





## Systematic Review

# Exploring the Role of Masculinity in Male Suicide: A Systematic Review

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**Abstract:** (1) Background: Suicide represents a critical global public health concern. In the majority of countries, men have higher rates of suicide completion, while women show higher rates of suicide attempts. Masculinity is a complex construct shaped by socialization processes that begin early in life. The aim of this study is to explore the influence of masculinity on suicidal behaviors among men. (2) Methods: This systematic review was conducted in accordance with the Cochrane and PRISMA guidelines. The review protocol was pre-registered in the International Prospective Register of Systematic Reviews (PROSPERO). (3) Results: This systematic review—which includes 18 studies—highlights the detrimental influence of hegemonic masculinity on both the occurrence and frequency of suicide among men, with a particularly significant negative impact on vulnerable men (e.g., homeless men; adolescents and young men; and men with addiction, depression, and/or other mental health issues), where the consideration of intersectionality is essential. (4) Conclusions: Men who strongly conformed to the norms and values linked to traditional masculinity were more prone to die by suicide and to report experiencing suicidal thoughts and attempts. Analyzing suicidal behavior from a gender perspective is critical for effective prevention and treatment, as gender disparities are clearly observed in both suicide fatalities and nonfatal attempts.

**Keywords:** suicide; men; hegemonic masculinity; male gender norms; risk factors



Academic Editor: Paul E Rapp

Received: 15 October 2024

Revised: 10 November 2024

Accepted: 18 December 2024

Published: 27 December 2024

**Citation:** Galvez-Sánchez, C.M.; Camacho-Ruiz, J.A.; Castelli, L.; Limiñana-Gras, R.M. Exploring the Role of Masculinity in Male Suicide: A Systematic Review. *Psychiatry Int.* **2025**, *6*, 2. <https://doi.org/10.3390/psychiatryint6010002>

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## 1. Introduction

Masculinity is a multifaceted construct linked to the socialization processes which begin in the first stages of life [1]. The experience of masculinity is expressed on a continuum, and it is closely related to the context and influenced by broader social structures and power relations [2]. The hegemonic masculinity is one of the most accepted theoretical frameworks, which embodies the culturally idealized expression of masculine behavior within a particular society [3]. This dominant form of masculinity emphasizes distancing from behaviors perceived as feminine, such as seeking help or expressing vulnerability, and promotes traits such as emotional restraint, physical dominance, and aggression [4,5]. These gender role expectations contribute to men adopting harmful beliefs and health behaviors, which, in turn, increase the risk of mental health issues, including suicide [6–10].

Patriarchal norms reinforce this emotional restriction, encouraging men to believe that repressing emotional expression enhances their masculinity. However, within the differentiated socialization under patriarchal society, not all emotions are suppressed equally. Hegemonic masculinity values imperatives such as “being strong”, both physically and emotionally. Emotions such as tenderness, compassion, fear, sadness, and pain are often viewed as weaknesses, whereas aggression, anger, and indifference—emotions linked to action and dominance—align men with societal expectations and peer acceptance [11,12]. Anger, in particular, serves a functional role, allowing men to mask emotions such as fear of failure, pain, or sadness [11].

This restrictive stance may help explain why, in many cases, men hesitate to seek mental health support, even in the face of significant crises [13–15]. For example, men confronting life challenges, such as divorce, may experience intensified psychological distress, leading to feelings of helplessness and despair.

In addition, men who engage in acts of cruelty or respond with disproportionate rejection toward care and tenderness are perceived differently by those around them, particularly women and children [11]. For women, such behaviors often lead to emotional distancing and, ultimately, abandonment, as they tend to feel disillusioned. Some women in these situations may turn to socially sanctioned yet harmful coping behaviors, such as aggression or substance abuse, to alleviate their emotional pain [15–18]. However, these dynamics can bring other costs, including the risk of violence from other men, emotional isolation, and the burden of being the primary economic provider; a responsibility that has often been a source of significant stress and anxiety for men.

Economic shifts and crises exacerbate these stresses. As Ranea observes, men’s mental health issues have increased, particularly during recent economic downturns, when job losses disrupted many men’s roles as family providers. This disruption has led to feelings of inadequacy in fulfilling the core expectations of hegemonic masculinity, resulting in existential and emotional crises for many of them [19]. This dynamic underscores the pervasive influence of the key gender norm: “being strong” [19].

Internal contradictions and self-stigmatization around masculine identity are significant contributors to mental health issues for men, particularly regarding depression and suicide [20]. Suicide represents a substantial global public health issue [21,22]. Defined as the voluntary act of ending one’s own life, suicidal behavior is understood as a continuum that progresses through stages—from suicidal ideation to planning and, in some cases, execution. Suicidal ideation encompasses thoughts, desires, or plans oriented toward suicide, including self-destructive imagery or a perceived loss of life’s meaning [22]. Suicide attempts exist on a continuum, ranging from manipulative gestures to failed efforts to end one’s life [22]. Globally, men exhibit higher rates of completed suicide, whereas women demonstrate higher rates of attempted suicide [22].

Integrating the concept of intersectionality into the analysis is also crucial for developing a more effective approach to male suicide. An intersectional perspective considers how factors such as social class, ethnicity, and gender shape masculinity in boys and men. Boys from economically marginalized areas, those displaying non-heteronormative behaviors, or belonging to minority ethnic groups with irregular administrative status are more likely to face institutional exclusion. Such exclusionary processes heighten their risk factors for mental health challenges, including suicide.

Based on previous findings and considering the high prevalence of suicide in the male population, the objective of this study is to examine the impact of masculinity on suicidal behaviors in men. To the best of our knowledge, this is the first systematic review to analyze the influence of masculinity on suicide among men.

