

Rising Youth Suicide and the Changing Cultural Context in South Korea

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Abstract. *Background:* South Korean society faces a serious challenge in the increasing rates of youth suicidal behavior. There is a need both to gain a better understanding of the causes of this behavior and to develop strategies for responding to this critical public health issue. *Aims:* This article analyzes how psychological, sociopsychological, and subcultural factors influence suicidal proneness among Korean youth as well as makes suggestions for developing social policies that could reduce Korean youth suicidal behaviors. *Method:* Correlation and multivariate regression analyses on suicide proneness and depression were employed using a sample of 172 South Korean youths (aged 18–24) selected from the 2009 General Social Survey collected through face-to-face interviews. *Results:* Young people's suicidal proneness is associated with depression, a tolerant attitude toward suicide, strained family relations, living in rural areas, being female, and being closely related to survivors of suicide or potential suicides. *Conclusion:* The findings from this study reveal the significance of social and cultural factors as influences on recent youth suicidal behavior in Korea. The analysis suggests that the underlying risk factors of suicidal behavior are embedded in the changing social and cultural context of Korean society. Thus, suicide prevention efforts should involve more than merely treating any underlying psychiatric disorders.

Keywords: suicide proneness, depression, attitude toward suicide, survivor status, family strain

The sharp increase in suicide rates and suicidal behavior in contemporary South Korea is striking. Major changes have been evident in just the last decade. According to the Korean Statistical Information Service (Kim & Lee, 2010), suicide is the leading cause of death for Korean youth aged 15–24. In 2001 the official rates of completed suicide per 100,000 were 9.0 for males and 6.2 for females. By 2009, these rates had climbed to 16.1 for men and 15.0 for women. The rate for males had almost doubled and for females had more than doubled (see Figure 1). Although the suicide trend shows a slight decline since 2009, there is a clear need to examine what drives a growing number of young South Koreans to engage in the act of self-destruction. Answers have not been evident and the lack of understanding of the causes of this worsening public health problem has challenged policy makers to develop effective strategies for prevention or intervention. Federal lawmakers passed a bill aimed at suicide prevention in 2011.

Some researchers report that about 80% of suicide deaths in Korea are associated with the symptoms of depression (Song, 2008, p. 135). Numerous studies conducted in Korea found a close correlation between depression and suicidal ideation or suicide attempts (Chung, Park, & Kim, 2010; Kim, 2004, 2008; Park, 2009). Suggestions are thus naturally made that the treatment of depression could

be an effective strategy for suicide prevention. However, given that only a small fraction of depressed people actually die by suicide, it is unclear how to identify individuals who would be at risk of suicide among those suffering from depression. Furthermore, given the cultural context in which a mental disorder such as depression is largely viewed as a stigma, some might prefer to have their disorder untreated. In this social context, promoting a social policy to actively identify and treat depression as the way of reducing the rate of youth suicidal behavior would have limited success.

In addition to psychological mood disorder, such as depression, numerous studies in the West suggest that social attitudes toward suicide have a direct influence on suicidal behavior (Agnew, 1998; Ingram & Ellis, 1995). Just as the act of suicide or attempted suicide carries social meaning, individual attitudes toward suicide reflect the value of human life in that society (Ingram & Ellis, 1992; Stillion & Stillion, 1999). Recent studies that have focused on cultural meanings have stressed the role of public attitude toward suicide in understanding suicidal behavior. These meanings are also important in developing prevention strategies that are relevant to indigenous cultural values or norms (Colucci, 2009; Hjelmeland et al., 2006; Hjelmeland & Knizek, 2004). De Leo (2002), in taking note of the varying ratio of

Suicide Trend for the 15-24 Age Group in South Korea, 2001-2011

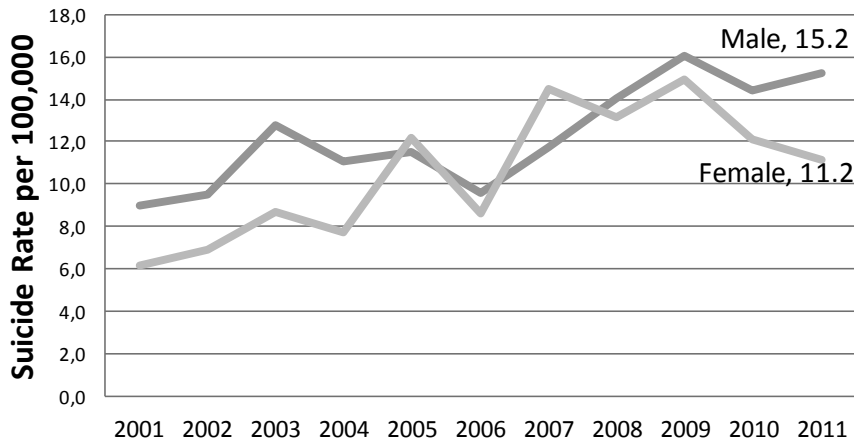


Figure 1. Suicide trend in South Korea.

