could help develop targeted strategies to reduce stigma and encourage help-seeking behaviours.
6. Media's Role in Shaping Suicide Narratives: Research on how media portrayal affects public perceptions of suicide in Guyana would inform the development of media guidelines and public health campaigns aimed at presenting responsible narratives around suicide.
7. Longitudinal Community Studies: Long-term ethnographic research in specific communities could track changes over time, providing insights into the effectiveness of interventions and the evolving nature of community attitudes towards suicide.
8. Youth and Social Media Influences: With the rising influence of digital platforms, studying how youth in Guyana engage with social media around topics of suicide could guide digital intervention strategies.

9. Suicide Among Vulnerable Populations: Focused studies on vulnerable populations, such as LGBTQ+ individuals or people with elderly, could uncover specific risk factors and protective factors prevalent in these groups within the Guyanese context.
10. Role of Education in Suicide Prevention: Investigating how educational settings can be leveraged to promote suicide prevention, including integrating these topics into the curriculum, could have a long-term preventive impact.

Each of these research areas would benefit from an ethnographic approach, which would allow for a deep understanding of the lived experiences and cultural contexts of the Guyanese people. These studies could further inform policy makers and practitioners on how to best address the complex issue of suicide in Guyana.

## **Epilogue: The Rainforest's Resolve**

The research journey into the cultural and social underpinnings of suicide in Guyana culminated in a reflection of both the enduring challenges and the emergent pathways toward change. The metaphor of the rainforest—a vibrant ecosystem that embodied resilience, interconnectivity, and regeneration—served as a fitting backdrop to encapsulate the findings and future directions illuminated by this study. Drawing upon the collected data, the narrative traversed the complex terrain of values and beliefs, norms, practices, and language that contoured the Guyanese society's engagement with suicide.

The reflection on economic considerations over romantic choices highlighted a societal predilection where material stability was often prized above emotional or romantic compatibility, suggesting a materialistic undercurrent influencing family approval and societal acceptance of relationships. This economic prioritization, as articulated by participants, revealed a cultural narrative where love's viability was assessed through the lens of financial security.

The discourse on suicide prevention and resilience, woven through participants' stories and academic insights, highlighted a collective belief in suicide's preventability and the power of resilience and religious

conviction. It uncovered a societal undercurrent that acknowledged the weight of hardship and societal pressures yet championed the strength found in faith and familial ties as bulwarks against despair.

The cultural contextualization of suicide, particularly within specific demographics, not only outlined the prevalence of suicide among the Indo-Guyanese community but also nuanced the understanding with perspectives on reincarnation and cultural identity. This cultural dimension emphasized the need for suicide prevention strategies that were culturally attuned and responsive to the diverse tapestry of Guyanese society.

Stigma, silence, and societal norms emerged as formidable barriers to open discourse on suicide and mental health, reinforcing isolation and perpetuating the cycle of despair. The research elucidated how stigma was woven into the fabric of Guyanese society, stifling conversations, and marginalizing those in need of support. The silence that shrouded discussions on suicide, compounded by the fear of judgment and breach of confidentiality, highlighted a critical area for intervention - to cultivate an environment where conversations about mental health and suicide were normalized and encouraged.

The influence of media and the rise of cyberbullying presented new challenges and reflections on the portrayal and perception of suicide, highlighting the double-edged sword of connectivity and its impact on societal attitudes towards suicide. The narratives from Guyana echoed a broader global conversation on the responsibility of media in shaping public perceptions and the urgent need for digital literacy and cyber-wellness programs.

Thus, the epilogue was a call to action - a rainforest's resolve to nurture its ecosystem towards greater resilience and understanding. It envisioned a future where the melodies of open dialogue, cultural sensitivity, and collective support harmonized to transform the landscape of suicide prevention in Guyana. This research, by delving into the heart of Guyanese society's struggle with suicide, aspired to contribute to the chorus calling for change, advocating for strategies that resonated with

the lived realities of its people and the diverse cultural narratives that defined them.

In the spirit of the rainforest, characterized by its capacity for growth and renewal, this epilogue envisaged a future where Guyana's resolve to address the complexities of suicide was fortified by compassion, understanding, and an unwavering commitment to safeguarding the well-being of its communities. It was a future where the echoes of despair were met with chords of hope, and the rainforest's resolve became a testament to the power of collective action and cultural awareness in the face of adversity.

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# Appendix 1: Research Information Leaflet and Consent Forms

Suicide prevention:

Learning from sociocultural perspectives to create a sustainable community response in Guyana.

