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Introduction

Men, masculinities and suicidal behaviour

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Suicide is a major international public health issue. Each year up to one million people worldwide die of suicide, and many more engage in nonfatal suicidal behaviour (WHO, 2011). Rates of suicide have been increasing since the 20th century (WHO, 2002) although there is recent evidence of a decline in some countries (see Bellanger, Jourdain, & Batt-Moillo, 2007; Biddle, Brookes, & Gunnell, 2008; Page, Taylor, & Martin, 2010). Males represent the majority of those who die of suicide worldwide (WHO, 2011).

This Special Issue focuses on men, masculinities and suicidal behaviour. It brings together, for the first time, a collection of articles examining trends and themes of male suicidal behaviour. Within the academic literature the analysis of suicidal behaviour is dominated by sex-difference, comparative approaches. An analysis of gender aspects of suicidal behaviour, and specifically how masculinities might be implicated in this behaviour, is long overdue.

The Special Issue highlights the diversity of male experiences (for example, by sexual orientation and culture) and what this diversity means in terms of suicidal behaviour. To date the overwhelming body of work on male suicidal behaviour within the social sciences and other disciplines has been quantitatively based, with qualitative approaches being rare (see Andriolo, 1998; Canetto, 1995; Cleary, 2005; Kushner, 1993, for exceptions). The collection therefore seeks to advance methodological diversity in the study of suicidal behaviour by presenting findings from both qualitative and quantitative studies.

Do men have a unique vulnerability to suicide? Complexities in the scope of the problem

According to the WHO, the cross-national aggregate age-standardized ratio of male to female (M:F) suicide (based on the 53 countries for which complete data was available as of 1996) is 3.5:1. It is however important to note that the 3.5:1 value is a very rough estimate of the global M:F suicide ratio because the WHO suicide data come from the select pool of industrialized countries that report complete data to the WHO (WHO, 2001). A recent study of WHO suicide data for countries classified according to the Human Development Index (HDI) shows that there is less of a differential between male and female suicide rates in medium HDI countries than in high HDI countries. Asian countries, and China in particular, contribute to this pattern (Vijayakumar, Nagaraj, Pirkis, & Whiteford, 2005). In other words, suicide is less of a male phenomenon in Asian countries (Page et al., 2010).

WHO aggregate suicide data also render invisible the variability of male suicidal behaviour by culture, age, and other socially-meaningful categories. While suicide is generally more common in males than in females, if the female and male data are disaggregated for example, by culture or by age, or both, the male dominance among those who die of suicide is not consistently found. For example, suicide is less common among men than among women in China (see Canetto, 2008, for an analysis). Similarly, in Brazil, Cuba, the Dominican Republic, Ecuador, Hong Kong, Paraguay, the Philippines, Singapore, and Thailand, young men's suicide mortality is lower than that of young women (see Canetto & Lester, 1995, for a review). Exceptions to the female dominance among those who engage in nonfatal suicidal behaviour are also found, both within and across cultures. For example, in the U.S., similar rates of nonfatal suicidal behaviour have been recorded among Native Hawaiian as well as among Pueblo Indian female and male adolescents (see Canetto, 2009, for a review).

In any case, the WHO aggregate suicide data tell a partial story about male suicidality. The part of the story they omit pertains to nonfatal suicidal behaviour. Data indicate a good deal of variation in male/female ratios of nonfatal suicidal behaviour (Canetto, 2008). However, in general, boys and men are far less likely than girls and women to engage in nonfatal suicidal behaviour - though, as noted, boys and men are more likely to die as a result of a suicidal act than girls and women. This inverse relationship between

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suicidal morbidity and mortality has been called the gender paradox of suicidal behaviour (Canetto & Sakinofsky, 1998). Some argue that nonfatal and fatal suicidal behaviours represent distinct phenomena involving different populations (Nock & Kessler, 2006). Others (Kushner, 1995) consider nonfatal and fatal suicidal behaviours more similar than different, one reason being that the outcome of a life-threatening act is as influenced by external factors (such as the availability and effectiveness of care) as by individual factors (such as intent).

Some view males' higher mortality from suicide as an indication of their greater biological fragility, relative to females (Kraemer, 2000). Others treat it as evidence of men's stressful lives (Rutz & Rihmer, 2007). Yet others have incorporated suicide trends (especially rising rates among young males) within the masculinity crisis discourse – with suicide being perceived as the result of social challenges facing men (Möller-Leimkühler, 2003; Rutz & Rihmer, 2007). This discourse implies that men's ability to develop and sustain masculine identities is being tested due to changes in key sites of male interest and power, such as the family and work (see Macinnis, 1998). In this sense in some industrialized countries male suicide has come to symbolize the failure of men to meet the challenges of late or post modernity (Möller-Leimkühler, 2003; Rutz & Rihmer, 2007). The main limitation of this crisis theory is that it is based on limited empirical data, ignores significant variations in suicidal behaviour (e.g., in terms of socioeconomic background), and deals with gender in a simplistic way.