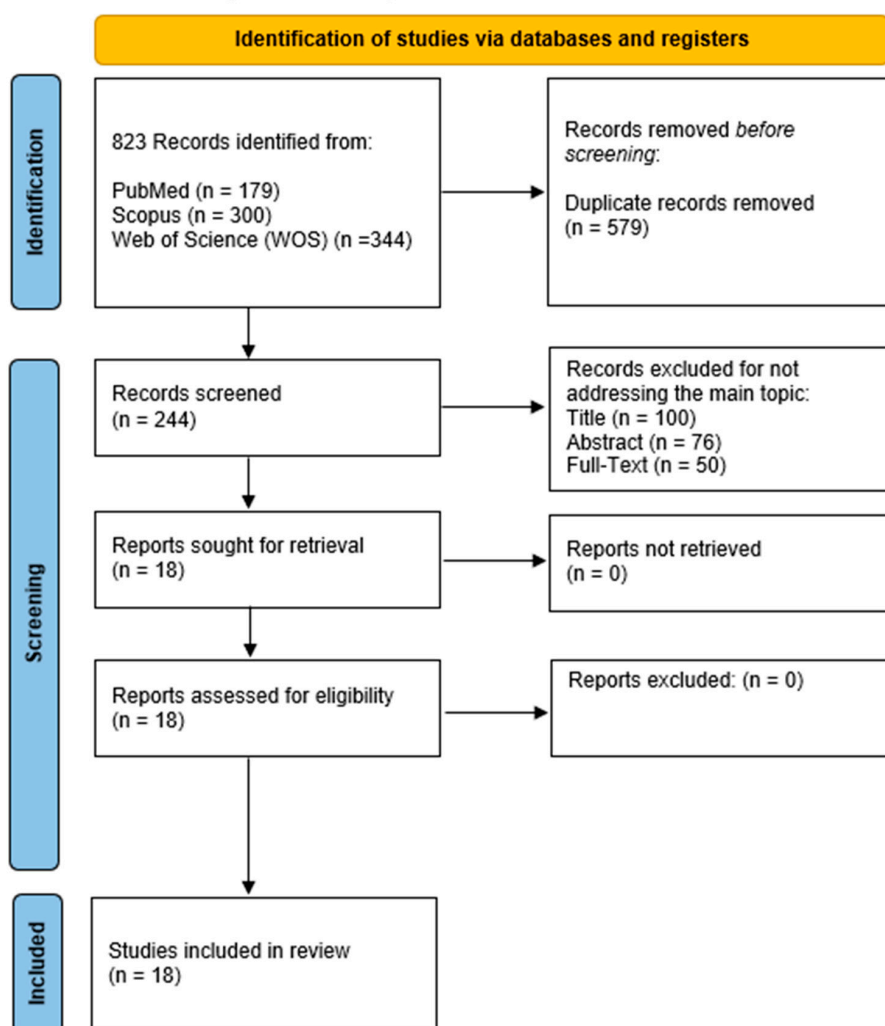
## 2. Materials and Methods

### 2.1. Search Strategy

This systematic review was carried out in accordance with the Cochrane Collaboration's guidelines and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework [23] (additional details are available in the Supplementary Materials). The review protocol was pre-registered in the international Prospective Register of Systematic Reviews (PROSPERO) [registration ID: CRD42024588524]. The search terms “suicide”, “men”, and “masculinity” were selected based on Medical Subject Headings (MeSH). The review was guided by the following PICO question: What is the impact of masculinity on suicidal behavior among the male population?

A comprehensive search was performed in the PubMed, Scopus, and Web of Science (WOS) databases by all researchers involved (C.M.G-S., J.A.C-R., L.C., and R.M.L.G.). The initial screening was conducted based on titles and abstracts to eliminate irrelevant studies. Subsequently, a detailed review of the selected articles was carried out to assess eligibility. The full texts of relevant studies were obtained and evaluated using the predefined inclusion and exclusion criteria, leading to the final selection of articles. The entire screening and selection process are shown in a PRISMA flowchart (Figure 1). The final search was completed on 10 September 2024.

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



**Figure 1.** Flow diagram of the impact of masculinity on suicidal behaviors in the male population.

## Eligibility Criteria

The inclusion criteria for the studies were as follows: (1) original, peer-reviewed research focusing on suicide among male population, encompassing various study designs such as quantitative, qualitative, and/or mixed methodological approach; (2) male participants; and (3) publication in English. Studies were excluded if they met any of the following criteria: (1) they were review papers or meta-analyses; (2) they consisted of comments, editorials, case reports, letters, or abstracts from meetings or conferences; or (3) they were duplicate publications.

### 2.2. Data Extraction and Quality Assessment

The data regarding each study were extracted and recorded along with the main results. These data are presented in Table 1.

The quality assessment was conducted independently by two researchers (C.M.G-S. and J.A.C-R.), achieving an initial agreement rate of 95%. Discrepancies were resolved through discussion with a third reviewer (R.M.L.G.). This assessment aimed to evaluate the limitations and potential biases in the selected studies. The quality and risk of bias were assessed using the Effective Public Health Practice Project Quality Assessment Tool (EPHPP) [24], which comprises six dimensions: Selection Bias, Study Design, Confounders, Blinding, Data Collection Method, and Withdrawals and Dropouts. Each dimension was rated as strong (score of 3), moderate (score of 2), or weak (score of 1). The overall quality of each study was then classified into one of three categories: 1. strong (no weak ratings), 2. moderate (one weak rating), or 3. weak (two or more weak ratings).

### 2.3. Data Synthesis

The authors assessed the primary aims, methodologies, and the presence of control groups in each study. They also evaluated the clinical significance of the main findings and the major limitations of each study (refer to Table 1 for detailed information). The quality and risk of bias for each study were examined and documented in the “Quality of Selected Studies and Risk of Bias” section and Table 2. These evaluations aimed to delineate the key aspects of suicidal behaviors among men and the impact of male gender norms, with the goal of improving clinical interventions and future research. Any inconsistencies found during the article review process were resolved through consultation with the senior author (R.M.L.G.).

## 3. Results

### 3.1. Literature Search and Study Characteristics

Based on the inclusion and exclusion criteria, 823 articles were identified across all database searches, and 244 were screened at the final stage, resulting in a final set of 18 studies included in the current systematic review. Figure 1 and Table 1 detail the screening process and the main characteristics of each study, while the quality assessment process can be found in Table 2. The studies were performed between 2012 and 2024. The majority of studies were conducted in Australia [25–33]. The rest of the research took place in the following locations: two studies in United States of America (USA) [34–36], two in the United Kingdom [37,38], one in South Africa [39], one in Ghana [40], one in Bangladesh [41], and one in Norway [42].

