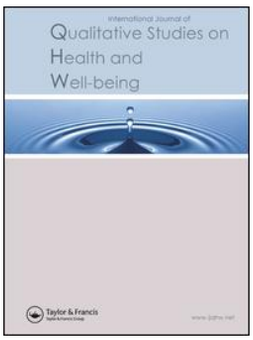

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Joseph Osafo, Heidi Hjelmeland, CharitySylvia Akotia & BirtheLoa Knizek

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EMPIRICAL STUDIES

Social injury: An interpretative phenomenological analysis of the attitudes towards suicide of lay persons in Ghana

JOSEPH OSAFO, Lecturer[1,2], HEIDI HJELMELAND, Professor[2,3], CHARITY SYLVIA AKOTIA, Senior Lecturer[1], & BIRTHE LOA KNIZEK, Professor[4]

[1]*Department of Psychology, University of Ghana, Ghana,* [2]*Department of Social Work and Health Science, Norwegian University of Science and Technology, Trondheim, Norway,* [3]*Department of Suicide Research and Prevention, Norwegian Institute of Public Health, Oslo, Norway, and* [4]*Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway*

Abstract

One way of furthering our understanding of suicidal behaviour is to examine people's attitudes towards it and how they conceive the act. The aim of this study was to understand how lay persons conceive the impact of suicide on others and how that influences their attitudes towards suicide; and discuss the implications for suicide prevention in Ghana. This is a qualitative study, using a semi-structured interview guide to investigate the attitudes and views of 27 lay persons from urban and rural settings in Ghana. Interpretative Phenomenological Analysis was used to analyse the data. Findings showed that the perceived breach of interrelatedness between people due to suicidal behaviour influenced the informants' view of suicide as representing a social injury. Such view of suicide influenced the negative attitudes the informants expressed towards the act. The negative attitudes towards suicide in Ghana are cast in consequential terms. Thus, suicide is an immoral act because it socially affects others negatively. The sense of community within the African ethos and The Moral Causal Ontology for Suffering are theoretical postulations that are used to offer some explanations of the findings in this study.

Key words: *Social injury, attitudes, lay persons, suicide, Ghana*

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Suicidal behaviour is becoming a growing problem in Ghana. Although there are no reliable official statistics on the act, a study among psychology students in the country showed that almost half (47%) of the students knew someone who had attempted suicide and one in five knew someone who had killed themselves (Hjelmeland et al., 2008). A recent review of police data in the country within the period 2006–2008 has also given some crude indications that 287 persons engaged in suicidal behaviour, with 84.7% fatal and 15.3% non-fatal. Young and poor men are at risk for suicidal behaviour and the major motive for the men was to avoid public shame and dishonour (Adinkrah, 2010, 2011). These estimations are unreliable and may only be a tip of the iceberg. This is because the fear of social stigma could restrain families and other people from reporting a suicidal person to the police as well as giving a true verdict of the cause of death. Suicide is legally criminalized in Ghana, and the negative attitudes towards the act are underpinned by strong religious and societal values (Adinkrah, 2010; Knizek, Akotia & Hjelmeland, 2010; Osafo, Knizek, Akotia & Hjelmeland, 2011).

General attitude studies towards suicide in Africa have provided some indications that the perceived interrelatedness of people affects attitudes towards the act. For instance, in a recent article, Mugisha, Hjelmeland, Kinyanda, and Knizek (in press) indicated that among the Baganda in Uganda, suicide is perceived as extremely dangerous to the existence of both the family and the entire community. This view fostered negative attitudes towards the act. In Ghana, Hjelmeland et al. (2008) indicated that the notion that suicide is viewed as a joint matter with enormous consequences for the family influenced the negative attitudes psychology students expressed towards suicide. Additionally, in a recent

Correspondence: Joseph Osafo, Department of Psychology, University of Ghana, Ghana. E-mail: joseph.osafo@samfun.ntnu.no

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qualitative study in Ghana, Osafo, Hjelmeland, Akotia, and Knizek (in press) found that psychology students' negative attitudes towards suicide were influenced by their understanding that suicide leaves an indelible stigma on the family.

