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A cultural look on suicide: the Yorùbá as a paradigmatic example

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This conceptual review focuses on deepening the cultural perspective on suicidal behaviour and suicide prevention using a specific cultural group (the Yorùbá) as a paradigmatic example. We examine the social/cultural cognitions in Yorùbá that are ingrained in concepts of dishonour, shame, and masculine ethos, and the way these may contribute to the phenomenology of suicidal behaviours in Yorùbá communities. We also addressed the limitations of some widely accepted frameworks in suicide research, in particular, the emphasis on neurobiological conditions as risk factor for suicidal behaviour and the focus on hopelessness as a specific (social) cognition that leads to suicidal volition. Lessons learnt include the possibility of specific “culture-bound” cognitive motivators for suicidal behaviours among the Yorùbá which may be unrecognised but potentially rewarding focus of cognitive-behavioural therapy and other prevention strategies. A general need for contextualised application of universal suicidology research findings when working in specific socio-cultural milieu is emphasised.

Keywords: culture; suicide; Yoruba

Introduction

There is only one truly serious philosophical problem: suicide

Albert Camus (1913–1960)

Suicide and suicidal behaviours are leading causes of morbidity and mortality worldwide. It is estimated that 1 million people kill themselves every year, and up to 20 times more people attempt suicide annually (World Health Organisation, 2012). Prevention – which is the mainstay of the management of suicidal behaviour – requires thorough and in-depth understanding of the phenomenon. Suicidal behaviour is however a complex human behaviour with multiple risk and protective factors interacting in a complex fashion (O’Connor, 2011). Understanding suicidal behaviours therefore requires a thorough understanding of the phenomenon from different professional perspectives (O’Connor, 2011). Hence, suicidal behaviour has been a subject of intense interest to a diverse array of professionals notably theologians, jurists, philosophers, sociologists, and mental health practitioners for centuries and with different but often complementary perspectives to the subject.

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One of the emerging consensuses from the diverse views is that suicide is a multifarious event (Leenars, 2002) and as such, must be understood from different perspectives. Another view with wide acceptance is the understanding that the factors that drive suicidal behaviours vary in effect and magnitude among different cultures (Mann et al., 2005; Peltzer, Cherian, & Cherian, 2000). The accumulated knowledge in the field of suicidology will also remain meaningless unless interpreted within a cultural context (Hjelmeland, 2011; Hjelmeland et al., 2008). There is an emerging perception of suicidal volitions as a product of a complex interaction of elements of the brain biology, cognitive processes, and cultural milieu (O’Connor, 2011, p. 62). In view of this, understanding suicidal behaviours from specific socio-cultural contexts and blending such knowledge with contemporary psychiatric/psychological perspectives will enhance a more nuanced understanding of suicide. It may also aid the formulation of appropriate culture-sensitive prevention strategies. Hence, research that can inform culturally nuanced and effective prevention strategies are being advocated (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; Vijayakumar, 2004). The need for such research is even more compelling in the region of sub-Saharan Africa with one of the most diverse culture and sub-cultures in the world.

This conceptual review focuses on deepening the cultural perspective on suicidal behaviours and prevention using a specific cultural group (the Yorùbá) as a paradigmatic example. The Yorùbá culture is one of the most influential cultures in Sub-Saharan Africa. The largest concentration of the Yorùbá people can be found in the South-Western part of Nigeria, where they make up about 21% (about 40 million as at 2012) of the country’s population (Central Intelligence Agency, 2012). Substantial Yorùbá populations are also found in adjoining countries of Benin Republic, Togo, Ghana, and Ivory Coast, all in West Africa. Due to forced migrations during the transatlantic enslavement of black Africans, descendants of Yorùbá people can be found in large groups in South and North America. The Yorùbá culture also continues to dominate the world view of many in Latin American countries such as Cuba, Brazil, Haiti, Puerto Rico, and Trinidad (Ojo, 2006) where it is seen as bulwark against neo-colonisation.

Going by the learned view of Jahoda (2012, p. 300) that researchers should be clear on the specific manner in which the term “culture” (a very complex and multifarious construct) is conceptualised; in this discourse, we wish to view culture from a blend of some old (Hofstede, 1984, p. 21) and contemporary views (Heine, 2008, p. 3) which best suits the present discourse. Throughout this discourse, we elect to view culture as beliefs, habits, ideas, and practices learned from and shared with others, and which dictates a collective programming of the mind and which is capable of influencing behaviour.