Male suicide rates vary significantly within and between nations (see Canetto & Lester, 1998; Lalonde & Chandler, 1998; Makinen, 2000) as well as according to socioeconomic category (Hawton, Harriss, Simkin, & Gunnell, 2001; Middleton, Sterne, & Gunnell, 2006; Whitley, Gunnell, Dorling, & Davey Smith, 1999). Suicide rates also show striking variations in relation to age (Canetto, 1992, 1997; Stice & Canetto, 2008). Living in a rural area also increases risk for men (Alston & Kent, 2008; Ni Laoire, 2005). Sexual minority male adolescents (Silenzio, Peña, Duberstein, Cerel, & Knox, 2007) and men in the military (Thomson, 2010) are also more vulnerable to suicide, at least in the United States. Therefore when one moves away from simplistic generalisations about men it is possible to identify specific at-risk males. We believe there is much to be gained in learning about the ways in which a diversity of men experience, express, and cope with suicidal ideation and behaviour across a diversity of cultures.

Applying a masculinities perspective to suicidal behaviour

Gender, defined as whatever a culture at a particular time in history prescribes as feminine and masculine (Crawford, 2011), is central to the analysis of suicidal behaviour. Gender is best thought of as a feature of society rather than a characteristic of the individual (Crawford, 2011; Ridgeway, 2009). Hence in this Special Issue, consistent with a constructionist perspective, gender is viewed as dynamic, changing and performative (Butler, 2004). Individuals perform gender, based on the gender rules and frames of their culture (West & Zimmerman, 1987). This perspective emphasizes the social and dynamic nature of gender as well as the way social structures (such as government laws) and norms (e.g., community traditions) shape individual gender beliefs and behaviour (Crawford, 2011; Ridgeway, 2009). It is also recognized that gender serves as a marker of social status, representing one's location in the social map, and with it, one's power – or lack thereof. The role of gender as a status marker is not separable from that of other social status markers, including, for example, age. Therefore, different men and women have different statuses depending on their other socially-meaningful characteristics (Crawford, 2011). The salience of gender relative to other social markers varies from culture to culture, one historical period to another, "one social group to another, or even from time to time in an individual's experience" (Marecek, 1995, p. 162). As applied to men, this means that there is not a single way to do masculinity, but rather multiple, competing and sometimes contradictory masculinities (Connell & Messerschmidt, 2005).

Becoming a man, as Connell (1995, 2002, 2005) says, is a process of creative development, with different types of masculinities emerging locally, constructed through everyday practices and relationships. These local masculinities compete for power and normative status while the dominant masculinity is referred to as hegemonic (Connell & Messerschmidt, 2005). Connell's theory of hegemonic masculinities has been criticised as an oversocialised view of men (see Whitehead, 2002), but as a general concept has the potential to explain why some men have particular health risks (see Addis, 2008; Courtenay, 2000). The explanatory potential of a masculinities framework is increased when it is combined with interpretive methodological approaches, as the complexity and fluidity of male (as well as female) practices are not always visible within quantitative research paradigms.

The treatment of gender and masculinity in most studies of male suicidal behaviour is problematic for a number of reasons. The majority of 'gender' analyses involves a sex-difference framework, which treats male and female behaviour and emotions in a binary, oppositional way (Connell, 2002), and uses sex (male versus female) as an independent variable in statistical analyses. As Addis (2008) remarks, this approach 'takes an opposition of men's and women's experience as the natural starting point for inquiry,… as if the idea that women and men may differ on a particular psychological construct is so obvious as to require little conceptual justification"(p. 156). Another problematic issue in many investigations is the conceptualisation of men as a unitary group, and of male behaviour as the same, independent of context (Addis, 2008). This approach ignores the evidence of multiple masculinities, that is, the fact that men vary greatly in terms of resources and power - a fact starkly demonstrated by the widespread sexual abuse of men in conflict zones throughout the world (Stemple, 2009). The particular context of some men's lives may make them more vulnerable to suicide. Conceptualisations of gender as performative and dynamic, and the idea of plural, hierarchically-arranged masculinities have opened up promising themes for inquiry in the area of men's health, for example, examining the link between hegemonic masculinity and health risks.