None of the studies conducted so far have analysed in detail how the perceived interrelatedness between people influences attitudes towards the act in any African country. However, attitudes towards suicide are very important in a number of ways. For instance, they can reflect the meaning of the act within people's cultural context that might eventually influence their reactions towards suicidal persons (Bagley & Ramsay, 1989). To further our understanding of suicidal behaviour in Ghana, the views of lay persons in the general population could be studied. The purpose of this study, therefore, is to examine lay persons' understanding of the perceived interrelatedness between people in Ghana and how that influences their attitudes towards suicide. Implications for suicide prevention in the country are discussed.

Method

The meaning people attribute to particular experiences, conditions and events are central concerns in qualitative studies (Willig, 2001). Suicide is a complex issue (Silverman, 2007), and to understand the meaning people make out of this phenomenon in a cultural context requires a qualitative method that is both meaning driven and also aware of the contextual or cultural ground on which data are generated (Hjelmeland, 2010; Hjelmeland & Knizek, in press; Reid, Flowers & Larkin, 2005). Interpretative Phenomenological Analysis (IPA) has been indicated as useful in exploring how informants make sense of their personal and social world and the meanings particular experiences, events and states (in our study, suicidal behaviour) hold for them (Reid et al., 2005; Smith & Osborn, 2003).

The IPA rests on three theoretical grounds: (1) Phenomenology that is basically the study of lived experience (the lifeworld) of a person, and explores for instance the question "what is this experience like?" (Laverty, 2003). In this study, the phenomenological perspective was valuable and necessary as this study aimed at understanding the informants' views and experiences about suicide. The experience does not necessarily need to be purely a *personal one* in the sense of having attempted suicide or had a close relation (e.g., a family member) who died of the act. Rather, an informant's reflection on, for example, how the community or a family responded to a suicidal act could constitute an experience for him or her; what Smith, Flowers, and Larkin (2009) referred to as experience close. (2) Hermeneutics thatis the theory or art of interpretation (Abulad, 2007; Laverty, 2003; Smith et al., 2009). Here IPA's concern is to examine how a phenomenon appears and the way the researcher or analyst facilitates the sense making of such appearance (Smith et al., 2009). The hermeneutic elements are crucial in the analysis to generate meanings that were possible to understand in light of existing knowledge. IPA as a structured combination of both the phenomenological and hermeneutical elements in an analysis, thus, was deemed appropriate in understanding the informants' sense making of an experience of suicide in their lifeworld. (3) Idiography that is concerned with *the particular* (Smith et al., 2009). This commitment to *the particular* operates at two levels. The first is to be deeply engaged with the particular issue, phenomenon and event (such as suicide) so as to allow for a detailed and in-depth analysis (Smith et al., 2009). The other is a commitment towards understanding how a particular phenomenon (in this case suicide) is understood from the viewpoints of particular people in a particular context (Smith et al., 2009). The interviewer in this study needed a certain level of engagement with lay persons in order to understand their lay theories on how they conceive the impact of suicide on others and how that influences their attitudes towards suicide. A flexible data collection instrument would be needed in this regard, and the advice taken from Smith and Osborn (2003) about the employment of a semi-structured interview guide that allows the researcher and participant to engage in a dialogue was found useful.

Informants and location

Informants of this study were 27 adults made up of 15 rural and 12 urban lay persons (gender: 15 women and 12 men). Informants' ages ranged between 23 and 70 years. Rural informants were predominantly petty traders ($n=12$) and the rest were farmers and drivers, whilst one was unemployed. The majority of the urban informants were also petty traders ($n=6$) and the rest beauticians, drivers and photographers. The rural site was in the Eastern Region and the urban site a suburb in the capital (the Greater Accra Region) of the country. More than half of the informants (15) were Akans, and the rest were Ewes ($n=8$), Ga-Adangbe ($n=2$) and northern Ghana ethnic groups ($n=2$). Rural informants ($n=14$) were living with spouses, children and parents. In the urban site, four were living alone, and eight were living with spouses, parents and children. Almost all the informants indicated that nobody has engaged

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in suicidal behaviour in their families. A majority ($n = 20$), however, reported knowing a friend, an acquaintance or someone who had engaged in suicidal behaviour, and have observed harsh social reactions from the community towards suicidal persons and surviving families. Two informants from the urban centre reported that they had previously attempted suicide due to love failures.