**Table 1.** Characteristics of relevant eligible studies.

First Author (Publication Year), Study Name, Country	Objectives	Study Design/ Procedure	Sample Size (Age)	Instruments and Variables	Results
Lateef et al. (2024) [39]. Masculinity and Afrocentric Worldview: Assessing Risk and Protective Factors of Self-Reliance and Ubuntu on Young Black Men’s Suicide Ideation. South Africa.	To evaluate the impact of depression, self-reliance, Ubuntu (a frequently recognized aspect of the Afrocentric worldview), and attitudes toward seeking mental health support on suicidal ideation among young black men.	Cross-sectional design.	422 men (18–29 years old).	PHQ-9. CMNI. ATSPPHSF. Ubuntu scale.	Compassion, a key component of Ubuntu, may provide a protective effect against suicidal ideation, while elevated levels of depression and self-reliance may be associated with increased vulnerability to suicidal thoughts.
Griffin et al. (2022) [25]. The Gender Paradox: Understanding the Role of Masculinity in Suicidal Ideation. Australia.	To explore the impact of adherence to masculine gender norms (such as strength, self-reliance, and emotional restraint) on the relationship between psychological distress and suicidal ideation in the male population.	Cross-sectional design.	486 (200 women and 276 men).	Sociodemographic questionnaire. K-10. SIDAS. CMNI-30.	A higher level of stress was associated with an increased likelihood of suicidal ideation in men, and this relationship was moderated by the masculine gender norm of self-reliance.
Khan et al. (2022) [41]. Masculinity and Suicide in Bangladesh. Bangladesh.	To investigate the relation between masculinities and suicide.	Qualitative design.	20 relatives and friends of rural men who died by suicide	Semistructured interview.	Suicidal events were primarily linked to men’s inability to meet the social expectations of hegemonic masculinity.
Tyler et al. (2022) [26]. Suicidal Ideation in the Australian Construction Industry: Prevalence and the Associations of Psychosocial Job Adversity and Adherence to Traditional Masculine Norms. Australia.	To examine the prevalence of suicidal ideation and psychosocial job adversities in employed men in the Australian Construction Industry (ACI).	Cross-sectional design.	9411 men.	Patient Health Questionnaire. CMNI-22.	No differences in the prevalence of suicidal ideation between those in the ACI and other employed Australian men. Associations between psychosocial job adversity and the self-reliance and risk-taking aspects of traditional masculine norms with the presence of suicidal ideation among ACI employees.

Table 1. Cont.

First Author (Publication Year), Study Name, Country	Objectives	Study Design/ Procedure	Sample Size (Age)	Instruments and Variables	Results
Chandler. (2021) [37]. Masculinities and suicide: unsettling ‘talk’ as a response to suicide in men. United Kingdom.	To investigate how men with varied experiences articulated narratives related to alcohol use, mental health issues, self-harm, and suicide.	Qualitative design.	10 men who had engaged in self-harm, attempted suicide, or made plans for suicide (35–54 years old).	In-depth interview.	Gender norms associated with hegemonic masculinity, such as avoiding emotions and not seeking social support, are risk factors for suicide in men.
River and Flood. (2021) [27]. Masculinities, emotions and men’s suicide. Australia.	To investigate the characteristics of emotional expression among Australian men who had attempted suicide.	Qualitative design. Life-history Method.	18 men who had attempted suicide (23–48 years old).	Semi-structured interview.	Emotional suppression as a key risk factor for suicidal behavior. Suicide conceptualized as a way to escape overwhelming emotions.
Coleman et al. (2020) [34]. Association of High Traditional Masculinity and Risk of Suicide Death: Secondary Analysis of the Add Health Study. United States of America (USA).	To examine the link between adherence to traditional masculine norms and suicide mortality among men in the United States, utilizing data from the AddHealth study.	Cohort study.	20,745 adolescents were studied twice: in 1995 and in 2014.	National Death Index.	Relationship between Hegemonic Masculinity and: (1) Access to Firearms, (2) Higher Levels of Depression, and (3) Greater Difficulties in Seeking Help for Suicidal Ideation or Attempts.
King, T.L. et al. (2020) [28]. Expressions of masculinity and associations with suicidal ideation among young males. Australia.	To investigate the relationships between adherence to various masculine norms and suicidal ideation among Australian adolescent males.	Prospective cohort design.	829 (15–18 years old).	CMNI-22. Youth Risk Behavior Survey.	Adherence to masculine gender norms increases the risk of suicide among young men. There is a need for young men to be informed about alternatives to hegemonic masculinity.
King et al. (2020) [29]. “Is Life Worth Living?”: The Role of Masculinity in the Way Men Aged Over 80 Talk About Living, Dying, and Suicide. Australia.	To examine the influence of masculine norms and other life circumstances on suicidal behavior among older men.	Qualitative design.	33 older men (83.9 mean of age).	Sociodemographic questionnaire. Survey. Focus group. Semistructured interview.	Persistence of gender norms among older men. Suicide as a way to avoid dependency. Presence of additional phenomena, such as ageism.



Table 1. Cont.

First Author (Publication Year), Study Name, Country	Objectives	Study Design/ Procedure	Sample Size (Age)	Instruments and Variables	Results
Genuchi. (2019) [35]. The Role of Masculinity and Depressive Symptoms in Predicting Suicidal Ideation in Homeless Men. USA.	To examine the capacity of externalizing depressive symptoms, internalizing depressive symptoms, and hegemonic masculinity to predict the presence and intensity of suicidal ideation.	Cross-sectional design.	94 homeless men (44.92 mean of age).	MDS. BDI-II. PDSQ. CMNI-464. BSS.	Internalizing symptoms were associated with the presence of suicidal ideation, while both externalizing and internalizing symptoms were linked to greater severity of suicidal thoughts. Association between masculine norms of violence and playboy men's suicidal ideation.
King et al. (2019) [30]. Evaluating the effectiveness of a website about masculinity and suicide to prompt help-seeking. Australia.	To evaluate the website's effectiveness in promoting help-seeking behaviors and encouraging discussions on suicide, mental health, and support-seeking.	Google Analytics data.	43,140 users.	Google Analytics data.	The utility of social media as a component of public health initiatives to reduce suicide rates among men.
Schlichthorst et al. (2019) [31]. Engaging Australian men in masculinity and suicide—A concept test of social media materials and a website. Australia.	To encourage men to seek help by addressing and questioning certain underlying aspects of hegemonic masculinity.	Man Up: multimedia intervention.	18 men (19–56 years old).	Semi-structured interview.	The presence of myths surrounding men's discussions of mental health and suicide on social media platforms. The topic of suicide is addressed with greater ease compared to issues related to masculinity.
Andoh-Arthur et al. (2018) [40]. Suicide among men in Ghana: The burden of masculinity. Ghana.	To achieve a comprehensive understanding of the psychosocial factors contributing to male suicides in Ghana.	Qualitative design.	43 close relatives and friends (19–56 years old) of 12 men who died by suicide.	Semi-structured interview.	The suicides were influenced by the loss of financial control, violations of patriarchal expectations, and challenges to sexual competence.
Rasmussen et al. (2018) [42]. Young Men, Masculinities, and Suicide. Norway.	To examine the influence of masculinity on suicide attempts.	Qualitative design.	61 close relatives and friends of 10 men who died by suicide.	Interview.	Suicide as a means of compensatory masculinity in young men.
Schlichthorst et al. (2018) [32]. Influencing the Conversation About Masculinity and Suicide: Evaluation of the Man Up Multimedia Campaign Using Twitter Data. Australia.	To assess the impact of the “Man Up” Twitter campaign on the social media discourse surrounding masculinity and suicide.	Twitter insights data.	Approximately 5000 likes, 2500 retweets, and 1,022,000 impressions.	Twitter insights data.	The Twitter campaign increased awareness of the issue and achieved greater reach compared to traditional campaigns, facilitating discussions on topics related to suicide and masculinity.