Men who adopt traditional beliefs about masculinity seem to have greater health risks than their peers who do not adopt those beliefs (Courtenay, 2003). A number of theories have attempted to explain this pattern. Courtenay (2000) and others (see, for example, Kimmel, 1994; Möller-Leimkühler, 2003) have suggested that men struggle to live up to hegemonic ideals and feel shame and inadequate when they cannot do so. Studies indicate the importance for males of maintaining separate emotional performances from females, as gender similarity in emotionality signifies subordination, with male emotional behaviour being policed by other males (Frosh, Phoenix, & Pattman, 2002; Kimmel, 1994). In line with this, males in these cultures tend to underplay emotions and are reluctant to report distress, allowing stress to build up and create vulnerability for suicidal action (Brownhill, Wilhelm, Barclay, & Schmied, 2005). Certain types of masculinities may encourage risk behaviour which is injurious to health and may also be linked to suicide (Courtenay, 2000). And, as hegemonic masculinity is viewed as the natural state of masculinity, a divergent or subordinated masculinity, such as being gay, bisexual or transgender, may create risk for suicide (Silenzio et al., 2007).

The association of particular masculinity practices with suicidal behaviour does not imply essentialism. There is a good deal of fluidity in terms of masculine behaviour and attitudes across and

within males (Robertson, 2006). In each sociocultural setting there are variations and spaces for males to develop and negotiate their own masculine performances (Chu & Way, 2004). Socioeconomic factors may also operate to constrain or facilitate more flexible masculine practices in relation to the expression of distress (Seale & Charteris-Black, 2008). Traditional masculinity practices may also be institutionally driven, as Kushner and Sterk (2005) have shown. There may also be a divergence between private beliefs and public performance (Robertson, 2006). For example, the sex-difference research tradition has contributed to a stereotypic characterisation of men and women as opposite, with all men being assumed to be emotionally restricted and reluctant to seek help, compared to women (Möller-Leimkühler, 2003). Yet, studies suggest that male and female emotions and experience of distress, including depression, may not be so distinct (Danielsson & Johansson, 2005; Emslie, Ridge, Ziebland, & Hunt, 2006, 2007; Ridge, Emslie, & White, 2011). While the expression of suffering or distress does appear to threaten some men's masculine identity, other men view this expression as a positive masculine action (O'Brien, Hunt, & Hart, 2005). As Robertson's (2006) work demonstrates, men vary their health behaviours, with experiences such as serious illness having a significant impact on attitudes about health and help-seeking (Fergus, Gray, & Fitch, 2002; Ollife, 2005, 2006). Many of these masculinities themes are featured in the articles in this Special Issue, bringing empirical support to the idea of a plurality of masculinities and behaviours associated with health and suicidal actions.

Organisation of the Special Issue

This Special Issue features nine articles. They share a common focus on masculinities as an analytic lens but represent a diversity of disciplinary and cultural perspectives, with articles representing history, nursing, psychology, public health, and sociology, and by authors from, and/or writing about Ghana, Canada, Ireland, the United States (U.S.) and the United Kingdom (U.K.). Given the relative novelty of the field of masculinities and suicidology, it is perhaps not surprising that many Special Issue authors chose a qualitative method for their research, and a discourse approach in their analyses.

The first two articles, one by Scourfield, Fincham, Langer, and Shiner (2012), and the other by Adinkrah (2012), examine male suicide patterns and meanings in two countries – the U.K. and Ghana. Scourfield and colleagues make the case for an expansion of the psychological autopsy method to include richer, social context information. Their belief is that a "sociological autopsy" allows not only a better assessment of the social context of suicides, but also greater appreciation of how official suicide records are constructed and produced. To illustrate the value of the sociological autopsy, they present an application of their method to the records of selected male suicide cases from a coroner records' study. Their findings suggest the importance of relationship difficulties in these U.K. men's suicides. Adinkrah focuses on Ghana, a country with limited research on suicidal behaviour, particularly from a gender perspective. Drawing on police archives for cases of suicidal behaviour occurring between 2006 and 2008, his investigation reveals that men represented the vast majority of cases of fatal and nonfatal suicidal behaviour (96% and 91% respectively) registered in police records during that time. According to Adinkrah's analysis, male suicidal behaviour was typically constructed as a response to an event considered dishonourable in terms of local rules of masculinity.

The next two articles address theories and findings about suicidal behaviour among adolescent males in the U.K. and Ireland. Mac an Ghaill and Haywood's (2012) article provides a critique of theories of boys' suicidality as well as an examination of how boys do gender in England. Based on insights from interviews with 12 boys and 16 girls and school staff in a North East England middle school, the authors point to how emotional inexpressiveness, a form of conventional masculinity presumed to play a role in male suicidality, is uniquely manifested by boys, as compared to men. The authors also highlight the role of institutions, such as schools, in the production of boys' masculinities. Ultimately, they argue against the use of adult masculinity theories to make sense of boys' behaviour (including suicidal behaviour), and for an analysis of the institutional contexts of gender. The article by McMahon, Reulbach, Keeley, Perry and Arensman (2012) reports on a study documenting an association between bullying victimisation and suicidal ideation and behaviour among Irish school boys. Specifically, a fifth of boys reported having been a victim of school bullying at some point in their lives, with relative risk of lifetime self-harm for this group being four times higher than those who had not been bullied.