Relevance and complexity of the suicide phenomenon: different and emerging perspectives on suicide

The evidence-based view of biological psychiatrists has always been that mental disorders and neurochemical changes are inextricable from the dynamics of suicidal behaviours. Several studies have indeed established an association between mental disorders and suicidal behaviours (Harris & Barraclough, 1997; Milne, Matthews, & Ashcroft, 1994; Nock, Wang, Sampson, & Kessler, 2010). In fact, retrospective and psychological-autopsy studies suggest that up to 90% of people who die by suicide may have a diagnosable mental disorder (Cavanagh, Carson, Sharpe, & Lawrie, 2003; Kessler, Berglund, Borges, Nock, & Wang, 2005). In addition, there are studies that have established that suicidal behaviours are mediated by certain neurochemical imbalances (especially, serotonergic and noradrenergic changes) in some specific part of the human brain such as the prefrontal cortex (Purselle & Nemeroff, 2003; Van Heeringen et al., 2003). There had been, in fact, recent attempts to predict suicidal behaviours among depressed individuals through a permutation of the blood levels of these neurotransmitters (Kim, 2012).
While acknowledging the neurobiological factors, sociologists and anthropologists however argued insightfully that suicidal behaviours cannot possibly be explained solely by mindless chemical changes in the human brain. It has been observed that humans are complex beings whose existence transcends biological make-up, and whose volitions (including suicidal volitions) cannot be explained solely by neurobiology (Barrett, Mesquita, & Smith, 2010; Hjelmeland, 2011). Moreover, both old and contemporary definitions of suicide and suicidal behaviours conceived the phenomenon as conscious volition and intentional acts of the person (De Leo, Burgis, Bertolote, Kerkhof, & Bille-Brahe, 2006; Mayo, 1992; World Health Organization, 1998), though maladaptive in nature. Based on the recognition of intentionality as a crucial element, suicidal behaviours are being conceptualised as a form of human behaviour sui generis, and thus having other motivating factors beyond psychopathologic state or chemical imbalances in the brain (O’Connor, 2011). Furthermore, Hjelmeland (2011) had argued that “the ‘suicidal brain’ is still situated inside the skull of a whole person”, and this person is embedded within a broader social context which transcends their mental state or brain biology. Indeed, it is thought that focusing on mental state or neurobiology in isolation is reductionist, and risks a non-appreciation of the broader context of human behaviour including suicidal volitions (Barrett et al., 2010). Part of this broader context – within which all human behaviour and motivations are rooted – includes the culture of the individual (Heine, 2007; Hjelmeland, 2011; MacCleave, James, & Stairs, 2002; Samaraweera, Sumathipala, Siribaddana, Sivayogan, & Bhugra, 2008).

While it accounts for a significant body of current knowledge about the dynamics of suicidal behaviours, the mental-health and neurobiology paradigm appears to cover just a part of the whole. In fact, empirical findings by biological psychiatrists have laid some credence to the view that psychopathology and brain biology alone cannot explain the suicide phenomenon in full. For instance, large-scale epidemiology involving the general population in the USA has found that while the presence of mental disorders predicts the onset of suicidal ideation, it is less useful in determining the transition from ideation to suicidal volition (Nock et al., 2010). Citing earlier reports from New Zealand that prescriptions for anti-depressants had quadrupled over the last 12 years while the suicide trend remains the same (Shahtahmasebi, 2013a); Shahtahmasebi (2013b, p. 1) had asked pointedly that “if it is true (that mental disorders – particularly depression – accounts for up to 90% of suicidal behaviours), why then we have not observed a drop in suicide rate?” Another study on suicide trend in the USA concludes that a dramatic increase in treatment of depression and other mental disorders have not yielded a significant decrease in suicidal behaviours (Kessler et al., 2005). Other well-conducted randomised controlled trials find very small effects of treatment in reducing suicidality in various other forms of mental disorders, even with standardised regimens (Burns, Dudley, Hazell, & Patton, 2005; Khan, Khan, Kolts, & Brown, 2003; Meltzer et al., 2003). Confronted with such reports, biological psychiatrists have also admitted that there was need to further understand the mechanisms (beyond psychopathology and brain biology) through which people come to think about suicide and progress from suicidal thoughts to attempts (Nock et al., 2009).

