

The Suicide Gender Paradox

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Abstract

Suicide is one of the first ten leading causes to death in the world with the annual mortality of 14.5 deaths per 100.000 people. It is synonymous to the desire of killing oneself deliberately and directly using any of the available means. However, men and women differ in terms of suicide means, motives and rates; this is known as the suicide paradox. Women are more likely to attempt suicide and report their failed attempts but men are more likely to commit suicide successfully and they are less likely to report their attempts. The present work is a review paper that sheds light on the gender gap related to the phenomenon of suicide in the USA and the crucial differences between men and women as far as the will/ readiness of self-harm. The paper aims at finding out whether suicide is a masculine phenomenon; it also explores the individual's state being hung between life and death and the last thoughts that accelerates the execution of the suicidal act.

Keywords: Gender Gap, Suicide Attempt, Suicide Paradox, Lethality, Socialization.

1. INTRODUCTION

The World Health Organization WHO (2021) declares that around 800,000 people die from suicide every year in the world. The number attracts attention and urges the governments to react immediately looking for preventive measures and protective plans. Suicide is a devastating public health concern and a multifaceted challenge to all the societies across the globe. Emile Durkheim (2002), Sigmund Freud (1967), David Lester (1994), Edwin Shneidman (2004) and many others have struggled hard to figure out the fragments of the phenomenon and analyze it from various perspectives such as sociology, psychology and philosophy. Suicide has always been a serious issue that emerges at the intersection of different approaches, dimensions and fields. Suicide paradox is identified through the unexpected, the shocking or the contradictory features.

Gender is one of the socio-cultural factors that signal the difference and the nature of the suicidal behavior. Earlier researchers surmised that suicide is a masculine behavior because women are usually perceived as being more likely to attempt rather than to truly commit it lacking the

necessary audacity and courage for its fulfillment. The notion is correct, to a certain extent, in most countries because the suicide motives, rates and methods preferred by women are highly different from the ones prioritized by men as explained later in the paper. If this has a meaning, it should be related, therefore, to the suicide paradox and the gap existing between the two sexes regarding the suicidal phenomenon. The gender paradox then centers on the divergence between the rates of suicidal ideation, the attempts and its completion between the two.

In addition to the gender paradox, the racial paradox also signifies an immense disorder in the social classification and cultural disagreements in various nations. The present review paper displays the gender disparities regarding the suicidal behavior and sheds light on prevention as an urgent call because suicide is everybody's matter. Moreover, it examines the psychological and the socio-cultural factors that contribute in creating the disparities of suicide rates between men and women mainly in the United States of America where it is strongly intertwined with the racial paradox. How do men and women differ in their suicidal ideation and completion and how does the binary division (race/gender) work together to fulfill the distinction? The current paper aims at finding out an answer to that question.

2. Unraveling Gendered Complexities in Male/Female Experiences

Differences between men and women are apparently evident in every single domain, suicidal tendencies is no exception. These distinctions underline unique patterns in terms of engagement and fulfillment then highlight the complexity of how gender interacts with biological, psychological and social factors to shape individuals' behaviors and attitudes. Specifically, women tend to register higher non-fatal suicide attempts while men exhibit higher rates of completed suicides due to a number of factors that operate together to mark the huge gap.

Physical and biological characteristics knock loudly as they influence the emotional state of the individual which is basically vulnerable and dependent. Besides, mental health and psychological features additionally play a crucial role in determining the boundaries of the gender quest regarding existential issues as life, death, suicide and the absurd. The woman's mental processes and challenges are considerably distinctive from the man's; female vulnerability toward psychological troubles such as depression, distress, anxiety, mental disorder, phobia and dissociation is quite different from the male's vulnerability and so does the recover strategy from these health problems.

Furthermore, the socio-cultural dimension is equally significant because it implicates the ingredients of the background where the individual lives. The latter affect one's convictions, behaviors and beliefs; a suicidal survivor, for example, is stigmatized differently (or harshly) while being female in a certain social context. A failed suicide attempt is classified differently depending on whether the suicidal person is a man or a woman according to certain cultural standards. While some cultures provide, willingly, the necessary means to reintegrate the survivor, other cultures stigmatize the survivor threatening again the high risk for another attempt.

