Social Science & Medicine 74 (2012) 498–505

Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Suicidal action, emotional expression, and the performance of masculinities

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ARTICLE INFO

Article history:
Available online 23 August 2011

Keywords:
Suicidal behaviour
Suicide
Masculinities
Men's health
Help-seeking
Ireland
Young men

ABSTRACT

Male rates of suicide are significantly higher than female rates in Ireland and other Western countries, yet the process and detail of men's suicidal action is relatively unknown. This is partly due to prevailing theoretical and methodological approaches. In this area of study, macro-level, quantitative approaches predominate; and theoretical frameworks tend to adopt unitary notions of men, as well as binary, oppositional, concepts of masculinity and femininity. This inquiry, based on in-depth interviews with 52 young Irish men who made a suicide attempt, examines suicidal behaviour at the individual level. The findings demonstrate that these men experienced high levels of emotional pain but had problems identifying symptoms and disclosing distress and this, along with the coping mechanisms used, was linked to a form of masculinity prevalent in their social environment. Dominant or hegemonic masculinity norms discouraged disclosure of emotional vulnerability, and participants used alcohol and drugs to cope – which exacerbated and prolonged their distress. Over time this led to a situation where they felt their options had narrowed, and suicidal action represented a way out of their difficulties. These men experienced significant, long-lasting, emotional pain but, in the context of lives lived in environments where prevailing constructions of masculinity constrained its expression, they opted for suicide rather than disclose distress and seek help. Underpinning this study is a presumption that binary notions of male and female emotions lack substance, but that the expression of emotions is gender-specific and constrained in some social localities.

Introduction: the sociological study of suicide

Suicide, especially among young men, increased significantly in most Western countries in the latter decades of the twentieth century, a trend apparent in Ireland since the 1970s (NOSP, 2009). Yet, despite its public health importance, and its historical significance within sociology, there has been relatively little sociological interest in this topic over the last century. The study of suicide has become increasingly the domain of bio-medical disciplines. The sociological work which does exist has tended to follow Durkheim (1951 [1897]) in adopting a quantitative, macro-level, approach. This endeavour has produced some support for his thesis that integrated societies have lower rates of suicide. High levels of factors considered to promote social integration, such as participation in religion and close family ties still result in lower suicide rates, but other features identified by Durkheim, notably youth and poverty, no longer protect. There is now a consistent association between low socio-economic status and suicidal behaviour (Baudelot & Establet, 2008; Gunnell, Peters, Kammerling, & Brooks, 1995) and since the mid twentieth century younger, rather than older, people have been more likely to complete suicide (Middleton, Sterne, & Gunnell, 2006; World Health Organisation, 2011). These investigations provide a profile of suicide patterns in contemporary society (and a rationale for the particular focus of this paper), but they offer little insight into the process of suicidal action (Redley, 2003, 2009; Swami, Stanistreet, & Payne, 2008). In line with Durkheim's theory, a disconnection is maintained between societal factors and individual motivations. Over four decades ago, Douglas (1967) remarked that the meaningful analysis of suicide would have to be based on the definitions supplied by the social actors involved, yet few studies have attempted this. An exception is Redley's (2003) work, which illustrates why individuals in particular environments may opt for suicidal behaviour. However, no qualitative study of suicide has focused specifically on young men – the group who are most at risk. The present enquiry seeks to address this gap in the sociological literature by examining the emotions and meanings involved in suicidal behaviour, based on a sample of young men who made a suicide attempt. In seeking to understand why these men moved towards suicidal decisions, I draw on concepts and knowledge from gender and masculinity studies relating to men's emotional lives and health-related practices.

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doi:10.1016/j.socscimed.2011.08.002

Masculinities, emotions, health behaviours and suicide

The gender pattern in suicide – a significant excess of males over females – has remained consistent since the nineteenth century, and in Ireland the male:female suicide ratio is almost four to one (NOSP, 2009). Explanations for this variation range from essentialist, biological, arguments on the one hand to men's preference for using more lethal methods on the other. Durkheim suggested that women were 'naturally' immune to suicide due to their social conformity (see Kushner, 1995). While this explanation lacks credibility today, a gendered perspective remains implicit in many (including sociological) investigations of suicidal behaviour (see Baudelot & Establet, 2008). A gender-difference paradigm is commonly used in this area – an approach which divides male and female behaviour and emotions along binary, oppositional, lines. Equally problematic is the fact that men and women in these studies are constructed as a single cohesive group, although this notion has been shown to be inherently unstable (Connell, 2002, 2005; Haywood & Mac an Ghaill, 2003). Both of these concepts underpin a prominent theme linking the rise in young male suicides over recent decades to the erosion of men's economic and family roles (see Frosh, Phoenix, & Pattman, 2002). Significant variations exist between men based on socio-economic category, ethnicity, sexuality, and other factors and these differences are reflected in suicide rates. Some men, rather than all men, are vulnerable to suicide, and this challenges a straightforward link between 'men' and these social changes (Cleary & Brannick, 2007). The oppositional construction of males and females implied in these accounts is similarly contested (Butler, 2004; Weeks, 2007). Yet gendered profiles relating to suicide have widespread currency in the media and elsewhere (Coyle & MacWhannell, 2002). These themes link completed suicide with rational and masculine behaviour (see Canetto, 1992, 1997), and suicide causation for men to the economic and work spheres, despite evidence to the contrary (Cleary, 2005). Non-fatal suicidal behaviour is connected to weakness and feminine behaviour, and its causation among women to emotional and relationship issues.