Research Information Leaflet

What is this research about?

This research is about suicide in Guyana. The reason that I am conducting this research is to explore the social and cultural aspects of suicide in Guyana. I am doing this because, "Suicide is a leading cause of death in Guyana. It is the third leading cause among persons aged 20 – 24 years and the fourth leading cause of death among persons aged 10 – 19 and 25 – 44. The highest incidents of

suicide attempts and suicide deaths occur in the 15 to 24 age range for females and 15 – 34 for males". (Mental Health Action Plan 2015 – 2020, p.20). This is of real concern to me and I would like to find out more about peoples thoughts and beliefs about suicide so as to contribute toward effective prevention strategies and policies.

Who will carry out the work?

The research will be carried out by PhD candidate Mrs Ayodele Dalgety-Dean from Nottingham Trent University, UK.

What will be done?

The study will be using the following approaches to collect the information for the study:

- Semi structured interviews
- Focus group discussions
- Review and analysis of a range of documents to include journals,

letters, notes from suicide victims / survivors (with permission)

- Writing down my Observations of interactions and making field notes.

I would like to gather personal thoughts / feelings that you may like to share about your beliefs of the social and cultural factors of suicide in Guyana. The findings will help to get a better understanding of suicide in order to inform culturally relevant suicide prevention strategies.

How you can contribute

If you decide to take part, you can contribute in various ways:

Semi structured interviews

You will be invited to take part in 2 or 3 semi structured interviews that will last for 40-50 minutes. The interview will be conducted either face to face or via telephone at a time and day that suits you. During the

interview, the researcher will invite you to talk about your background and beliefs and stories about suicide in Guyana. You do not have to answer any questions that you do not wish to.

Focus group discussions

A number of focus group discussion will be organized and you will be welcome to join these if you wish. These discussions will be conducted either face to face or via zoom at a scheduled time and day. These discussions will last up to 2 hours and consist of 6 – 10 persons. During the discussions the researcher will invite the group to talk about their beliefs, thoughts and the stories they hear about suicide in Guyana.

Review and analysis of a range of documents

You will be invited to share documents, stories, journals, letters, notes on suicide or from suicide victims / survivors (with permission) that will be used to access persons beliefs and thoughts of suicide.

Participant observations

Participant observation allows researchers to learn about the activities of the people under study in the natural setting through observing and participating in those activities. There will be times where I will be observing, interacting and shadowing you and asking questions for clarification during observations. I will sometimes use a voice recorder, with your permission, to record our conversations and interviews. I will always inform you when my observations are for research purposes.

The final part of the research involves the researcher analysing and interpreting the data received from the interviews, focus groups, participant observations, documents, research diary and field notes to form part my thesis.

How will participants be recruited?

Participants will be recruited through formal

agreements with Blossom Inc., other NGOs and social and health service agencies together with word of mouth from these existing contacts.

### Gaining Consent

You will be given a *Consent Form* to sign and return to me via email or in person before the interview to ensure you have been given sufficient information and that your permission has been obtained. You will also be asked to give permission to use the material for future research, education and publication purposes. No names or material will be published without your consent.

### Will I be quoted?

It is important to be aware that to evidence the integrity of the research it will be necessary to include quotations from your interview in reports and publications. The primary purpose of collecting information via interviews is for research purposes. In your consent form you will be asked to confirm that you are happy with this. You will have the choice to determine how the material is used in the future.

If you are no longer happy to be a part of this study you can withdraw your data by 14th December 2021. After this time it will not be possible to remove because it has been anonymised as part of the analytical process.

How will you protect my confidentiality and anonymity?

As the researcher, I will be responsible for ensuring, when collecting and analysing the data that I am not contravening legal or regulatory requirements in Guyana or the UK in regards to anonymity, confidentiality and data protection. I will ensure all confidentiality, anonymity and security of the research data, both during and after the research. All participant personal data will initially be held on the researcher's password protected electronic devices (smart phone and laptop) and then transferred as soon as possible onto the Nottingham

Trent University (NTU) secure database, NTU DataStore. This data will only be viewed by the researcher and her advisory team at NTU. All participants will be issued with a pseudonym that will be used. All participant personal data with their associated pseudonym will be stored on a password protected document. Only participant pseudonyms will be used in the final report, PhD thesis and in any publications. This pseudonym will also be used during the analysis. Participants will be given the opportunity to read the report before it is published. The researcher will follow both NTU's and Blossom Inc.'s code of confidentiality.