Note: Based on information from the Korean Statistical Information Service, 2013.

male/female suicides in different countries, concludes that the sociocultural milieu serves as a significant force in better understanding suicidal behavior. He also sees the milieu as relevant to developing suicide prevention strategies attuned to local cultural beliefs and practices. Given these factors, the recent surge of suicidal behavior among young Korean females suggests that greater attention should be given to the sociocultural context of such phenomena.

While it is still a challenge to observe how specific social and cultural dimensions are linked to suicidal behavior (Colucci, 2013; Colucci & Martin, 2007a, 2007b; Lester, 1997, 2013), it is possible that attitudes toward suicide change as the culture changes. For example, Boldt's study (1982) – an attempt to better understand the increased youth suicides in Canadian society – found a generational change in cultural/moral values, with young people generally holding more accepting attitudes toward suicide than their parental generation. With regard to the changing context of Korean society in which young people are moving away from the traditional Confucian cultural values (Park, 2010, 2013), it can be inferred that their general attitude toward suicide change is more liberal, and this more accepting attitude in turn becomes a contributing factor to the increased suicide rate. Joe, Romer, and Jamieson (2007) found that individuals' attitudes toward suicide played a significant role in their own suicidality among U.S. adolescents and young adults. A recent study conducted by Arnautovska and Grad (2010) on attitudes toward suicide among the Slovenian adolescent population found that an approving attitude of suicide was positively associated with suicide risk. They also found that girls are more approving of suicide than boys and that adolescents living in a region of high suicide prevalence exhibited the most tolerant attitude toward suicide. A 25-year longitudinal study in New Zealand (Beautrais, Horwood, & Fergusson, 2004) provides additional evidence of a positive relationship between an individual's accepting attitude toward suicide and suicidal risk factors.

Cross-cultural research on young people has also found that exposure to suicidal behavior is a risk factor for an individual's behavior (Colucci, 2009). This linkage suggests that there exists a subcultural effect among young people who are close to their peers, family, or kin members. It is also possible that exposure to media coverage on suicide may increase suicidal behavior. The study of young New Zealanders found that individuals with a family history of suicidal behavior tended to hold relatively more accepting attitudes toward suicide than those with no such family history (Beautrais et al., 2004). As found in other studies (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Roy, 2011), the experience of being closely related to survivors of suicide may lead to suicidal risk factors – including, perhaps, the development of a more accepting attitude toward suicide. A study of Hong Kong adolescents found that the exposure to others who completed or attempted suicide increased the risk for suicidal behaviors (Wong, Stewart, Ho, Rao, & Lam, 2005). Li and Zhang's study (2010) also found that Chinese suicide survivors were more depressed than general populations. Similarly, studies in other countries revealed that young people who had exposure to their family members' or close friends' completed suicide, suicide attempts, or even suicidal thoughts are more likely than nonexposed peers to develop mental/psychiatric disorders, which make them more vulnerable to suicidal ideation and/or suicidal behavior (Brent, Moritz, Bridge, Perper, & Canobbio, 1996; Bronisch & Lieb, 2008; Lieb, Bronisch, Hoffer, Schreier, & Wittchen, 2005; Melhem et al., 2007; Qin, Agerbo, & Mortensen, 2003; Saarinen, Hintikka, Lehtonen, Lonnqvist, & Viinamaki, 2002; Seguin, Lesage, & Kiely, 1995).

"Reasons for living" are aspects of one's attitudes and beliefs about life that are thought to reduce the risk for self-harm and suicidal behavior. Colucci and Martin (2008) elucidate from reviewing the literature on the spiritual dimension of suicidal behavior that personal meaning or purpose

in life, which is intricately tied to one's religious or spiritual experiences, is associated with a negative attitude toward suicide and lower suicidal ideation/plan. Fewer reasons to live may be construed as having lack of meaning/purpose in life, thereby making a person more prone to mood disorders and/or suicidal behavior (Colucci, 2008). A study of self-reported reasons for living among college students indicates that those who reported fewer reasons for living are more vulnerable to suicidal behavior (Westefeld, Scheel, & Maples, 1998). Earlier assessment of reasons for living has also been shown to be associated with suicidal ideation (Linehan, Goodstein, Nielsen, & Chiles, 1983).

