When things fall apart: Gender and suicide across the life-course☆

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ABSTRACT

Young men are often considered to be at particular risk of suicide, but such claims are partial and potentially misleading. Drawing on official statistics and an innovative, qualitatively driven, mixed method sociological autopsy of individual suicides, the authors of this paper argue that the vulnerability of 'young' men to suicide is often exaggerated and that insufficient attention is paid to the diverse social circumstances of suicidal men and women across the life course. Detailed analysis of 100 case files selected from a single coroner's office in the UK reveals that patterns of suicide can be seen to map on to conventional features of a socially structured life course, with young people in crisis, mid-life gendered patterns of work and family and older people in decline. Particular attention is drawn to suicide among those in mid-life and to the role of the social bond, especially in the form of attachment. Relationship breakdown is considered in some detail because it is central to understanding the demography of suicide and the significance of social bonds.

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The suicide rate among young males increased markedly during the latter part of the 20th century across much of the Western world (Cantor, 2000). Although it is now falling in many countries (see for example Biddle, Brock, Brookes, & Gunnell, 2008), the heightened rate of young male suicide is often attributed to the uncertainty associated with late modernity and the 'crisis' of masculinity. Within sociology, for example, it has been argued that the emergence of increasingly protracted and complex transitions into adulthood has 'led to a generalized increase in stress which is reflected in a rise in suicide, attempted suicide (para-suicide), and eating disorders such anorexia and bulimia' among young people (Furlong & Cartmel, 2007: 87). Whilst the mass media have repeatedly drawn attention to the particular vulnerability of young men, campaigning organisations have declared suicide to be a major men's health issue and government policy has identified young men as a priority group for action under the various national suicide prevention strategies (see, for example, Department of Health, 2002; Scottish Executive, 2002). Much of the discourse surrounding these developments has drawn on the dominant narrative of gender crisis: that is, of men not knowing how to fit in to a changing world in the aftermath of second-wave feminism (Coyle & Morgan-Sykes, 1998). Writing under the headline, *Modern Britain is Driving Men to Their Death*, Emma Jones, columnist for *The Sun*, a British tabloid newspaper, declared (The Sun, June 20, 2002):

> It's shocking that the biggest killer of young men in this country is now themselves. The politically correct lobby have undermined men's power and confidence and the feminist pendulum has swung too far. The glory days of manhood, when our grandfathers stood proud in the workshop of the world making steel and building ships are long gone. Men are now more likely to work in an office – jobs which can be done just as well by women. Women enjoy more choice these days – they flit between work and family life with apparent ease. But when men try to counter the balance by taking on traditional female roles, like becoming full time dads, they are laughed at.

The preoccupation with young people is understandable up to a point, because suicide is a leading cause of death within this demographic group and youth suicide constitutes the bulk of potential years of life lost. However, the focus on young people, and young men in particular, has diverted attention away from suicide among those in mid-life. This preoccupation can also be found in

suicide research. Where a life-course perspective has been taken, at least implicitly, the suicides that receive most attention are those of the youngest and oldest people with little or no specific discussion of those among people in the intervening phase (see, for example, Hawton & van Heeringen, 2000). The lack of attention given to mid-life is troubling for several reasons, not least because it does not sit well with the evidence. In the UK, as we shall see below, the number of suicides peaks among men and, to a lesser extent, women in the 30–59 year age-range although the rate of suicide is highest in the oldest age groups. In seeking to explain this pattern, we will draw attention to the role that the social bond plays across the life-course. Mid-life stands out as a period of particularly intense investment in work and family life, which, we will argue, carries a particular set of risks. When these investments turn bad and the social bond begins to unravel an acute sense of helplessness and loss may be experienced, from which suicide may seem to offer a viable escape. In developing this claim, we suggest that the role of the social bond may also help to explain why so many more men than women kill themselves.

In the course of what follows, we offer a life-course perspective. We begin by using official statistics to examine the age distribution of suicide. We then draw on the results of a qualitatively driven sociological autopsy of 100 suicides to show how patterns of suicide can be seen to map on to conventional features of a socially structured life course, with young people in crisis, mid-life gendered patterns of work and family and older people in decline.

