A critical literature review of the research on suicide from a gender perspective

Alejandro Arnaldo Barroso Martínez. PhD

Abstract

Suicide is a growing social problem worldwide. The epidemiological characterization of the same has differences in the rates and means used by men and women from all over the world. In this sense, this work starts from the fact that gender can be a category that facilitates a comprehensive approach to the subject. This view is complemented on the basis that gender is not an essentialist category, but implies the generation, circulation and assumption of historical social constructions that express the economic, political and cultural processes of a society. Therefore, the objective of the work is to identify unresolved scopes and questions by the investigation of suicide with a gender perspective, which are necessary to respond to contribute to the understanding of this as a social phenomenon. To this end, a bibliographic review of a thematic type was carried out. The contribution of this critical understanding is that it can become one of the references to take into account for the design, planning, and implementation of public policies for the prevention of suicide with a view to gender. Keywords: Suicide, gender, research.

Introduction

The word suicide comes from the Latin *sui*, which means *oneself* and *caedere* which means to kill; that is, to kill oneself. [1] Suicide is conceptualized in the scientific literature as the deliberate and voluntary act by which one ends one's own life. The difference between suicide and suicidal behavior involving self-injury is that in the latter there is no intention to die. [2,3]

As understood by traditional epidemiological approaches, consummated suicide encompasses two previous stages: suicidal ideation and the attempt. Ideation includes the desire to die, as well as the representation of a more or less specific plan. On the other hand, an attempt is constituted by the intentional action of attempting against one's own life. [4]

About 1 million people worldwide commit suicide every year. [5] This rate has increased by 60% in the last 45 years, and it is expected to increase another 50% by 2020. This means that 1.5 million people would take their lives each year. [6]

The epidemiological characterization of suicide worldwide shows that in almost all countries men have higher rates than women. Although it is women who make the most attempts, those carried out by men have a higher lethality. [7,8] Due to the hegemonic hold of medical and psychiatric discourse on the field of mental health, [9,10] specifically regarding suicide, [11] these differences have not been properly understood. By problematizing this data, we have the opportunity to construct an explanation based on the differential incidence of economic, political and cultural processes on the subjectivity of men and women.

Unlike sex, which is constituted by anatomo-physiological differences, [12-15] gender is a historical and social construction. Thus, it is constituted and expressed through the perception and interpretation of the world and our role in it. This process, which takes place in concrete material and subjective conditions of existence is, in turn, reproduced through the symbolic and normative dimensions of social institutions. [12-15]

The socialization and learning of masculinity and femininity is a process through which human subjectivity is differentially constituted throughout the different life stages. The socially sanctioned

Alejandro Arnaldo Barroso Martinez. PhD
Title: PhD.
Affiliation: Mental health Center, San Felipe, Chile. Email: almex@gmail.com.

expectations, values, qualities and roles that are taken on by subjects, shape the ways in which they define and experience issues linked to their own bodies and to interpersonal relationships. This, in turn, determines the contexts in which they seek emotional support. [12-15]

The fact that gender constructions are neither monolithic nor essentialist entails the need to explain the processes through which such constructions relate to suicide. Similarly, it opens up the need to understand how alternative gender constructions become spaces that strengthen and safeguard the mental health of men and women.

Our research aims, from a gender perspective, to identify and respond to questions that remain unresolved by existing research on suicide, with the goal of contributing to the understanding of it as a social phenomenon. Such a perspective may be relevant to justify the need for involving social actors beyond the field of Medicine in the design, implementation, and assessment of gender-conscious public policies that aim to prevent suicide. [12, 13]

Methods

Initially, a review of the literature on the relationship between suicide and gender was carried out. The databases consulted were: *Dialnet, ProQuest, Sage Journals, Scielo and JSTOR.* They were chosen for the breadth, currency and multidisciplinarity of the academic research they contain. Google Scholar was used as a supplemental source.

In order to gain a multicultural perspective on the relationship between subjectivity, mental health, and social context, I selected research carried out in a variety of countries. I included research that looks at the subject of suicide in general (in order to see how it includes the analytical axis of gender), as well as research that looks at the same issue from a gender perspective. Lastly, I included other literature reviews, as well as empirical research.