What are the potential benefits of taking part?

By taking part in this research, you may be contributing to the solution to effectively support persons who become suicidal and who are affected by suicide. Your contribution will help to shed light on personal and community strengths and concerns in relation to the provision of mental health services in Guyana. The resulting knowledge will be there to inform policy, suicide prevention

strategies and benefit future researchers.

Do I have to take part?

It is up to you to decide whether or not to take part in this research. If you would prefer not to take part you do not have to give a reason. If you decide to participate, you are free to withdraw from the study at any time, without having to provide an explanation. You will be provided with the contact details of an independent person with whom you can confidentially discuss any concerns that you may have about the research.

If you decide to take part you would be asked:

1. To give written consent for participant observation (I will check with you for verbal consent before each observation).
2. To give written consent for recording of support sessions. (I will ask

for verbal consent before any undertaking any audio recordings of informal or formal meetings)

3. To give written consent for recording of semi-structured interviews and focus groups.
4. To give consent for relevant documents in be used in the research.

You will be given copies of this Information Leaflet and the signed consent forms to keep.

If I take part, can I subsequently withdraw?

Please note that your participation is **voluntary** and you can choose whether or not you wish to participate in this research. Even if you decide to participate, you also have the right to not answer questions you do not wish to and to withdraw at any point without giving a reason. There will be no consequences as a result. All the information that you provide will be used for the purpose of this research. All information is confidential and private. You are not required to give private information that you do not wish to divulge. If you wish to withdraw any of your data please

contact Ayo Dalgety-Dean – details below.

What are the possible risks of taking part?

The interviews are strictly confidential and all information will be anonymised. As a result of your involvement, you may share information of a confidential and sensitive nature, for instance you may reveal full names of persons during your interview. For this reason, you will have the option to review the transcripts of your interviews to ensure sensitive data is removed and your confidentiality is being respected.

What happens if I disclose information that relates to harm and/or is defamatory?

If you disclose information regarding harm to yourself or others, we will be obliged to pass the information on to the relevant

support agencies, such as the hospital.

If you disclose information that may damage the reputation of a person/organisation, we will remove the information from our data and research.

What happens if I become upset during the interview?

We will ensure you receive information about relevant organisations and/or individuals who can provide the support that you may require either via telephone or face to face after the interview.

What happens after the interview?

After the interview, the contents of the audio recording will be transcribed verbatim to a word document. The digital recording will be deleted. You will also be invited to seek support from Blossom Inc. or another support organisation and will have the option of hanging around after for snacks and “a gaff”.

How will the recorded media be used?

A phone recorder will be used to record formal and informal meetings, semi-structured interviews and focus groups. No one outside the research team will be allowed access to the original recordings. Your consent will be gained before recordings takes place. The audio files on the device will be encrypted and transferred as soon as possible to a computer and stored as a password protected file until it is transcribed. Audio recordings will be transcribed verbatim as soon as possible after being recorded. A pseudonym will be assigned to you when you agree to take part which will be used during data collection, analysis and in any published reports, articles and PhD thesis. Your name and corresponding pseudonym will be kept on a password protected file and stored on the Nottingham Trent (NTU) secure database, NTU DataStore.

What will happen to the results of the research?

The research results will be published and presented both in scientific journals and at scientific meetings, used to inform, national and international policies and strategies so as to reach the widest possible audience. All identifiable information will be removed or replaced by a pseudonym in published material and in the final PhD thesis. Participants will have access to a summary report of the research and offered a copy of the final PhD Thesis.

What do I do now?

I would be grateful if you would discuss this invitation with your family, support networks or colleagues before deciding to take part. In the meantime, if you would like any questions answered to help you make your decision, please do not hesitate to contact me:

Ayo Dalgety-Dean at Blossom Inc. 233 6701 or email: [ayodele.dalgety-dean@ntu.ac.uk](mailto:ayodele.dalgety-dean@ntu.ac.uk).

or my supervisor

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Thank you for considering  
taking part in this research.

## Participant Invitation Letter

10<sup>th</sup> August 2020

Ayodele Dalgety-Dean

PhD Candidate

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Blossom Inc. Tel: 223 6701

Dear Participant

Research Title: Suicide prevention - Learning from sociocultural perspectives to create a sustainable community response in Guyana.

