

# Suicidal Adolescents and the Greek Community of Montreal

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## RÉSUMÉ

Cet article examine le phénomène des adolescents suicidaires d'origine grecque à Montréal et les réactions familiales à cette problématique.

En comparaison avec l'ensemble de la population, le tabou entourant le phénomène du suicide est très prononcé au sein de la communauté grecque. Cette réalité sociale s'explique en partie par l'influence de l'idéologie religieuse, par les attitudes sociales ainsi que par l'emphase particulière que met la société grecque sur l'importance du rôle parental. En effet, les familles grecques sont davantage réticentes à l'intervention sociale que le reste de la population.

## ABSTRACT

This study examines the phenomenon of Greek adolescent suicide and familial reactions to this amongst members of the Greek Community of Montreal. Interpretation of the data revealed the following: the social stigma attached to suicide is more pronounced in the Greek community than in the larger population. This is because of the influence of religious ideology, societal attitudes and the particular importance Greek society places on family and parental roles. Greek families are more resistant to treatment.

## Introduction

Suicide is a phenomenon that has been a cause for concern to many therapists and researchers (Dunne, McIntosh & Dunne, 1987; Stillion, McDowell & May, 1989). In Quebec, suicide is one of the primary causes of premature mortality (Bellerose, Lavalée & Camirand, 1994). Quebec together with France, Belgium, Hungary and the Scandinavian countries has one of the highest suicide rates in all of the industrialized countries (St. Laurent, 1995). There has been a spectacular rise in the number of completed suicides in Quebec from 1971–1983. In 1971 there were 10.6 reported suicides per 100,000 inhabitants. This rose to 18.1 for the same number of inhabitants in 1983. In subsequent years the rate decreased slightly (17.6) only to increase to 18.1 per 100,000 inhabitants in 1993 (St. Laurent, 1995).

Suicide among the young can be a painful reality for many mental health practitioners (Berman, 1991). It appears that suicide in adolescents and young adults has risen dramatically in recent years. In the United States the overall suicide rate for young people ages 15 – 24 has more than tripled from 1957 to 1987 (Berman, 1991). The same is true of Canada, where the statistics of suicide for adolescents and young adults (ages 15 – 19) have risen sharply in the past 40

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years (3.3 suicides per 100,000 inhabitants in 1950 to 13.8 for the same number of inhabitants in 1991) (Suicide in Canada, 1994).

In Quebec, the adolescent and young adult group (15 – 24) had the highest rate of reported suicidal ideation and para-suicidal behaviour. (Bellerose, C., Lavallee C., & Camirand, J., 1994).

Not only do health practitioners in Quebec have to deal with all the different facets of suicide, they also have to work with a population that includes citizens of various ethnic origins, as many immigrants from the four corners of the world have chosen to establish themselves in Quebec. Immigrants invariably settle in the large metropolitan areas. In Quebec the vast majority settled in Montreal and its surrounding suburbs.

In recent years an increasing number of authors have been exploring the significance of ethnic and cultural traits affecting human behaviour (Glazer and Moynihan, 1975; McGoldrick, Pearce & Giordano, 1982). Mental health professionals are also beginning to stress the importance of ethnic variability and the impact that cultural traits have on psychological functioning (D'Abate and Di Stefano, 1986). This is evidenced in the increasing literature on cross-cultural counselling and recent developments in working with families of diverse ethnic backgrounds (Devorc and Schlesinger, 1991; Di Nicola, 1985).

In addition authors are reporting that ethnic values have a substantial impact on families and how they react to treatment.

Furthermore they add that the ethnic family will tend to sustain ethnic values and transmit them to subsequent generations. This process sets them apart from the dominant culture, lifestyles and behaviours of the host society.

Ethnic values and cultural traits are a surprisingly resilient phenomenon which cut across socioeconomic and inter-generational lines. An ethnic group according to Ishwaran (1980) is collectively sharing unique sociocultural traditions which are transmitted from one generation to another. Cultural traits and ethnic values can also have a profound impact on the manner in which individuals respond to crisis.

