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THE EFFECTS OF RELIGION, SUPERSTITION, AND PERCEIVED GENDER INEQUALITY ON THE DEGREE OF SUICIDE INTENT: A STUDY OF SERIOUS ATTEMPTERS IN CHINA

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Abstract

Previous studies have tried to account for the uniqueness of gender ratios in Chinese suicide through physiological and psychological differences between men and women, and the means employed in the fatal act. From the point of view of the socio-psychological traits, this study examines the effects of religion (religiosity), superstition, and perceived gender inequality among Chinese women on the degree of their suicide intent. A four-page structured interviews were performed to the consecutively sampled serious attempters of suicide hospitalized to emergency rooms immediately after the suicidal act in Dalian areas, China. Both univariate analyses and the multiple regression model have found that the higher the degree the religiosity and superstition on metempsychosis, the stronger the suicide intent Chinese women had. The perceived gender inequality is positively correlated with suicide intent, and it is especially true for Chinese women. The socio-psychological traits and traditional culture values and norms have important impacts on suicide patterns in Chinese societies.

Chinese suicide rates are distinguishable in the gender ratios: Chinese women are at higher risk of suicide than Chinese men (Phillips, Li, & Zhang, 2002; Zhang, 2000), while the reverse is found elsewhere in the world (Brockington, 2001; Pritchard, 1996). Previous studies have tried to account for this uniqueness in Chinese suicide through physiological and psychological differences between men and women (Zhang et al., 2003; Zhang, Yeates, Li, & Chao, 2004), the means employed in the fatal act (Phillips et al., 2002), as well as the low status of Chinese women in Chinese societies (Ji, 2000). However, those studies have offered either incomplete or biased explanations on why Chinese women are more likely than Chinese men to kill themselves. In this current study, we aim at providing another perspective to understand the Chinese phenomenon.

We test our research hypotheses in suicidology by studying people who have seriously attempted suicide in the absence of suicide cases, based on the evidence that suicides and attempters are from two tightly overlapping populations (Beautrais, 2001) and it is greatly possible to assess the characteristics of suicides by studying attempters from the same general population. Maris et al. (2000) proposed a 10-level continuum of suicidality from the lowest to the highest suicidality, in which a serious suicide attempt that requires emergency room treatment is just one step before completed suicide. However, the degree of

suicide intent of all those admitted to emergency rooms may vary and the intensity of suicide intent may relate to some socio-psychological traits.

In a study on race, religion, and female suicide attempters, Kok (1988) compared suicide attempt rates in Chinese, Malay, and Indian women in Singapore and did not find that a comparatively low rate of attempted suicide in Chinese women was due to their religion. Although some studies of religious commitment suggest a protective effect against suicide (Stack, 1983), it is not a simple causal connection and there are other variables or factors involved (Maris et al., 2004). Therefore, we study some socio-psychological traits and states of individuals and their effects on those individuals' suicidal behaviors, specifically the effects of religion (religiosity), superstition, and perceived gender inequality among Chinese women on the degree of their suicide intent. We want to understand the unique gender ratios in Chinese suicide rates and speculate that the culture in China, including the belief systems, may account for the high suicide rates for Chinese young women. With the current study, it is hypothesized that religion/superstition on metempsychosis or reincarnation related to perceived gender inequality increases a suicide attempter's degree of suicide intent.

METHOD

Subjects

The subjects for study were serious attempters of suicide. A serious suicide attempter is defined as a person who has tried to kill him/herself to such a degree that emergency room care is called for. For the study, we have consecutively sampled 74 suicide attempters hospitalized to emergency rooms immediately after the suicidal act in Dalian areas, China. Dalian, with a population of over five million, is the second largest city in Liaoning province of China. Six hospitals were randomly selected from about 20 in Dalian area. Present researchers contacted hospital administrators and the emergency room directors of each of the six hospitals. After they agreed to the data collection, we conducted trainings for all the medical personnel in the emergency rooms, for the consistent usage of the structured questionnaire and also for the human rights protection and other ethical issues. The protocol was approved by the Institutional Review Board (IRB) of Dalian Medical University, which was the key institution for the project, as well as by each of the six hospitals. A consent form was either signed or verbally agreed upon for each interview, either by the suicide attempt victim or by a family member who brought the victim to the hospital.