The suicide paradox is mainly related to the deep willingness to die and the serious intention of commitment; and here lies the main feature that distinguishes men and women. S. S. Canetto and I. Sakinofsky assure: "In most Western countries, females have higher rates of suicidal ideation and behavior than males, yet mortality from suicide is typically lower for females than for males." (1998: 1). The statement means that women take their time to think and it ends mostly by failed attempts while men behave seriously and directly; mortality makes the first difference. According to the WHO (2014), suicide attempts are two to three more frequent in women and three to four suicide deaths happen to men. The

Before exploring the differences that exist between men and women regarding suicidal acts, it is essential to define the concept of gender and how it affects one's ideation and decisions. The German researcher Anne M. Möller-Leimkühler defines gender as: "Gender refers to the socially constructed roles of men and women implicating different social norms and cultural expectations for both sexes." (2003, p3) Gender roles are in a constant change and, consequently, the conceptualization of being male/ female gains a high importance in explaining the disparities in the attributed social roles.

Furthermore, it is also influential, at this level, to highlight the standardization and categorization of the suicidal phenomenon and the gender gap associated to it. The American Psychiatrist Eve K. Mościcki, for example, suggests four dimensions or possible explanations for the gender issue: lethality, recall bias, differential rates of depression and alcohol abuse, and socialization. (Mościcki, 1994, p155) The current paper explores the four features accordingly.

If lethality is related to the selected suicidal method and/ or means, the recall bias is mainly about one's capability of reporting the act and recalling a detailed health history. Additionally, differences in alcohol abuse and depression treatment is related, in a way, to the suicidal gender disparity too; being a heavy alcoholic individual or having a long history of psychological treatment of depression deeply signals the difference. The fourth measure relies

heavily on one's ability of socialization and getting integrated easily in social groups; men and women differ, to a large extent, regarding this feature. Mościcki's theories were first applied to the American society then his work was developed by following researchers.

In fact, most of the ancient literature related the lower suicide rates in females to certain discriminating aspects of the female gender: it was stated that 'a woman's mental life is less developed'. In other words, ancient researchers believe that women are intellectually unable to plan a successful suicide because they are physically incompetent to commit a suicidal act like firing a gun or plunging a knife and therefore use more methods that require less physical exertion and strength. (Murphy, 1998, p166)

The researcher offers a comprehensive framework to explore the disparities in suicidal behaviors between men and women:

1. **Lethality:** Mościcki highlights the notion that men often choose more lethal methods in their suicide attempts compared to women. This choice of method, such as firearm use, is associated with higher chances of completion. This dimension points to the influence of societal factors and gender norms that may
2. **Recall Bias:** The concept of recall bias suggests that women might be more open and accurate in reporting their suicidal thoughts and attempts, while men might underreport these experiences due to societal expectations around stoicism and emotional suppression. This bias could lead to a skewed perception of the prevalence of suicidal behaviors between genders shape the means individuals use when attempting suicide.
3. **Differential Rates of Depression and Alcohol Abuse:** Mościcki emphasizes the varying prevalence of mental health conditions like depression and alcohol abuse among men and women. Depression is more common in women, and it is associated with higher rates of suicidal ideation and attempts. On the other hand, men might be more prone to alcohol abuse and externalizing behaviors, which could contribute to their higher rates of completed suicides.
4. **Socialization:** Gendered socialization processes play a significant role in influencing how individuals cope with emotional distress and seek help. Societal norms around masculinity might discourage men from seeking emotional support, leading to delayed intervention and potentially contributing to higher suicide rates. Women, on the other hand, may be more accustomed to expressing their emotions and seeking help, possibly reducing their risk of completed suicide.

The four dimensions encapsulate critical aspects of the gender issue in suicide highlighting the interplay between psychological, societal, and cultural factors. These dimensions emphasize the complexity of the phenomenon and underscore the importance of comprehensive and gender-sensitive approaches to suicide prevention and mental health support.