The purpose of this article is to analyze the phenomenon of suicide within one cultural community, the Greek Community of Montreal, and to examine the cultural factors that influence the behaviour of families of Greek origin, when they are faced with a suicidal adolescent. In our definition of suicidal adolescents, the author includes the spectrum of suicidal behaviours which include suicidal ideation (thinking about suicide), parasuicide (attempted non-lethal suicide and deliberate self harm), and completed suicide (death by suicide).

The term Greek Community in Montreal as well as Greek families and Greek immigrants are used interchangeably in this paper.

Sometimes the collective term clients or citizens of Greek origin is used to include Greek immigrants and their children – usually born in Montreal.

## **I. Review of the Literature**

Unfortunately the literature review did not reveal any articles on this topic. The cultural component is almost non-existent in the field of suicidal adolescents. What the research revealed were several articles on Native Indians, fewer on Black Americans and even less on Americans of Hispanic origin (Berlin, 1985; Gibbs, 1988; May & Dismag, 1974; Shore, 1972; Zayes, 1987). None of the above groups are significantly similar to the Montreal citizens of Greek origin. Consequently the articles and books on suicide selected to be reviewed for this paper are those that correspond with the topics discussed by the key respondents. They include the following: the influence of religion and societal attitudes towards suicide, suicidal adolescents and their families, and the therapy of choice that emerged from practice. This is followed by a review of the literature on the Greek Community of Montreal, with special emphasis on the culture and religion of this group and the attitudes of Greek families towards therapeutic interventions.

### **Religion, Societal Attitudes Towards Suicide**

No discussion on suicide is complete without an analysis of the influence of religion and societal attitudes towards suicidal behaviour.

Some authors argue that religious beliefs and the ensuing practices can influence the incidence of suicide (Maris, 1981). It is proposed that as most Catholics view suicide as sinful and abnormal, one will find a lower number of suicides in Catholic countries than in those countries that harbour a more tolerant view of suicide (Maris, 1981). Others dwell on the stigma society attaches to suicide and suicidal gestures which in turn influences the reactions of the families involved (Curran, 1987).

Attitudes towards suicide have differed from age to age and civilization to civilization (Grollman, 1971). The predominant religious ideology in traditional societies determined to a large extent those societies' attitudes towards suicide. Consequently in eastern societies where Brahmanism and Buddhism prevailed, suicide was tolerated and under certain conditions even encouraged. In societies where Islam prevailed, suicide was considered a sin and suicidal acts condemned (Farberow, 1975; Stengel, 1970). The philosophical and religious currents of the Greco-Roman tradition did not condemn suicide (Stengel, 1970). This in turn helped to shape the attitudes of the early Christian Church.

It was in the year 400 A.D. that St Augustine proclaimed self-killing a sin, because it was viewed as a homicide and thus it violated the sixth commandment, "thou shalt not kill" (Stillion, 1989). In later years, suicide was perceived as a mortal sin because those who had killed themselves could not confess and atone for it. It was also seen as an act that demonstrates lack of faith in God. For the above reasons, in 1284 A.D. at the Synod of Nimes, those who had

committed suicide were denied interment in the Christian burial grounds (Grollman, 1971).

In 1054 A.D. the Christian Church was divided into the Western or Catholic Church and the Eastern or Greek Orthodox Church. The Eastern Orthodox religion was practised in the region that now constitutes modern Greece. To this day it is the religion of choice of the vast majority of citizens of Greek origin (Costantinides, 1983).

The Greek Orthodox Church maintained the position adopted by the Christian Church at the Synod of Nimes. Suicide was, and still is viewed as a murderous act and a sin against God (Yearbook of the Greek Orthodox Archdiocese of North and South America, 1995).

In practical terms, the consequences are severe for the survivors of the suicide. Those who have committed suicide are not allowed a funeral within the church, nor is the person interred in the burial grounds of the Greek Orthodox church. The family is therefore deprived of the comfort and support they would otherwise receive during the funeral and the consequent burial.

Recently the Greek Orthodox Church has modified its strong position. If the family can prove that when the person committed the act of suicide he or she was insane, they are pardoned and allowed a funeral and a burial within the burial grounds of the Greek Orthodox Church (Yearbook of the Greek Orthodox Archdiocese of North and South America, 1995).