Social changes such as urbanization and education have been implicated as increasing heterogeneity and weakening traditional norms and values among urban dwellers in Ghana (Nukunya, 2003). However, in the rural areas, traditional norms and values are deeply entrenched (Adinkrah, 2004). Our interest in interviewing informants from both rural and urban sites was to enable us to compare possible similarities and differences in light of the purpose of the study.

Instrument and procedure

Interviews were conducted at the individual level using a semi-structured interview guide. This interview guide was developed against the backdrop of an earlier quantitative study on attitudes of psychology students towards suicide in Ghana (Hjelmeland et al., 2008). Other contextual (e.g., cultural) issues that emerged from the earlier studies have been added to use it among lay persons.

The guide has seven major open-ended questions (with other subquestions for the purposes of probes). For instance, section 1 dealt with general questions about how Ghanaians view suicide and how the informants felt about it. There were also vignettes of hypothetical situations in which some people became suicidal. Such situations included knowledge of HIV infection, loss of job, mental health problem and marital difficulties. Informants were requested to share their views on these scenarios.

There were considerations regarding the moral sensitivity of the topic of suicide in the rural area due to the pervasiveness of traditional norms (Adinkrah, 2004). Community leaders were therefore informed about the purpose of the project and they passed on the information to the rest of the community before interviews started.

As qualitative researchers, our sampling was guided by the understanding that the rigour of sample selection involves explicit and thoughtful picking of cases that are in line with the purpose of the study (Patton, 1999). Again, we were aware that some informants might have richer knowledge and could provide more insight into the issue of interest than others (Marshall, 1996). Guided by this understanding, in certain occasions when informants have recommended other useful persons for the study, we have followed up to seek their consent and interviewed them. The sampling procedure was, therefore, purposive to have in-depth views. Any adult who expressed interest in the study was giving the chance. However, the major criteria for inclusion were that informants could communicate fairly well in Twi or English and were not health professionals.

The interview guide was translated into Twi (the most widely spoken Ghanaian language belonging to the Akans), and piloted among a few Akan-speaking people. Local renditions of suicidal behaviour were carefully considered, and the most widely accepted term (*Atofowu*[1]) selected. Interviews were conducted in Twi because the majority of the informants preferred to communicate in that medium. However, some interviews were conducted in English for those (urban informants, $n = 4$) who felt comfortable communicating in that language. English is the official language used as medium of instructions in schools and a considerable number of people use it in daily communication. Interviews were conducted at the convenience of informants and lasted between 30 and 45 min. All the interviews were conducted by the first author who is a native Ghanaian (from the Akan ethnic group), and a clinical psychologist.

With permission from the informants, the interviews were audio-recorded and later transcribed verbatim. Informed consent forms were filled and contact details of those responsible for the project were provided in case some of the informants needed attention from a qualified counsellor following the interview. Suicide is stigmatized in Ghana, so we do not report the names of the communities participating in this study. The study was approved by the Regional Research Ethics Committee in Central Norway and the Noguchi Memorial Institute for Medical Research Institutional Review Board (NMIMR-IRB) at the University of Ghana.

Analysis

It must be stated at the outset that this study has a relatively larger sample than a typical IPA with small sample studies (Smith et al., 2009). Therefore, the usual typical idiographic intensity where individual transcripts are analysed *in detail* was not adhered to (Smith et al., 2009). Rather, as indicated by Smith and colleagues (2009), in analysing a large sample size with IPA, the first step was to read and assess the key emergent themes for the whole group. This involved reading to gain an overview of each transcript, noting important recurrent statements and phrases. This was iterative as

it involved closer interaction between the reader and the text (Smith & Osborn, 2003).

The second step was to illustrate the group level themes with typical examples of quotes from individual participant's experiences linking them with other recurrent themes. In the third step, themes were verified, summarized and analytical connections were established across them (Smith et al., 2009). Three main themes emerged as a result: (1) *Interdependence Requires Self-Disclosure*, (2) *Suicide Stigma on the Family* and (3) *The Condemnation of Suicide*. The views of rural and urban informants in the first two themes were similar but there were differences in attitudes on the last theme. We also did not find any differences in attitudes and conceived meaning of the impact of suicide on the family between men and women, young and older adults, or whether they lived alone or with families.