3. Suicide Attempts: Male Vs Female Paradox

The gender paradox reflects the reality of the Western societies and the immense contradiction related to gender despite the fact that there is no general agreement about the reliability of the given name yet. Besides, age is also a factor of an immense significance regarding the suicide rates in various countries. According to National Center for Injury Prevention and Control (US, 2020), suicide was the *second* leading cause of death for youth ages 10 to 14, and adults ages 25 to 34. Suicide was the *third* leading cause of death for people ages 15 to 24, the *fourth* leading cause of death for ages 35 to 44, and the *seventh* leading cause of death for ages 55 to 64 (NCIPC, 2021). Suicide has historically been among the top 10 leading causes of death not only in the US but worldwide.

In an attempt to answer the question related to adolescence and the higher suicide rates, it is necessary to highlight that adolescence is basically a particular period of vulnerability, indecision and confusion due to the biological and emotional developmental changes. Adolescents show a serious increase in stress and depression that stands hand in hand with a considerable decrease in satisfaction and tolerance; these psychological conditions may illustrate adolescents' impulsiveness even toward a serious deadly matter like suicide.

The researchers Schrijvers, Bollen and Sabbe work on the concept of suicidal process that provides a chronological classification between the first suicidal thought to the last decision of self-murder then the final execution; they claim that: "This process starts with suicidal ideation and then implies a progression of suicidality ranging from suicidal ideation over plans to suicide attempts and finally fatal suicide." (2012, p19)

Men and women vary mainly in the duration the suicidal process takes and the degree of hesitation and indecision that each of the two sexes needs to get the mortal act fulfilled. It implicates that the total duration of the suicidal process is often shorter in males than in females because only few suicide attempts already can result in a fatal suicide in males.

In another study about the treatment of suicidal behavior, the researchers show that the transition time from the onset of suicidal ideation to suicidal planning; and from planning to the first suicide attempt is around one year for

both genders. (Nock et al., 2013, p300). More significantly, for the sake of treatment it is essentially important to interrupt the first attempts in the phase of suicide ideation.

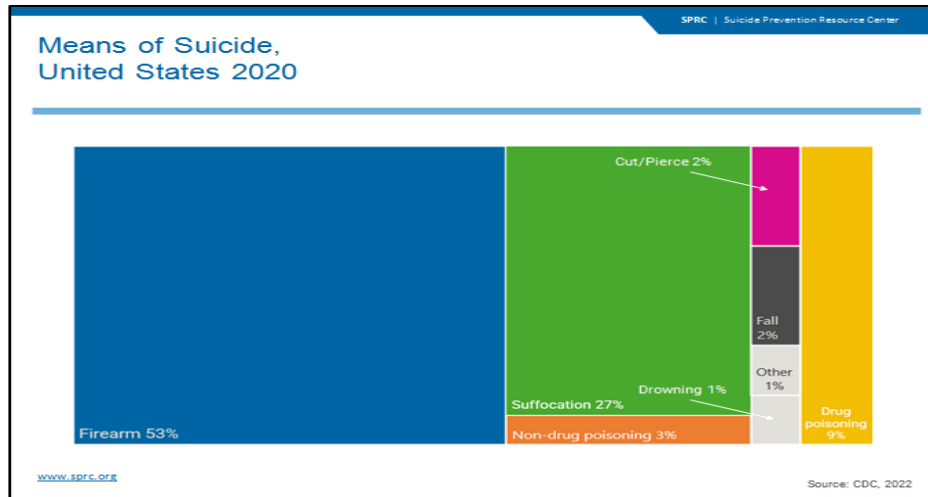
In a research paper about the suicide ratio, Hawton and Heeringen claim that: “In developed countries the male-to-female ratio for suicide is between two (Western Europe) and four (USA) to one” (2009, p1372). The significance of the quote again highlights the gap existing between men and women even in the developed countries regarding the individual’s age, race and income. Knowing that using the concept of gender is not restricted only to the biological variation; it, hence, includes the social norms, the cultural values and economic- political expectations that shape the suicidal phenomenon.