Cognitive psychologists have provided some insights into the processes through which suicidal thoughts may progress into attempt in a person with or without mental disorder. In their view, neuro-biological changes in the brain initiate certain cognitive processes that sub-serve suicidal behaviours. Williams and Pollock (2001) have argued that the cognition of “being trapped” is the harbinger of suicidal behaviours in the “chemically suicidal brain”. In the same premise, other authors argued in favour of deficient “autobiographical memory” (Evans, Williams, O’Loughlin, & Howells, 1992; Sidley, Whitaker, Calam, & Wells, 1997) which is akin to loss of the cognitive ability to invoke realistic solutions to problems in life. The cognitive-process approach to understanding suicide is quite influential and it has been difficult to
dissociate social cognitive processes from suicidal volitions (Williams & Pollock, 2001). In fact, psychologists have tried to isolate social cognitive processes that predicted suicide in prevention strategies (Williams & Pollock, 2001).

The most consistent social cognitive process identified as a predictor of suicide has been the feeling of hopelessness (Williams & Pollock, 2001). Judging from old and contemporary Western psychology literature (Beck, 1963, 1967; Beck, Brown, Berchick, Stewart, & Steer, 2006; Beck, Brown, & Steer, 1989; Brown, Beck, Steer, & Grisham, 2000; Linehan & Nielsen, 1981), the feeling of hopelessness has been inexorably linked with suicidal behaviours, and is seen as the ultimate social cognition that invariably provokes suicidal behaviour in persons with suicidal ideations. The view of hopelessness as the universal and ultimate cognitive process that leads to the suicidal volition has gained wide acceptance among cognitive psychologists across the globe (Beck et al., 2006; Brown et al., 2000).

The question however is whether the cognitive processes that underpin suicidal behaviour and motivations can be universal for all persons in the world. We think not. Inasmuch as the socio-political realities, culture, and histories of persons are variable, the social cognition that dictates the contents and dynamics of the “mind” are bound to be diverse. Socio-cultural factors have been recognised as a critical driver of cognitive processes (Nisbett & Norenzayan, 2002; Norenzayan & Nisbett, 2000). It is also known that the socio-cultural milieu of an individual is so inexorably linked with the individual’s social cognitive processes, such that they are inseparable (Nisbett & Norenzayan, 2002; Norenzayan & Nisbett, 2000). Cultural practices and beliefs are known to influence the cognitive processes of persons, which in turn help to perpetuate the same cultural practice and beliefs (Nisbett & Norenzayan, 2002; Norenzayan & Nisbett, 2000). In fact, it has been argued that inasmuch as humans are viewed as “ultra-social” beings (Boyd & Richerson, 1996), developing a cognitive state in tune with the cultural milieu is a unique adaptive skill needed for full human socialisation (Vygotskiĭ & Cole, 1978). In other words, social cognitions which are in tandem with the cultural milieu are, as a matter of fact, part of the goals of socialisation.

Furthermore, early anthropologists were of the view that culture influences the cognitive processes that dictate the world view of persons, and that individual human reasoning is shaped largely by the dominant reasoning within culture and sub-cultures (Wundt, 1916). These dominant reasoning form the cognitive schema (D’Andrade, 1995) which in turn govern the ways by which people interpret their experiences and guide their behavioural responses in a wide range of life domains (Schank & Abelson, 1977). Therefore, inasmuch as suicide and suicidal behaviour is a form of human volition in itself (O’Connor, 2011), the domains of human behaviour that are influenced by cultural models ordinarily include suicidal volitions.