Instruments

We developed a four-page questionnaire for the structured interview. The instrument consists of 58 questions in total covering Beck's Suicidal Intent Scale (SIS) (Beck, Schuyler, & Herman, 1974). Of the 20 SIS items, we used the first eight that assess the circumstances related to suicide attempt. Each of the eight questions has a response range from 0 to 2, and the total score of the SIS could be from 0 to 16. The Chinese version of the Suicide Intent Scale we use in the current study has been earlier validated in China (Zhang et al., 2003).

Religiosity is measured by two items. For the question "Do you believe in any of the following religions," a respondent's choice can be "None," or "Buddhism," Daoism," "Islam," "Protestant," "Catholicism," or "Other." A second question on religiosity asks respondents how religious they are, from "1 = not much" to "3 = very much." To assess the gender metempsychosis wish (*karma*) of Chinese men and women, we ask the respondents what they wish to become (a man or a woman) if they had a second life after the current one. For superstition on metempsychosis, we ask respondents what degree they inclined to believe in superstition, from "1 = not much" to "3 = very much."

Considering the gender inequality and the inferior status of women in the Chinese culture, we measured the gender equalitarianism values by simply asking respondents whether they think men and women enjoy equal status in their family and society, yes or no. The social economic status (SES) is measured by a subjective assessment ranging from “1 = very poor” to “5 = very rich.” Social support and familial support are also subjectively evaluated by the scale ranging from “1 = none” to “5 = very much.” Physical illness, and mental disorder are both dichotomous variables with “yes” and “no” as only choices.

Procedure

The medical staff in the emergency rooms received training on how to administer the interview questionnaire as well as on the human subjects protection issues. From July to November 2003, the trained medical staff in each of the six hospitals consecutively interviewed patients hospitalized after a suicide attempt with the four-page questionnaire. All hospitalized suicide attempters were approached and all agreed to be interviewed for the study. The interview was accomplished with information from the patient as well as the person (most likely a family member or friend) who came to the emergency room with the patient. Each interview lasted about 30 minutes, depending on the cooperation level of the patient and his/her companion. Interviewed data were entered into a computer and analyzed with SPSS statistical software.

RESULTS

Table 1 illustrates the characteristics of the sample. Less than 15% (11 of the 74) of the suicide attempters had a college degree or above, and there is no gender difference in education. In social economic status (SES), females scored slightly higher than males. In employment and marital status, females in the sample tended to be single, cohabitating, and unemployed, and males were more likely to be married and employed. There were no differences in physical illness, mental disorders, or suicide intent between males and females in the sample, although females scored slightly higher than males on the SIS score. About 23% (17 out of 74 cases) of the suicide attempters had religious beliefs, ranging from mild to strong, and about 34% of the subjects acknowledged to be superstitious. There are not gender differences in religious affiliation, religiosity, or superstition. Among the female subjects, almost 50% reported perception of gender inequality in their social environment, while only 36% of males made such a claim. As we asked the gender expectation in the next life, about 49% of women wanted to be male, while only 8% of men wanted to be female, and the difference is significant at the 0.01 level.

We dichotomized the religiosity and superstition variables into “No” and “Yes,” respectively, based on the responses of the subjects. As illustrated in Table 2, those who have claimed to be more religious scored higher on suicide intent scale than those who were less religious, and this is particularly true for females in the sample ($t = 3.33$; $p = .02$). Also those superstitious subjects scored higher on suicide intent scale than those who were not superstitious. Again, it is specially true for females in the sample ($t = 3.54$; $p = .00$).

Table 3 compares degrees of suicide intent with perceived gender inequality and with metempsychosis wish for males and females, respectively, in the sample. It shows that a female who has perceived gender inequality around her life scored higher on suicide intent than a female who has not perceived the gender inequality ($t = 3.56$; $p = .00$). Further, a female who had a metempsychosis wish to become a male in the next life scored higher on suicide intent than a female who did not wish the gender change in the next life ($t = 3.59$; $p = .00$).

Additionally, the data allowed us to investigate certain correlates of suicide intent on top of the religiosity, superstition, and perceived gender inequality (Table 4). In a multiple linear regression model, we included age, marital status, mental disorder, superstition, metempsychosis wish, as well as perceived gender inequality, which significantly related to suicide intent in univariate analyses. The multiple linear regression model reveals the religiosity, superstition, and perceived gender inequality still correlate with suicide intent, although the significance level for religiosity is a little higher than .05. The regression model also tells us that the older the subject, the higher the suicide intent score will be; and the higher the mental disorder a person experiences, the higher the suicide intent score will be. Further, approximately 60% of the variance in the sample's suicide intent is explained by the selected variables (Table 4). For the analysis, marital status is recoded into 0 = currently unmarried and 1 = currently married. Marital status seems not related to the degree of suicide intent.