Qualitative study is an interpretative enterprise (Whittemore, Chase & Mandle, 2001) and therefore steps to minimize errors that might compromise the trustworthiness of the interpretations are important. The quality and rigour of interpretations in this study went through a thorough discussion by the research group. Emergent themes were thoroughly scrutinized, and the quotes that could typically represent them were discussed until we reached consensus. As far as the context of the study is concerned, the research group was multicultural. Two were indigenous and the other two non-indigenous. The non-indigenous members and the other indigenous member have queried the assumptions, beliefs, biases and challenged the first author's (an indigenous member) interpretations of the data during the analysis in keeping with Creswell and Miller's (2000) recommendation. Such cross-validation and group interpretation could reduce bias, enhance inter-subjective comprehension and increase the analytic rigour and trustworthiness of the findings in this study (Steinke, 2004; Whittemore et al., 2001).

Findings

Interdependence requires self-disclosure

This theme examines the presumed norm governing social relationships in the Ghanaian context. It addresses informants' conception that their sociocultural world is organized around the value of inter-connectedness with an obligation for people to share their distress with others. About half of the informants ($n = 13$) held this conception and it was similar among rural and urban informants. Mbiti (1989) asserted that in African communities, interrelatedness makes a person intensely "naked", implying that a person's values, decisions and life's experiences should be unavoidably bare to others. For instance, an informant reasoned that:

> Here in Ghana, we don't deal with this nuclear family system. We deal with the extended family. Therefore people feel that when one is facing certain challenges, they should be able to share it with people they know or family members and not keep it to themselves. That's the reason why we can't accept it when people commit suicide. (rural woman2)

The view here is that the social arrangement in Ghana is patterned on relatedness. Such relatedness establishes a social obligation for self-disclosure during crisis; a social behaviour perceived as contrary to concealment. Implicitly, such perceived connectedness also engenders a view of a rich social support network that persons experiencing crisis (including suicidal ones) could turn to for help. Perhaps when a person in crisis self-discloses, the opportunities for supportive responses from others become open and this could foster trust and bonding in social relationships. Failure to disclose and the urge to follow through with the suicide decision on the other hand, according to the informant, might result in public condemnation because, maybe, people could feel abandoned because they were not engaged to help.

Therefore, to some informants, increasing social interactions probably as a way of enhancing help-seeking behaviours during crisis was a strong instruction: "people who are hurting have to be social. Go to others who can help you and talk to them. Share your problems with people and take advise from them" (urban man1).

Essentially, such interconnected thinking from the informants could be based on the understanding that in the context in which life is shared with others, a person's unique experiences, preferences and goals should not be separated or differentiated from the social context (Cross, Bacon & Morris, 2000). In that sense, suicidal decisions should involve others in finding a solution because there is the idea that its effect is felt collectively (Adinkrah, 2010; Osafo et al., in press). There was, therefore, a pervasive idea that suicidal behaviour leaves social stigma on others. In societies with a sense of inter-relatedness, self-definition includes a consideration of others (Tang, Wang, Qian, Gao & Zhang, 2008). The informants illustrated the conceived impact of suicide on others by citing the family. We follow up to examine the nature of suicide stigma on the family to further our understanding of their attitudes towards suicide.

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Suicide stigma on the family.

This theme examines the nature of suicide stigma on the family. The views of rural and urban informants were similar in this theme. One way most of the informants ($n = 23$) conceived the nature of suicide stigma was through the *ideology of transferability*. It is the conception that the stigma from suicide is inescapable and cannot be delimited. It is transferred onto the family:

> "Oh yes, it affects the family, it affects them. I mean someone can even say "this family commits suicide". Now if you do such thing and die, then people insult and stigmatize your family: "that this family they commit suicide". For some families, it may be just two or three who died of suicide, but the whole family is viewed as suicide persons. So it is not good . . . yea it is not good. (rural man 1)

The disapproval of suicide by this informant seems crystallized by the perceived reality of a discrediting attribute that originates from a few people but has the potential to affect many. In this context, it is probably the existing family ties that provide the medium for such a stigma: "it brings stigma to the family, and once you are a family member, the shame also affects you" (urban woman 1). Such thinking is akin to stigma by association, the process by which a person becomes stigmatized by virtue of association with another stigmatized individual (Östman & Kjellin, 2002). Most informants used shame to express how they felt about suicide stigma. Their apprehension over the ramifications of shame following suicide seemed reflective of a social consequence rather than private. For instance:

> "Maybe somebody knows me, and they will say this is the misbehaviour I have committed. It is shameful to me. I may die and go but the shame comes upon my family. That is why suicide is not good" *(*rural woman3).