The next three articles report on studies that explored the journey to suicidal behaviour using interviews as the data collection method, and qualitative approaches to data analysis. Cleary's (2012) article describes how a group of young Irish men moved toward the suicidal act. Her findings show how non-disclosure of distress, and self medication with alcohol over time, resulted in a build up of distress to toxic levels with suicidal action eventually coming to be seen as the only escape. Similar themes emerge in Oliffe, Ogrodniczuk, Bottorff, Johnson, Hoyak's (2012) study of Canadian men who experienced suicidal ideation in the course of depression. This study identified two coping strategies these men used in response to suicidal thoughts. One group sought relief from depression and suicidal ideation through reengagement with conventional masculine family roles – such as assuming the protector role. Another group sought relief via alcohol and drugs. According to the interviewees, the first conventional masculinity strategy was effective, while the second made things worse. The authors interpret their findings as an argument for an articulated view of conventional masculine coping, with some forms of conventional masculine coping (e.g., taking responsibility) being potentially functional, and other forms (e.g., alcohol use) as consistently dysfunctional or toxic. Alston's (2012) article examines male suicide in rural Australia. Drawing on interviews conducted with a variety of informants, she speculates on the role of stoicism in the high suicide rates of rural men. Most of all, her data suggest that male privilege may be a liability for rural men in terms of suicide. Rural Australian men appear unable to adapt to life circumstances in which their privilege is challenged—for example, when being the farm owner and the family patriarch no longer means economic dominance because the farm consumes instead of producing income, and it is farmwomen working off the farm who support the family. As Alston notes, rural women face equal and perhaps greater hardships than rural men, but unlike rural men, they are flexible in terms of their identity and coping.

The final two articles contribute to an understanding of U.S. gay male and U.S. military male suicidal behaviour respectively. Russell and Toomey (2012) report on a developmental study of gay and bisexual male suicidality. Their analysis of data from the U.S. National Longitudinal study of Adolescent Health shows that gay and bisexual males' risk for suicidal ideation and behaviour is high during adolescence, as compared to that of their heterosexual male peers, but the risk levels off in adulthood. As the first prospective examination of gay-and-bisexual specific risk factors, this study's findings challenge the notion that being a sexual minority male is a marker for suicidality for life. The authors suggest that suicidal behaviour peaks during adolescence among gay, bisexual

or questioning males because adolescence is the time when these boys face full-force and with limited life experience, the pressures of heteronormativity. Braswell and Kushner (2012) explore male suicide in the U.S. military and provide historical and current evidence to challenge the dominant paradigm that social integration is always social capital. Based on an analysis of gender dynamics in the military, Braswell and Kushner argue that social cohesion and conventional gender ideologies are risk factors for suicide. This is a perspective that has been gaining empirical support from other domains, including cross-national analyses of suicidality. The contribution of Braswell and Kushner's article is important not only as a challenge to conventional wisdom about the protective role of social integration, but also for its implications for the design of innovative, gender-grounded suicide prevention programs.

Conclusions

This Special Issue examines male suicidal behaviours, highlighting the diversity in male suicidality patterns across and within cultures. It also presents detailed analyses of male suicidal behaviour, based on both quantitative and qualitative studies. The articles apply a gender, masculinities, lens to male suicidal behaviour in an attempt to understand why men are more likely to die by suicide than women.

We hope that the multidisciplinary and multinational diversity of the Special Issue articles will expand the conceptual and methodological frameworks of suicidal behaviour and generate culture- and gender-grounded questions about male suicidal behaviour. With this collection, we also hope to prompt attention to the many experiences of male suicidal behaviour not included here – for example, older adults and males' suicidal behaviour in its cultural diversity. To obtain a truly global perspective on male suicidal behaviour it will be important for a broad range of national perspectives to be represented in the literature.

In identifying both the association of some masculinity practices with suicidal behaviour, and at the same time emphasising the very great diversity and fluidity of masculinities practices, we think this collection challenges the idea of an inherent male vulnerability to suicide. In this way, the Special Issue should contribute to a new, more complex discourse about suicide and suicidal behaviours. Ultimately we hope that the scholarship featured will nourish the development of culture- and gender-grounded strategies for suicide prevention.

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