Suicide, social bonds and the life course

The importance of social integration to suicide rates was established by Durkheim (2002/1897) when he famously theorised egoistic suicide in terms of insufficient integration and altruistic suicide in terms of excessive integration. While Durkheim's ideas continue to attract considerable interest (see, for example, Maimon & Kuhl, 2008), suicide rates have also been linked to variations in social capital (Helliwell, 2007). Without distinguishing clearly between social integration, social ties and social networks (Berkman, Glass, Brissette, & Seeman, 2000) – and we could perhaps add social capital and social bonds – much previous work has highlighted the importance of social relationships and involvement in social institutions to understanding suicide. What is largely missing from such work, however, is a recognition of the ways that social relationships and involvement in social institutions may vary across the life course. In order to expand on this point we draw on Laub and Sampson's (2003) age-graded theory of informal social control.

This theoretical focus may seem odd, since Laub and Sampson were concerned with crime, not suicide, and aimed to explain why offending behaviour varies across the life-course. In drawing on such work, we do not mean to imply that suicide should be treated as a criminal offence. Our purpose is more analytical than normative and we have come to the view that criminology offers a useful template for thinking about suicide. Suicide can, of course, be thought of as a form of extreme violence to the self and there may be similarities in the aetiology of suicide and crime. Suicide, like criminal behaviour, may, for example, be symptomatic of high levels of impulsivity and low levels of internal and external control. Added to this, criminology fits comfortably with our broader purpose because it offers a means of making sense of the 'senseless' and of turning the 'pathological' into the social.

At the heart of Laub and Sampson's analysis, lies the claim that persistence in, and desistance from, crime can be meaningfully understood within the same theoretical framework. Persistence, they note, is explained by a lack of social controls, few structured routine activities and purposeful human agency, while desistance is attributed to a confluence of social controls, structured routine activities and purposeful human agency. What is, perhaps, most significant from our perspective is the emphasis on the role of social ties across all stages of the life-course and on the way that social ties interact with age and life experience. Young people tend to be less socially embedded during adolescence than at any other time in the life-course because the bonds that tie children to family and school have weakened and are yet to be replaced by a new set of adult roles and responsibilities. With the move into adulthood, new bonds are created, which are said to provide 'turning points' or changes in situational and structural life circumstances. A good marriage and/or a stable job are specifically identified as having the potential to reshape life-course trajectories by reordering short-term situational inducements to crime and redirecting long-term commitments to conformity. Men who desisted from crime were found to be embedded in structured routines and were socially bonded to jobs, wives, children, and significant others, which enabled them to draw on resources and social support from their relationships. Persistent offenders, on the other hand, seemed marginalised and devoid of linking structures: characterised as 'social nomads', they experienced considerable instability in many areas of their lives including marriage and work.

Although the ideas developed by Laub and Sampson offer a useful starting point for thinking about suicide, they must be adapted to fit the particularities of the issue at hand. Suicide differs from crime in terms of its age distribution and the implied workings of the social bond. Adolescence represents the peak period of criminal offending, due partly to the relatively weak nature of the social bond during this phase of the life-course. The number of suicides, as we shall see, peaks somewhat later, during mid-life (though the rate is highest in old age), and may have more to do with the fragmentation of established social bonds and the associated loss of investment. In contrast to life-course criminology, moreover, our analysis is explicitly gendered. Laub and Sampson based their analysis on an all male sample, but do not really discuss their research subjects as gendered beings. No mention is made, for example, of Connell's (1995) or Messerschmidt's (1993) influential work on masculinities and crime. Suicidology has also paid scant regard to the masculinities literature, which is surprising given that across the Western world many more men than women kill themselves (see Figs. 1 and 2). Scourfield (2005), however, has highlighted the potential for applying Connell's ideas to male suicide (see also Stanistreet, 2002). In so doing, he notes that suicidology tends to treat men and women as sex groups and takes little, if any, account of critical theorising about gender relations. Suicide rates are known to vary by marriage rates, for example, and the effects of divorce are known to differ by sex (Stack, 2000), but there has been little consideration of the different orientations of men and women to relationships and their termination, beyond some general comments about men possibly having weaker social support in the aftermath of divorce.

Our approach to researching suicide

Our approach is primarily sociological and aims to offer a gendered life-course perspective. We begin by examining Office for National Statistics mortality data covering England and Wales in 2005. According to the Tenth Revision of the International Classification of Diseases (ICD-10), cause of death may be attributed to – among other things – intentional self-harm or to undetermined intent (i.e. 'open' verdicts). Both categories are sometimes considered to be suicides, though we have concentrated on deaths due to intentional self-harm. This focus had very little effect on the findings presented below, as the demographic profile remained very similar regardless of whether or not deaths of undetermined intent were included in the analysis.