The literature reviewed was divided into two groups: research on the subject of suicide in general, and research that deliberately problematizes the relationship between suicide and gender. The research was categorized according to the epistemological references used to problematize the topic, the justification and development of its methodology, and the results, as well as the recommendations offered. In my discussion of the literature, I articulate the reviewed research with the theoretical contributions of authors that explain the mental health of men and women as a complex social process.

An approach to the general research on suicide: What role does gender play in research that does not problematize its relationship to suicide?

The research on suicide can be divided into two groups, according to its objectives. The first one focuses on the characterization and identification of the risk factors associated with both completed suicide and suicide attempts. This literature is primarily interested in the sociodemographic characterization of the people studied. [16-26]

While this perspective [27] focuses on the identification of risk factors assumed to be determinants of suicide, it also transcends epidemiological-positivist approaches in its attempt to comprehend the meanings associated to self-inflicted death. Young people´s attempts to take their own lives have been explained through the experience of abuse, the rejection of their own body image, the stress of living in areas dominated by social violence, as well as the constant lack of employment. [27]

The second line of research, which explores the sociocultural meaning of attempted and completed suicide, eschews deterministic cause and effect explanations. It understands determination to be a part of processes that articulate the biological and the cultural, as well as the individual and society. Furthermore, it highlights sociological, anthropological and other approaches that articulate disciplinary knowledges within the field of Collective Health.

Sociological approaches [28, 29] analyze suicide attempts in connection to the economic transformations that the neoliberal model has imposed on forms of social life. An investigation [30] carried out in the former USSR proved particularly interesting in its analysis of the contrast between a socialist way of life, organized in terms of rights and guarantees, and its disruption through the enactment of capitalist policies. A model guaranteeing employment and fixed salaries gave way to business competition, a constant search for employment and the precarization of life in general. The resulting frustration, despair and uncertainty became explanatory factors for suicide rates. [30]

Some anthropological studies [31, 32] seek to explain the relationship between suicide attempts

among native peoples and the impact of neoliberalism on their modes of life. Some of these studies show [31, 32] that such transformations impact the subjectivity of men and women differently. Men and women are constituted through differentiated socialization processes, in which they learn to signify differently aspects of the same culture.

In the case of Guarani women, the proliferation of western beauty standards has caused low self-esteem and rejection of their own bodies. For men, migrating away from their villages constitutes a stressful situation. This also impacts women since, in addition to domestic work, they are now faced with the task of protecting their families. [32]

In studies of the Embera people, we can appreciate the ways in which the different cultural limits imposed on men and women have differential effects on the significance given by each to suicide. On one hand, men bear the stressful responsibility of providing for their families, a task that proves increasingly difficult in a scenario of deforestation and depletion of traditional food sources, such as fish. However, they are allowed greater freedom to enjoy the amusements of public life. On the other hand, women must take care of the sick, of men, of children and the home. This burden is compounded by the stress implied by cultural restrictions that do not allow them to go out and have fun. [32]

Research that looks at the issue of suicide in the context of neoliberalism frequently finds that suicide not only expresses a desire to die, but is also a wake-up call that sheds light on the precariousness of living in certain social conditions. This body of research demonstrates that neoliberal educational and economic policies foster emigration, scarcity of natural resources which constituted traditional sources of sustenance, as well as the implementation of bureaucratic and institutionalized structures that place new expectations on workers.

Neoliberalization has led to the devaluation and invisibilization of knowledges that are central to communal and individual identities, [28, 29, 32]. Moreover, it has entailed the precarization of sources of economic sustenance, [32] the reconfiguration of family structures and intimate relationships, and the reformulation of the relationships between people and their territories. [32]

Another anthropological study [33] based in rural Chiapas, Mexico, shows that domestic violence directed against women is the main cause of attempted suicides. In the case of men, the main causes of suicide stem from conditions that challenge their traditional roles. These include frustration and negativity resulting from the inability to occupy better remunerated positions, conflicts with parents over land distribution, and lack of sufficient funds to cover their families´ needs.