Shame as a phenomenon involves a sense of feeling defective before others, and signals a threat to social bonds (Bedford & Hwang, 2003; Scheff, 2003). The informants emphasize the social implications of suicide on *others* more than *on the suicidal individual himself*.

The second way informants ($n = 25$) conceived the nature of suicide stigma was the *ideology that suicide is perilous to family honour*. It is the view that suicide stigma is injurious to the social image of the family:

> "Suicide is a disgrace to the family! Maybe such a family has a name, an honour. As soon as you did that, it disgraces them. So the way they are respected will be reduced drastically" (rural man2).

The social image refers to the belief in the value of the family as perceived by others. It is captured in the terms "*name*", and "*honour*" in the quote. This social image is socially conceived because the power to confer or withdraw it from the family rests on other persons' evaluation. This valued attribute that provides a path to attaining a social status is perceived jeopardized by suicide stigma. For instance: "because people stigmatize suicidal persons, suicide actually brings your family name down" (urban woman 8).

Most informants ($n = 18$) illustrated this jeopardy through the difficulties in establishing conjugal relationships following suicide. Families with a history of suicide are not considered admirable for marital contracts. For instance,

> "If someone is coming to marry from my family somebody may tell the person, 'my child there is suicide in that family so don't marry from there'. That too brings disgrace" (rural woman 1).

In this quote, an allusion is made to a cultural practice where considerations for existing social stigma guide mate selection. The fear is that the expectation of marriage will be dashed (Adinkrah, 2010). Suicide stigma might further disrupt the decision of potential suitors to follow through with their marital plans: "if I am coming to marry from your family and hear you have a history of suicide I will be scared" (urban man 1). This fear might refer to the apprehension regarding "contracting" the stigma and "reinfecting" one's family through association. It further could refer to the fear of incurring the displeasure of one's family, for tainting the family's honour. Such displeasure could affect family harmony. In African societies, it is both an ontological and religious duty for everyone to marry (Mbiti, 1989). The main objective is to raise children and continue the cycle of maintaining the vital link between death and life (Mbiti, 1991). Marriages, therefore, in interdependent cultures are seen as a contract between families. They tie groups and individuals together to form webs of relationships (Cassiman, 2010) and thus become crucial for both partners and their families (Hofstede, 2001; Mbiti, 1991). The stigma of suicide seems conceived by the informants as leading to a loss of social linkages and the continuity marriage grants to the family.

The condemnation of suicide

This theme presents informants' reactions and attitudes towards the perceived consequence of suicide on others. As indicated in the preceding themes, the attitudes of the informants seemed affected by the way they conceived the social impact of suicide on others, citing the family as an example. More than half of them ($n = 19$), therefore, found suicide immoral and thus condemnable. For instance, "Everyone condemned the man that this act was bad. I also condemned the man that he did not do well" (urban man 4). The general consent for the criminalization of suicide amongst the informants was also underpinned by the conceived social impact of suicide on others as reflected in this quote: "If the thought of suicide comes to your mind, it is criminal! So if the person survives it we have to punish him. Yes, because he was bringing trouble upon the family" (rural woman 6). Such troubles could include what has been analysed in the previous themes. These condemning attitudes seem to reflect a social reaction in response to the perceived breach of inter-relatedness. If others are perceived victimized by a person's act of suicide, then the suicidal person becomes a culpable transgressor who must be punished. Rural informants emphasized such condemning attitudes more than their urban counterparts. This was found in their use of harsh words such as "*criminal*", "*foolish*" and "*murderer*" to describe the act and the suicidal person.

The attitude of those informants who were non-condemnatory was found to stem from their personal experiences with suicidal persons or having themselves attempted suicide:

> Because of my experience, I am cautious not to condemn others who also might experience something like that. I won't see the person to be crazy. Rather the first thing that will come to mind is to believe that the person is going through some problems which are causing her to think of suicide and so needs help her. (urban woman 8)

This informant has attempted suicide and draws on that experience to establish a basis for a non-condemnatory attitude towards suicidal persons. The experience seems to have moved her away from the prevailing negative view of the act as expressed by the majority of the informants. Some studies have indicated that personal experience of suicidal behaviour influences attitudes towards other persons in a similar situation (Minamizono, Motohashi, Yamaji & Kaneko, 2008).