4. Suicidal Methods: Lethality Degree

Suicidal individuals draw an appropriate plan to fulfill their attempts and they select one of the effective means that would truly end their lives. Methods of suicide can be divided into two categories: violent and nonviolent means. Hanging, poisoning, firearms, drowning and suffocation are among the suicidal means; there is, meanwhile, a difference between the means men and women prioritize.

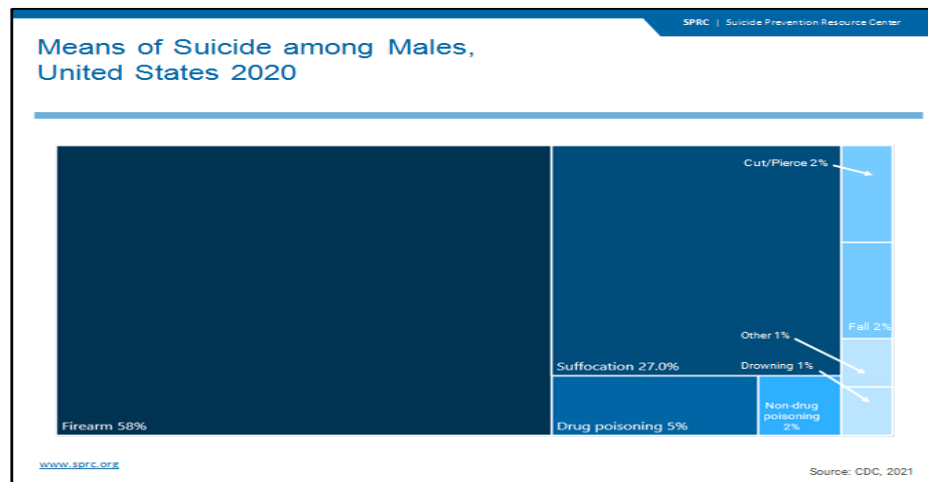
In fact, men tend to use suicide methods that are immediately lethal leaving the minimum risk for failure being compared with women. Men use more violent methods or quicker acting agents; whereas men often die by suicide due to hanging, carbon monoxide poisoning and fire-arms, females often try to poison themselves which is a method that might have a high toxicity but is associated with a low lethality and a slow rate of action (Bjerkset et al., 2008, p475)

The National Center for Injury Prevention and Control (2021) declares that firearms are the most common means of suicide in the United States, followed by suffocation and poisoning; figure.1 displays the aforementioned. On the one hand, firearms are chosen by 53% of the suicidal population because it is the easiest and the quickest regarding their availability and accessibility for public in the USA. On the other hand, suffocation also registers a high degree of selection that is 27% of suicidal population. Less importantly, drowning, cut/pierce, fall and poisoning mark very decreased numbers due to the difficulty of the suicidal task or the unavailability of the means; it is sometimes due to social, cultural, or religious purposes.

Figure.1. Means of Suicide in the USA, 2020

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2021)

However, men have specific preferences as far as women do. On the one hand, men prefer the means that have a high degree of mortality in which the risk of failure is very slight. Firearms are used in over half of all suicides among males; it is followed by suffocation then drug poisoning. The other means record very small numbers as figure.2 shows.