The intentional problematization of the relationship between suicide and gender

The research that intentionally focuses on the relationship between suicide and gender can divided into four groups:

1. Studies devoted to understanding the differences between men and women in terms of risk factors for suicide.[34-36]
2. Those that explore male and female attitudes towards body image, and its relationship with the different stages of suicide. [37-39]
3. Those that study acts of suicide that originate in the relationship between the experience of a divergent sexual orientation and the social violence resulting from it. [40, 41]
4. Those that problematize suicide in relation to some dimensions of gender that have traditionally been essentialized. [42]

The shifting focus of attention towards research that explicitly studies the relationship between suicide and gender is not merely the result of researchers´ explicit interest. It is also a strategy that allows us to understand how socio-economic and cultural transformations are expressed in male and female subjectivities through historical processes of differentiation that constitute them as such.

The first group of research shows attempted and completed suicides in women to be a result of the violence and sexual abuse they have historically endured. This occurs, first in their family of origin, and later on with their intimate partners, damaging them psychologically and physically. [31, 32]

Some researchers [31, 32] have attempted to analyze the differences in suicide methods used by men and women, and their relationship to gender roles. These results argue that the use of more violent methods by men stems from their own self-image as more violent and impulsive than women, and less willing to seek help, since they need to feel in control.

On the other hand, while women consummate suicide less frequently, they tend to make more

attempts. The reason for this seems to be that, for some women, suicide attempts have taken on meaning as calls for help and attention. Because, in the socialization of women, the assumption of caretaking duties plays such an important role, the affective and relational dimension is vital for them.

The second body of research focuses on male and female experiences of body image, and their relationship to the different stages of suicide. [37-39] The findings show that [37, 39] because body image is a fundamental concern for women, feelings of dissatisfaction in relation to it may be a cause of suicidal ideation.

Despite these findings, empirical studies stress the need to culturally contextualize the meaning of body image. [38] In the Philippines, for instance, body image is not a culturally relevant concern for women.[38]

The third group of research suggests that homophobia has led to the development of feelings of inadequacy, incapacity, fear, guilt, and shame. [40, 41] As a consequence, people may isolate themselves, losing a sense of belonging and the capacity to reach out for help. Such negative experiences, which take place in different social spaces, such as the family, the school, and the community, explain subjects´ suicide attempts. [40, 41]

The fourth group of research problematizes the relationship between suicide and dimensions of gender that have traditionally been conceived in a deterministic manner. An example of this is the study of the relationship between suicide and unwanted adolescent pregnancies. Research on the subject problematizes the patriarchal conception of femininity that reduces women to their reproductive role. [42,][12, 14, 15, 44-46] Women are socially pressured to demonstrate their femininity through reproduction, which has negative implications for the mental health of those who are infertile, abort, or decide to postpone motherhood in order to pursue professional projects.[15]

Research shows that suicide attempts in adolescents who voluntarily interrupted their pregnancies cannot be explained a priori through the condition of womanhood. [42] Instead, there is a process of patriarchal construction (through family, work relationships, etc.) that has hegemonically constructed femininity around affectivity, domestic confinement, and caretaking roles.[12, 14, 15]

A discussion of the routes taken and to be taken in the future

The study of suicide from a gender perspective, whether made explicitly and intentionally or not, has been carried out from two theoretical and methodological perspectives. The first is a positivist epidemiological approach, while the second attempts a more complex understanding of the phenomenon rooted in Sociology, Anthropology, and Collective Health.

This latter approach has enriched our understanding of suicide from a gender perspective, through qualitative methods that give voice to subjects that have been silenced by positivist approaches. This kind of research seeks to understand subjectivity as culturally rooted, and pays attention to the affective implications of the differential socialization of men and women. [32, 33, 42]

Positivist epidemiological approaches have been successful at observing the differences in suicide methods used by men and women, as well as identifying so called ¨risk factors¨ for each. While women tend to resort to poisoning and the use of pharmaceuticals, men use more lethal methods such as hanging, sharp objects, and jumping from heights. [16, 17]

Risk factors for men are: alcohol consumption as an escape from problems,[27] impulsiveness, family disputes over land ownership, [32, 33] and incapacity to generate the income necessary to financially support the family. [28, 31-33]

In the case of women, suicide constitutes a way out of the suffering caused by sexual abuse, domestic violence, [32, 44] the stress of working two shifts and having little free time, and economic dependence on men. [32, 44] However, the fact that they tend, more than men, to seek help, is considered a protective factor for women. [32, 33]