DISCUSSION AND CONCLUSION

This study has investigated the effects of religion (religiosity), superstition, and perceived gender inequality on the degree of their suicide intent among 74 serious suicide attempters hospitalized to emergency rooms immediately after the suicidal act. Some significant findings need to be discussed here.

Previous studies noted suicide rates are lower in religious countries than in secular ones (Breault, 1986; Stack, 1983) and low religiosity is associated with suicidal ideation as well suicidal behaviors (Cook et al., 2002), although no studies have established an association between specific religious denomination (i.e., Catholic versus Protestant) and suicidal behavior (Dervic et al., 2004). However, our findings indicated that suicide attempters with high religiosity have a higher degree of the suicide intent than those with low religiosity or no religion. Some of the differences may be real, although it is not known whether the negative association between religion and suicide is due to its integrative benefits (such as social cohesion, as proposed by Durkheim (1951) or to the moral imperatives of religious belief, given its prohibitions against suicidal behavior (Stack & Lester, 1991). Yet, in China, Buddhism and Taoism, as foundation of traditional Chinese culture, are different from Western religions in terms of supernatural being, afterlife, rituals, and organization (Zhang, 2004). In Chinese religions, there is not a single God to worship and there is lack of social support system and coping mechanism as the majority of the religious people do not meet regularly. Different from all the mainstream religions in the west, Chinese religions are often associated with superstition as the saying of *zongjiao mixin*. To some Chinese individuals, being religious is equivalent to being superstitious, and death is a solution to all the problems and the beginning of a new life. Therefore, it is possible that those who got into extremity are likely to think about starting a new life by ending this miserable one quickly.

Moreover, in this study, we found that approximately 34% (25 of 74) of the attempters shared the superstition on metempsychosis or reincarnation and the higher the degree the superstition, the stronger the suicide intent the attempters had in the female sample. In Chinese societies, Buddhist and Taoist belief in metempsychosis indicates the rebirth of the soul at death in another body, either human or animal (Yap, 1958). Based on this superstitious idea, some suicide attempters believe that they will get rebirth of the soul in another body or in another form. They ascribed their misfortune to bad luck reincarnation or expected a good luck next life. This effect of superstition on metempsychosis coincides pretty much with what has been found by Grellner and Krull (1996) with unusual motivation study for double suicide of a lesbian couple. They found double suicides were influenced by spiritualism and metempsychosis. Although double suicides are regard as uncommon

phenomena, the unusual motivation might be discussed under phenomenological and psychodynamic aspects.

As we know, a superstition is a provably wrong belief or a set of behaviors that are related to magical thinking, whereby the practitioner believes that the future, or the outcome of certain events, can be influenced by certain specified behaviors. Not only do notions of “good luck” and “bad luck” give rise to many superstitions, the whole notion of “luck” is itself a superstition. For a suicidal individual, particular cognitive distortions are associated with suicidal ideation (Maris et al., 2000).

In China, especially in rural areas, the traditional Chinese cultural values and norms have put women at a very disadvantage position: when a family dispute or crisis such as extramarital affairs occurs, the woman is always to blame (Zhang, 1996). The Chinese culture that values the family could have made Chinese women more vulnerable to suicidal behaviors (Zhang et al., 2004). Ji (2000) also noted that suicide in China might have some unique characteristic associated with a variety of socio-cultural variables, such as traditional culture, social class. In our study, almost 50% of the female attempters had a perceived gender inequality in their societies, and obviously, the higher degree of suicide intent was found in the female suicide attempters who perceived gender inequality other than those who perceived not. However, we have not found the same trend among the male sample. The relationships between perceived gender inequality and suicidal behavior, between superstition and suicide, and between metempsychosis wishes and suicide intent are gender specific in China. Discrimination against women is deeply rooted in Chinese traditional culture dominated by Confucianism and is a pervasive phenomenon in rural areas of the country (Zeng et al., 1992). It is reflected at various levels almost all the usual structures of society: family, the economy, education, and the political system (Pearson, 1995).