New perspectives on suicide within the framework of psychological universals, omniculturalism, and intersectionality

Despite its multifarious nature, the epidemiology of suicidal behaviours in the World Mental Health Survey shows that suicidal behaviours have been reported in virtually all regions of the world (Gureje et al., 2011). In the search for what they considered as “psychological universals”, Norenzayen and Heine (2005, p. 763) reasoned that there are certain common human characteristics that cut across our physical, social, and psychological being. In other words, irrespective of our geographical location or historical background, humans share certain universal conceptual and motivational primitives or psychological building blocks. The social, cognitive, or psychological differences that may be observed in humans over the years are thought of as products of a complex interplay of biological evolution and transmitted culture (Norenzayen & Heine, 2005).
From these perspectives, we argue that one way to further understand suicidal behaviour is to look at it as a form of human “psychological universal” when confronted with certain biological and psychosocial realities. The motivational value of these biological and psychosocial variables (in terms of magnitude needed for effect) as well as the socio-cognitive factors that underpin the behaviour is what appears to have evolved differently across cultures. This way, it will be easier to conceive suicidal behaviours as outcome of a complex interaction of diverse factors including brain biology, cognitive processes, and cultural milieu. The validity and utility of these paradigms can be further strengthened when situated within relevant emerging theoretical frameworks, in this case, intersectionality and the omnicultural imperative.

Having its root in the original work of black feminist researchers (Crenshaw, 1989), the intersectionality framework provides a premise for conceptualising diversity and putting meaning to different dimensions of human social difference. Intersectionality theory proposes new ways of understanding the complex causality that characterises social phenomena (Cole, 2009). The theoretical concept offers a paradigm, which central focus is that the multiple factors that contribute to human social outcomes intersect and interact in a simultaneous, inseparable, and intertwined manner (Brah & Phoenix, 2004; McCall, 2005). Despite its origin from the singular field of gender equality, human sciences that were not initially seen as having intersectional dimensions have been subjected to intersectional analysis (Carbado, Crenshaw, Mays, & Tomlinson, 2013). Such disciplines recently included public health and health psychology (Bowleg, 2012; Cole, 2009; Radtke & van Mens-Verhulst, 2007). In resisting a reductionist epistemology, intersectional analysis has helped psychologists to hypothesise and conclude that social outcomes for humans (including behavioural tendencies) are shaped by several factors that are mutually inclusive (Cole, 2009). This fits well with our construction – and that of other theorists in the field (e.g., O’Connor, 2011) – of suicidal behaviours as an outcome of biological, social, cultural, and psychological factors which depend on each other for meaning and, thus, collaborative and mutually constructing.

Furthermore, intersectionality theory also points toward new perspectives on the treatment of health problems with the recognition of the intersectional relationships between determinants of health (Coburn et al., 2003). Beyond isolated optimisation of treatment for mental disorders, therefore, the ideals of intersectionality theory dictate that suicide prevention strategies identify and incorporate synergistic intervention potentials rooted in the psychological, psychosocial, environmental, spiritual, and cultural milieu of persons. This perspective is already gaining acceptance in what is referred to as Multilevel Suicide Prevention Strategy (Van der Feltz-Cornelis et al., 2011) which is demonstrating superior effectiveness above narrow-focussed strategies (Mann et al., 2005; Rihmer, Kantor, Rihmer, & Seregi, 2004). These findings further underscore the relevance of intersectionality theory to suicide prevention strategies.

On the other hand, the omnicultural imperative (omniculturalism) entails acknowledging human commonalities while paying cognizance to the subtle differences. Though developed within the context addressing globalisation and resultant inter-group conflicts (Moghaddam, 2012), the omnicultural imperative can easily find application in cross-cultural psychiatry by emphasising the universalities in psychological phenomena while paying attention to cross-cultural differences. Cross-cultural psychiatry has traditionally acknowledged the universality of psychiatric distress while recognising differences in the understanding of “body” and “self” which could give rise to subtle differences in idioms of expression of psychopathology (Kleinman, 1980). This understanding had continued to find relevance in discourses around mental health (Groleau & Kirmayer, 2004). This thinking speaks to our view that suicidal behaviours have subtle “culture-bound” differences. The omnicultural imperative dictates that global suicide prevention strategies target the commonalities in human suicidal behaviours while acknowledging the uniqueness of some aspects of the suicide dynamics in different cultural groups.
The Yorùbá as a paradigmatic example for cross-cultural differences in the phenomenology of suicide

The rest of this paper explores suicidal behaviours among the Yorùbá as a paradigmatic example of the cultural evolution of the suicide cognition and how some of these theoretical frameworks may find application in the Yorùbá context.

