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SHE DIED FOR LOVE AND HE FOR GLORY: GENDER MYTHS OF SUICIDAL BEHAVIOR*

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ABSTRACT

Epidemiological studies have long reported that, in North America, patterns of suicidal behavior differ by gender: women "attempt" suicide; men "complete" suicide. Theories of suicidal behavior also differ according to gender. Traditionally, women are said to be suicidal for love; men, for pride and performance. Are these gender differences "real?" Are women's attempts "failed" suicides? Do suicidal men "succeed" when they kill themselves? Is women's self-definition dependent on love? Is men's dependent on performance? Evidence currently available does not support traditional theories of gender and suicidal behavior. As culturally shared assumptions, however, traditional theories may influence the suicidal choices of women and men, as well as the assumptions and research methods of suicidologists.

Epidemiological studies have long reported that in North America patterns of suicidal behavior differ by gender [1, 2]. Women "attempt" suicide; men "complete" suicide. Theories of suicidal behavior also differ according to gender. Traditionally, women are said to be suicidal for love; men, for pride and performance.

In this article, theories and evidence of gender differences in suicidal behavior are examined. Questions of gender are central to an analysis of the epidemiology, theories, and research methods of suicidal behavior.

Gender rates and theories of suicidal behavior are culture-specific; therefore only North-American (U.S. and Canadian) and British studies are included in this review. A variation from traditional nomenclature is adopted in this article, as discussed in Canetto [3]. Suicidal behavior is defined in terms of outcome (fatal

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versus non-fatal suicidal behavior) rather than in terms of intent (completed or successful versus attempted). This terminology avoids the assumption that all suicidal deaths are intended, and conversely, that all non-fatal suicidal acts represent "failed" suicides.

EPIDEMIOLOGY

Women's Suicidal Behavior

In North America, the greatest number of suicidal acts is committed by women [4]. These acts are typically non-fatal. Rates of non-fatal suicidal behavior are twice as high for women as for men [5, 6]. While rates of non-fatal suicidal behavior have increased more rapidly for men than for women between 1940 and 1980, especially in metropolitan areas, this increase has not been enough to eliminate the existing gender trend [7].

Women are most likely to engage in acts of non-fatal suicidal behavior when they are young [5, 8], under 30 years of age [5, 6] and socioeconomically disadvantaged [8].

Women's acts of non-fatal suicidal behavior occur earlier and more frequently than men's until midlife, at which time rates for men exceed those for women [8]. Rates of non-fatal suicidal behavior are low for both women and men in late life [2, 9].

Rates for fatal suicidal behavior peak around age fifty for white women [10, 11]. For non-white women, rates of death by suicide remain low and fairly constant throughout adulthood and old age [11].

Men's Suicidal Behavior

In the United States, men are more likely to die from suicide than women, by an average ratio of 3:1 [12, 14]. (See Figure 1.)

White males have traditionally been considered the group at the greatest risk for death by suicide. Recent studies, however, suggests that non-white males may be at a high risk also [11]. During the past few decades, men's rates of suicidal death have continued to climb, whereas women's rates have begun to decline [12, 14-16]. This increase in suicide death rates has been particularly pronounced among young adult men. Older adult men, however, continue to have the highest suicide death rate of any age group [11].

Men are most likely to die of suicide when they are over age 60 [10, 11]. (See Figure 2.) Ages forty-five to fifty and age eighty are considered the peak risk years for white males. Information on non-white males is less reliable, but it has been suggested that age thirty and age ninety may be the peak risk years for this group [11].