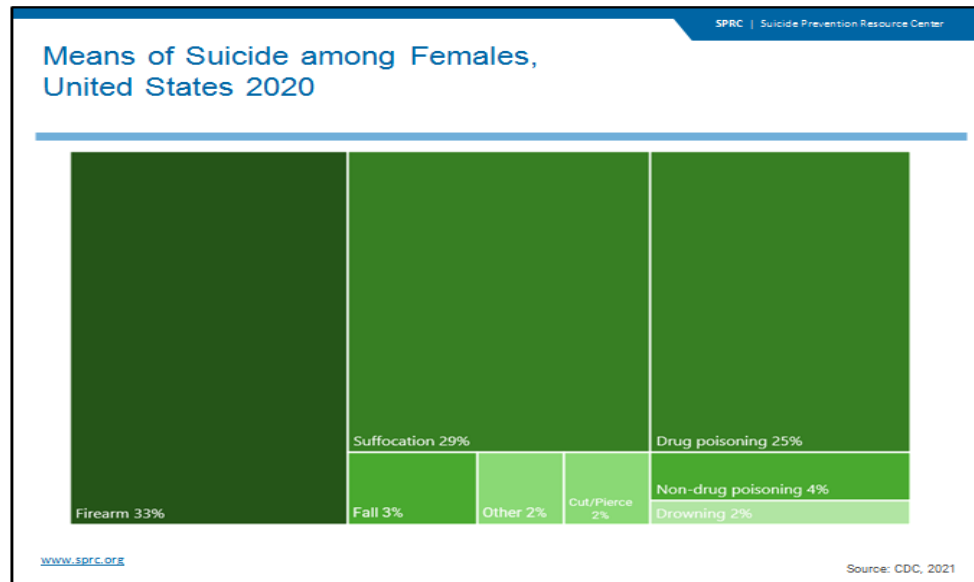
Figure.2. Means of Suicide among Males in the USA, 2020

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2021)

On the other hand, firearms are prioritized by 33% of the female population which is also followed by suffocation that is slightly close to the first means. However, what makes the difference is the selection of drug poison by 25% of suicidal women; this is displayed in figure .3. The other means register similar trivial grades regardless of the female ethnic disparities that

exist in the United States including Asian Americans, African American, white Americans, ...etc

Figure.3. Means of Suicide among Females in the USA, 2020



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2021)

Moreover, the factor of age contributes effectively in changing the suicide measures and rates among both sexes. The National Center for Injury Prevention and Control also reports that for men over the age of 65; firearms are used in over three-quarters of suicide deaths. (2021). Besides, it also reports that while younger women are most likely to die by suffocation, poisoning becomes a more common means of suicide as women age. (2021). Firearms remain consequently a consistent means of suicide for men over time whereas the means of suicide used by women changes with age.

In addition to the previously exhibited research, Sarah Payne et al consider that in virtue of the traditional notion that classifies man as the ‘stronger sex’, men have an increased likelihood to engage in completed lethal suicides. However, women’s decreased rates stem from using less lethal suicide methods and better medical sources. (2008: 33)

5. Motives, Suicide Reporting and Socialization

The researcher Howard I. Kushner refers to the city movements and urbanization as a prior cause for suicide because of the changing lifestyle, overpopulation, the social and cultural shock in addition to the national income and its impact on individuals. Kushner focuses, beside that, on the nature of the

woman and her immunity against self-destruction and social dissociation, the privilege that men do not possess mostly. Considering the hypothesis that women are spiritually and emotionally stronger than men, does this mean that women may acquire immunity against atrocities and loss through financial and spiritual means?

The growth of urban cities and the impact of modernity on traditional values and social standards affect individuals' ideation and behaviors. Regardless of the many differences and perspectives, suicide is seriously destroying modern communities. Socio-cultural, economic and even political causes stand strong behind the phenomenon leading to a more social dissociation and disorder.

Researchers have already highlighted the role of certain risk factors that serve sometimes as immediate suicide motives since they quicken the mortal behavior such as: the psychological life stressors, relationships conflict, separation, economic and financial difficulties, immigration, unemployment, gender issues, health troubles, alcohol consumption, sexual abuse and psychiatric morbidity. (Schrijvers et al, 2012, p20). Risk factors may worsen the situation and interrupt the psychological and mental order of the individual which ends up by an unexpected suicidal commitment.

Regarding the step of reporting a suicidal attempt or commitment, gender also paves the way for a slight variation related to the selected method. The latter may, to a large extent, bias or spoil the reports, statistics and classifications of researches going back to the gender factor of the reporter. The logical consequence is then a substantial underreporting of female suicides as compared with the male rate on the one hand and an underreporting of nonfatal suicidal behavior in males on the other (Canetto and Sakinofsky, 1998, p3).