State of the art in the research about suicide in the Yorùbá micro-culture

Though literature on suicide from sub-Saharan Africa including Yorùbá communities is very scant (Gureje & Alem, 2004), almost all the diverse perspectives on suicide have been fairly represented. For instance, there is a growing body of literature on the socio-cultural and anthropological underpinnings of suicide among the Yorùbá, with perspectives of historians (e.g., Akinyemi, 2009), anthropologists (e.g., Adewoye, 1987; Fasiku, 2006; Fayemi, 2009), and sociologists (e.g., Adeboye, 2007; Lanre-Abass, 2010) being represented. Similarly, psychiatry and allied professions had made their own contribution, albeit being limited to epidemiology (Asuni, 1962; Nwosu & Odesanmi, 2001; Odejide, Williams, Ohaeri, & Ikuesan, 1986) and psychopathological or socio-demographic correlates (Omigbodun, Dogra, Esan, & Adedokun, 2008) of suicide in Yorùbá communities.

Interestingly, the research conclusions of the few psychiatrists and allied professions that have worked in Yorùbá communities had been mainly in tune with the biological/psychological points of view (Asuni, 1962; Nwosu & Odesanmi, 2001; Odejide et al., 1986). Their interpretations of suicidal behaviours were essentially as by-products of mental or cognitive states engendered by adverse life events, and facilitated by intrinsic bio-psychological make-up of the individual. These conclusions – though valid – were drawn without taking full cognizance of possible influence of the specific socio-cultural milieu of the Yorùbá community. Early suicide research in Yorùbá communities had found similar suicide rates within different Yorùbá communities as opposed to wide variations when compared with non-Yorùbá communities (Asuni, 1962). This observation may underscore the possible influence of cultural factors. On the other hand, socio-anthropological research on suicidal behaviour in Yorùbá communities had focused on the cognitive processes engendered by the specific socio-cultural milieu of the Yorùbá (Adeboye, 2007; Fayemi, 2009; Lanre-Abass, 2010) without taking full cognizance of diverse bio-psychological make-up of individuals.

The Yorùbá world view about suicide: dignity, honour, shame, and the ikúyáj’ẹsín cognition

Proverbs and similar sayings are integral aspects of the Yorùbá way of life. Proverbs generally evolve in tandem with a society’s growth and development and are a reflection of the beliefs, culture, ethics, and social institutions in the society (Adewoye, 1987; Fasiku, 2006). Akporobaro and Emovon (1994, p. 1) opined that

the proverbs of a community or nation is in a real sense an ethnography of the people which if systematized can give a penetrating picture of the people’s way of life, their philosophy, their criticism of life, moral truths and social values.

There is a proverbial saying among the Yorùbá that goes thus: “Ikúyáj’ẹsín” meaning death is preferable to shame/dishonour/indignity (Adeboye, 2007). The word esín in Yorùbá entails loss of worth in private and public life, and is akin to situations of reversal of fortune, loss of dignity, and being seen by society as lacking in value (Adeboye, 2007; Fayemi, 2009; Lanre-Abass, 2010; Mahlangu, 2011). Among the Yorùbá, esín is a serious ethical and moral issue and it is seen as
worthy of prevention, even to the death. For instance, while death by suicide is seen generally as an abominable way of dying among the Yorùbá (Daramola & Jeje, 1967), suicide is seen as a reasonable escape route in Yorùbá social history if the act was to prevent personal or communal esìn.

An example can be found in the mythology of ancient Oyo (the ancestral capital of the Yorùbá Kingdom), it is believed that when a certain Alaafin (the paramount ruler of ancient Oyo) committed abominations on the throne, he was advised by the Kingmakers to commit suicide (Ojigbo, 1973). This was seen as an acceptable and honourable option as it would prevent the personal and communal esìn of dethronement. The “ikúyáj’esiṣí” social thought has also been implicated in almost all politically motivated suicide among disgraced paramount rulers in traditional Yorùbá history (Adeboye, 2007). Therefore, when life is on the verge of indignity, dishonour, and shame, suicide was an acceptable and even the honourable way-out in the ancient Yorùbá historical social cognition. An ancillary social thought to the “ikúyáj’esiṣí” cognition is that one should be “man enough” to take such decision rather than face esìn, hence the phrase: “o se bi okunrin” (he/she acted like a man) which is often used to paraphrase the act of suicide in Yorùbá context (Atilola & Ayinde, 2015).