The value of a social theory perspective lies in the possibility of understanding the dynamics of so-called ¨risk factors¨ with the purpose of protecting mental health. This is achieved through an awareness of the issue at the individual and community levels, as well as through the planning and implementation of public policies. [11, 13] The transversal explanatory axis for the understanding of suicide from the perspective of gender-based social theory, is the understanding of masculinity and femininity, not as deterministic categories that intrinsically define roles, values and expectations,

but as culturally contextualized processes of social construction.[12, 14, 15, 43]

Consequently, studies have found that, in men, the denial of depression, the refusal to seek help, and income instability, are causes of suffering. Ultimately, they become a threat to male identity, which has been founded on emotional repression and the economic maintenance of the family. [14, 32]

Likewise, in order to understand how the stress of working double shifts, the invisibilization of domestic work, the lack of free time, and the endurance of domestic violence, lead to female suicides, we must first become aware of how traditional patriarchal society has excluded women from participation in the public sphere, relegating their potential sources of satisfaction to family caretaking and male indulgence. [14, 15]

Body image has been found to represent a common source of self-esteem or frustration for women. [37, 39] This is rooted in the historical process through which patriarchal society medicalized women´s lives, maintaining a tight control over their sexuality as a result of ignorance, the devaluation of the female body, and male expectations of fidelity.[15, 43]

Some conclusions

The positivist epidemiological approach has been essentially aimed at the identification and characterization of what have been called "risk factors" for attempted and consummated suicide. In these kinds of studies, the interest in the subject of suicide tends to be justified by statistical data that point out its prevalence worldwide.

These kinds of studies usually obtain data through retrospective literature reviews, case-control studies, prevalence studies, Likert-type scales, and questionnaires applied in hospital emergency rooms and people´s homes. [16-26] Consequently, the data analysis is based on the categories established by questionnaires, as well as on multiple regression. This, ultimately, does not allow for questions beyond what the studies are looking for. [11]

Due to the absence of theoretical problematization, such studies fail to take a gender perspective on suicide. Likewise, when the focus of interest is a specific age group, it is defined through essentialist characteristics. One example is adolescence, one of the age groups most studied in this kind of research.

The main limitation of the positivist epidemiological research, in terms of this paper´s objectives, is that ¨men¨ and ¨women¨ have been used to group and compare results, without being problematized as categories.

The study of suicide from a comprehensive perspective has been obscured by the prominence of epidemiological and statistical research. However, the analysis of its meanings has allowed for the emergence of a discussion that gives voice to marginalized actors. Furthermore, it allows us to understand the symbolic-expressive dimension of suicide attempts as wake-up calls to social issues. This, is turn, allows us to go beyond the notion of ¨risk factors¨, instead problematizing mental health as part of the protection of social life. [11, 13, 42]

The qualitative perspective adopted by social theory approaches (specifically Sociology, Anthropology and Collective Health), problematizes the relationship between suicide and gender through a focus on the differential transformation of men and women´s lives in the current neoliberal context. As a result, we have started to look at the social demands made on youth in the arenas of work and family, and their relationship to suicide. [11, 27, 32]

For these reasons, comprehensive, gender-based studies of suicide should be promoted, and articulated with traditional epidemiological theoretical and investigative approaches.

Thanks

References

1. Tejeda A. Suicidio. La última decisión. México D.F: Editorial Trillas; 2011.

2. Apter A y Gvión Y. Suicide and Suicidal Behavior. Public Health Rewievs. 2012; 34 (2): 1-20.

3. Mattewk N. Future directions from the study of suicide and self-injury. Journal of Clinical Child and Adolescent Psychology. 2012; 41 (2): 255-59.

4. Saavedra J y Vargas H. Factores asociados con la conducta suicida en adolescentes. Revista Neuropsiquiatría. 2012; 75 (1): 19-28.

5. Organización Mundial de la Salud. Previniendo el suicidio, un imperativo global. 2014. [Consultado el 3 de marzo de 2016]. Disponible en:

http://www.who.int/mental_health/suicide-prevention/world_report_2014/es/.

6. Organización Mundial de la Salud. Estadísticas Sanitarias Mundiales. 2009. [Consultado el 2 de marzo de 2016]. Disponible en: http://www.who.int/gho/publications/world_health_statistics/2009/es/.