General discussion

This study set out to analyse and understand how lay persons in Ghana conceive the impact of suicide on others and how such conception influences their attitudes towards suicide. Perceived inter-relatedness between people provided a cultural framework for conceiving the impact of suicide and often illustrated within the immediate social reference group such as the family. The transferable and perilous nature of suicide stigma was giving meaning within the intersubjective experience of shame and honour. Shame and honour are in a kind of reciprocal relationship in that each could be prompted by the other (Warren, 2010). These concepts become very important when social relationships are viewed from an interdependent perspective (Ahuvia, 2002; Lane, 2002; Tang et al., 2008). In such context, shame and honour are not just personal attributes but also communal in the sense that they are shared with others (Fischer, Manstead & Mosquera, 1999; Mosquera, Manstead & Fischer, 2000; Tang et al., 2008).

As an interdependent society (Eshun, 2006), the belief that a moral deviation of one person affects the welfare of others is pervasive in Ghana (Assimeng, 1999; Gyekye, 1996). Therefore, observing moral virtues starts very early in life because what is honourable affects all as much as what is not (Gyekye, 1996; Nukunya, 2003). The depth of the relevance of honour and the repulsion towards shame are captured in an Akan proverb as "*animguase mfata Okanni ba*" (Disgrace does not befit the Akan. See Gyekye, 1995). Suicide stigma to these informants might represent a significant disruption in the social life of others with eventual consequence for social exclusion. This could reflect a contextualized understanding that suicide constitutes a certain kind of "social injury" to others.

In Africa, the community is thus central in the lives of people (Gyekey, 1996). Therefore, the individual person has a feeling of belonging to something larger, and this makes the groups' influence bigger than the person. The person is socialized to acquire moral rules and behaviours that are deemed care oriented, harmony driven and facilitative of social welfare (Gyekye, 1996; Ikuenobe, 2006). Several scholars have discussed such a relationship within the confines of communalism, one of the defining features of African morality and societies (e.g., Gyekye, 1996, 1997; Ikuenobe, 2006; Verhoef & Michel, 1997). The individual then becomes normatively social, with an inseparable linkage to the community and expected to fit in with others (Ikuenobe, 2006; Markus & Kitayama, 1994). Thus, sociality or relationality is a crucial

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defining feature of a person's self-construal in Africa as indicated by Mbiti (1989):

> Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: 'I am, because we are; and since we are, therefore I am'. This is a cardinal point in understanding the African view of man[2] (p. 106).

This way of looking at personhood diverges from the Western conception where the individual person is generally viewed as a separate entity and distinct from other people (Cervone & Pervin, 2008). In the African context, such a view of a completely fused self with the social group implies that all moral actions cease to be private or personal, but rather become public with unpleasant consequences for the group (Ikuenobe, 2006).

In their study of the folk psychology of the causal ontologies of suffering, Shweder, Much, Mahapatra, and Park (1997) have argued that suffering could be rendered meaningful by identifying events and processes that can be held as causes. They used the expression "causal ontology" (p. 121) to refer to a "person or people's ideas about the 'orders of reality' responsible for suffering" (p. 127). One of such causal ontologies they argued was the *moral causal ontology* which posits that suffering results from the loss of moral behaviour (Shweder et al., 1997). As indicated in the analysis, the informants viewed suicide as a moral transgression that is conceived as socially injurious, leading to some sort of suffering. In the light of this theory, suicide could be a risky behaviour that is a "moral cause" for suffering for others in this cultural context.

In interdependent societies, there is heavy reliance on social coercion by way of threats (Hofstede, 2001). This is because the stakes for the group are so high (Ahuvia, 2002). The condemning attitudes could be viewed as prototypical of sanctions to ensure compliance to social norms (Aja, 1997). This could reflect the nature of African morality (especially among the Akans) that is driven by the need to regulate the conduct of individuals to align with the need for social harmony (Gyekye, 1997).