Preservation of honour and dignity, and the avoidance of shame and opprobrium had traditionally been seen as a key cognition underpinning suicide in many societies in sub-Saharan Africa (Fallers & Fallers, 1967; Stengel, 1964). Recent studies continue to document similar cognitive processes as underpinning suicidal behaviours in the region. For instance, Dolan (2009) described a perception of “social torture” as a key social cognitive process underlying suicidal behaviour among indigenous communities in Northern Uganda. Kizza, Knizek, Kinyanda, and Hjelmeland (2012) also found that the shame associated with inability to meet gendered social expectations was the key cognitive factor for suicidal behaviours among men in Uganda. Preoccupation with loss of dignity and social value, and a need to mitigate the resultant opprobrium has been documented as a common rationale for suicide among indigenous community dwellers in Ghana (Adinkrah, 2012). Among the Yorùbá, these cognitive processes take on a more esoteric dimension with the concepts of “ikúyáj’esiṣí” and “se bi okunrin”.

The concept of esìn – as captured in the phrase “ikúyáj’esiṣí” – encapsulates dishonour, indignity, shame, and opprobrium and it is a core concept in Yoruba socio-cultural, religious, and ethical milieu. The Yorùbá are sensitive to esìn and it is seen as signalling the end of human value and the essence of living. The perception of esìn heralds the cognitive process of “ikúyáj’esiṣí”. In our own practice within Yorùbá communities, we often encounter patients who espoused the “ikúyáj’esiṣí” cognition. A recently published article also found that hopelessness and depressive psychopathology could not explain much of the suicidal behaviours among some elderly population in a Yorùbá community, prompting the authors to acknowledge that other social and cognitive processes must play a role in the complex process of suicidality among the population (Ojagbemi, Oladeji, Abiona, & Gureje 2013). These speculated social and cognitive processes may include the ikúyáj’esiṣí cognition and a closely related concept “se bi okunrin”. The “se bi okunrin” concept encapsulates the view that suicide is an honourable and masculine way of putting an end to shame, dishonour, and opprobrium (Atilola & Ayinde, 2015). Therefore, it can be theorised that the “ikúyáj’esiṣí” cognition and the attendant “se bi okunrin” motivation are possibly among the socio-cultural cognitive process modulating suicidal volition among the Yorùbá, and which may be more predictive of suicidality than hopelessness which never featured as a social concept related to suicide in Yorùbá literature.

Blending this view with the Integrated Motivational-Volitional Model of suicide – which advocates the integration of biological, psychological, and socio-cultural factors in the suicide dynamics (O’Connor, 2011), we further theorise that among the Yorùbá, psychosocial stressors engender a cognitive process that is preoccupied with prevention of “esiṣí” & maintenance of
masculine ethos, while neuro-biological factors dictate who translates these cognitive processes into suicidal volition. It is possible that neurochemical changes in the brain—which is a response to psychosocial stressors—create “esín” cognition and the personality type or genetic make-up (a biological concept) dictates who attempts suicide as an escape from “esín”. These views are consistent with traditional arguments that the influences of socio-cultural contexts of an individual on their cognitive processes are functions of the degree of cultural socialisation and the individual’s personality (Witkin, 1969).

From theory to practice: Lessons for culturally-nuanced suicide prevention strategies for psychiatrists/psychologists working with Yorùbá clients

Cognition-based psychotherapies are widely used in suicide prevention strategies, and are quite effective (Tarrier, Taylor, & Gooding, 2008) and cost-effective (Rothbard, 2006). In the course of cognition-based psychotherapies in general, therapists are traditionally expected to look out for cognitive distortions and associated negative automatic thoughts, the aim of which is to eventually achieve cognitive restructuring (Beck, 1976). Specifically, a central focus of cognition-based psychotherapies for suicidal behaviours is to identify and address cognitive distortions—including negative automatic thoughts—that are active just before and after the index suicidal behaviour (Stanley et al., 2009). Hopelessness—a system of negative and pessimistic cognition concerning oneself and one’s future—(Stotland, 1969; Williams & Pollock, 2001) has been identified in Western literature as the most important negative thought that must be subdued and addressed if cognitive therapy were to succeed in suicidal patients (Dahlsgaard, Beck, & Brown, 1998; Kuyken, 2004; Li, 2007). There is however an on-going discourse on improving the cultural competence of cognition-based therapies, and the focus had been on adaptations to fit within the cultural milieu of mental health in specific cultures (Hays & Iwamasa, 2006). Cultural adaptations of empirically supported treatments such as cognition-based psychotherapies improve their efficacy (Whaley & Davis, 2007).