Table 1. Cont.

First Author (Publication Year), Study Name, Country	Objectives	Study Design/ Procedure	Sample Size (Age)	Instruments and Variables	Results
Pirkis et al. (2017) [33]. Masculinity and suicidal thinking. Australia.	To examine whether the endorsement of dominant masculinity norms increases the risk of or serves as a protective factor against suicidal thoughts.	Cross-sectional design.	13,884 men (18–55 years old).	PHQ-9. CMNI-22. MOS-SS.	Being self-reliant, as a component of hegemonic masculinity, appears to elevate men’s risk of experiencing suicidal thoughts.
Easton et al. (2013) [36]. Suicide attempts among men with histories of child sexual abuse: examining abuse severity, mental health, and masculine norms. USA.	To investigate the relationship between the severity of abuse, mental health, adherence to masculine norms, and recent suicide attempts among men with histories of childhood sexual abuse	Cross-sectional survey design.	487 men (50.4 mean of age).	Survey (137 items). GMDS. CMNI-22.	The duration of sexual abuse, use of force during the abuse, high conformity to masculine norms, severity of depressive symptoms, and presence of suicidal ideation all increased the likelihood of a suicide attempt in the past 12 months.
Mac An Ghaill et al. (2012) [38]. Understanding boys’: thinking through boys, masculinity and suicide. United Kingdom.	To investigate boys’ perceptions and experiences of schooling in North East England, focusing on the dynamics between students and teachers, peer relationships, and the broader school environment.	Qualitative design. Discourse analysis. Semi-structured interviews.	28 children: 12 boys and 16 girls. 12 school staff members.	Semi-structured interviews.	The need to address masculinity as a complex and heterogeneous construct. The relevance of expanding research on the impact of masculinity on suicide during the pre-adolescent stage. The various ways in which friendships are formed based on gender. The negative influence of educational institutions that often perpetuate hegemonic masculinity.

**Notes:** Age data differ by study, with mean and standard deviation available only in quantitative studies. **Abbreviations:** ATSPPHSF: Attitudes Toward Seeking Professional Psychological Help Short Form; BDI-II: Beck Depression Inventory-II; BSS: Beck Scale for Suicidal Ideation; CMNI: Conformity to Masculine Norms Inventory; GMDS: General Mental Health Distress Scale; K10: Kessler Psychological Distress Scale; MDS: Masculine Depression Scale; MOS-SS: Medical Outcomes Survey Social Support Survey; PDSQ: Psychiatric Diagnostic Screening Questionnaire; PHQ-9: Patient Health Questionnaire; SIDAS: Suicidal Ideation Attributes Scale.



### 3.2. *The Role of Dominant or Hegemonic Masculinity in Male Suicide*

Men who adhered strongly to the norms and values associated with traditional masculinity were 2.4 times more likely to die by suicide than those who did not conform to traditional or hegemonic masculinity [34]. Similarly, men who identified with hegemonic masculinity were 1.45 times less likely to report suicidal ideation [34], underscoring the challenges these men face in seeking help [31,43,44]. The incidence and prevalence of suicide appear to be higher among older men [30]. The masculinity of older men is characterized by a rejection of weakness, a quest for respect and admiration, confidence and self-sufficiency, as well as a determination to persevere. This can stand in contrast to the changes associated with aging and positive health behaviors (e.g., self-care, seeking help, emotional expression, etc.), which may, in some cases, contribute to suicidal behavior in older men [30].

Furthermore, men with high traditional masculinity were more likely to report easy access to firearms and exhibited moderately lower levels of depression compared to the rest of the sample [34]. Easton et al. [36] have also shown an association among the duration of sexual abuse, use of force during the abuse, high conformity to masculine norms, severity of depressive symptoms, and presence of suicidal ideation and/or attempts. Adherence to traditional masculine norms can negatively affect men's mental health in the general population and hinder recovery from childhood sexual abuse [36]. Scientific evidence suggests that strict adherence to these norms may pose a life-threatening risk [36]. Nevertheless, the discussion of suicide is approached more readily than issues concerning masculinity, at least in multimedia contexts [31]. This may be due to a fear of criticism or a desire to avoid confronting the discomfort associated with recognizing their difficulties in seeking help [14].

In addition, integration and isolation have been identified as important factors in the communication and expression of emotional distress [45,46]. It has been observed that, while friendships with other boys were often abandoned during late adolescence, boys' tendency to emotional neutrality or stoicism in their language appeared to persist throughout adolescence [47]. This confirms a different pattern in how friendships are experienced, with girls being perceived as more expressive, confiding, and willing to discuss their emotions [38]. However, emotional restraint or avoidance seemed to persist among boys [38], which is consistent with the influence of the mandate to "be tough" and "be strong" associated with the hegemonic masculinity [11].

Another topic that has been explored is the sexualization of friendship during adolescence and young adulthood and its negative effects. While friendships and peer support networks are generally considered protective in the context of suicide, it is essential to examine the specific types of connections that are formed. Delving into the processes of integration and isolation among boys provides a deeper understanding of their emotional distress [38]. It is essential to examine how notions of communication, integration, and isolation—key features of suicidal behaviors—are framed through the local construction of friendships [38].

#### 3.2.1. Risk Factors, Masculinity, and Male Suicide

Hegemonic masculinity emerges as one of the most significant risk factors in the context of suicide among the male population [25–28,30,33–35,38,40,42,48,49]. Suicidal ideation and attempts are closely related to the gender norms of hegemonic masculinity and the associated social expectations (e.g., economic autonomy, adherence to patriarchal norms, emotional control, and sexual competence) [27,40].

Moreover, self-harm and addiction (e.g., alcohol use) have also been identified as risk factors for suicide in men [37], along with self-reliance and risk-taking as components of the values of hegemonic masculinity [26,33].

Moreover, childhood physical and sexual abuse severity has been identified as a core risk factor in the field of suicidality and is closely related to male gender norms [36]. This combination can also contribute to the development of addictions [50]. Moreover, elevated stress levels were linked to a higher risk of suicidal ideation in men, with this relationship being moderated by the masculine gender norm of self-reliance [25].