This paper is an attempt to understand how the psychological, social-psychological, and subcultural factors influence suicidal proneness among Korean youth. Some demographic factors, such as gender, age, residential location, and social class, are also included in the analyses. In addition, given that depression has been consistently found to be the most significant psychological variable predicting suicidal behavior, an attempt is made to examine the influence of social-psychological and sociocultural variables on depression. In addition, the implications of the findings in developing social policies to reduce the rate of Korean youth suicide are discussed.

Method

Data

This study relied on the 2009 General Social Survey data collected through face-to-face interviews conducted by the Survey Research Center at Sungkyunkwan University in South Korea. In 2009, the research center included in its survey questionnaire a special topic on Mental Health and Suicide. The data were available from the Korea Social Science Data Archive (A1-2009-0037). The sample consisted of 1,599 randomly selected cases based on a multi-stage cluster sampling method. From this data set, the age group of 18–24 years was selected for the analysis in this paper ($n = 172$). The mean age of the sample was 20.9 and split by gender: 54.7% male and 45.3% female.

Measures

Suicidal Proneness

The dependent variable, suicide proneness, was measured by five items asked as follows: "Over the last month" (1) "have you ever felt that you would be better off dead or wished to die;" (2) "have you desired to hurt yourself in any way;" (3) "have you ever thought about suicide;" (4) "have you ever planned to commit suicide;" and (5) "have you ever attempted suicide?" Respondents rated each item on a dichotomous scale of either *no* or *yes*. The dependent variable is the sum of their responses that indicate suicide proneness. Cronbach's α , a measurement of the interitem

reliability of the scale, was .654. Higher scores are indicative of the higher level of suicidal proneness.

Depression

Depression was measured with nine items from the Patient Health Questionnaire. The questions used for this measure begin with a time-limiting introduction ("Over the last 2 weeks, how often have you been bothered by any of the following problems?") and then cover various topics such as "Little interest or pleasure in doing things;" and "Thoughts that you would be better off dead or of hurting yourself in some way." These items were scored on a 4-point Likert scale extending from 1 (*not at all*) to 4 (*nearly every day*). The measure is the sum of responses to nine items that indicate depressive attitudes. Cronbach's α for the scale was .839.

Acceptability of Suicide

The respondents' attitude toward suicide was measured with eight items answered on a 5-point Likert scale extending from 1 (*strongly agree*) to 5 (*strongly disagree*). Typical items were "Suicide is a very serious moral transgression" and "A person who kills himself or herself in order to protect others should be admired" (reversed scale). Again, the measure is the sum of responses that indicate accepting attitudes toward suicide. Cronbach's α for the scale was .757. Higher scores are indicative of higher acceptability of suicide.

Survivor Status

The status of being "survivors of suicide" was measured with the following three items: "I know someone close" (1) "who has thought about committing suicide;" (2) "who has attempted suicide;" and (3) "who died by suicide." Respondents rate each item on a dichotomous scale of either *no* or *yes*. Cronbach's α for the scale was .654. Higher scores are indicative of the higher level of survivor status.

Family Strain

The respondents' stress stemming from family relations was measured with the following item: "I feel much stress stemming from family relations, namely with spouse, child(ren), parents, or other close members." Respondents rate the item on a 5-point Likert scale extending from 1 (*strongly disagree*) to 5 (*strongly agree*).

Reasons to Live

The measure of "reasons to live" in this study is the sum of responses that indicate attitudes toward one's life as reflected in four items including "I still have many things to achieve in my life" and "I have a future plan that I want

to accomplish.” Respondents rate each item on a dichotomous scale of either *yes* or *no*. Cronbach’s α for the scale was .646. Higher scores are indicative of lower reasons to live and relatively higher likelihood of suicidal risk.

Demographic Variables

Demographic variables included: gender (0 = male; 1 = female); age (actual age in years, 18–24); social class (subjective ranking from 1 = lowest to 10 = highest); religious affiliation (0 = yes; 1 = no); and residential location (1 = metropolitan area; 2 = suburbia; 3 = small city/town; 4 = rural village; and 5 = remote area).

Data Analysis

Multivariate regression analyses using the SPSS statistical computer program (version 18) were performed to examine both relative and confounding effects of selected variables on the dependent variable of suicide proneness. These variables included depression, reasons to live, attitude toward suicide, survivor status, and family strain as well as the demographic variables. An additional multiple regression analysis was performed to see the effect of sociopsychological, sociocultural, and demographic variables on depression.

