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Articles – Position Paper:

To Be, or To Not Want to Be: Gender and Suicide.

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Content Warning:

Some people may find some of the content about suicide and suicidal feelings triggering or difficult to read.

In Hamlet's soliloquy, he wrestles over the philosophical question of suicide – being or not being. Meanwhile, the woman who loves him, Ophelia, dies in a manner which resonates with suicide reporting today, where her death could be a suicide or an accidental death. Altman suggests Shakespeare may have left this ambiguity in his play at a time when suicide was a crime in order to allow sympathy for Ophelia (2017). Although suicide is no longer a crime in the UK, this article aims to explore people's suicidal behaviour and feelings in recent years, and the differences in the way suicidal mortality and morbidity are reported and explored, with particular attention to gender. It aims to offer a broad examination of these differences, and suggestions to open up understanding of different genders and some of the possible reasons for the difference in suicidal behaviour.

THERE is a campaign in the UK to reduce the rate of suicide at train stations by engaging potentially suicidal people in small talk. The campaign called *Small Talk Saves Lives* includes a list of warning signs to look out for. They include someone appearing to stand alone and isolated, looking distant or withdrawn, or staying on a platform for a long time without boarding a train. Network Rail developed the campaign with the charity The Samaritans and British Transport Police in response to research conducted by Middlesex University. They collaborated with people affected by suicide, including family members affected by a relative's suicide. They suggest that by trusting their instincts, commuters can interrupt a person's suicidal thoughts and this may be enough to stop them from acting on their suicidal feelings.

This makes sense. In 2017-2018, there were 292 suicide or suspected suicide fatalities on the railways and London Underground in the UK (Office of Rail and Road, 2018). The campaign aims to reduce the number of deaths by suicide at railway stations, and in doing so, also reduce the number of people affected by another person's suicide – the witnesses, the train drivers, the emergency service workers who attend after an incident, and the family and friends bereaved by suicide. However, one could argue that it corresponds

with the focus placed by the media and society on mortality rates of suicide and suicide prevention, and the relative lack of interest in the morbidity rates of suicidal feelings. The Samaritans estimates there are approximately 6000 deaths by suicide and tens of thousands of suicide attempts each year in the UK and Ireland.

The headline "Person kills themselves" is one that may evoke shock, sadness, or anger. The headline "Person saves other person from killing themselves" may inspire relief, admiration, or hope. However, the headline "Person is stopped from killing themselves but spends the next five years struggling with suicidal feelings" does not inspire hope, relief, or even shock. It offers no respite and no ending, no solution or comfort. As a bereavement counsellor and someone who has experienced multiple bereavements in the last few years, I see a connection with the flurry of activity and support immediately after a death and at the funeral, but the gradual dripping away of support after this, particularly when the bereaved person expresses their continuing grief. The funeral marks an end of grief for some, and someone else's ongoing grief can be hard to engage with – when will it end? Can they help? Will prolonged exposure to this person's pain bring up feelings they would rather not engage with or would perhaps rather engage with on their own?

With death by suicide, there is an event to focus on. With the death of the person involved, there is also a space in which people can add their own narrative, their own reasons why a person might have killed themselves, and their solutions to the problem. However, when someone has tried to kill themselves but has not died, there is less space for other people's conjecture, narrative, or meaning making. Perhaps this is one reason why there is a difference in the way men's and women's suicidal behaviour is discussed.

Discussions about suicide frequently focus on the fact that men are more likely to die by suicide. Being a man is a risk factor in itself when it comes to suicide, particularly for men in middle age. Research carried out by Wyllie et al for The Samaritans (2012) sought to find out why this group was particularly vulnerable to suicide. One possible reason is being in a "buffer" generation, without the traditional, stoic expectation of masculinity that older generations have, nor the progressive freedom of younger generations of men. There is also the loss of traditional male industries and with it a sense of identity and pride. There are also groups of men who are particularly susceptible to suicide, including prisoners (Fazel et al, 2017), and young men who have left the armed forces (Kapur et al, 2009).