It was expected that the views of rural and urban informants might differ rather than being similar in all the themes, but we observed only some differences in the last theme. An explanation for this could be conjectured. Perhaps the first two themes that established inter-connectedness as an expected personality attribute in all social interactions and also the associative nature of suicide stigma are so basic and pervasive in Ghana. In that sense, the views of urban and rural informants about suicide might be similar, but their reactions towards the act might differ. This is because as people migrate from rural to urban settings, they might move away from very restrictive moral values and have to compete to survive. As they experience the struggles for survival resulting from urban stressors, they might become aware of the common vulnerability of people in such areas. Such a view might make them less condemnatory of suicidal persons. The situation might be different in rural settings where traditional values are deeply entrenched, and people might seek high level of interaction, cohesiveness, common interest, identities and shared values in such settings (Adinkrah, 2004; Dalton, Elias & Wandersman, 2006; Mannarini & Fedi, 2009). Rural informants, therefore, might demonstrate stronger condemning attitudes to deter others to desist from an act conceived as having collective damage.

In conclusion, the view that suicide stigma is transferable, inescapable and perilous to the social reputation of the social group all reflects the apprehension about social exclusion. The immorality of suicide in Ghana is therefore conceived in consequential terms—as a social injury. Such a cultural view could facilitate negative attitudes towards suicide as expressed in this study.

Limitations and future research

Through the use of qualitative method in this study, lay persons' view of suicide has been highlighted. However, because informants were relatively few and predominantly Akans (major ethnic group in Ghana), these meanings cannot be taken as representing the views of the rest of Ghanaians or other ethnic groups in Ghana. Furthermore, this study focuses on the social impact of suicide from the perspective of people who have not experienced the impact of the act in close relationships. Approaching this study from the experiences of people in close relationships could validate in much stronger terms the link between the conceived social impact of suicide and attitudes towards it. Future research, therefore, should be aimed at furthering our understanding of this relationship from other ethnic groups and also among people who have experienced suicide in close personal encounters in the country.

Implications for suicide prevention in Ghana

However, the limitations of this study do not prevent us from drawing reflections for suicide

prevention. In fact, the relatively generalized views and meanings of suicide across rural and urban informants could make a case for naturalistic generalization in which, the more similar people and circumstance in a particular setting are, the more one can generalize to other similar cases or settings (Johnson, 1997; Stake, 1990). We thus reflect below on some implications for suicide prevention in the country.

Firstly, the social understanding that suicide is socially injurious and the suicidal person culpable might strengthen the stigma towards such persons. Such stigma could jeopardize the social relationships of suicidal persons that could eventually become a risk factor for further suicide attempts (Leach, 2006). Social stigma could decrease the suicidal person's enthusiasm to seek help, and therefore targeting and reducing stigma in this context is important (Corrigan, 2004; Eagles, Carson, Begg & Naji, 2003; Östman & Kjellin, 2002; Pompili, Mancinelli & Tatareli, 2003).

The second implication for suicide prevention is in the area of clinical practice. Efficient mental health service must involve cultural competence that acknowledges the social and cultural contexts and how to engage them for effective treatment outcome (Betancourt, Green, Carrillo & Ananeh-Frimpong, 2003; Fernando, 2003). Clearly in this study, the social connectedness that is perceived breached through suicide will require a treatment regimen for suicide attempters involving other persons in close relationship. This can enhance the knowledge of significant others on how to protect the patient from subsequent attempts and also re-integrate the patient into the social fold. Shneidman (1985) had for instance emphasized the importance of the involvement of significant others in suicide prevention due to the charged dyadic crisis often present in a suicidal state. Like the cooperative team meetings in psychiatric care, the treatment session will therefore include the patient, the named significant other (e.g., a family member) and the mental health care professional (Vuokila-Oikkonen, Janhonen & Nikkonen, 2002). Thus, the informants' understanding that suicide constitutes a social injury should be a good caution for practitioners to be culturally sensitive in the treatment of suicide patients in Ghana.

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Notes

1. Atofowu literally refers to sudden violent and intentional death considered as *bad death* (De Witte, 2001; Warren, 1986).
2. We are aware of the different views on the nature of the relationship between person and community in Africa by scholars such as Menkiti (1984), Mbiti (1989), and Gyekye (1997). Gyekye (1997) contended that the views of Mbiti and Menkiti on this issue reflect radical communalism that erases personal freedom and choice. He saw such a view as overstated and misleading. Instead, he recommended that such a relationship be viewed moderately; what he referred to as moderate communitarianism. He, however, consented to the reality of the sense of community in African societies. It is within the nexus of this general consensus of sense of community within African societies that we discuss our findings.

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