Although writers believe that religion plays an important role in determining the incidence of suicidal behaviours, and the reaction of the families to the above, the attitudes of society towards suicide can also be a determining factor. This occurred because many Western societies have internalized the values of the church and suicide has become taboo (Grollman, 1971; Schneiderman, 1970). Even when societies move towards secularism and suicide is viewed less harshly, the authors believe that the stigmatization of suicide persists (Stillman, 1989; Garden, 1985; Curran, 1987).

Society is especially harsh on parents of suicidal adolescents, who are perceived as having failed to protect their children (Curran, 1987). It will be important to examine the phenomenon of suicidal adolescents and how their families react to suicidal behaviour.

### **The Greek Community of Montreal**

None of the literature examined revealed information on families of Greek origin and their reaction to suicide, nor did the literature delve into the reactions of the Greek Community of Montreal to suicidal adolescents. It did however provide an understanding of this community that will be presented in the following section.

*a. The Family Structure, Values, and Dynamics*

The importance of the family within the Greek culture is considerable. There is a long-standing tradition, religious values, structures and a dominant ideology which have made the Greek family the most fundamental institution of Greece (Constantinides, 1983).

The importance of Greek families is maintained even after Greeks emigrate to various countries. In a study that compared Greek- and Anglo-Australian families, Smolicz (1985), found that the most important element differentiating the two groups was the special bond that unites Greek families.

Although in Greece there has been an evolutionary trend in family values as the country becomes more industrialized, this happens at a much slower rate in Greek immigrant families of Montreal, as they remain culturally and linguistically isolated. This is described by Constantinides (1983) as the "ghettoization" of the Greek family. Within the family structure, the father maintains the authority in the home. This authority is to be feared and respected by all members of the family. The mother, on the other hand, is expected to show tenderness, spontaneous self-denial and self-sacrifice (Gavakis, 1983; Primpas-Welts, 1982; Rosenthal, Dimitriou & Efklides, 1989; Xenacostas, 1991). Within that structure, generational boundaries are rigidly maintained and power and authority is held by the eldest members of the family. (Primpas-Welts, 1982). As divorce is considered an insult for the Greek family, the number of divorces remains relatively low. According to the Constantinides study (1983), the divorce rate within the Greek Community of Montreal was 4.23%. This corresponds with the divorce rate for Greek families reported in a study done by the CLSC of Park Extension in 1979 (C.L.S.C. 1979). The divorce rate in Quebec for 1983 was 39% (Quebec – Statistique, 1985).

*b. Parental Relationships with the Children*

According to the Constantinides study (1983) almost 90% of the parents stated they had good or very good relationships with their children. Further, the respondents stated that they spent more than 3 hours with their children every day. The authors however, were sceptical about these findings, because interviews conducted for the study with several Greek teachers revealed that Greek families are experiencing very serious emotional problems but these are not acknowledged because it would jeopardize the honour of the Greek family (Constantinides, 1983). In fact according to Primpas-Welts (1982), although the Greek family is very child oriented and contacts between the parents and the children remain loving and loyal, most contacts are superficial and centred around meals, holidays, and family gatherings. Greek children have little opportunity to sort out their feelings by talking about their problems. They do not hear their parents articulate their feelings and they are not allowed to talk back

if they disagree because that would be interpreted as a challenge to parental authority (Primpas–Welts 1982).

Education of the children is highly valued by the Greek immigrant group (Xenocostas, 1991). However, the interest in their children's education is not followed by an involvement of the parents in the schools of their children. Rather they leave all the responsibility of educating their children to the teaching staff of the schools (Constantinides, 1983). Constantinides believes that this is due to the paucity of Greek-speaking teachers within the education system. He also suggests that because Greek parents are uneducated they may feel limited and incapable of becoming involved within the structures of the schools of their children.

An essential value within Greek families is that parents provide the basic material needs such as clothing, food and shelter to their children. Greek parents feel very proud when they are able to provide for their children the things they were deprived of during their youth in Greece (Xenocostas, 1991).