Results

The results of the correlational analysis are presented in Table 1. Correlations between suicide proneness were

most consistently associated with depression, acceptability of suicide, family strain, survivor status, gender, and residential location. Depression appeared most strongly associated with suicide proneness ($r = .363, p < .001$). Statistically significant associations were also found with acceptability of suicide ($r = .220, p < .01$), family strain ($r = .250, p < .001$), and survivor status ($r = .260, p < .001$). “Few reasons to live” was associated with suicidal proneness, yet the association was not statistically significant. The demographic variables were strongly associated with suicidal proneness: gender ($r = .208, p < .01$) and residential location ($r = .133, p < .05$). In particular, young female youths and those living in small towns or rural/remote areas were more vulnerable to suicidal proneness. Also, older age and stronger religious affiliation appeared to be protective factors diminishing proneness to suicide, but the relationships were not statistically significant.

The results of multiple regression analyses are also shown in Table 1. The high level of depression, lenient attitudes toward suicide, strain in the families, survivor status, being female, and living in rural areas functioned as significant predictors of suicidal proneness among Korean youth.

Given the assumption that depression as a psychological variable is a function of both social and subcultural factors, an additional regression analysis was performed having depression as the dependent variable to see the effects of liberal attitude of suicide, family strain, survivor status, and reasons to live as well as demographic variables. The results of the multiple regression analysis indicate that the status of having survived the suicide or potential suicides of someone close is the most significant predictor of depression. In addition, strains that young Koreans experience at home appear to significantly influence the mood disorder, which in turn makes them vulnerable to suicidal thoughts.

Table 1. Predictors of suicidal proneness and depression in multivariate analysis

Variables	Mean score	SD	Correlations with suicidal proneness	Multiple regressions on suicide proneness	Multiple regressions on depression
Suicidal proneness	5.31	.76		(β coefficients)	
Depression	13.33	4.44	.363****	.248***	(β coefficients)
Acceptability of suicide	28.35	5.70	.220***	.144**	.052
Family strain	2.49	1.30	.250****	.154**	.193***
Survivor status	5.59	.77	.260***	.135*	.244****
Reason to live	4.23	.64	.117	.024	.047
Gender	.454	.499	.208***	.142*	.117
Age	20.9	2.20	-.007	.032	.034
Social class	4.93	1.43	-.120	.004	-.126*
Religious affiliation	1.48	.50	.106	.028	.090
Residential location	2.14	1.03	.133****	.147**	-.106
<i>R</i>				.497	.453
<i>R</i> ²				.247	.205

Notes: * $p < .10$, two-tailed; ** $p < .05$, two-tailed; *** $p < .01$, two-tailed; **** $p < .001$, two-tailed.

It also appears that numerous social, cultural, and economic factors are associated with the mood disorder but not necessarily with suicidal proneness. For example, low social class standing was significantly associated with depression, but had negligible influence on suicide proneness. On the other hand, living in rural areas was a risk factor for suicide, but not necessarily for depressive mood.

Discussion

The present study found that depression is the strongest and most consistent correlate and predictor of the likelihood of suicidal proneness for youth in South Korea. However, reasons to live have very little effect on both suicidal proneness and depression. On the other hand, the permissive attitude toward suicide, a sociopsychological variable, appears to be an equally significant predictor. More importantly, what is interesting in this study is the importance of the social and cultural predicaments young people experience, which seems to lead to depression and/or suicidal proneness. For example, it appears that young people's mood and suicidal thoughts are very much affected by witnessing someone close to them who is prone to – or has attempted or completed – suicide. What these findings seem to suggest is that in the midst of prevalent suicidal behavior in contemporary Korean society, young people who form tolerant attitudes toward suicide owing to personal exposure become more prone to suicidal thoughts than those who maintain traditional judgmental attitudes.

In addition, stressful family relations contribute both to depressive feeling and suicidal proneness. This pattern seems to reflect other findings that young people in Korea are struggling with parental pressure to achieve academic success. During their childhood, according to Cho (1995), the academically underachieving children were “afraid of going home” with poor grades, thus “had thought about running away from home” (p. 148). The majority of Korean youth as a result feel the competitive academic pressure as a significant stress (Lee, Hong, & Espelage, 2010). These high expectations that most Korean parents convey to their children in combination with authoritarian parenting styles stemming from the society's Confucian cultural legacy (Park, 2013) seem to be a major strain that puts some Korean youth at risk of suicide.