In the introduction to the research, Wyllie et al acknowledge that the socioeconomic disparity is greater than the gender disparity in mortality rates of suicide – someone in the poorest group is ten times more at risk than someone in the most affluent group. A factor in male suicide is unemployment, and men from middle class environments are more likely to

accept and access support services such as counselling. Another factor which particularly affects men is alcohol – men are more likely to have consumed alcohol in the hours before their suicide attempt than women, and men who kill themselves are more likely to have had alcohol problems than women who kill themselves. These factors often get lost in discussions about suicide risk, where the emphasis is on the difference in gender, and perhaps it is easier to focus on than the complex, political process of pulling apart socioeconomic inequality.

Gender differences in suicide behaviour and ideation are discussed in a manner that often reflects the binary, heteronormative discourse that alienates LGBT people who are at particular risk of suicidal ideation and self-harm (Liu and Mustanski, 2012), with children and young people, and black and minority ethnic people facing an added risk factor (Department of Health, 2012). I am conscious of my own tendency to discuss gender in such a narrow way.

Factors such as ethnicity, marital status, and socioeconomic status are considered in worldwide statistics on suicide (Vijayakumar, 2015). One could be forgiven for thinking of suicide as a particularly Western problem when looking at UK reporting, and with that, a male problem (Freeman, 2015). However, 60% of suicides occur in developing countries, and two fifths of female suicides are Indian. China is the only country in the world where rates of death by suicide are higher for women than men, and it is necessary to consider the status of girls and women in China and India when looking at suicide and gender. Relationship breakdown is another risk factor for men and in the report Wyllie et al note that although marriage is a protective factor for men, the opposite is true for women – married women are more likely to have a psychiatric disorder than married men.

There are physical risk factors for suicide in women – pregnancy, malnutrition, the fact of being born a girl in a society that values boys higher, baby deaths, anorexia, and domestic violence. There is the issue of status – a woman always belonging to others, and a sense that her life is not her own, whether or not she is allowed or encouraged to develop her education and work. In some societies this may be a contributing factor in a woman's suicide, but in other societies this may be what traps a woman into feeling that she has to live with her suicidal ideation. Are women – and particularly mothers, carers, and wives – judged differently from men if they wish to die by suicide?

As people fill the narrative void left by those who die by suicide, there is speculation about the reasons for the difference in behaviour. Some theories posit ideas that bear exploration: men are more likely to be impulsive and given their chosen method is more likely to be violent, they are more likely to die. Women's chosen methods are more likely to be "non-violent" and less instantaneous, leaving more time for medical help to save them. "Non-violent" is a peculiar term, however – it is

unlikely that anyone aware of the effects of poisoning would consider it anything other than an assault on the body. Women are less likely to have access to firearms, and are more likely to be caregivers which may be a "protective" factor. Impulsive behaviour is judged differently in women than men – one only needs to look at the higher rates of diagnosis of borderline personality disorder in women compared to men.

Vijayakumar (2015) describes some of the misconceptions and stereotypes of girls' and women's suicidal behaviour: that it is manipulative, superficial, or attention-seeking. One piece of writing in a national newspaper looked at the methods used by men and women who try to kill themselves, focussing on the UK and US. The two brothers who wrote this did not appear to consider one of the reasons for the difference in methods is the availability of the method and the situation in which the person lives and works; instead they posited a reason that suggested that in their moments of mental anguish, suicidal women have a fantasy of being laid to rest in a glass coffin like Snow White: "[W]omen will opt for methods that preserve their appearance, and avoid those that cause facial disfigurement. Again, the evidence is patchy. But a study of 621 completed suicides in Ohio found that, though firearms were the most common method used by both sexes, women were less likely to shoot themselves in the head" (Freeman, 2015).

The authors of the Ohio study, Callanan and Davis (2011), do not draw the same conclusion from their research; they label this gendered assumption "the beautiful corpse thesis" and refute it. They claim there are three widely-held assumptions about women's suicide methods: women don't want to look disfigured by suicide, women are less familiar with firearms, and women are relational beings who consider the people who will find them after their suicide. Of these three "cultural scripts", it is women's lesser familiarity with and access to firearms which seems the most persuasive to the authors, but they argue this still needs further investigation.

