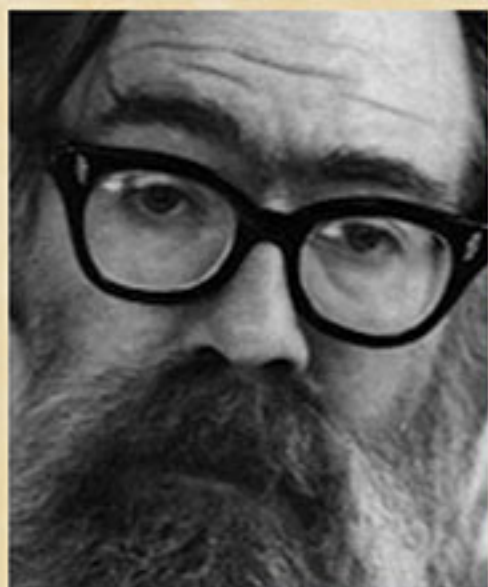


SUICIDE IN MEN

How Men Differ from Women in
Expressing Their Distress



Edited by
David Lester, John F. Gunn III
Paul Quinnett

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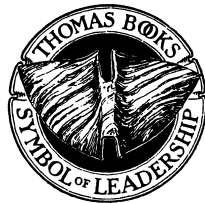
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DAVID LESTER

JOHN F. GUNN III

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(With 14 Other Contributors)



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.

2600 South First Street

Springfield, Illinois 62704

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© 2014 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 978-0-398-08794-4 (paper)

ISBN 978-0-398-08795-1 (ebook)

Library of Congress Catalog Card Number: 2013048762

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Printed in the United States of America

MM-R-3

Library of Congress Cataloging-in-Publication Data

Suicide in men : how men differ from women in expressing their distress / edited by David Lester, John F. Gunn III, Paul Quinnett ; (With 14 Other Contributors).

pages cm

Includes bibliographical references and index.

ISBN 978-0-398-08794-4 (pbk.) -- ISBN 978-0-398-08795-1 (ebook)

1. Suicide. 2. Men--Psychology. I. Lester, David, 1942--editor in compilation.

HV6545.S8327 2014

362.28'20811--dc23

2013048762

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PREFACE

The 1980s saw a growth of interest in feminist approaches to the study of behavior, and Lester (1990) looked at suicidal behavior from a feminist perspective based on Schuster and Van Dyne (1985) who described six stages in this process (which they applied primarily to teaching): (1) invisible women scholars in the field, (2) the search for missing women, (3) women as disadvantaged, (4) women studied on their own terms, (5) women as a challenge to disciplines, and (6) transformed curricula. Lester (1988) edited a book on suicide in women, and Canetto and Lester (1995) edited a book on suicide in women from a feminist perspective.

However, there has not been as great an interest in suicide in men. Although many more women engage in nonfatal suicidal behavior than men, it has long been known that men die by suicide at a greater rate than women. The aim of the present book is to address this imbalance and focus on suicidal behavior in men.

There have been two recent, but limited, collections of articles on suicide in men. Silvia Canetto and Anne Cleary (2012) edited a special issue of *Social Science and Medicine* on the topic. In that issue, Scourfield et al. (2012) used coroners' files in England for a qualitative study of suicide in men and found that men killed themselves more often in response to problems related to work and debt, while women's suicides were more often triggered by problems related to children. Relationship problems seemed to be equally common in both men and women. Adinkrah (2012; see Chapter 20) used police data to study the pattern and meaning of suicide in men in Ghana. The vast majority of suicides in Ghana were by men, and the most common motives were shame and dishonor from a variety of sources, including unemployment and indebtedness, stigmatizing physical conditions (such as epilepsy and HIV-AIDS), and deviant or criminal behavior (such as armed robbery and bestiality).

McMahon et al. (2012) studied the impact of bullying in adolescent Irish boys and found that self-harm behavior was four times more likely if the boys had been the victims of bullying. Mac an Ghail and Haywood (2012)

presented a qualitative analysis of interviews concerning 28 school children in England aged 9–13 in order to explore how the boys construe masculinity, but this was not related to suicidal behavior in any meaningful way. Cleary (2012) interviewed 52 young Irish men who had attempted suicide and identified high levels of emotional pain in these men. Despite this pain, the men had problems in identifying symptoms and disclosing distress to others because of masculine norms. Their poor coping skills resulted in them perceiving fewer options so that suicide seemed to be the only way to escape from their distress.

Oliffe et al. (2012) studied suicidal ideation in 38 Canadian men. Those who sought support, primarily through using their masculine roles, did better at resolving the suicidal thoughts than those who isolated themselves and turned to drugs and alcohol. Alston (2012) discussed male suicide in rural Australia, focusing on issues such as the stress of farming (especially as a result of the prolonged drought), the social isolation of farmers, the reluctance of men to seek help when it is needed, and the easy access to firearms.

A study of suicide in gay men indicated that the increased risk of suicidal ideation was found in gay adolescents and in young gay adult men (Russell & Toomey, 2012). Braswell and Kushner (2012) discussed suicide by men in the military, concluding that the masculine ideologies governing military life play a major role in their suicides, especially because their strong social integration into military networks decrease their social integration into social networks (including the family) outside of the military.

