Dear Editor,

Each year up to one million people worldwide die of suicide, and many more engage in nonfatal suicidal behavior. Even so, every 40 seconds a person dies by suicide somewhere in the world. Suicide is an international public health issue (World Health Organization 2014). There is no single explanation of why people die by suicide, however, it is a gender issue (Canetto & Lester 1998, Murphy 1998, Mohanty 2005, Stefanello et al. 2008, Canetto & Cleary 2012, Martinez 2014, Barroso 2018).

Men are about four times more likely than women to die by suicide. At the same time, male suicide has been usually named as a “silent epidemic” (Bilsker & White 2011). Why? An insufficient answer is that men use more dangerous methods than women and that therefore fewer men than women survive suicidal acts (Stengel 1964).

Male suicide is a more culture-bound phenomenon than has been traditionally assumed. Masculinity is the way men are brought up to behave and the roles, attributes, and behaviors that society expects of them (Bourdieu 2002). It is not assumed to be normal in the statistical sense, but it is normative in that it embodies the currently most honored way of being a man.

Male suicide has been a silent issue because the majority of gender analyses treats male and female behavior and emotions in an oppositional way, and uses sex as an independent variable in statistical analyses (Canetto & Cleary 2012).

As a result, feelings are not considered a fit subject for discussion. Depression is a known risk factor for suicide (Borges et al. 2012) however, men often don't recognize when they are depressed (O'Donnell 2017) because according to masculinity ideas men are supposed to be in control at all times (Rasmussen et al. 2017).

More attention from clinicians, researchers, and policymakers is needed to understand men’ mental health, and suicide from a gender approach. It is essential to reflect on the social construction of hegemonic masculinity, and breaking down the gender binary.

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