The positive association between being female and suicide proneness also deserves note. For women, the increase has been dramatic. In less than a decade (2001–2009), completed suicides increased 2.4 times for females, but only 1.8 times for males. This dramatic difference is in agreement with the finding in this study. Further, although the suicide rate in young Korean men is typically greater than in young women, two facts are of note. The gender differential in many other countries is much greater than it is in Korea. In the United States, for instance, the youth suicide rate (aged 15–24) for males is over four times higher than that for females: 16.1 and 3.5 for males and females, respectively (World Health Organization, 2012), while the

gender difference in the Korean youth suicide rates in recent years is negligible. Second, as seen in Figure 1, both in 2005 and 2007, the rates of completed suicide among Korean female youth actually surpassed those of male youths. Such trends of both a higher rate of increase in completed suicide and higher suicidal proneness among female youth compared with male youth may signify additional stress for female Korean youth. What is the source of additional stress for females other than the expectations they receive from their parents for academic success? Park (2013) argues that young females may suffer from a greater degree of cultural ambivalence created by rapid societal change in Korea.

It can be inferred that the younger generation of females are confronted by multiple dilemmas. On the one hand, they live in a milieu within which Confucian values supporting, essentially, the cultural tradition of gender inequality still persist. In the Confucian tradition, women were segregated from the public domain, deprived of the opportunity to pursue an education, and forced to subordinate themselves to men. However, in modern Korea, women are exposed to the Western cultural ideal of gender equality and they are expected to participate in the labor force. In fact, on university campuses where women outnumber men they are encouraged to compete directly with men in the quest for high status. But in Korean society the transformation from one value system to another remains incomplete. For example, in employment realms, women often experience a glass ceiling that limits their achievement. Moreover, because of the low value assigned to physical labor in Korean culture, women tend to avoid occupations that require manual labor and thereby limit themselves to a narrow set of career paths. In this context, it is likely that women who have internalized the Westernized ideals of gender equality, autonomy, equal opportunity, and fair competition for scarce resources are most likely to experience stress as they face invisible barriers that block their achievement opportunities. Moreover, they may have to hear mixed cultural messages expressed along sociological and biological lines about their worth and career choices.

Furthermore, young people living in a rural or remote town are more prone to suicide than those living in metropolitan areas. Given that rural families maintain more traditional values and attitudes, the parents could easily clash with their children, who are increasingly being influenced by a consumerist culture and aspire to adopt a more individualistic orientation. This clash of cultures at home could serve as a contributing factor to the risk of suicide in contemporary Korean society. Moreover, the Confucian values prevailing predominantly in rural regions are incongruent with the market-oriented, neoliberalistic social structure. This mixture of incongruent cultures is linked to what Park (2010, 2013) calls “collective cultural ambivalence.” This condition of cultural ambivalence leads to unclear social expectations, which, in turn, produce anxiety or stress for many individuals. Contemporary Korean youth, particularly female youth who have internalized Western values of self-actualization, could easily fall victim to unnecessary anxiety as a result of clashing with the

gender-hierarchical Confucian social institutions present more substantially in rural districts.¹

Implications for Youth Suicide Prevention

Findings of this study suggest that the risk factors of suicide are “multidimensional,” as indicated earlier by Edwin Shneidman (1985). Suicide appears associated with individual mental disorder via social and cultural factors. Thus, the suicide prevention effort should not be limited to treatment of the underlying psychiatric disorder. Treating depression is certainly an important prevention aspect. However, as discussed earlier, the cultural stigma attached to psychiatric disorders poses a challenge. Identifying depressed people as being at risk of suicide needs to also recognize that only a small fraction of those youth at risk actually die by suicide. A more targeted approach and a more effective one would be an outreach program for young people who have survived the suicide or potential suicides of someone close to them, which provides necessary assistance, such as psychotherapy or self-help groups, to help them come to terms with the suicide and to prevent them from subsequent suicidal behaviors. These are the youth at particular risk.

In addition, given that a permissive attitude toward suicide is significantly connected to suicide proneness, a school-based suicide awareness program is an important preventive measure. Such a program would create an environment in which young people can freely explore a range of issues, such as personal values, health, self-esteem, and developmental concerns. More importantly, properly trained staff hired for such a program should be able to identify those who are depressed, have survived a suicide attempt, have a close acquaintance who thought of or completed suicide, or those who suffer from stressful family relationships. In this program, young people are not taught what to think about suicide but taught to become aware of the emotional impact of the act on survivors and to learn about first-aid skills to help themselves as well as others who are suicidal, as suggested by Colucci, Kelly, Minas, Jorm, and Suzuki (2011) for the Japanese public.