My name is Ayo Dalgety-Dean and I am a PhD Researcher at Nottingham Trent University in England. I am a Marie Sklodowska-Curie Fellow and my Director of Studies is Dr Penelope Siebert at Nottingham Trent University. I would like to invite you to take part in my research that I am planning to carry out in Guyana, from September 2020 to March 2022, on suicide

The reason that I am conducting this research is to explore the social and cultural aspects of suicide in Guyana. I am doing this because, suicide is a leading cause of death in Guyana. It is the third leading cause among persons aged 20 – 24 years and the fourth leading cause of death among persons aged 10 – 19 and 25 – 44. The highest incidents of suicide attempts and suicide deaths occur in the 15 to 24 age range for females and 15 – 34 for males. (Mental Health Action Plan 2015 – 2020). This is

of real concern to me and I would like to find out more about peoples' thoughts and beliefs about suicide to contribute toward effective prevention strategies and policies.

My research involves speaking to people to find out their beliefs and thoughts around the cultural and social aspects of suicide in Guyana. You can take part by speaking with me or by taking part in a focus group.

If you are interested in being a part of the research and would like more information please contact me, Ayo Dalgety-Dean, by phone or email on the details listed above for the full research information leaflet. You can also get in touch with my Director of Studies, Dr Penelope Siebert. Her contact details are below.

Yours sincerely,

Ayo Dalgety-Dean

Dr Penelope Siebert - Telephone: +44 115 848 86170 | Email: [penelope.siebert@ntu.ac.uk](mailto:penelope.siebert@ntu.ac.uk). | Address: Chaucer Building, School of Social Sciences, Nottingham Trent University, Burton Street, Nottingham, NG1 4BU, England.

Participant Interview Consent Form

**Title of Research:** Suicide prevention - Learning from sociocultural perspectives to create a sustainable community response in Guyana.

**Name of Researcher:** Ayodele Dalgety-Dean

Please initial the box after each statement:

I confirm that I have read and understand the "Research Information Leaflet" dated 10<sup>th</sup> August 2020 for the above research. I have had the opportunity to consider the information, to ask questions, and have had these answered satisfactorily.

I understand that my participation is voluntary, and that I am free to withdraw at any time, without giving any reason, and without any consequences.

I understand and agree that the interview will be recorded.

I understand that the interview discussion will be kept anonymous.

I understand that excerpts of the interview may be used for research purposes, which includes being part of a PhD thesis, and publication in professional journals.

I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
\_\_\_\_\_  
Signature Date

Participant Focus Group Consent Form

**Title of Research:** Suicide prevention - Learning from sociocultural perspectives to create a sustainable community response in Guyana.

**Name of Researcher:** Ayodele Dalgety-Dean

Please initial the box after each statement:

I confirm that I have read and understand the "Research Information Leaflet" dated 10<sup>th</sup> August 2020 for the above research. I have had the opportunity to consider the information, to ask questions, and have had these answered satisfactorily.

I understand that my participation is voluntary, and that I am free to withdraw at any time, without giving any reason, and without any consequences.

I understand and agree that the focus group will be recorded.

I understand that the focus group discussion will be kept anonymous.

I understand that excerpts of the focus group may be used for research purposes, which includes being part of a PhD thesis, and publication in professional journals.

I agree to take part in the above study.

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Name of Participant

---

---

Signature

Date

---

Researcher

---

---

Signature

Date

Parent/Guardian Consent Form

413  
Ayodele Dalgety-Dean

When completed: 1 copy for participant; 1 copy for researcher

**Title of Research:** Suicide prevention - Learning from sociocultural perspectives to create a sustainable community response in Guyana.

**Name of Researcher:** Ayodele Dalgety-Dean

Please initial the box after each statement:

I confirm that I have read and understand the "Research Information Leaflet" dated 10<sup>th</sup> August 2020 for the above research. I have had the opportunity to consider the information, to ask questions, and have had these answered satisfactorily.

I understand that the participation of my child (under 18 years old) is voluntary, and that he/she is free to withdraw at any time, without giving any reason, and without any consequences.

I understand and agree that the interview will be recorded.

I understand that the focus group will be kept anonymous.

I understand that excerpts of the interview may be used for research purposes, which includes being part of a PhD thesis, and publication in professional journals.

I understand that we can withdraw our data by 14th December 2021. After which it will not be possible to remove because it has been anonymised as part of the analytical process.

I agree for my child to take part in the above study.

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Name of Participant

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Name of Parent

---

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Signature of Parent

Date

---

Researcher

---

---

Signature

Date

415

Ayodele Dalgety-Dean

When completed: 1 copy for parent / guardian; 1 copy for

Participant Observation Consent Form

**Title of Research:** Suicide prevention - Learning from sociocultural perspectives to create a sustainable community response in Guyana.