A risk factor in the educational domain is a poor relationship between the child and the school, which is associated with a higher prevalence of suicide. Additionally, the risk of suicidal behavior and ideation is related to school absenteeism, school suspension, academic performance, and low levels of school enjoyment. There is also a connection between masculinity, schooling, and emotional distress. Educational institutions often perpetuate gender norms associated with emotional restraint, which deprives children of the opportunity to learn how to identify and express their emotions. This can lead to emotional distress that may underlie various mental health issues.

In several cases, institutions influence the socialization of children through their modes of communication and socialization, perpetuating gender stereotypes associated with hegemonic masculinity by reinforcing such stereotypes and gender roles in concepts such as being a “good student” and a “real man”. This contributes to emotional distress, of which educational institutions should be aware [38]. Educational institutions must recognize their role in either perpetuating or challenging stereotypes and gender roles associated with hegemonic masculinity. They should review their policies and discourses and ensure proper training for teachers and staff on these issues. Moreover, schools should assume responsibility for promoting gender equality and coeducation.

Moreover, the stage of life should also be considered in these analyses. Specifically, adolescence appears to be a risk factor for male suicide and other mental disorders, as young men often adhere to masculine gender norms that hinder their ability to seek help and express their emotions or act outside the heteronormative patterns of hegemonic masculinity [28,42]. King TL et al. [28] confirmed that hegemonic masculinity constitutes a risk factor for suicide among younger men. Additionally, among young men, some authors suggest the possibility that suicide may be an act of compensatory masculinity, conceptualizing suicide as a construct based on the rejection of weakness and as a final act of heroism in response to hopelessness [42].

There are also specific risk factors for older men, such as loneliness, dependency, social exclusion, challenges associated with residential care, the stigma surrounding aging and its impact on maintaining hegemonic masculine values, and the lack of social support, among others [29].

### 3.2.2. Interventions Aimed at Reducing or Preventing Suicide in the Male Population

Only three studies have specifically focused on developing interventions aimed at raising awareness about the costs of hegemonic masculinity, or at reducing or eliminating it to decrease the prevalence of suicide associated with this issue [30–32].

One study [32], utilizing a Twitter campaign, reported that it successfully fostered reflection on key issues such as emotional expression, mental health challenges (including suicide), men’s struggles, particularly in relation to conforming to gender roles, difficulties associated with fatherhood and parenting, as well as the barriers men face when seeking help, along with personal experiences tied to these issues. Based on previous findings, Schlichthorst et al. [31] designed a multimedia intervention (Facebook and Twitter) to pilot the possible effect in seeking help in men with a hegemonic masculinity. In some cases, men

considered that sharing information about suicide and mental health could have negative consequences for their personal reputation and interpersonal relationships [31], which is in line with the gender socialization process that avoid men to express and share their emotional worries or experiences. A study was also conducted to analyze the effects of a media-based public health intervention on men's help-seeking difficulties, within the framework of hegemonic masculinity, with particular emphasis on suicide and the need for seeking help in such cases [30]. The authors suggest that social media and multimedia resources could serve as valuable tools for suicide prevention and promoting help-seeking behaviors among men [30]. However, further research is necessary to ensure scientific rigor and generate the evidence required to integrate these types of interventions into clinical practice.

### 3.2.3. Challenges Related to Suicide Among Men in the Field of Research, Clinical Practice, and Education

A highly relevant issue is the importance of not homogenizing the category of masculinity [38]. Homogenizing this category can hinder the understanding of generational differences, particularly with regard to the attitudes and behaviors of boys and girls [38]. Some studies, when used the concept of masculinity often reduces the construction of gender to power dynamics between men, as well as between men and women. Current approaches to understanding boys' behaviors tend to oversimplify by applying masculinity as a conceptual framework to their attitudes and actions [38].

Further research is needed in the field of masculinities, as current models may not always capture the nuances of boys and adolescents, particularly concerning suicide during preadolescence [38]. There is a lack of information regarding suicide in pre-adolescent population, highlighting the need for further research into this critical developmental period [38]. Several researches do not distinguish between children under 12 years old and adolescents, contributing to the scarcity of data on this topic [38]. Additionally, there are barriers related to prevalent myths that children do not experience anxiety, depression, or hopelessness [38]. These misconceptions, which depict children as being shielded from life's adversities due to their immaturity and oversimplify their psychological experiences, often impede an early and effective intervention for suicide. Furthermore, it is essential to incorporate the concept of masculinities and a gender perspective when analyzing suicide at this stage of life, as well as across the lifespan, to provide a more contextualized and person-centered approach.

It is necessary to understand how subjectivities function in the construction of masculinity in boys and adolescents. Socialization during the early years initiates the construction of gender identities at a very young age. In this formation, various socialization agents such as the family, school, church, peer groups, and the media establish gender norms that clearly differentiate how men and women should behave. This creates a rigid duality that often rejects anything perceived as different from these generationally pre-established norms. These actions send a clear message to boys and adolescents: a man is not free to be different from the rest. Although gender norms are intended to be similar for all boys, not all of them experience and interpret the world in the same way. Emotional education, such as sexual education, must be fundamental in the learning process for children and adolescents to help them understand their differences from others. Failing to meet these gender expectations can lead to marginalization and oppression for many boys, which may result in mental health issues.

Identifying and preventing risk factors is a crucial issue that must be analyzed with caution, always considering the individuality of the persons involved and the context in which they develop and have been socialized [38]. Initiatives for suicide prevention among men should create spaces where they can share experiences and find social support, while

also addressing the structural factors that underlie the higher suicide rates in men [37]. Genuchi [35] indicates that an externalizing-internalizing model for predicting suicide in men, along with adherence to specific masculine gender role norms, may be beneficial for advancing suicide assessment and prevention efforts.

Additionally, risk factors should not be considered solely at an individual level but should also encompass systemic or institutional factors. It is also important to incorporate the phenomenon of intersectionality in the analysis to provide a more effective approach to male suicide. Having an intersectional perspective means considering how variables such as social class, ethnicity, and gender influence the development of masculinity in boys and men. Boys from economically disadvantaged areas, those exhibiting non-heteronormative behaviors, or from minority ethnic groups with irregular administrative status are likely to experience institutional exclusion processes, which increase their risk factors for developing mental health issues including suicide.

Healthcare professionals should purposefully include during their diagnosis and treatment actions issues regarding sexual abuse, current mental health status, and adherence to masculine gender norms in their male patients [36]. This strategy could promote a more personalized and person-centered approach in line with the transdiagnostic perspective and current need in the field of mental health.

It is essential to analyze suicidal behavior from a gender perspective to aid in its prevention and treatment, given that gender differences are evident in both suicide deaths and nonfatal attempts [34]. Gender-sensitive interventions, with a specific focus on men, have become an essential approach in psychological treatment, especially in the domains of mental health and suicide prevention.