Since the family stress young people experience has been found to be a significant source of both depression and suicidal proneness, it is critical to provide help to those who have strained relationships with their parents. However, helping a young person find solutions in dealing with the family strain without parental involvement would yield limited success. For this reason, a community-based approach that can address suicide risk factors and identify high-risk individuals and families is key (May, Hurt, & DeBruyn, 2005). In particular, a community-based model of suicide prevention is critically important in rural areas, in which young people are more vulnerable than their counterparts in metropolitan areas.

May et al. (2005) report how the community-based approach implemented in a native American community reduced teen suicide rates. The key in this approach was mobilizing the community to have ownership of the issue in assessing the need and finding solutions for the problems and other related issues community members faced. To do so, the approach involved community leaders, parents, elders, health-care providers, and the youth. Working closely with schools, suicide prevention staff members were able not only to provide behavioral health services but also to incorporate clinical and outreach programs into the community system.

A study on aboriginal communities in Canada (Chandler, Lalonde, Sokol, & Hallett, 2003) revealed that Native American tribal nations that promoted generational connection through working together to preserve and recover their own cultural heritages as well as gaining autonomous control over their own future had significantly reduced youth suicidal behaviors compared with those communities that did not have programs for cultural continuity. These researchers suggest that the community system effort to maintain cultural continuity is an essential part in the healthy development of youths’ selfhood. Such an approach seems particularly applicable in contemporary Korean society, given the cultural ambivalence stemming from the conflicting demand from both interpersonal-directed Confucian values and individual-oriented Western values. That is, “contemporary Koreans are provided with no clear set of social expectations, only conflicting, confusing messages stemming both from mutual help ethics, the legacy of Confucian tradition manifested in keeping up the interpersonal networking” and “from self-advocacy, the Western value of individualism manifested in the neoliberalistic market’s push for competition and specialization” (Park, 2013, p. 238). This ambivalent and conflicting cultural condition poses a developmental challenge for young people in the task of preserving selfhood. According to Chandler et al. (2003), cultural continuity is essential for one’s selfhood, since it provides community members with a common thread that connects their past, present, and future and provides a foundation for young people to maintain self-continuity. Young people facing disruption to self-continuity are more likely to be at risk of suicide.

Limitations

The most important finding in this study is that sociocultural forces are seemingly linked to suicide proneness as well as to the increasing rates of completed suicide among Korean youth. However, because of the limited number of variables in the secondary data used for this study to measure such dimensions, we were able to probe them only indirectly. One’s exposure to others’ suicidal behavior, family strain, and rural residential location are all sig-

¹ Park and Lester’s (2012) study on rural and urban suicide in South Korea using the 2005 suicide data reveals that suicide rates were highest among those over the age of 60 residing in rural areas. This may imply that proportionally more young people in rural than urban areas are exposed to suicidal behaviors, which is a risk factor for suicide.

nificant sociocultural factors contributing to youth suicide proneness. We were unable to examine more deeply these structural and subcultural dimensions as well as other related sociocultural aspects. Future research needs to not only examine how one's social locations and experiences are linked to the development of attitudes toward suicide but also explore the impact of one's attitude toward cultural traditions including religious/spiritual meanings on suicidal behaviors.

Another limitation is that some measuring devices used in this study were different from established ones developed in the West. As a result we are limited in the comparisons with findings in other cultures. For example, since the measure of reasons for living was different from the one developed by Linehan et al. (1983), it could not test the cross-cultural generality of the measure. It is thus important for future studies to conduct cross-cultural comparisons with the same measures to examine how social and cultural aspects impact suicidal behavior in different societies.

Finally, although the data were from a randomly selected representative sample, the sample size is too small to make meaningful generalizations to be used in policy for suicide prevention/intervention. However, this study provides an important base for further studies on the impact of social structural and cultural forces on suicidal behaviors in Korean society.