Moving away from purely US and UK research, Vijayakumar's exploration of gender and suicide looks at worldwide data on suicide and notes: "Self-immolation is one of the most common methods of suicide by women in India, Sri Lanka, Iran and other Middle-East countries. In Iran between 70% and 88% of self-immolation are by women… Self-immolation is the preferred method of suicide for women of Indian origin even after migrating to UK." There appears to be a significant difference in methods between women of different cultures. In her memoir of her years as a patient in a psychiatric hospital in the US, Kaysen (2000) remembers one teenager who was admitted to the hospital after setting herself on fire. She was eventually found and saved, but was badly scarred. There was no desire to "preserve her appearance". Kaysen expresses a sense of wonder at the method this girl chose, so unusual in the US.

The Adult Morbidity Survey in 2007 showed that 19% of women and 14% of men considered death by suicide, while 7% of women and 4% of men had tried to kill themselves. Another risk factor which is less discussed in the media is that a person is more likely to attempt suicide if they have tried before. Does this mean since women are more likely to have tried to kill themselves that women are particularly at risk of trying again? So where is the aftercare and the specialised suicide prevention measures for these women?

Somehow the focus of discussions about mental health statistics depends on who is being talked about. Twenty years ago, the discourse about eating disorders emphasised the higher incidence in girls and women. The discourse has shifted now to the statement "Men get eating disorders, too." It is true – boys and men do get eating disorders. Yet anorexia continues to affect mainly girls and women and it continues to have the highest mortality rate of all mental illnesses, and death from anorexia-related complications includes death by suicide.

However, the discourse around suicide has a different focus. In this case, it is not "Women get suicidal, too" but "Men are more likely to die by suicide". Instead of reaching out to the wide range of people affected by suicide, this focus potentially alienates women, girls, people who identify as non-binary, and transgender people. It potentially alienates Indian women who constitute more than a third of global female suicides. It ignores the increased risk posed by hospitalisation and leaving hospital. And the simplistic, binary focus on gender does not open up the discussion to diverse groups of men who suffer and are susceptible in different ways – those affected by unemployment, alcohol, prison, divorce, or particular industries such as farming.

The Farming Community Network supports people working in farming and agriculture, noting that it is a profession particularly susceptible to suicide with more than one farmer taking their life every week. Unlike other professions, it is dependent on weather and animal health for its success or failure, it involves long hours often with little social interaction, and there are expectations that family members will be involved in the work. Although farmers are more likely to be men, and the Farming Community Network ran a workshop on men and suicide at the National Suicide Prevention Conference in 2018, the charity has chosen not to emphasise gender on their website. Perhaps this is the way forward – a way that does not alienate one gender or another, but reaches out to particularly at risk groups in a thoughtful and accessible way.

In their research on gender differences in suicide methods, Callanan and Davis conclude that not only should gender differences in suicide be explored further in future research, but the biases within suicidology need to be researched: "The field is riddled with empirically unsupported explanations that characterize the suicidal behavior of women as

motivated by selfish or trivial concerns" (2011). Suicide research, reporting, prevention, and aftercare need to challenge the biases within the field and within society, and look broadly and deeply at the issues that give rise to suicidal feelings and behaviour. If our society no longer sees suicide as a crime, but as something we have a duty to prevent, we need to take the time to better understand the numerous risk factors that might lead someone to feel suicidal.

If you are feeling suicidal, you can call your local emergency services, or you can call your local helpline:

UK: The Samaritans 116 123

USA: The National Suicide Prevention Lifeline 1 800 273 8255

Australia: Lifeline 13 11 14.

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In This Issue...

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Call for Next Issue...

The theme for the Summer Publication (*Volume 3* – Issue 2) will be:
"Gendered Health & Illness".

Submission deadline for the next issue is: **15th May 2019.**
Contributions are welcomed for all three sections of the next issue which shall be published on: **15th July 2019.**
All contributions should be submitted via e-mail to:
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