Beliefs about women's inherent emotionality and men's unemotionality are embedded in Western ideas about the dualisms of body and mind, emotion and reason (Whitehead, 2002, p. 175). Yet these ideas have not been tested in a large-scale way until recently, and findings show that male and female emotionality is not dissimilar (Simon & Nath, 2004). However, the expression of emotions is highly gendered, with males less likely than females to express emotions – although this is influenced by socio-economic and other factors (Kemper, 1990; Seale & Charteris-Black, 2008). Gender differences in expressive behaviour may therefore reinforce and reproduce beliefs about gender and emotion (Simon & Nath, 2004, p. 1169) and may help to account for the paradox of higher reported psychological distress for women, compared to men, but higher rates of suicide for men (see Gunnell, Rasul, Stansfeld, Hart, & Davey Smith, 2002).

An inability to express emotions, especially distressing emotions, has been cited as a risk factor for suicide (Clare, 2000), and this is linked theoretically with the idea that particular constructions of masculinity endanger men's health (Courtenay, 2000). Masculinity is not a homogeneous, nor consistent, entity in any social grouping (Lohan, 2007). However, it is possible to identify patterns of behaviour that are considered enactments of a dominant or hegemonic masculinity (Connell, 1995; 2002; 2005). Men who endorse these more conventional norms of masculinity have greater health risks than other men (Courtenay, 2000). These men tend to share certain attitudes to health and help-seeking and this may be a contributing factor (Peate, 2004; O'Brien, Hunt, & Hart, 2005; Oliffe, 2005). Hegemonic or conventional forms of masculinity construct men as stoic and invulnerable which constrains them in seeking help for both physical and psychological conditions (O'Brien et al., 2005; Emslie, Ridge, Ziebland, & Hunt, 2007; Noone & Stephens, 2008). Within this construction of masculinity, admitting to psychological distress presents particular difficulties as it implies weakness and is connected to the feminine domain (Bendelow, 1993; Robertson, 2006a). Failure to disclose emotional pain may intensify distress and put them at higher risk for suicidal behaviour (Brownhill, Wilhelm, Barclay, & Schmied, 2005; Courtenay, 2000). These beliefs and practices are not shared by all men, not even all those within similar environments, but they are still prevalent (O'Brien et al., 2005). Kimmel and others speculate that these attitudes emerge from a socialisation that teaches boys the importance of projecting strength and concealing emotions and pain (Connell, 2002; Frosh et al., 2002; Kimmel, 1994). This can prevent the development of emotional knowledge that might explain why some men have difficulty in identifying psychological symptoms (Addis & Mahalik, 2003). At the same time male rates of substance misuse are significantly higher than female rates in most countries. As alcohol misuse is a recurring theme in studies of men attempting to deny and cope with psychological distress this may form part of the story of male suicidal behaviour (see Brownhill et al., 2005).

These findings provide the theoretical and empirical rationale for this study. Some, not all, men are vulnerable to suicide; risk is age and class related and those most at risk are young males from disadvantaged backgrounds (Gunnell et al., 2010; Lorant, Kunst, Huisman, Costa, & Mackenbach, 2005). From work examining men's help-seeking patterns, it appears that particular kinds of masculinities may be implicated in suicidal actions. The aim of this paper is to examine this qualitatively, drawing on the narratives of a sample of young men who made a suicide attempt. Following Douglas (1967), the focus is on the subjective meanings and patterns generated by these stories of suicide, and on the processes through which men conduct gendered lives in their socio-economic environment (Connell, 2002; Haywood & Mac an Ghaill, 2003).

Methods

This study, funded by the Irish Research Council for the Humanities and the Social Sciences, was carried out over a period of two and a half years between 2000 and 2003 and is based on interviews with a group of men who attempted suicide. The objective of the investigation was to understand the practice and to explore the background circumstances and motivations involved in the suicidal behaviour. A qualitative methodology, based on in-depth, unstructured, interviews, was used.

Sample and data collection

Inclusion criteria included gender (male), age (18–30 years) and intent, in that all those included in the study had made a suicide attempt with definite intent to die. This age and gender group was chosen to reflect the population group with the highest rate of suicide in Ireland and other Western countries. A consecutive sample of 52 men was selected from three hospitals in the Dublin area within the same general geographical area. Two of the hospitals are district hospitals (with major Accident and Emergency units as well as psychiatric centres) and the third a psychiatric unit, which admits patients from a nearby general hospital (also an A&E centre). The sample can be regarded as representative owing to the seriousness of the attempts, because these hospitals were likely to receive all such admissions from this area over the period of the study. Participants were referred, in general, by the liaison