**Name of Researcher:** Ayodele Dalgety-Dean

Please initial the box after each statement:

I confirm that I have read and understand the "Research Information Leaflet" dated 10<sup>th</sup> August 2020 for the above research. I have had the opportunity to consider the information, to ask questions, and have had these answered satisfactorily.

I understand that my participation is voluntary, and that I am free to withdraw at any time, without giving any reason, and without any consequences.

I understand and agree that the researcher will be a part of our team, participating in sessions and our daily activities and that notes will be taken and recorded.

I understand that all observations will be anonymised.

I understand that excerpts of the observations may be used for research purposes, which includes being part of a PhD thesis, and publication in professional journals.

I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Appendix 2: Interview Topic Guides**

417  
Adele Dalgety-Dean

When completed: 1 copy for participant; 1 copy for researcher

Suicide prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana

Interview Topic Guide - Focus Group

Adults

Types of questions	Exploration / prompts (More detailed areas of inquiry)
Introduction	<p>Hello, my name is Ayo and I'm the Researcher who will be speaking to you today about suicide. Should we start by introducing ourselves and using our initial to describe ourselves (<i>ice-breaker</i>). Should we set some ground rules so that we all agree how we would like to interact with each other? (<i>use flip chard and write ground rule up so everyone can see it</i>).</p> <p>I'm going to take notes and also seek clarification to ensure that I understand everything well. I will also have my phone voice recorder on. It's going to record us so that I capture everything that we discuss. (<i>If the group raises objections to recording, I will try to find out why and I will address the concerns</i>).</p> <p>Now that, hopefully, we are all relaxed, I'm going to ask a question to start our discussion on suicide. Is that ok? (<i>wait for response</i>). I'm anticipating that this discussion will last about 2 hours.</p>
Questions (Prompts)	<p>Can you all tell me about the beliefs around suicide in Guyana?</p>

	<p>What do you think about these beliefs?</p> <p>Where do you think these beliefs come from?</p> <p>What stories do you hear about suicide and why it happens?</p> <p>Who tells these stories?</p> <p>What do you all think about the stories that you hear about?</p>
<p>Mini-Tour Questions</p>	<p>The mini-tour question will dig deeper into an area of the discussion we are having in order for me to get a deeper understanding of the event.</p> <p>Can you expand on that?</p> <p>Do you have a story you can share to explain more about that belief?</p>

Suicide prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana

Interview Topic Guide - Focus Groups

## Children

Types of questions	Exploration / prompts (More detailed areas of inquiry)
Introduction	<p>Hello, my name is Ayo and I'm the Researcher who will be speaking to you today about suicide. Should we start by introducing ourselves and using our initial to describe ourselves (<i>ice-breaker</i>). Maybe, now we can set some ground rules so that we all agree how we would like to interact with each other? (<i>use flip chard and write ground rule up so everyone can see it</i>).</p> <p>I'm going to take notes and I might need your help to make sure I understand you well. I will also have my phone voice recorder on. It's going to record us because what we say here is important. (<i>If the group raises objections to recording, I will try to find out why and I will address the concerns</i>).</p> <p>Now that, hopefully, we are all relaxed, I'm going to ask a question to start our discussion on suicide. Is that ok? (<i>wait for response</i>). I'm anticipating that this discussion will last about 2 hours.</p>
General Overview	<p>Let's talk about the beliefs and stories of suicide in Guyana:</p> <p>What are the beliefs of suicide in Guyana?</p>

	<p>What do you think about these beliefs?</p> <p>What are your beliefs about suicide?</p> <p>Where do think these beliefs come from?</p> <p>What stories do hear about suicide?</p> <p>Who tells these stories?</p> <p>What do you think about the stories that you hear?</p>
<p>Mini-Tour Questions</p>	<p>The mini-tour question will dig deeper into an aspect of the discussion we were having that I think is important to learning about suicide in Guyana (linked to discussion in Grand Tour Question).</p> <p>Tell me a little bit more about that!</p>