References

- Agnew, R. (1998). The approval of suicide: A social-psychological model. *Suicide and Life-Threatening Behavior*, 28, 205–225.
- Arnautovska, U., & Grad, O. T. (2010). Attitudes toward suicide in the adolescent population. *Crisis*, 31, 22–29.
- Beautrais, A. L., Horwood, L. J., & Fergusson, D. M. (2004). Knowledge and attitudes about suicide in 25-year-olds. *Australian and New Zealand Journal of Psychiatry*, 38, 260–265.
- Boldt, M. (1982). Normative evaluations of suicide and death: A cross-generational study. *Omega: Journal of Death and Dying*, 13, 145–157.
- Brent, D. A., Moritz, G., Bridge, J., Perper, J., & Canobbio, R. (1996). Long-term impact of exposure to suicide: A three-year controlled follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35, 646–653.
- Bronisch, T., & Lieb, R. (2008). Maternal suicidality and suicide risk in offspring. *Psychiatric Clinics of North America*, 31, 213–221.
- Chandler, M. J., Lalonde, C. E., Sokol, B. W., & Hallett, D. (2003). *Personal persistence, identity development, and suicide: A study of native and non-native North American adolescents* (Vol. 68). Boston, MA: Blackwell.
- Cho, H.-J. (1995). Children in the examination war in South Korea: A cultural analysis. In S. Stephens (Ed.), *Children and the politics of culture* (pp. 141–168). Princeton, NJ: Princeton University Press.
- Chung, I. J., Park, J. Y., & Kim, E. Y. (2010). Factors predicting suicidal ideation and suicidal attempts of school youth and out-of-school youth. *Mental Health and Social Work*, 34, 222–251.
- Colucci, E. (2008). Recognizing spirituality in the assessment and prevention of suicidal behavior [Special Issue]. *World Cultural Psychiatry Research*, 3, 77–95. Retrieved from http://www.wcpr.org/index-03_02.htm
- Colucci, E. (2009). Cultural issues in suicide risk assessment. In U. Kumar & M. K. Mandal (Eds.), *Suicidal behavior: Assessment of people-at-risk* (pp. 107–135). New Delhi, India: Sage.
- Colucci, E. (2013). Culture, cultural meaning(s), and suicide. In E. Colucci & D. Lester (Eds.), *Culture and suicide* (pp. 25–46). Cambridge, MA: Hogrefe.
- Colucci, E., Kelly, C., Minas, H., Jorm, A., & Suzuki, Y. (2011). Mental health first aid guidelines for helping a suicidal person: A Delphi consensus study in Japan. *International Journal of Mental Health Systems*, 5, 12. Retrieved from <http://www.ijmhs.com/content/5/1/12>
- Colucci, E., & Martin, G. (2007a). Ethnocultural aspects of suicide in young people: A systematic literature review (part 1). *Suicide and Life-Threatening Behavior*, 37, 197–221.
- Colucci, E., & Martin, G. (2007b). Ethnocultural aspects of suicide in young people: A systematic literature review (part 2). *Suicide and Life-Threatening Behavior*, 37, 222–237.
- Colucci, E., & Martin, G. (2008). Religion and spirituality along the suicidal path. *Suicide and Life-Threatening Behavior*, 38, 229–244.
- De Leo, D. (2002). Struggling against suicide: The need for an integrative approach. *Crisis*, 23, 23–31.
- Hjelmeland, H., Kinyanda, E., Knizek, B. L., Owens, V., Nordvik, H., & Svarva, K. (2006). A discussion of the value of cross-cultural studies in search of the meaning(s) of suicidal behavior and the methodological challenges of such studies. *Archives of Suicide Research*, 10, 15–27.
- Hjelmeland, H., & Knizek, B. L. (2004). The general public's views on suicide and suicide prevention, and their perception of participating in a study on attitudes towards suicide. *Archives of Suicide Research*, 8, 345–359.
- Ingram, E., & Ellis, J. (1992). Attitudes toward suicidal behavior: A review of the literature. *Death Studies*, 16, 31–43.
- Ingram, E., & Ellis, J. B. (1995). Situational analysis of attitudes toward suicide behavior. *Death Studies*, 19, 269–275.
- Joe, S., Romer, D., & Jamieson, P. (2007). Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. *Suicide and Life-Threatening Behavior*, 37, 165–178.
- Kim, D. H., & Lee, J. Y. (2010). *The statistical results of the 2009 cause of death* (Press Release). Retrieved from The National Statistical Office of South Korea website at http://www.index.go.kr/egams/stts/jsp/potal/stts/PO_STTS_IdxMain.jsp?idx_cd=1012
- Kim, H. J. (2008). Effect factors of adolescences' suicide risk. *Journal of the Korean Society of Child Welfare*, 27, 69–93.
- Kim, K. H. (2004). Depression and suicide in Korean adolescents. *Journal of Psychological and Social Issues*, 10, 55–68.
- Korean Statistical Information Service [KOSIS]. (2013). *Cause of death by gender and age (5 years): Number & rate of death*. Retrieved from <http://kosis.kr/>
- Lee, S.-Y., Hong, J. S., & Espelage, D. L. (2010). An ecological understanding of youth suicide in South Korea. *School Psychology International*, 31, 531–546.
- Lester, D. (1997). Suicide in America: A nation of immigrants. *Suicide and Life-Threatening Behavior*, 27, 50–59.
- Lester, D. (2013). The cultural meaning of suicide: What does this mean? In E. Colucci & D. Lester (Eds.), *Culture and suicide* (pp. 47–57). Cambridge, MA: Hogrefe.
- Li, N., & Zhang, J. (2010). Influencing factors for depression among Chinese suicide survivors. *Psychiatry Research*, 178, 97–100.
- Lieb, R., Bronisch, T., Hofler, M., Schreier, A., & Wittchen, H.-U. (2005). Maternal suicidality and risk of suicidality in offspring: Findings from a community study. *American Journal of Psychiatry*, 162, 1665–1671.
- Linehan, M. M., Goodstein, J. L., Nielsen, S. L., & Chiles, J. A. (1983). Reasons for staying alive when you are thinking of