7. Sarracent SA, Sarracent PY, García PT, Brown MP, Saavedra CL. Caracterización psicológica de los pacientes con suicidio consumado en la Habana en el año 2010. Revista Hospital Psiquiátrico de la Habana. 2013; 10 (1): 1-6.

8. Szasz Th. El mito de la enfermedad mental. Buenos Aires: Amorrortu; 2001.

9. Guinsberg E. La salud mental en el Neoliberaismo. México D.F: Plaza y Valdés; 2005.

10. Geller, B. El dolor es inevitable, el sufrimiento es opcional. (Entrevista a Emiliano Galende). 2007. [Consultado el 16 de octubre de 2016]. Disponible en: https://notisam.wordpress.com/2007/09/07/entrevista-a-emiliano-galende-especialista-en-salud-mental/

11. Guinsberg E y Martínez A. Investigación cualitativa al estudio del intento de suicidio en jóvenes de Tabasco. Revista Facultad Nacional de Salud Pública. 2009; 27 (1): 1-15.

12. Lagarde M. Los cautiverios de las mujeres, madresposas, monjas, putas, presas. México DF: UNAM; 2005.

13. Bourdieu P. Meditaciones pascalianas. Barcelona: Anagrama; 1999.

14. Burín M. Trabajo y parejas: impacto del desempleo y de la globalización en las relaciones entre los géneros. En: Guzmán M y Guerrero O, coordinadores. Reflexiones sobre masculinidades y empleo. México DF: UNAM; 2007. p. 59-80.

15. Lamas, M. Diferencias de sexo, género, y diferencia sexual. Cuicuilco. 2000; 18 (7): 1-24.

16. Veranes MC, Sánchez AG, Álvarez LM, Laena YM, Naranjo JN. Tentativa de suicidio en la población mayor de 15 años durante el bienio 2011-2012. Medisan. 2013; 17 (10): 6072-79.

17. Navarro E y Tuesca R. Factores de riesgo asociados al suicidio e intento de suicidio, Salud Uniarte. 2003; 17: 19-28.

18. Borges G, Orozco R, Mora E. Índice de riesgo para el intento de suicidio en México. Revista Salud Pública. 2012; 54 (6): 595-606.

19. Nápoles LA, Sorí GH, Concepción DA y García TC. Conducta suicida. Factores de riesgo asociados. Revista Cubana de Medicina General Integral. 1998; 14 (29): 122-26.

20. Reyes WG, y Grás OT. Intento suicida del anciano en un área de salud. Revista Cubana de Medicina General Integral. 1999; 15 (5): 509-15.

21. Leyva CM, Castillo RL, Perdomo GA, García LL. Caracterización de algunos factores sociopsicológicos en adolescentes con intento suicida en el municipio Morón. Mediciego. 2012; 18 (Supl 2).

22. Borrego I y Santana E. Caracterización clínica-epidemiológica del intento suicida en la Coloma. Revista Ciencias Médicas. 2013; 17 (5): 74-84.

23. Huerta DB, González HY y Kondeff DM. Caracterización de la conducta suicida en adolescentes del municipio Cerro, 2009-2010. Revista Hospital Psiquiátrico de la Habana. 2012; 9 (2): 1-12.

24. Sánchez RC y Machado AV. Factores de riesgo en pacientes con intento suicida (1998-1999). 2000. [Consultado el 24 de noviembre de 2016]. Disponible en: www.redalyc.org/pdf/817/81701703.pdf.

25. Alfaro AC, Valdés JA, Suarez RM, Prado JM, Echemendía B. Causas y factores asociados con el intento suicida en adolescentes en la provincia Sancti Spíritus. Revista Cubana de Higiene y Epidemiologia. 2010; 48 (1): 15-23.

26. Calvo YN, Prado JL, Escobar JA, Muñoz EC, García AM, y Barreto EO. Factores de riesgo asociados al suicidio en el municipio Sancti Spíritus en el quinquenio 2005-2009. Revista Finlay. 2013; 3 (1): 58-65.

27. Calderón G, Méndez M y Dgz J. Determinantes de suicidio en el municipio del Carmen, Campeche, México. Madrid: Editorial Académica Española; 2016.