Regarding the socialization of the children, according to the Constantinides study, the children stated that 60.58% of their friends are also of Greek origin. Two reasons are given for the "ghettoization" of the children. First, the authors believe it is an extension of similar behaviour by the parents and second, it is a function of the parents' disapproval of their children's relationships with non-Greeks. As they expect their children to marry within the Greek Community, they believe that at a young age their children should socialize with other children of Greek origin (Constantinides, 1983). The children of Greek immigrants share their parents' preference for endogamy (Xenocostas, 1991).

### *c. Culture, Language, and Religion*

The pinnacle of Greek society is the family, where all roles are well defined and boundaries are rigid. The family is not limited to the nuclear family but includes members of the extended family such as the "Koumbaroi" - the godparents of the children - uncles, aunts, and sometimes even neighbours. How Greek parents are perceived by others is very important, because their prestige and social reputation depends on the opinion of those who form their social network (Xenocostas, 1991).

The Greek immigrants are well known for their attachment to their language. According to O'Bryan (1976) in a study made of different linguistic groups in the Montreal area, 80.1% of Greek people interviewed stated that they spoke Greek within the home.

This was the highest percentage noted by the groups selected for this study.

The church has also played a significant role in the cultural evolution of the Greek Community. Traditionally the Church has had a significant political role

in Greece under the rule of the Ottoman Empire in Europe. After the creation of the Greek state in 1830, the political role of the church diminished. However, the church remained omnipresent in the life of the Greek citizen. The vast majority of the Greeks in the Greek community of Montreal are of the Greek Orthodox faith, and 44.8% go to church at least twice a month. It is believed however that belonging to the church is becoming less a matter of faith and more a cultural manifestation (Constantinides, 1983).

In a study that examined inter-generational conflict between Greek immigrant parents and their children, born in Canada, Vlahou (1991) found that parents and children held parallel beliefs and practices on religion, and no apparent conflict on this issue existed.

#### *d. Services to the Greek Community*

It is only recently that the social services in Quebec have incorporated the cultural component in their practice. According to the Constantinides study in 1983, citizens of Greek origin were under-represented in the public and para-public sector. Since 1983, some efforts have been made to hire members of the Greek community within the public and para-public sectors, but the process has been slow and has experienced moderate success. This is not to say, however, that members of the Greek community have been clamouring for social services in their language or have asked for services that take into account their cultural specificity. Greek families are not open to therapeutic intervention. "It is unusual for Greek people to seek psychotherapy of any kind. Greek family members, particularly fathers, are confident that they alone know the causes of their problems and how best to solve them" (Primpas-Welts, p. 283, 1982). In the Constantinides study 64.9% stated that if they had a problem, they would try to solve it by themselves and only 2.5% said that they would go to a social worker for help (Constantinides 1983).

According to Primpas-Welts, (1982) Greek families view emotional and marital problems as nerves. That is, they think of them as physical problems that reflect their inability to deal with stress. Consequently they ask for medication. Depression is not considered a psychiatric issue but is seen as a physical condition, a sadness that follows a loss or a trauma. Sometimes it is even attributed to the evil eye. Therapists are perceived as stigmatizing to the reputation of a Greek family (Primpas-Welts, 1982). Within Greek families rationalization and denial are customary defenses. Further parents will often try to triangulate the therapist by asking him to support their version. Although Greek families will, initially at least, come for sessions, they will often withhold personal thoughts and feelings from the therapist and other family members (Primpas-Welts, 1982).

## **II. Methodology and Analysis of Findings**

An extensive literature search did not reveal material pertinent to the topic. Regrettably the publications on suicidal adolescents of Greek origin and on reactions of Greek families to treatment were not very numerous.

Consequently, certain key respondents were selected and interviewed by means of a prepared questionnaire. (See Appendix 1). The respondents included: social workers who have worked in the CLSCs and schools and three psychiatrists. The above provide services in areas where there is a high concentration of Greek immigrants. In addition, the director of social services of the Hellenic community was interviewed, as well as a member of the clergy of the Greek Orthodox faith, and one of the directors of Suicide-Action Montreal. The questionnaire consisted of nine questions. Informants were not limited to the questions on the questionnaire but were asked to expand on topics with which they were familiar. They were asked to comment on the causes and number of suicides on adolescents of Greek origin, how the families react to therapy, and to offer their opinion on the influence of religion, the social stigma and the community's attitude towards suicide, as well as the social services offered to the members of the Greek community. All of the above were illustrated by case studies.