It implicates that men's nonfatal suicidal behavior may be subject to underreporting due to cultural attitudes about masculinity and suicide. In addition to that, males are supposed to be more concerned about social disapproval concerning their suicidal thoughts and behavior, making nonfatal suicidal behavior non masculine. The widely accepted association between nonfatal suicidal behavior and femininity could even help to create this gender gap in rates of non suicidal behavior. (Schrijvers et al. 2012, p22)

Regarding socialization as one of Mościcki's suicide features and social integration as a protective factor, most women are embedded in a social network, whereas the males' environment is characterized by isolation and competition (Murphy, 1998, p168). More significantly, showing doubt is considered, for men, as a sign of weakness which makes it very difficult to talk about. Unlike women, men do not like to show their weaknesses and speak about their own problems, suffering and hopelessness especially when it is

linked to suicidal ideation or plans even with family, relatives and friends.

Men, on the one hand, consider seeking assistance as a sign of incompetence; this is the main reason why men do not look for help in the different mental health services. On the other hand, women do not truly find a difficulty to seek help from professional institutions and services; this is due to the cognitive operations and mental processing of each gender.

Finally, because the suicide paradox is constructed on the intersecting variables of gender and race, Steven Stack (2000) explicates that the low rates of women are due to certain criteria; analyzed by numerous researchers; he summarizes them in the following points (2000: 146):

- 1-Alcohol abuse (female rate is 1/5 male rate)
- 2-Religiosity level as a coping device (Higher rates for women)
- 3-Completed suicide and attempted suicide (women have stronger negative attitudes against completed suicide)
- 4-Women have more flexible coping skills than men due to their role changes in life.
- 5-Women are more likely to recognize the warning signs of suicide (as depression)
- 6-Women are more likely than men to seek professional assistance.
- 7-Women have extensive social support systems to draw on when they are in crisis.
- 8-Cultural emphases of being male and on masculine strength increase lethal suicidality.
- 9-Women have had less access to lethal technology.
- 10-Failure in the primary adult male role (male economic success) is more visible.

Ironically, the researchers Valerie Callanan and Mark Davis highlight the gender paradox concerning the ties between facial disfiguration and selecting the suicide method or instrument. Not surprisingly, women avoid suicide methods that disfigure the face or the head though they use firearms as a preferred method; but women are less likely to shoot the head. (Callanan & Davis, 2011); this aspect is not necessary for men who prefer the quickest and more effective method, shooting as an example.

6. Conclusion

The real paradox of suicide is the conflict between the desire to die and the wish to remain alive; it is a state of hesitation and uncertainty that is born out of the psychological and social conditions of the suicidal person. The researchers Buie and Maltsberger describe that state as: "It is the paradox of suicide that the victim, finding inner death in life, seeks inner life in dying." (1980, p61); it is a state of loss between the driving eagerness to put an end to suffering and pain and the desire to stay alive and have more life experiences.

Gender serves as a division line that classifies acts, motifs, processes and consequences into two contradicting parts regardless of the massive loss that both men and women confront. The real deep emotion that gender does not regard while attempting or committing suicide is the fear that one feels before and during the act fulfillment; it is outrageously ugly.

Family ties in addition to strong religious and spiritual beliefs may play the role of protective factors in the life of suicidal attempters; but they can hardly stop them from real commitment. One should get involved into social groups for the sake of social integration and regulation; the latter may, to a large extent, decrease the risk. Meaning Making is also one of the theories that drive people to seek and/ or create meaning in their lives because life accomplishments and achievements may truly convince the attempter that life deserves to be given a second chance.

Despite the provided statistics and plans, suicide remains an enormously serious social and health atrocity that moral values, religions and policies reject; prevention remains, nevertheless, manageable and necessary. It is an urgent call to everybody to do their best to persuade a suicidal attempter to withdraw because suicide has never put an end to pain and grief.

The present paper highlights the major differences between men and women regarding the suicidal behavior and the resulting paradox. Most researchers look at the phenomenon from Western, European or American perspectives without truly giving importance to Arab and Muslim communities. The paper, thus, is a call to future researchers to highlight the issue in Arab, why not Algerian, communities as well as Muslim communities taking into consideration the Islamic attitudes and explanations.

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