Considering the gender inequality and the inferior status of women in the Chinese culture and the superstition on metempsychosis shared by many Chinese, we asked the subjects in the emergency rooms what they wished to become (a man or a woman) if they were given a second life after this one. Approximately 50% of the female attempters wanted to be a man, while only 8% of the male attempters wanted to be a woman. Further, those suicide-attempting women who want to become a man in the next life also scored higher on suicide intent measure than those women who did not want to become a man in the next life. It is clear that, given a chance, most people would leave the lower status or disadvantaged position in their society.

Within this context of Chinese culture, China's one child per family policy over the last 20 years has been bitterly resented and vigorously resisted, especially in the rural areas where more children make economic sense in farm work and where ideas are more traditional. An inquiry by Zhou (1988) makes the issues abundantly clear. He studied 53 women aged between 20 and 30, whose first born had been a girl. He found the following situation: 81% were unhappy to have given birth to a girl; all husbands were reported to be depressed about it and constantly complained; 60% acted in a cold and unfriendly way to their wives; 55% verbally abused their wives; 30% beat their wives; 28% of husbands wanted a divorce. Obviously, in this society, men have the ascendancy over women. This is particularly likely among a group who in other ways have so little control over their own lives, and little means of redress against the injustices they suffer. Many people still believe that the unquiet spirit of a suicide will return to haunt the household and wreak its revenge, thus gaining power in the spiritual world that was not possible in the temporal one. Therefore, it is undeniable that the perceived gender inequality and discrimination against women in the traditional Chinese culture is one of the Chinese culture specific reasons that account for the higher female suicide rates among the Chinese rural and young populations.

The relationship between the degree of suicide intent and the gender inequality and the superstition on metempsychosis holds strong even in the multiple linear regression analysis, with age, marital status, and mental disorder, controlled for. All those independent variables were significantly related to suicide intent in univariate analyses. This study suggests that the cultural values and norms of gender inequality coupled with metempsychosis superstition in the society of China may be related to the suicide rates that are higher for females than males in most areas of China. Future studies with larger samples and more sophisticated instruments are called for to investigate these hypotheses and account for the above speculations.

This study shared the well-known methodological problems related to collection of consecutively sampled cases. The limitations of this study include relatively small sample and use of retrospective self-reported data, which opened the possibility of response bias. Measures of the independent variables such as religiosity, superstition, and gender inequality, SES, etc. could be more sophisticated and standardized. A comparison group or a control sample from the population where the study sample is selected from would let us know how different our hospitalized attempters are from the non-attempters in terms of the various independent variables under study. Our future research should address these limitations, use prospective designs with a comparison group, and examine more fully the complex relationships among these variables and other key variables. Nonetheless, this study contributes to a growing body of literature addressing the links between the degree of suicide intent and religion (religiosity), superstition, and perceived gender inequality.

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Table 1

Characteristics of the 74 Suicide Attempters Under Study

	Male (<i>n</i> = 25)	Female (<i>n</i> = 49)	Total (<i>n</i> = 74)	Statistic	<i>p</i>
Age (<i>M</i> ± <i>SD</i>)	33.44 ± 17.51	29.49 ± 15.34	30.82 ± 16.22	<i>t</i> = 0.99	0.33
Education				$\chi^2 = 0.52$	0.53
Elementary school	5 (20.0%)	9 (18.3%)	14 (18.9%)		
Junior high school	13 (52.0%)	18 (36.7%)	21 (28.4%)		
Senior high school	4 (16.0%)	14 (28.6%)	18 (24.3%)		
College/university	3 (12.0%)	8 (16.3%)	11 (14.9%)		
Family size (<i>M</i> ± <i>SD</i>)	3.24 ± 1.00	3.10 ± 0.89	3.15 ± 0.92	<i>t</i> = 0.56	0.57
SES				$\chi^2 = 6.25$	0.04
Poor	12 (48.0%)	10 (20.4%)	21 (29.8%)		
Average	10 (40.0%)	33 (68.8%)	43 (58.1%)		
Wealthy	2 (8.0%)	5 (10.2%)	7 (9.5%)		
Marital status				$\chi^2 = 6.78$	0.07
Single	12 (48.0%)	24 (49.0%)	36 (48.6%)		
Married	8 (32.0%)	14 (28.6%)	22 (29.7%)		
Divorced	4 (16.0%)	1 (2.0%)	5 (6.8%)		
Cohabitation	1 (4.0%)	9 (18.4%)	10 (13.7%)		
Employment				$\chi^2 = 0.23$	0.79
Employed	7 (68.0%)	16 (32.6%)	23 (31.1%)		
Unemployed	17 (31.1%)	30 (61.2%)	47 (63.5%)		
Physical Illness				$\chi^2 = 0.82$	0.39
Yes	7 (28.0%)	9 (18.4%)	16 (21.6%)		
No	18 (72.0%)	39 (79.6%)	57 (77.0%)		
Mental disorder				$\chi^2 = 0.09$	1.00
Yes	3 (12.0%)	7 (14.3%)	10 (13.5%)		
No	22 (88.0%)	41 (83.7%)	63 (85.1%)		
SIS Score (<i>M</i> ± <i>SD</i>)	5.30 ± 2.38	6.30 ± 2.35	5.63 ± 2.40	<i>t</i> = 1.28	0.20
Religion belief				$\chi^2 = 0.04$	0.85
None	20 (80.0%)	37 (75.5%)	57 (77.0%)		