Suicide prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana

Interview Topic Guide – Semi Structured Interview

Adults

Types of questions	Exploration / prompts (More detailed areas of inquiry)
Introduction	<p>Hello, my name is Ayo and I’m the Researcher who will be speaking to you today about suicide. I thought we could start by me asking you a question about suicide and we take it from there? What do you think? <i>(Wait for answer before proceeding)</i>.</p> <p>I’m going to take notes and also seek clarification to ensure that I understand everything well. I will also have my phone voice recorder on. It’s going to record us so that I capture everything that we discuss. <i>(If participant raises objections to recording, I will try to find out why and I will address the concerns)</i>.</p> <p>I’m anticipating that this discussion will last about 2 hours.</p>
Questions (Prompts)	<p>Can you all tell me about the beliefs around suicide in Guyana?</p> <p>What do you think about these beliefs?</p> <p>Where do you think these beliefs come from?</p>

	<p>What stories do you hear about suicide and why it happens?</p> <p>Who tells these stories?</p> <p>What do you all think about the stories that you hear about?</p>
<p>Mini-Tour Questions</p>	<p>The mini-tour question will dig deeper into an area of the discussion we are having in order for me to get a deeper understanding of the event.</p> <p>Can you expand on that?</p> <p>Do you have a story you can share to explain more about that belief?</p>

Suicide prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana

Interview Topic Guide - Semi Structured Interview

Children

Types of questions	Exploration / prompts (More detailed areas of inquiry)
Introduction	<p>My name is Ayo. Part of my work involves speaking with you / young people about everything you know and believe about suicide. Today, I'm going to ask you some questions to start our discussion on suicide. Is that ok? <i>(wait for response)</i>. I would like to know if you would like to use a specific word when we are talking about suicide so that I can use that word instead? <i>(wait for answer and then say ok)</i>.</p> <p>I'm going to take notes and I might need your help to make sure I understand you well. I will also have my phone voice recorder on. It's going to record us because what we say here is important. <i>(If the child raises objections to recording, I will try to find out why and I will address the concerns)</i>. I anticipate that our discussion will last no longer than 1 hour.</p>
Questions (Prompts)	<p>Can you all tell me about the beliefs around suicide in Guyana?</p> <p>What do you think about these beliefs?</p> <p>Where do you think these beliefs come from?</p>

	<p>What stories do you hear about suicide and why it happens?</p> <p>Who tells these stories?</p> <p>What do you all think about the stories that you hear about?</p>
<p>Mini-Tour Questions</p>	<p>The mini-tour question will dig deeper into an area of the discussion we are having in order for me to get a deeper understanding of the event.</p> <p>Can you expand on that?</p> <p>Do you have a story you can share to explain more about that belief?</p>

Suicide prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana

Interview Topic Guide - Semi Structured Interview

Staff

Types of questions	Exploration / prompts (More detailed areas of inquiry)
Introduction	Hi, so we scheduled today to have our semi structured interview / talk on suicide. I will skip the formalities as we know each other very well. Should I ask

	<p>some questions to start the discussion as you are aware that we are here to talk about everything that you believe about suicide?</p> <p>I'm going to take notes and I will more than likely seek clarification on lots to do with our discussion. I will also have my phone voice recorder on. It's going to record us because what we say here is important. <i>(If staff raises objections to recording, I will try to find out why and I will address the concerns)</i>. I anticipate that our discussion will last no longer than 1 hour.</p>
<p>Questions (Prompts)</p>	<p>Can you all tell me about the beliefs around suicide in Guyana?</p> <p>What do you think about these beliefs?</p> <p>Where do you think these beliefs come from?</p> <p>What stories do you hear about suicide and why it happens?</p> <p>Who tells these stories?</p> <p>What do you all think about the stories that you hear about?</p>

Mini-Tour Questions	<p>The mini-tour question will dig deeper into an area of the discussion we are having in order for me to get a deeper understanding of the event.</p> <p>Can you expand on that?</p> <p>Do you have a story you can share to explain more about that belief?</p>

## **Appendix 3: Participant Debriefing Sheets**

Participant Debriefing Sheet

Adults

Suicide Prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana.

Thank you for agreeing to participate in this study! The aim of this research is to explore the social and cultural aspects of suicide in Guyana so as to better support prevention strategies.

The researcher would like to ensure that you are adequately supported after this interview.

If you are upset and affected by our discussions today support is available at Blossom Inc on 233 6701 where you can contact and arrange

to speak with a counsellor or member of the support team . In addition, there are a number of confidential services at hand to support you:

Guyana Inter-Agency Suicide Prevention Hotline - 600 7896

Red Thread - 641 7326

The Caribbean Voice - 621 6111

Please remember that you can withdraw at any time, and you can withdraw your data by 14th December 2021 if for any reason you decide that you no longer wish to be a part of this study. After this time, it will not be possible to remove your data because it has been anonymised as part of the analytical process.