### **Causes of Adolescent Suicide in the Greek Community**

It appears at least from the cases presented by the respondents that the causes leading to suicide in adolescents of Greek origin are very similar to those cited in the literature. The most vulnerable adolescents of Greek origin are those who belong to families who are experiencing problems, those who are enmeshed with their parents and adolescents from divorced or single parent families. Equally vulnerable are those Greek adolescents who are involved in the consumption of drugs and those who are depressed or who have suffered a serious loss.

### **Number of Adolescent Suicides in the Greek Community and the Issue of Under-reporting**

All the respondents felt that there was a smaller proportion of adolescent suicide cases in the Greek Community in comparison with the number of similar kinds of cases in the host society. They were divided, however, in their analysis of this occurrence. Some felt it was because Greek families as all traditional families, are more supportive and consequently help to prevent self-destructive behaviour. Others attributed this to religious beliefs, while others felt that there was a smaller number of cases reported because of the social stigma attached to the suicide. This writer believes that the smaller number of suicide cases in the Greek Community is a result of a combination of these factors. As reported in



the literature, Greek families are close-knit and enjoy a special bond that unites their members. It is feasible then that depression or serious losses and/or suicidal gestures would be handled within a supportive structure that would help to ease the suffering. Consequently such families would be more effective in preventing suicide.

Writers discussed at length the influence of religion on suicide. It is believed that suicide rates are lower in countries where the predominant religious currents condemn self-destructive behaviour. As the Greek Orthodox Church passes harsh judgment on those who commit suicide and as it was reported in the literature that adolescents of Greek origin hold the same beliefs and practices as their parents, then it is highly probable that the teachings of the Greek Orthodox Church are partly responsible for the lower suicide rate in the Greek Community.

The above would not exclude under-reporting. Greek families are very conscious of the opinions of their friends and relatives. If under-reporting is a consequence of the social stigma attached to suicide, it is very likely as stated by some of our informants that Greek families would tend to under-report.

#### **Family Reactions, Social Stigma, the Influence of Religion and the Community on Suicide and Suicidal Gestures**

Families of Greek origin, as depicted by the respondents, reacted in anger, tried to deny the suicide, avoided treatment and did not discuss the suicidal behaviour of their children. Many of the reactions were related to how others would judge them. It appears that Greek families are very sensitive to "what will the neighbours think." The respondents attributed the above to the social stigma attached to suicide which they believe is stronger in the Greek community. This writer believes this is true because of external factors as well as those that are intrinsically associated with the role of the Greek family and its members.

The external factors that would affect attitudes towards suicide in the Greek community would include the ideology of the Greek Orthodox church and the internalization of those values by the Greek Community.

It is true that most of the respondents did not believe that religion influenced the behaviour of families of Greek origin. However, when one considers that at least 44.8% of members of the Greek Community attend church at least twice a month, it is difficult to believe that the religious ideology of the Greek orthodox church does not influence the reactions of Greek families. One can safely assume that at least some members of the Greek Community believe in the teachings of the church. For those families suicide is a sin and an act against God. They would feel shame if their children exhibited suicidal behaviour and would attempt to deny or at least not to discuss it with friends, neighbours and professionals.

Undoubtedly there are a number of Greek non-believers who do not consider suicide a sin. However, a substantial part of their social network adheres to the teachings of the Greek Orthodox Church and will judge them accordingly. For this reason even the non believers would try to hide the suicidal behaviour of their children.

Moreover even secular societies stigmatize the parents of suicidal adolescents. The secular part of the Greek Community is no exception. Consequently parents of suicidal adolescents in families of Greek origin will be subject to stigmatization. For all of the above reasons, Greek families would deny the existence of suicidal behaviours of their children and would avoid treatment.