This article has made argument for and set the tone for the need for cognition-based psychotherapy for suicidal behaviours in non-Western cultures such as the Yorùbá to be broadened beyond the focus on hopelessness. The preservation of honour, the prevention of “esín”, and the “se bi okunrin” cognitive distortion are potential factors in the negative automatic thoughts which may form the motivational factors for suicidal behaviours among the Yorùbá. Adaptations to cognitive-based psychotherapies should therefore include being cognizant of and looking out for “culture-bound” cognitive distortions like “ikúyáj’esín” and “se bi okunrin” in the course of guided understanding of patient’s view of life as part of cognitive therapy.

Other suicide prevention strategies have been recommended for the region of sub-Saharan Africa (where most population of Yorùbá are found). These include reducing risk factors and promoting protective factors, promoting public awareness of the causes and prevention of suicidal behaviours, increasing support available to individuals and families affected through existing communal strengths and capacities, scaling-up access to mental health services, and partnerships and alliances within the community-based professional group and NGOs (Schlebusch, 2012). The insights about the social cognition of suicide among the Yorùbá presented in the current review can be integrated into some of these strategies. For instance, psychosocial interventions during acute adversity (as a risk-reduction strategy) could address any real or imagined threat to honour, dignity, or culturally sanctioned social expectations. In addition, public enlightenment campaigns aimed at suicide prevention will do well to incorporate the propagation of more adaptive Yorùbá social cognitions about life and living. Many examples of such more positive Yorùbá sayings abounds and include “B’á o ku, ise o tan” (If one does not die, there is always room for
positive fortune reversal), *Bi emi ba wa, ireti nbe* (When there is life there is hope), and similar others (Atilola & Ayinde, 2015).

Furthermore, community-based psychosocial support initiatives are known as key sources of positive synergy in Multilevel Suicide Prevention Strategies (Van der Feltz-Cornelis et al., 2011). The well-known spirit of “ubuntu” (“...a person is a person through other people’ ... and ‘is diminished when others are humiliated or diminished”) has provided a source of social, emotional, and material security for individual and families during periods of adversity in African communities (Tutu, 1999, pp. 34–35). The spirit of “ubuntu” is a major pre-existing communal strength and capacity in African communities which needs to be further cultivated and strengthened as a suicide prevention strategy. A sense of support from family, friends, and community can build a sense of dignity, and diminish the feeling of *ẹsín*’ during difficult times and as such can mitigate the motivational value of the “ikúyáj’ẹsín” cognitive distortion when present. Non-governmental organisations and community-based organisations have a major role to play in strengthening family and community-based psychosocial support, and such initiatives have been successful in reducing incidence of suicide in other homogenous communities (Ovuga, Boardman, & Wasserman, 2007).

A potential limitation of the validity of the present discourse is the assumption that Yorùbá communities of today still maintain their historical and cultural world view. This potential limitation is however diminished by the fact that even when cultures change over time, important inter-generational social and psychological structures are still often represented in institutions and persons in the new emergent cultures (Tripathi & Mishra, 2012). However, the extent to which the *ikúyáj ’ẹsín* and similar social cognition still contributes to suicidal behaviours among present-day Yorùbá still remain a good area for future research. A qualitative study comparing the perceived strengths of the *hopelessness* and “ikúyáj’ẹsín” cognitions in motivating the index suicidal volition among suicide-survivors in Yorùbá communities could be a good way to start. In addition, comparing the predictive value (for suicide-behaviour) of well-established *hopelessness-cognition*-based psychometric instrument such as the Beck Hopelessness Scale (Beck & Steer, 1988; Beck, Weissman, Lester, & Trexler, 1974) with that of a culturally adapted version that is based on the *ikúyá j’ẹsín cognition* among residents of Yorùbá communities will shed more light on this issue.