Many thanks again for your participation in this research.

If you have further questions about this research please do not hesitate to contact me, Ayo Dalgety-Dean on Blossom Inc.'s number 233 6701. In addition, if you have any concerns about any aspect of the research, you may contact my Director of Studies at Nottingham Trent University, Dr. Penelope Siebert on [penelope.siebert@ntu.ac.uk](mailto:penelope.siebert@ntu.ac.uk).

I understand that the Researcher is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Penelope Siebert on [penelope.siebert@ntu.ac.uk](mailto:penelope.siebert@ntu.ac.uk) if I  have any other questions.

## Participant Debriefing Sheet

### Children

Suicide Prevention: Learning from sociocultural perspectives to create a sustainable community response in Guyana.

Thank you for agreeing to participate in this study and to talking with me about such a hard topic as suicide. I really appreciate it and I hope that it will lead to really good policies that will help children to cope and survive any suicidal thoughts or actions they may have experienced.

I would like to ensure that you are adequately supported after this interview.

If you are upset and affected by our discussions today and any other day support is available at Blossom Inc on 233 6701 where you can contact and arrange to speak with a counsellor or member of the support team. In addition, there are some other confidential services that you can call for support:

Guyana Inter-Agency Suicide Prevention Hotline - 600 7896

Red Thread - 641 7326

The Caribbean Voice - 621 6111

Please remember that you can withdraw at any time, and you can withdraw your data by 14th December 2021 if for any reason you decide that you no longer wish to be a part of this study. After this time, it will not be possible to remove your data because it has been anonymised as part of the analytical process.

Many thanks again for your participation in this research.

If you have further questions about this research please do not hesitate to contact me, Ayo Dalgety-Dean on Blossom Inc.'s number 233

6701. In addition, if you have any concerns about any aspect of the research, you may contact my Director of Studies at Nottingham Trent University, Dr. Penelope Siebert on [penelope.siebert@ntu.ac.uk](mailto:penelope.siebert@ntu.ac.uk).

I understand that the Researcher is willing to answer any questions I may have concerning the research that I took part in. I understand that I may contact Dr. Penelope Siebert on [penelope.siebert@ntu.ac.uk](mailto:penelope.siebert@ntu.ac.uk) if I  have any other questions.

# Appendix 4: Distress Protocol

Research protocol in the event of participant undergoing distress during interview (amended from: Manchester Metropolitan University qualitative data collection protocol and University of Bradford OPuS protocol)

The nature of the present research contains discussions relating to participants' personal life experiences and their perspectives on suicide and suicide ideation. Therefore, this protocol has been prepared to manage distress in the context of Interviews/Focus Group Discussions in order to minimize harm to participants and/or the researcher.

## Distress Protocol 1: Before The Interview

- Participants will [should] have already read the provided research information sheet and given written consent to take part. However, on the day of the interview/focus group discussion it is necessary to discuss and review consent in person as well as assess the participants well-being to ensure they are in an appropriate emotional state to take part. Additionally, a rapport should be created before commencing interviewing in attempt in dismantling any pre-interview anxiety.
- Consideration should be taken by the researcher/interviewer/facilitator of the psychological impact it may have on participants discussing their personal narratives.
- Consideration should be taken by the researcher of the psychological impact it may have on the researcher engaging in discussing others personal narratives that may include emotionally triggering subjects.
- If a participant demonstrates any level of stress or emotional distress beforehand, the interview is not to go on or in the case of a FDG the participant and alternative option to participate, if necessary.

## Distress Protocol 2: During Interview

- The researcher should continuously be aware of participants emotional states, and it is encouraged to check in with the participant(s) throughout the interview.
- If emotional distress or stress is being experienced by the participant(s) and is demonstrated through their behaviour or speech or if a question(s) or the nature of the interview itself causes the participant to become emotionally distressed or stressed, the interview is to be paused immediately or in the case of the FDG an identified support person will take the participant to a safe area for emergency psychosocial support .
- The researcher should then check in with the participant (i.e. ask how they are feeling, what they are thinking, do they feel they can go on with the interview/their day and/or do they feel safe)
- Interview should be resumed if the participant feels and states they can go on. If they are unable to move on to the next step.
- If participant feels they cannot go on, terminate interview, and encourage them to contact the Guyana helplines at 914, Blossom Inc. – 233 6701, Red Thread - 641 7326, Help & Shelter - 225 4731, to receive advice and support.
- With consent, a follow up email to check in should be sent within 2 weeks following the interview.