28. Gregoire A. The mental health of farmers. Occupational Medicine. 2002; 52 (8): 471-76.

29. Mohanty B. We are like the living dead: Farmer Suicides in Maharashtra Western India. Journal of Peasant Studies. 2005; 32 (2): 243-76.

30. Bonaldi P. Desintegración social y muertes violentas en los países de la Unión Soviética. Psicodebate, Psicología, Cultura y Sociedad. 2010; 2: 3-22.

31. Arias E y Blanco I. Una aproximación al entendimiento del suicidio en comunidades rurales y remotas de América Latina. Estudios Sociológicos. 2010; XXVIII, (82): 185-210.

32. UNICEF. Suicidios adolescentes en pueblos indígenas. Tres estudios de casos. 2012. [Consultado el 3 de diciembre de 2016]. Disponible en: http://www.iwgia.org/publicaciones/buscar-publicaciones?publication_id=575.

33. Gracia D. Vulnerabilidad suicida en localidades rurales de Chiapas. Una aproximación etnográfica. 2014. [Consultado el 9 de septiembre de 2016]. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1665-80272014000200006

34. Winderlich U, Bronischt T, Wittchen H y Carter R. Gender differences in adolescents and Young adults with suicidal behavior. Acta Psychiatry Scandinavian. 2001; 104 (5): 332-39.

35. Stefanello, S. Gender differences in suicide attempts: preliminary of the multisite intervention study on suicidal behavior from Campinas, Brazil. Revista Brasileña de Psiquiatría. 2008; 30 (2): 139-43.

36. Tsirigotis K, Tsirigorits M y Gruszczgunski W. Gender differentiation in methods of suicide attempts. Med Soc Monit. 2011; 17 (8): 65-70.

37. Kim D. A longitudinal examination of gender differences in body-image dissatisfaction and suicidal ideation in early and middle adolescence. 2008. [Consultado el 3 de enero de 2017]. Disponible en: http://paa2008.princeton.edu/papers/80357.

38. Cho E, Cortez N, Cua C, Wong A, Paz M y Valerio A. The relationship of body image satisfaction level and suicide probability of Male and Female HighSchools student in Metro Manila. 2013. [Consultado el 13 de septiembre de 2016]. Disponible en: https://goo.gl/AGg8oX

39. Guadarrama, R; Carrillo, S; Márquez, O; Hernández, J; Veytia, M. Insatisfacción corporal e ideación suicida en adolescentes estudiantes del Estado de México. Revista Mexicana de Trastornos Alimentarios. 2014; 5 (2): 98 -106.

40. Noelle K, Marx R, y Katz M. Attempt suicide among transgender persons. Journal of Homosexuality. 2006; 51 (3): 53-69.

41. Montoya RQ, Loyo LM, Márquez PC, y Flores FL. Proceso de aceptación de la homosexualidad y la homofobia asociados a la conducta suicida en varones homosexuales. Masculinities and Social Change. 2015; 14 (1): 1-25.

42. Martínez A B. El sufrimiento mental y conducta suicida en jóvenes que cursan un embarazo no deseado: Una mirada en la Ciudad de México, III Encuentro Latinoamericano de Investigación en Psicología; 10-11 de noviembre de 2016; Universidad Cooperativa de Colombia, Colombia.

43. Shlain L. El alfabeto contra la diosa. El conflicto entre la palabra y la imagen, el poder masculino y el poder femenino. Barcelona: Debate; 2000.

44. López AL, y Leyva CM. Impacto del maltrato a la mujer en la conducta parasuicida en el municipio Cienfuegos en el año 2009. Revista Hospital Psiquiátrico de la Habana. 2012; 9 (2): 1-14.

45. Nova, V. La frustración del anhelo de la maternidad. La influencia de los introyectos y su atención psicoterapéutica desde el enfoque Gestalt. 1994. [Consultado el 7 de abril de 2017]. Disponible en: https://goo.gl/Ng2N9f

46. Serrano, I. El lugar de la maternidad en la construcción de la feminidad: Un estudio cualitativo de cuatro casos de mujeres adolescentes solteras. (s/f). [Consultado el 7 de abril de 2017]. Disponible en: http://www.binasss.sa.cr/revistas/ays/7n1-2/art4.pdf

Social Medicine
Health For All