**Conclusion**

In sum, this analysis has been able to highlight further the complexity and the multifaceted nature of suicidal behaviours. The diverse views are not however to be seen as contradictory but complementary. Cultural contexts are important modulatory factor for the cognitive processes that underpin suicidal volitions that should be factored into suicide prevention strategies. A strong culture-induced cognitive mediator of suicidal motivations and behaviours in the history and socio-anthropology of the Yorùbá is the “ikúyáj’ẹsín” cognition, which may be an unrecognised but potentially rewarding focus of cognitive-behavioural therapy. Though the current review focuses on the Yorùbá specifically, there are universal lessons for mental health practitioners in the region of sub-Saharan Africa and around the world. Preoccupation with loss of dignity and social value, personal failings in cultural expectations of gender roles, missed social expectations, and an attempt to mitigate the resultant opprobrium have all been documented as common rationale for suicide among indigenous sub-Saharan Africans (Adinkrah, 2012; Dolan, 2009; Kizza et al., 2012). This underscores a need to adapt cognition-based therapies to accommodate prevalent social-cognitive models about suicides in specific cultures. It also emphasises the need to think beyond biological constructs while assessing suicide motivations among clients in the region, and the need for specific understanding of the socio-cultural nuances of suicidal
behaviours in specific cultures in formulating suicide prevention strategies. More importantly, in operationalising the recommendations of global research findings, suicide prevention strategies should work out universal applications while being cognizant of peculiarities specific populations.

References


Kim, Y.-K. (2012). Biological prediction of suicidal behavior in patients with major depressive disorder. In M. Juruena (Ed.), *Clinical, research and treatment approaches to affective disorders* (pp. 1–3). Rijeka: InTech.


Ojagbemi, A., Oladeji, B., Abiona, T., & Gureje, O. (2013). Suicidal behaviour in old age - results from the \par

Ojigbo, A. O. (1973). Conflict resolution in the traditional Yoruba political system. Cahiers \par

Ojo, A. (2006). A global evaluation of the teaching and Learning of Yorùbá Language as a second or foreign \par
language. In Selected proceedings of the 36th annual conference on African linguistics: Shifting the \par
center of Africanism in language politics and economic globalization (pp. 116–120). Somerville: \par

behaviour among adolescents in southwest Nigeria. The International Journal of Social Psychiatry, \par
54(1), 34–46. \url{doi:10.1177/020764007078360}

initiatives from Uganda. World Psychiatry: Official Journal of the World Psychiatric Association (WPA), \par
6(1), 60–61.


Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology, \par
28(4), 613–619. \url{doi:10.1038/sj.npp.1300092}

health psychology. In V. van Deventer, M. T. Blanche, E. Eduard Fourie, & P. Segalo (Eds.), \par
Citizen city, between constructing agent and constructed agency (pp. 168–177). Ontario: Captus \par
University Publications.

Neuropsychopharmacologica Hungarica, 6(4), 195–199.


among sinhalese in Sri Lanka: A psychological autopsy study. Suicide and Life-Threatening Behavior, \par
38(2), 221–228. \url{doi:10.1521/suli.2008.38.2.221}


Psychiatry, 15(6), 436–440. \url{doi:http://dx.doi.org/10.4314/ajpsy.v15i6.56}

and autobiographical memory in parasuicide patients. Behavioural and Cognitive Psychotherapy, \par
25(02), 195–202. \url{doi:10.1017/S1352465800018397}


Shahtahmasebi, S. (2013b). Examining the claim that 80–90% of suicide cases had depression. Frontiers in \par
Public Health, 1, 62. \url{doi:10.3389/fpubh.2013.00062}

behavioral therapy for suicide prevention (CBT-SP): treatment model, feasibility, and acceptability. \par


Tripathi, R. C., & Mishra, R. C. (2012). The “other” truth of culture and omniculturalism. Culture & \par


Van der Feltz-Cornelis, C. M., Sarchiapone, M., Postuvan, V., Volker, D., Roskar, S., Grum, A. T., … Hegerl, \par
reviews. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 32(6), 319–333. \url{doi:10.1027/0227-5910/a000109}