### 3.3. Quality of Selected Studies and Risk of Bias

According to the criteria of the Effective Public Health Practice Project Quality Assessment Tool (EPHPP) [24], the quality of the analyzed studies was as follows: 1 study [26] was rated as strong, 4 studies were rated as moderate [25,28,33,39], and 13 studies were rated as weak [26,27,29–32,34–38,40–42] (see Table 2 for more details).

The studies have several limitations, including: failure to declare their limitations [29–31,37,38], not applying the recommendations from Guba [51] and the Standards and Criteria for Performing Qualitative Research (SRQR) [52] or the Consolidated criteria for reporting qualitative research (COREQ) [53] to ensure the scientific quality of their studies [25,27,29–32,34,36–38,40,41]; not including any guidelines or checklists regarding study quality based on design, such as STROBE guidelines [54] to improve the methodological rigor of the research [26,28,29,33,35]; issues related to convergent validity and other concerns regarding suicide measures [34]; a small number of suicides that precluded the use of multivariate analyses [34]; the fact that AddHealth does not provide coding for gender identity beyond male or female [34], small sample sizes [35], reliance on retrospective self-report measures [36,41]; bias related to self-report measures [28,33]; the use of a purposive sample [36,40]; potential selection bias due to missing data [28]; limitations related to the characteristics of the sample [35]; the lack of certain relevant theoretical explanations in the applied surveys [36]; limitations related to the Twitter format and the characteristics of mass media, along with their potential biases [31,32], the inability to establish causation due to the cross-sectional design [25,26,33,35]; limitations in the instruments used [25,33]; difficulties related to the selected methodology [27,40,41]; and the failure to consider sexual orientation as a variable of analysis [25].

Based on previous findings, several studies on masculinity norms and suicide risk are limited by methodological issues, which should be considered when generalizing the findings of this systematic review. A key concern is the insufficient sample size, which

restricts generalizability and prevents the use of multivariate analyses. Additionally, the reliance on self-report measures, which are prone to recall and social desirability biases, might reduce data validity. To improve reliability and validity, it is recommended to combine self-reports measures with objective assessments, such as medical records and observational data. Cross-sectional study designs are another common limitation, as they hinder causal inference. Furthermore, the lack of diversity in some study samples limits the depth of analysis by omitting essential factors that are crucial for a comprehensive intersectional examination. In some cases, studies also exhibit insufficient methodological rigor. Adhering to established guidelines would help enhance methodological rigor and reduce biases. Moreover, there is a lack of exploration of childhood and adolescent factors, despite evidence that the early socialization of gender norms significantly impacts long-term mental health outcomes. There is also a need for more interventions specifically designed for male populations, focusing on how reducing hegemonic masculinity could mitigate suicide risk. Despite these limitations, the authors consider it is crucial to explore the link between hegemonic masculinity and suicide to reduce the impact of suicide on public health and to integrate a gender perspective into the health system, not only in diagnosis and treatment but also in prevention.

**Table 2.** Quality of selected studies and risk of bias.

First Author (Publication Year)	Selection Bias	Study Design	Confounders	Blinding	Data Collection Method	Withdrawals and Dropouts	Global Assessment
Lateef et al. (2024) [39].	M	M	S	W	M	M	M
Griffin et al. (2022) [25].	M	S	S	M	S	W	M
Khan et al. (2022) [41].	M	M	W	W	M	W	W
Tyler et al. (2022) [22].	S	S	S	M	S	S	S
Chandler. (2021) [21].	M	M	W	W	M	W	W
River and Flood. (2021) [27].	M	M	W	W	M	W	W
Coleman et al. (2020) [34].	M	M	W	W	M	W	W
King, T.L. et al. (2020) [28].	M	S	S	W	S	S	M
King et al. (2020) [29].	M	M	W	W	S	S	W
Genuchi. (2019) [35].	W	M	W	M	M	W	W
King et al. (2019) [30].	W	W	W	W	M	W	W
Schlichthorst et al. (2019) [31].	M	M	W	W	W	W	W
Andoh-Arthur et al. (2018) [40].	M	M	W	W	M	W	W
Rasmussen et al. (2018) [42].	M	M	W	W	M	W	W
Schlichthorst et al. (2018) [32].	W	M	W	M	W	W	W
Pirkis et al. (2017) [33].	M	S	S	W	S	S	M
Easton et al. (2013) [36].	W	M	M	W	M	W	W
Mac An Ghail et al. (2012) [38].	M	S	W	W	M	M	W

**Notes:** Effective Public Health Practice Project Quality Assessment Tool (EPHPP) [24]. S = Strong. M = Moderate. W = Weak.

#### 4. Discussion

This systematic review underscores the negative impact of hegemonic masculinity on the incidence and prevalence of suicide among men [25,27,28,30,33,34,38–40,42,48,49]. Certain values associated with hegemonic masculinity that are closely linked to male suicide include difficulties in maintaining economic autonomy, in living according to patriarchal norms and values of hegemonic masculinity (“being strong”, “being tough”,



“being silent”, self-reliance, risk-taking, avoid emotions, etc.), and perceived threats to sexual competence [26,27,37,39–42]. On purpose, it has been reported an association between self-reliance and suicidal ideation, which can be explained, among other factors, by the tendency of men who display high self-reliance as part of hegemonic masculinity to refrain from seeking help and to avoid emotional expression or the pursuit of support, as these behaviors are perceived as indicators of weakness [33,39].

Hegemonic masculinity portrays men as less likely to seek help or engage in behaviors that might be perceived as signs of weakness, as dictated by traditional masculine norms. Within this framework, men are more prone to self-inflict serious harm or turn to drug use as a form of self-medication to cope with depressive symptoms or anxiety. Additionally, mental health issues in men often go undiagnosed, and these problems are frequently regarded as a “silent issue,” with the stigma many men face significantly shaping how they seek help for such conditions [55].

The prevalence of suicide in men appears to be higher among older men who work harder to uphold the values of hegemonic masculinity, particularly ideals such as “being strong”, “being tough”, “being independent”, and “being invincible”, among others [29]. The focus on this sometimes-called youthful masculinity has left older men with a “cultural ambiguity” regarding how to express their masculinity [56]. Men who embody subordinate masculinities (the primary group consists of homosexual men or those with traits oriented toward non-hegemonic sexuality), such as older men who cannot meet hegemonic standards, may face a greater risk of suicide, as they often rely on valued masculine traits to respond in extreme and fatal ways to their marginalization [57]. These results also underscore the negative impact of ageism and the stigma associated with aging, an issue that warrants further attention.