In addition to the above, families of Greek origin would be especially sensitive to the social stigma of the suicide because of the importance of the family in Greek society, and the expectations and obligations associated with the parental role.

As stated in the literature, the Greek family is the pinnacle of Greek society and Greek parents are expected to provide for their children. Problems should be solved within the family structure. Further suicidal behaviours tarnish the reputation of the family and cast doubts on the capacity of the parents to care for their children. Understandably, Greek parents would react negatively to the suicidal behaviour of their children, and would deny or avoid discussing them with others.

### **Therapy**

It is not surprising that all the respondents believed that Greek families are more resistant to treatment than are other families. This corresponds with the findings in the literature. As stated earlier, Greek families, like all traditional families, do not seek help from professionals and they try to solve their problems within the family structure. When faced with the inevitable, however, such as a suicide attempt, then the whole family will attend treatment sessions. One wonders however if they are truly motivated to change their behaviour or whether they attend therapy sessions in order to control the amount and type of information given to the professional. Considering what was discussed in the literature about the social stigma attached to suicide and how the respondents described the Greek families, one could readily believe that this could happen.

### **Services to the Greek Community**

According to the literature, there are few services in the health and social service field which target the Greek community. All the respondents suggested that in an area as sensitive and as complicated as suicide, the specificity of clients of Greek origin should be taken into account.

One of the questions to be asked, however, is how permanent are those cultural differences. Are the changes to be implemented for a population that is itself changing and will soon be very similar to the host society? This writer believes that the process of acculturation is slow and ethnic values persist for many generations. Acculturation is also a function of the openness of ethnic groups to the culture of the host society. If one considers the cultural and linguistic isolation of the Greek community in Montreal as reported in the literature, and the fact that this "ghettoisation" is transmitted to the children who also, to a large degree, only socialize with other children of Greek origin, one can deduce that this is not a group that will change values easily, or readily. One can believe, therefore, that recommendations that target the Greek community which take into account their cultural specificity will still be valid for the future generations of families of Greek origin.

Divergent opinions exist about the hiring of more practitioners of Greek origin. Some prefer to educate the existing health practitioners, while others believe that the various institutions should reflect the cultural profile of their clientele within all levels of their structures. This writer believes that both points of view are valid and important for service delivery. It is true that an institution cannot always reflect the profile of its clientele, and that some health practitioners do not wish to work only with clients of one particular ethnic group. Educating all practitioners therefore about the cultural characteristics of one group could be very beneficial.

However, many clients feel comfortable only if they are interacting with someone who they perceive as culturally like them. Greek families of suicidal adolescents, as was already mentioned, are resistant, suffer a social stigma and are particularly sensitive about their social image. If they feel more comfortable with a professional that they believe is at least culturally like them, then they should be entitled to such services. If, on the other hand, because of issues of confidentiality, they do not wish to be treated by a practitioner of their own ethnic group, those wishes should also be respected.

### **III. Conclusion**

It appears, then, that culture does influence the behaviour of clients of Greek origin, even when they are faced with something as serious as suicide. Greek clients have different values from those of the host society. As suicide in adolescents is a major problem within the Quebec society, it is important to understand the cultural dynamics of Greek families so as to deliver improved services.

Health practitioners have always been open to new and more complete methods of treatment. This paper adds perhaps one more dimension to a complicated problem that is faced by Quebec society. The clients of Greek origin also

face a challenge. They have adapted well to the host country but need to learn more about psychological problems and therapeutic interventions, if their families are to receive the help they need in dealing with crisis situations such as mental illness and suicide.

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### **Appendix 1: Questionnaire**

1. What is your profession and where do you work?
2. What percentage of your cases are Greek or of Greek origin?
3. Have you dealt with suicidal adolescents?
4. Were some of your suicidal clients of Greek origin?
5. Do you think there are more or less suicidal adolescents of Greek origin and why do you think this is so?
6. How did your clients define the problem?
7. What was the reaction of the parents and other members of the family?
8. Do the family members continue therapy after the acute crisis phase?
9. Do you think there are enough services to incorporate the needs of suicidal clients of Greek origin and their families.