	Male (n = 25)	Female (n = 49)	Total (n = 74)	Statistic	p
Buddhism	3 (12.0%)	8 (16.3%)	11 (14.9%)		
Islam	1 (4.0%)	3 (6.1%)	4 (5.4%)		
Others	1 (4.0%)	1 (2.0%)	2 (2.7%)		
Religiosity				Z = -.051	0.61
None	20 (80.0%)	37 (75.5%)	57 (77.0%)		
Mild	4 (16.0%)	8 (16.3%)	12 (16.2%)		
Moderate	0 (0.0%)	1 (2.0%)	1 (1.4%)		
Strong	1 (4.0%)	3 (6.1%)	4 (5.4%)		
Superstition				Z = -0.30	0.76
None	17 (68.0%)	32 (65.3%)	49 (66.2%)		
Mild	5 (20.0%)	10 (20.4%)	15 (20.3%)		
Moderate	1 (4.0%)	5 (10.2%)	6 (8.1%)		
Strong	2 (8.0%)	2 (4.1%)	4 (5.4%)		
Perceived gender equal status				$\chi^2 = 1.02$	0.33
Equality	15 (60.0%)	24 (49.0%)	39 (52.7%)		
Inequality	9 (36.0%)	24 (49.0%)	33 (44.6%)		
Metempsychosis wish				$\chi^2 = 10.89$	0.01
Becoming male	21 (84.0%)	24 (49.0%)	45 (60.8%)		
Becoming female	2 (8.0%)	23 (46.9%)	25 (33.8%)		

Table 2

SIS Scores with Religiosity and Superstition

	Male				Female				Total			
	<i>n</i>	SIS	<i>t</i> -test	<i>p</i>	<i>n</i>	SIS	<i>t</i> -test	<i>p</i>	<i>n</i>	SIS	<i>t</i> -test	<i>p</i>
Being religious			2.28	0.09			3.33	0.02			3.29	0.05
No	20	5.14			37	5.50			57	5.43		
Yes	5	6.02			12	7.40			17	6.31		
Being superstitious			1.18	0.20			3.54	0.00			3.30	0.01
No	17	5.03			32	5.40			49	5.15		
Yes	8	5.81			17	8.00			25	6.54		

Table 3

SIS Scores with Perceived Gender Inequality and Metempsychosis Wishes

	Male				Female				Total			
	n	SIS	t-test	p	n	SIS	t-test	p	n	SIS	t-test	p
Perceived gender			1.28	0.19			3.56	0.00			3.34	0.01
Inequality												
Inequality	9	5.64			24	6.90			33	5.94		
Equality	15	4.96			24	5.43			39	5.45		
Metempsychosis wish			1.19	0.22			3.59	0.00			3.31	0.01
Becoming male	21	5.41			24	6.50			45	5.93		
Becoming female	2	5.17			23	6.00			25	5.24		

Table 4

Major Factors Related to Suicide Intent: A Multiple Linear Regression Analysis

Study variable	B	Std. error	Beta	t	p
Constant	4.406	0.868		5.074	0.000
Age	0.004	0.018	0.299	2.435	0.018
Mental disorder	1.991	0.732	0.295	2.722	0.008
Superstition	0.001	0.006	0.261	2.158	0.035
Perceived gender inequality	0.491	0.241	0.243	2.035	0.046
Religiosity	-0.012	-0.007	-0.231	-1.738	0.087
Marital status	-0.464	0.266	-0.230	-1.742	0.086

Note: Dependent variable: SIS Score; $F = 7.085$, $p = 0.000$

$R^2 = 0.595$