In addition, the issue of male suicide has also been confirmed among male adolescents and young men indicating that hegemonic masculinity constitutes a risk factor during this stage of life, which is marked by new experiences and challenges [28,42]. There is also significant pressure to conform to the gender norms associated with hegemonic masculinity, particularly regarding heteronormativity [28]. This approach to sexuality serves as a tool of discrimination and oppression, not only against homosexual individuals but also against any other forms of sexual relationships that deviate from established norms. “Homophobia is rooted in the fear that allowing children to have feelings will make them homosexual” [11] (p. 55). Daily, many children and men face psychological aggression for expressing emotions that may be classified as feminine. Patriarchal paradigms regarding sexual behavior deem only those practices engaged in by heterosexual men as desirable [11]. In fact, suicide among young men might represent an act of compensatory masculinity, framing it as a construct rooted in the rejection of weakness and as a reaction to hopelessness that seeks to manifest as a final expression of heroism [42].

Furthermore, a clear link exists between the gender roles and norms associated with hegemonic masculinity—referred to as traditional masculinity by some authors—and the tendency to avoid seeking help in general, including cases of suicidal ideation or attempts [30,31,34,43,44,58]. This reluctance is often rooted in societal expectations that discourage emotional vulnerability and promote self-reliance [25]. Moreover, in some instances, men have demonstrated difficulties in recognizing and accepting their own limitations in seeking help, as well as the influence of hegemonic masculinities on these challenges and other health-related issues [19]. This presents a significant barrier to health promotion. It is hypothesized that this difficulty may stem from an attempt to avoid the discomfort or cognitive dissonance associated with acknowledging the negative effects of male gender norms while continuing to adhere to them. This position is also in alignment



with the mandates of hegemonic masculinity associated with exhibiting strength and concealing vulnerability [55].

In the same line, suicidal events were predominantly associated with men's failure to adhere to the social expectations of hegemonic masculinity [41], including difficulties to be the economic provider of the family, to satisfy the sexual needs of their partners, among others [41] and control their emotions [27]. Men frequently tend to conceal emotions that they perceive as a threat to their hegemonic masculinity [27]. Paradoxically, suicide could also function as an alternative expression of masculinity, with the body serving as both the tool and the target of violence [27]. Additionally, men who rejected the idea that expressing emotions undermines masculine standing could end up feeling isolated and developing suicidal behaviors [59]. These findings highlight the connection between emotions and what Kaufman (1987) [60] described as the "triad of men's violence": violence against other men, women, and oneself.

On purpose, it has been found high levels of stigma related to mental health in men, including suicide [31,61,62]. It is highly likely that many men with suicidal intentions do not seek help from mental health professionals, as doing so may be perceived as a clear sign of vulnerability and weakness. The emphasis on self-sufficiency in health matters illustrates how men are influenced by the demands of hegemonic masculinity. This form of masculinity rewards men who project an image of strength, particularly through social recognition.

Hegemonic masculinity is also linked to higher levels of violence and suicide, as evidenced, for example, by the increased use of firearms [34]. This connection may be linked to traditional gender norms that valorize aggression and the possession of weapons as symbols of masculinity.

Another significant finding is the relationship among hegemonic masculinity, suicide, and depression in men, which may reflect one of the mental health costs associated with these masculine gender norms [34,36,63,64]. This association may arise from the pressure to conform to restrictive gender norms, which can contribute to emotional distress and psychological struggles.

Hegemonic masculinity appears to increase the prevalence of risk factors and behaviors, such as inappropriate expressions of anger, elevated violence, greater access to firearms, avoid seeking help, emotional restriction, and increased school problems [25,34]. The association between masculine depression, adherence to masculine gender norms, and suicide was also found in highly vulnerable populations, such as homeless men [35].

Regarding risk factors for male suicide, several authors agree on factors such as isolation, childhood sexual abuse, difficulties in forming healthy relationships, and adherence to male gender norms, which lead men to suppress emotional expression and experience emotional distress, among others [25,36,38].

The experience of childhood sexual abuse may significantly affect the gender identity of male survivors, leading to confusion, self-blame, and shame [36,50,65]. It can be explained considering that sexual abuse violates many culturally reinforced gender norms especially in Western societies, such as dominance, competitiveness, heterosexuality, emotional restraint, and the pursuit of status [66]. Male survivors who internalize these norms may perceive victimhood as fundamentally incompatible with masculinity [36]. Abuse perpetrated by another male can intensify feelings of stigma, shame, and internalized homophobia [66,67] and increase fear that, if they disclose the abuse, they will not be believed or will be labeled as homosexual [68,69]. Men with a history of childhood sexual abuse often delay disclosure for many years, sometimes decades [67,70]. Instead of confronting and reconciling the internal conflict surrounding their masculinity, some male survivors adopt a different strategy: hegemonic or hyper-masculinity [71]. In such cases, they conceal

their childhood sexual abuse experience through behaviors aimed at demonstrating or reasserting their masculinity in line with stereotypical norms, often through excessive conformity. Nevertheless, there are other positive coping mechanisms, such as improving their ability to seek help, engage in supportive and safe relationships, find a sense of belonging within a community of individuals with similar experiences, learn healthy relational skills (including setting boundaries, managing anger, building trust, and fostering intimacy), and achieve self-acceptance [65].

Furthermore, the association among childhood physical and sexual abuse, suicidality and hegemonic masculinity [36] might also contribute to the emergence of addictions [43,44,50,72]. Addiction has also been considered a risk factor for suicide in men [37]. At times, in situations involving drug use and abuse, men may concurrently engage in drug consumption alongside oppressive sexual relationships (such as prostitution, abuse, and sexual assault) or relationships that deviate from established heteronormative norms. This can lead to existential and emotional crises that often result in substance abuse and the onset of addiction processes [73]. Additionally, failures in rehabilitation attempts by men can exacerbate substance use and, in some cases, lead to suicidal thoughts or actions. Notably, in most rehabilitation programs for alcohol and other substances, recovery involves reconnecting with emotions. The recognition of emotions is essential, as is their expression. These therapeutic tools are fundamental, as the success of many individuals' recovery depends on acknowledging and expressing feelings of shame and failure, which significantly influence men's desire to rehabilitate. This emotional reconnection, which presents considerable challenges for many men, represents an act of deconstruction in itself [11]. In addition, promoting adaptive mechanisms such as resilience and peer support in male trauma survivors is essential for providing them with the resources needed to prevent suicide and enhance their mental health. These mechanisms not only help individuals cope with the effects of trauma but also foster a sense of empowerment and social connection, both of which are crucial for reducing isolation and increasing the likelihood of seeking help. By strengthening resilience and encouraging peer support, interventions can equip men with the tools to navigate emotional challenges more effectively, ultimately improving mental well-being and increasing their capacity to engage in help-seeking behaviors.