#### After Interview

- If a participant(s) makes contact after the interview or FGD expressing that they are experiencing emotional distress or high stress levels due to the interview, the researcher is encouraged to listen, make notes, and respond appropriately and empathetically.
- Encourage the participant to contact the Guyana help lines at 914, Blossom Inc. - 233, Red Thread - 641 7326, Help & Shelter - 225 4731, to receive advice and support.
- If the participant expresses any regret or fear reassure the participant that they will remain anonymous and are safe.
- If the participant decides they no longer want to consent to the data they shared (either whole or part and it is within the deadline to do so, dispose of the data (or part) and inform the participant you have done so.
- Remind them that they have the right to withdraw up to 14th December 2021 after they have been interviewed.

## **Appendix 5: Ethical Approval**

Institutional Review Board FWA00029810  
Ministry of Public Health  
Brickdam, Georgetown, GUYANA  
Telephone: 592-22-61224  
e-mail: cmoguyana@gmail.com/cmo@health.gov.gy

## Memo

**To:** Ayodele Dalgety-Dean  
**From:** The Chairman, IRB Ministry of Health  
**Date:** 7/10/2020  
**Re:** IRB Approval of New Protocol # 63/2020

The Ministry of Public Health's IRB has reviewed the request for approval of protocol # **63/2020** entitled "***Suicide prevention : Learning from sociocultural perspectives to create a sustainable community response in Guyana***" and has approved the protocol for the maximum allowable period of **one year**. This IRB approval expires **September 2021**.

As a reminder, the IRB must review and approve all human subjects' research protocols at intervals appropriate to the degree of risk, but not less than once per year. There is no grace period beyond one year from the last IRB approval date. It is ultimately your responsibility to submit your research protocol for continuation review and approval by the IRB. Please keep this approval in your protocol files as proof of IRB approval and as a reminder of the expiration date. To avoid lapses in approval of your research and the possible suspension of subject enrollment and/or termination of the protocol please submit your continuance request at least six weeks before the protocol expiration date.

Upon completion of your research a Report **MUST** be submitted to the Board.

Any problems of a serious nature should be brought to the immediate attention of the IRB and any proposed changes to the protocol should be submitted as an amendment to the protocol for IRB approval before they are implemented.

If you have any questions please contact the **IRB Administrator** or the **IRB Chairman** on **226-1224**.

  
Dr. Sharydeo Persaud  
Chairman, Institutional Review Board  
GUYANA

Ministry of Public Health  
GUYANA

Regulation in accordance with the MOH Act

**ETHICAL PRINCIPLES & POLICIES GOVERNING RESEARCH INVOLVING  
HUMAN SUBJECTS**

The Guyana Institutional Review Board, Ministry of Public Health requires that all research projects or studies involving human subjects comply with the principles and procedures for protecting human research subjects specified below.

1. ***Ethical Principles Governing Human Subjects Research***

The Guyana Institutional Review Board, Ministry of Public Health is guided by the ethical principles regarding research involving human subjects set forth in the Declaration of Helsinki. These ethical principles must guide individuals, groups and institutions in the conduct of all studies in which human subjects participate.

2. ***Policies Governing Human Subjects Research***

The policies below are to be complied with by all Researchers.

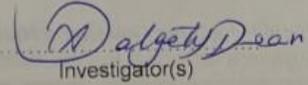
- a) Researchers acknowledge and accept their responsibilities for protecting the rights and welfare of all human subjects involved in research which they sponsor or conduct.
- b) Researchers encourage and promote a research atmosphere that safeguards the rights and welfare of human subjects.
- c) Researchers agree that before human subjects are involved in research which they sponsor or conduct, proper consideration must be given to:
  - 1) Risks to the subjects
  - 2) Anticipated benefits to the subjects and others
  - 3) Importance of the knowledge that may reasonably be expected to result
  - 4) Informed consent process to be employed
- d) Researchers agree that, whenever appropriate, they will consider special safeguards for protecting research subjects who may be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, refugees, mentally disabled persons, rural populations and economically or educationally disadvantaged persons.

- e) Researchers agree
- f) to provide appropriate administrative overview to ensure that these principles are applied effectively.

3. The Guyana IRB, Ministry of Public Health may implement appropriate mechanisms to ensure that these regulations are complied with.



Chairman  
Institutional Review Board, GUYANA



Investigator(s)

Date: 13/10/20

Date: 14/10/2020