This collection suffers from the heavy reliance on qualitative studies and the sense that many of the authors are primarily interested in masculine ideologies and are using suicidal behavior as a vehicle to write about their views on this ideology.

The Samaritans in the United Kingdom have placed a collection of articles online entitled *Men, suicide and society: Why disadvantaged men in mid-life die by suicide*.¹ As indicated by the title, the collection is meant to focus on men in mid-life who are from the lower social classes. The focus seems to be unique to the United Kingdom where suicide rates are higher in middle-aged men and in men from the lower social classes, which is not necessarily the case elsewhere in the world. The book begins with a good general introduction which introduces many of the facts and theories relevant to suicide, with a focus on Rory O'Connor's Integrated Motivational-Volitional Theory (IMVT). IMVT begins with biological and personality background factors which make individuals vulnerable to stressors. When triggering events occur, indi-

1. www.samaritans.org/sites/default/files/kcfinder/files/Men%20and%20Suicide%20Research%20Report%20210912.pdf

viduals then feel defeated and trapped, feelings that are made worse by poor problem-solving skills and by rumination. The third phase (volitional) focuses on what causes individuals to engage in suicidal acts, including having a suicidal plan, a preferred method for suicide, and easy access to that method (see Lester, 2010).

The introduction also discusses the role of masculine identities which make suicide a more likely option. For men, their masculine role is typically defined by their occupation, and so unemployment, underemployment and the trend toward service jobs and away from manual labor can be especially stressful for men. The prototypical masculine role (which modern writers like to call *hegemonic masculinity*) also includes providing for the family and engaging in risky and harmful bodily practices (such as neglecting health care needs and abusing alcohol), and this role is more inflexible than women's roles. Men also appear to be more impacted by breakdowns in their marital and romantic relationships, perhaps because they benefit more from marriage and perhaps because men find it hard to meet the modern expectations for increased intimacy. The authors suggest that separation from their children is a significant factor in some suicides by men, as is punishing their spouse (although we think that these factors are probably as strong in separated and divorced women). Men, especially when separated or divorced, have fewer meaningful social relationships, and experience more loneliness. They are less likely to communicate their distress and their emotions to others, especially those men born in the last century when "keeping things to yourself" was the norm for men.

Evans et al. (2012) carried out a systematic review of research on relationship breakdown and suicide risk. Seventeen studies found the suicide risk to be greater for men, six found a higher risk for women, and six found no consistent difference. Guided by the IMVT, Kirtley and O'Connor (2012) reviewed the cognitive, personality and psychobiological factors that have been found to be associated with suicidal behavior, while Kennelly and Connolly (2012) reviewed the research on the impact of economic factors on suicidal behavior.

Brownlie (2012) discussed the possible role of changing norms in the society for being more emotionally expressive and the changing nature of social relationships which are now less bound by traditions and social structures (such as marriage) and more by individualistic choices. Both of these changes are very difficult for lower class middle-aged men. Finally, Chandler (2012) reviewed the impact of masculine identities on suicide.

This collection is limited by its focus on one small group of men (lower social class, middle-aged men), and the early chapters are general introductions to some aspects of suicidology and not focused on men. The chapters

which do focus on men (by Brownlie and Chandler) discuss the issues that have become standard in cursory discussions of suicide in men.

The present book has the ability to look at suicidal behavior in men more extensively than these two earlier limited collections. We examine the epidemiology of suicide in men, the risk factors for suicide in men, the types of suicidal behavior more commonly found in men (such as suicide by mass murderers), and the changes in suicide prevention techniques that might be necessary in order to prevent suicide in men. We hope this book is the beginning of a discussion of these important issues.

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SUICIDE IN MEN

Part I
OVERVIEW

Chapter 1

MEN AND SUICIDE: AN OVERVIEW

KAROLINA KRYSINSKA

Although women were more exposed to mental illness than men (...) suicide is less frequent among them. Observers from all nations are in agreement on that issue.

(Esquirol, 1821, in Kushner, 1993, p. 467)

There are more suicides among men than women (. . .) which will not surprise those who know the energy, courage, and patience of women under misfortune; men more readily give way to despair, and to the vices consequent upon it

(Winslow, 1840, in Kushner, 1993, p. 468)

Although written more than 150 years ago, these quotes are a good introduction to the theme of “male suicidal behavior” or “suicide in males.” They raise issues, such as the higher incidence of fatal suicidal behavior among males and the male vulnerability to negative life events, which are frequently described in the contemporary literature on the subject of male suicide. This chapter presents an overview of international epidemiological data and the “gender paradox of suicide,” that is, the inverse relationship between suicidal morbidity and mortality in the two genders (Canetto & Cleary, 2012; Canetto & Sakinofsky, 1998). It also looks at the impact of cultural models of masculinity on the ability to cope with stress and depression, and presents a number of risk factors which seem particularly pertinent to the discussion of suicide in males.

A few comments should be made before presenting the epidemiological data and the frameworks proposed to explain the phenomenon of male sui-