Interventions aimed at reducing suicide in the male population from a gender perspective, particularly those incorporating hegemonic masculinity as an intervention variable, remain scarce. It is essential to expand the scientific evidence in this field and to implement psychoeducational and awareness campaigns, for instance, through social media, to promote egalitarian masculinities and enhance men's mental health. Such efforts would also contribute positively to reducing suicide rates within this population. Nevertheless, there is a lack of interventions focused on increasing awareness of the detrimental effects of hegemonic masculinity or on mitigating and eliminating these influences to lower the suicide rates linked to this phenomenon [31,32]. Despite the limited number of papers on interventions, the studies reveal important findings. For instance, they highlight the potential of using mass media as a tool to challenge hegemonic masculinity values and increase public awareness on this issue [31,32]. The use of empowering and active language, along with visual materials, appears to have a positive impact on multimedia campaigns aimed at raising men's awareness about seeking help for mental health issues, including suicide [31]. Another relevant issue is the need to avoid homogenizing the category of masculinity, particularly in the context of intervention. Treating this category as a uniform concept can obstruct the understanding of differences, especially concerning attitudes and behaviors related to suicide.

Each intervention must be tailored to the specific population. In the case of male adolescent, it can be helpful to consider the proposal of Jewkes et al. 2015 [74] which

developed an ecological approach to transforming masculinities in adolescents. This approach aims to comprehend and tackle the drivers of social norms across multiple levels—societal, institutional (such as schools), interpersonal, and individual—and should explore how various factors or identities may intersect [74]. They argued that interventions should shift away from one-dimensional and homogeneous representations of masculinity. Based on Connell's work [75,76], they suggested that interventions should highlight the diversity within masculinities. Indeed, the author does not conceptualize masculinity in singular terms. According to Connell, to understand masculinity in all its dimensions, it must be studied in the plural; thus, it is inappropriate to refer to a singular masculinity, but rather to masculinities. She describes subordinate masculinity as a type that exists within a lower rank and is dominated by hegemonic masculinity, which is most commonly represented by homosexual men in our society. This category also encompasses many adolescents who, although they may not identify as homosexual, are marginalized by other peer groups for embracing values that differ from those of hegemonic masculinity and are rejected for exhibiting behaviors that diverge from rivalry, competitiveness, physical strength, or initiative in sexual encounters. We can identify marginal masculinities, which intersect with gender, social class, and ethnicity, revealing a clear dominance of white Western men over other men. An adolescent from a wealthy neighborhood will experience masculinity differently than an adolescent from a disadvantaged neighborhood. Through this confluence of masculinities, we can better understand the various oppressions that some men may face throughout their lives [77].

The clinical relevance of the current systematic review is linked to the fact that studying hegemonic masculinity from an intersectional and plural perspective is crucial for effective suicide prevention and intervention. As previously mentioned, masculinity is not a monolithic construct, and its expression varies across different social, cultural, and demographic contexts. An intersectional approach allows us to recognize how factors such as race, class, sexual orientation, and other identity patterns influence the ways in which men experience and perform masculinity. This nuanced understanding can lead to more tailored and inclusive interventions, addressing the specific needs of diverse male populations and improving mental health outcomes. By considering the complexities of masculine identities, we can better design strategies to reduce suicide risk and promote healthier, more supportive environments for men. Future research must also ensure greater methodological rigor and adherence to available guidelines for this purpose.

## 5. Conclusions

The values and norms associated with hegemonic masculinity emerge as a risk factor for suicidal behaviors in the male population, particularly among young and adolescent men, as well as in more vulnerable groups such as homeless individuals and those with mental health issues. Suicide, in addition to being a form of self-directed violence, may be perceived by these men as an act of compensatory masculinity or a means of escaping the emotional burdens they face. Furthermore, men who strongly adhere to hegemonic masculinity tend to exhibit a lower likelihood of seeking help, which often hinders timely intervention. It is crucial to examine suicidal behavior through a gender lens to enhance prevention and treatment strategies, as gender disparities are evident in both suicide deaths and nonfatal attempts. Gender-sensitive interventions, specifically targeting men, emerge as a necessary approach in psychological treatments, particularly in the areas of mental health and suicide prevention.

It is important to note that the white, Western, middle-class, heterosexual man has not traditionally been the target of psychosocial intervention; on the contrary, such men have been treated as role models or ideals to follow. They have only become the focus

of intervention when facing issues such as addiction, severe mental health problems, or homelessness—each of which is heavily stigmatized—as they are viewed as signs of weakness and failure in a man. Therefore, it is necessary to implement educational processes with a gender-sensitive approach that highlight the costs of an education based on the values of hegemonic masculinity. This form of education encourages men to project an image of being tough and strong, where affection, care, and vulnerability are seen as traits of a weak man, inferior to others.

Another key issue is the need to avoid homogenizing masculinity. Recognizing that masculinity is not a one-size-fits-all concept enables a more nuanced understanding of how gender roles and expectations differ across cultures, generations, and social contexts. This perspective allows for a more accurate and inclusive approach to addressing the diverse challenges men face, particularly regarding mental health and well-being. It also fosters interventions that account for the complexity of masculine identities, ensuring a more effective engagement with men's needs across various contexts.

In sum, recognizing the diversity within masculinity helps us better understand men's experiences, including their relationship with mental health and suicide. Gender expectations, shaped by cultural, generational, and social factors, influence how men cope with stress, emotions, and psychological challenges. Acknowledging this complexity allows for the design of more personalized interventions that target the specific mental health challenges men face, ultimately reducing suicide risks and improving access to support.

**Supplementary Materials:** The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/psychiatryint6010002/s1>, PRISMA Checklist.

**Author Contributions:** C.M.G.-S.: Conceptualization; Formal Analysis; Methodology; Visualization; Writing—Original Draft; Writing—Review and Editing. J.A.C.-R.: Conceptualization; Data Curation; Formal Analysis; Investigation; Methodology; Resources; Validation; Visualization; Writing—Original Draft; Writing—Review and Editing. L.C.: Investigation; Methodology; Resources; Validation; Visualization; Writing—Original Draft. R.M.L.-G.: Conceptualization; Formal Analysis; Resources; Project Administration; Supervision; Validation; Visualization; Writing—Review and Editing. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research was funded by Project 12590: Evaluation, Counseling, and Psychological Intervention in the Context of Health, IDCQ HOSPITALES Y SANIDAD, S.L.

**Institutional Review Board Statement:** Not applicable.

**Data Availability Statement:** The data that support the findings of this study are available on request from the corresponding author.

**Conflicts of Interest:** The authors declare no conflicts of interest.

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