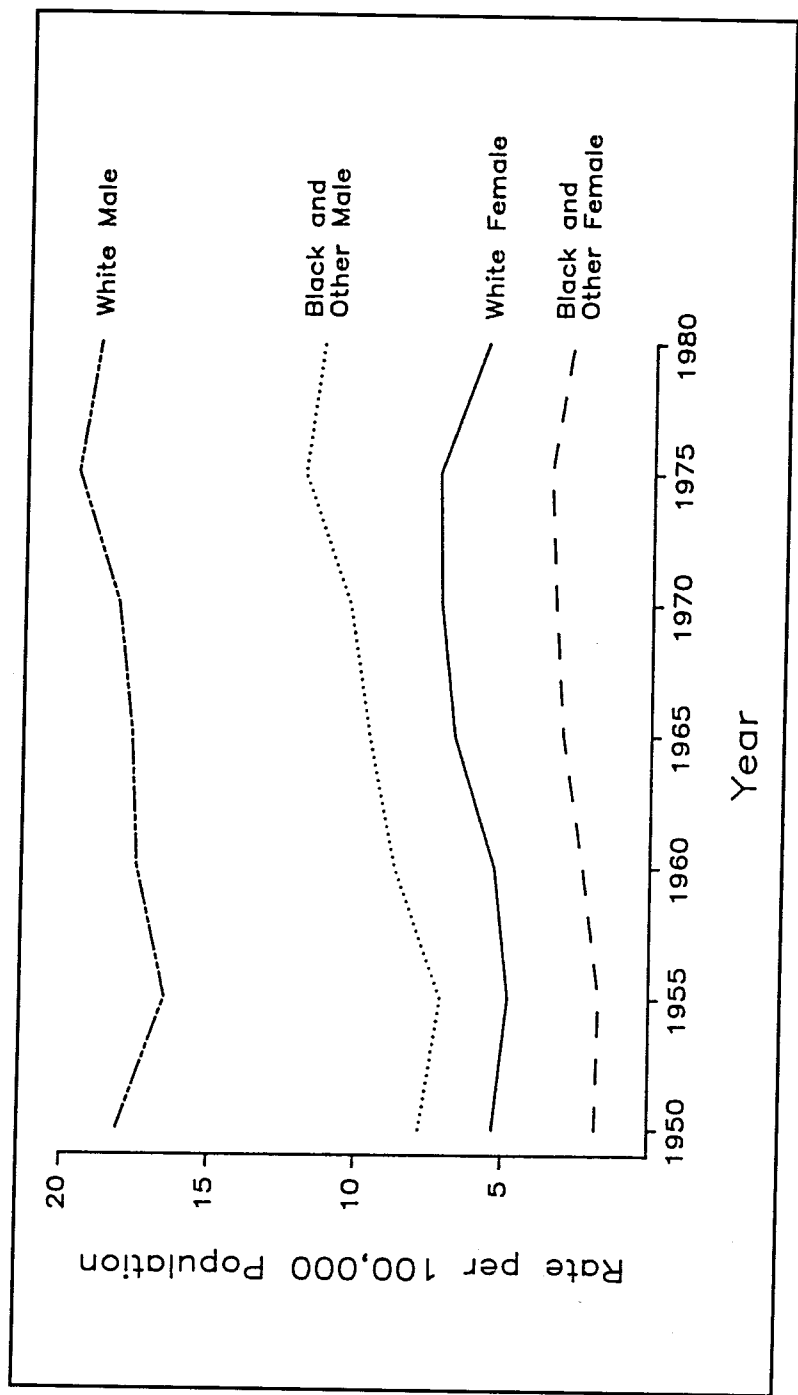


Figure 1. Age-adjusted rates of suicidal death by race and sex, United States, 1950-1980.
Source: Centers for Disease Control, *Suicide Surveillance*, 1970-1980, April 1985, Figure 2, p. 24.

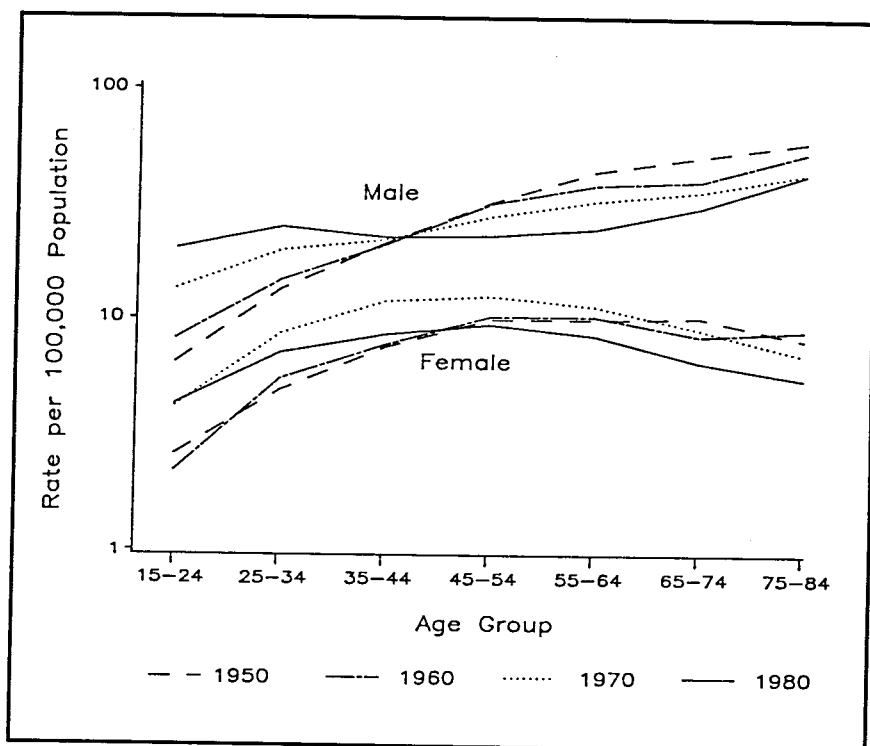


Figure 2. United States rates of suicidal death by age group and sex for selected years. Source: Centers for Disease Control, *Suicide Surveillance, 1970-1980*, April 1985, Figure 3, p. 25.

GENDER MYTHS OF SUICIDAL BEHAVIOR

"She Died for Love"

In the social sciences and mental health literature, women's suicidal behavior has traditionally been attributed to problems in their personal relationships [17, 18]. According to the most popular version of this theory [19], the disposition to suicide is the result of excessive identification with, and dependence upon, a love-object. Women, who presumably are prone to be dependent on relationships, are at risk for suicide when these relationships are in trouble: women become suicidal when, as Wold put it, they are "discarded by a lover or husband" [20, p. 21]. Such "dependence" is often interpreted as a failure in personality development. It is said that suicidal women have failed to develop sufficient internal

resources for self-soothing or to successfully separate from parental figures [21]. So even in their suicidal action, women are not viewed as tragic or heroic, but rather as dependent [22], immature, weak, passive [23, 24], and hysterical [20, 25]. Women's love and suicide are labeled neurotic.