- killing yourself: The Reasons for Living Inventory. *Journal of Consulting and Clinical Psychology*, 51, 276–286.
- May, P. A., Serna, P., Hurt, L., & DeBruyn, L. M. (2005). Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. *American Journal of Public Health*, 95, 1238–1244.
- Melhem, N. M., Brent, D. A., Melissa, Z., Iyengar, S., Kolko, D., Oquendo, M., ... Mann, J. J. (2007). Familial pathways to early-onset suicidal behavior: Familial and individual antecedents of suicidal behavior. *American Journal of Psychiatry*, 164, 1364–1370.
- Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer-Stephens, M. (2004). Complicated grief in survivors of suicide. *Crisis*, 25, 12–18.
- Park, B. C. (2010). Pathological conditions of Korean society: Rebuilding a community for suicide prevention. *Discourse* 201, 13, 159–186.
- Park, B. C. (2013). Cultural ambivalence and suicide rates in South Korea. In E. Colucci & D. Lester (Eds.), *Culture and suicide* (pp. 237–262). Cambridge, MA: Hogrefe.
- Park, B. C., & Lester, D. (2012). Rural and urban suicide in South Korea. *Psychological Reports*, 111, 495–497.
- Park, B. K. (2009). An analysis of the developmental path of adolescent depression and suicidal ideation. *Mental Health and Social Work*, 31, 207–235.
- Qin, P., Agerbo, E., & Mortensen, P. B. (2003). Suicide risk in relation to socioeconomic, demographic, psychiatric, and familial factors: A national register-based study of all suicides in Denmark, 1981–1997. *American Journal of Psychiatry*, 160, 765–772.
- Roy, A. (2011). Combination of family history of suicidal behavior and childhood trauma may represent correlate of increased suicide risk. *Journal of Affective Disorders*, 130, 205–208.
- Saarinen, P. I., Hintikka, J., Lehtonen, J., Lonnqvist, J. K., & Viinamaki, H. (2002). Mental health and social isolation among survivors ten years after a suicide in the family: A case-control study. *Archives of Suicide Research*, 6, 221–226.
- Seguin, M., Lesage, A., & Kiely, M. C. (1995). Parental bereavement after suicide and accident: A comparative study. *Suicide and Life-Threatening Behavior*, 25, 489–498.
- Shneidman, E. S. (1985). *Definition of suicide*. New York, NY: Wiley.
- Song, J. R. (2008). Suicide in Korean society and Durkheim's theory of suicide: On the habit of familism (in Korean). *Social Theory (Fall/Winter)*, 123–162.
- SPSS (Version 18) [Computer software]. Chicago, IL: SPSS Inc.
- Stillion, J. M., & Stillion, B. D. (1999). Attitudes toward suicide: Past, present, and future. *Omega: Journal of Death and Dying*, 38, 77–97.
- Westefeld, J. S., Scheel, K., & Maples, M. R. (1998). Psychometric analyses of the college student reasons for living inventory using a clinical population. *Measurement and Evaluation in Counseling and Development*, 31, 86–94.
- Wong, J. P. S., Stewart, S. M., Ho, S. Y., Rao, U., & Lam, T. H. (2005). Exposure to suicide and suicidal behaviors among Hong Kong adolescents. *Social Science & Medicine*, 61, 591–599.
- World Health Organization. (2012). *Suicide rates (per 100,000), by gender and age, USA, 2005*. Retrieved from http://www.who.int/mental_health/media/unitstates.pdf

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