DIE BY SUICIDE: DOES GENDER MATTER?

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Dear editor,

Suicide is a complex phenomenon, involving the interaction between genetic, neurobiological, psychological, and environmental factors. In this sense, *gender* is one of the most important determinants of suicidal behavior (Canetto & Lester 1998, Bilsker & White 2011, Barroso 2019).

While accumulating empirical evidence confirms that men consistently die by suicide at higher rates than women across regions and ethnic and socioeconomic groups, just few explanatory frameworks have been developed to account for this persistent pattern (Bilsker & White 2011). One of the reasons is because very often studies treat male and female behavior and emotions in an oppositional way and uses sex as an independent variable in statistical analyses. In this sense, the aim of this manuscript is raising public awareness and bring together interested people in understanding and preventing suicide from a gender framework, especially practitioners of mental health and policy makers.

Unlike sex, which is constituted by anatomophysiological differences, gender is a historical and social construction (Canetto & Lester 1998, Bourdieu 2002). The socialization and learning of social roles, behaviors, and meanings prescribed for men (masculinity) and women (femininity) is a process through which human subjectivity is differentially constituted throughout the different life stages. The socially sanctioned expectations, values, qualities and roles that are taken on by subjects, shape the ways consider acceptable in which they define and experience issues linked to their own bodies, feelings, and interpersonal relationships, with dire consequences (shame, loneliness, feelings of humiliation, lack of opportunities, etc.) for those who do not meet these social standards (Canetto & Lester 1998, Bourdieu 2002).

Masculinity and Feminity are not assumed to be normal in the statistical sense, but they are normative in that it embodies the currently most honored way of being woman or men. Gender constructions imply the individual's psychological sense of being, and the formation of a sense of relatedness and belongingness. This is a core explanation of why suicide is a gender issue.

The epidemiological approaches show that risk factors for men tend to be alcohol consumption, impulsiveness, and incapacity to generate the income necessary to financially support the family (UNICEF 2012, Barroso 2019). In the case of women, suicide tends to be a way out of the suffering caused by sexual abuse, intimate partner violence, the stress of working two shifts and having little free time, and economic dependence on men (UNICEF 2012, Barroso 2019) but why?

According to the patriarchal conception, acceptable masculinity is expected to be strong, self-confident, which requires control of emotion at all times, pain tolerance, and having a job and being able to provide for your family (Bourdieu 2002). As a result, uncompleted suicide may be interpreted by some men as shameful or even a "failure" as it is related to the practice of selfharm, which is more often associated with women and therefore 'femininity'. This may lead some men to use more extreme, violent methods (Barroso 2019). Being unemployed means defeat as a man, failure in their role as economical provider, and simultaneously in their power within the family. It is very important to consider in a pandemic context, where many people have lost their jobs.

Another hand, they are more likely to use substances to cope problems, because excessive drinking is an accepted part of masculine behavior and coping, in contrast to the more "feminine" methods such as seeking help or talking to people. They may respond to stress with denial or violence, often don't recognize when they are depressed, or in crisis because they can feel out of control, and it may lead to suicide (O'Donnell & Richardson 2017).

According to this conception, women are expected to be within domestic confinement, being caregivers, and living under a pressure to be physically attractive. Then, for example, they may have fewer educational and economic opportunities which imply a sense of loss, and inferiority, economical dependency, and less access and protection of human rights, that cause feelings of being trapped.

The forced economic dependence of women entails a precarization of women's living conditions, which is in turn used by men as a mechanism of domination. In this way, women's abilities to make decisions regarding their bodies and their children become limited. Then, research shows attempted and completed suicides in women, despite it varies from culture to culture, is a result of the feelings of dissatisfaction in relation to body image violence and sexual abuse they have historically endured (UNICEF 2012).

Since gender is a cultural construction, we should understand what happens with the mental health of people who do not meet patriarchal standards, but also what happens with the mental health of who lives according to these essentialist standards.

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