Motivations other than loss and dependence are typically not given prominence in studies of women's suicidal behavior. For example, in the case study *Chronic Suicidal Behavior* described by McIntosh, Hubbard, and Santos [26], the death of the husband and the "trauma" of the son's impending relocation are identified as primary precipitants of an older women's suicidal behavior, despite the fact that this woman's history of suicidal behavior predated the two losses.

The idea that women *succumb* to love, suicide, and suicide for love has a long tradition in Western culture [27]. Depictions of betrayed and abandoned suicidal women are common in Western art and literature. There are dozens of paintings, statues, and literary compositions portraying Queen Dido's suicide, following her abandonment by the Trojan warrior Aeneas. In Puccini's famous Opera *Madam Butterfly*, (based on the novel by John Luther Long) geisha wife Cio-Cio San stabs herself to death upon discovering that her long-gone American husband has returned to Japan with an American wife. Perhaps one of the best visual representations of the myth that women are suicidal because of love is Rowlandson's drawing *She Died for Love and He for Glory* (see Figure 3). Rhodes (1876; cited in [27]) summed it up this way: Suicidal women are "subject to moral influences, such as disappointed love, betrayal, desertion, jealousy, domestic trouble, and sentimental exaltation of every description."

"... and He for Glory"

In the social sciences and mental health literature, explanations for men's suicides have focused on the dynamics of performance, pride, and independence. According to a popular theory [17, 18, 20, 28, 29], men's disposition to suicide stems from "performance motives." It has been argued that men are suicidal when their self-esteem and independence are threatened by difficult economic conditions, unemployment, or severe physical illness [3]. Whereas women's suicidal behavior is often viewed as indicating weakness and dependence, men's is frequently interpreted as a sign of tragic courage and fierce independence [30]. Suicidal men are often portrayed as victims of powerful social and/or physical calamities [26]. Their suicidal act is construed as part of their resistance against such forces, not as defeat; as a triumph against the possibility of submission, not as submission. In sum, men's suicides are frequently construed as acts of "*glory*," as the title of Rowlandson's drawing indicates.

Since love and longing for a relationship do not usually qualify as heroic motivations, they are not typically considered as primary motivations for men's suicides. For example, in the case study *Rational Suicide* reported



Figure 3. Thomas Rowlandson, *She Died for Love and He for Glory*, 1810, Drawing.
(Photograph courtesy of Henry E. Huntington Library and Art Gallery, San Marino, California.)

by McIntosh, Hubbard, and Santos [26], the suicidal death of an older man who experienced both severe illness *and* widowhood is described as a rational response to the illness. In this case, interpersonal loss is not considered a primary precipitant, despite the fact that this older man did not have a history of mental disorder.

The idea that men's suicides represent a *fight* against powerful material adversities has a long tradition in Western culture [27]. For example, Rhodes [27] stated that men are suicidal as a result of "trials of a material order, such as misery, business embarrassment, losses, ungratified ambition, the abuse of alcohol, the desire to escape from justice, and so on."

While men's suicides are sometimes aggrandized in the social sciences and mental health literature, very few representations of male suicide are found in the arts and in the humanities literature. Ajax and Samson are perhaps the best known male figures whose mythic suicides have been immortalized in the arts. A common theme in Ajax's and Samson's stories is that their suicides are acts of character, of rational thinking, and of tragic heroism.

One reason for the relative scarcity of artistic representations of male suicide may be that even a "successful" and "heroic" suicide cannot completely avoid a connotation of failure and powerlessness. No matter how potent a suicide is made up to be, a suicide always implies resignation and defeat. In Western cultures, men are not supposed to fall to defeat; they are supposed to win and be in control of themselves and others. Thus, claiming victory through suicide is not very convincing. Homicide is much more persuasive and unequivocally powerful. This may be the reason why in Western art and literature men are more commonly portrayed in the act of killing others, rather than killing themselves.

EMPIRICAL STUDIES OF SUICIDAL BEHAVIOR

Are Women Really Suicidal for Love?

On the surface it would appear that empirical evidence from social sciences and mental health studies confirms the theory that women are suicidal because of love. The relationships of suicidal women are often described as troubled [5]. Clinical and epidemiological studies have suggested a link between loss or conflict in personal relationships and women's suicidal behavior [5]. Interpersonal conflicts with significant others [31-34], especially quarrels and conflicts with intimate partners [22, 33], have been reported as antecedents of suicidal behavior in women. In some cases, threats of separation and/or actual separation or divorce preceded the suicidal behavior [35, 36]. It has also been reported that suicidal women are more likely than suicidal men to attribute their suicidal acts to

interpersonal problems, even when both have experienced a recent loss or marriage break-up [28].

Is women's self-definition so dependent on love that loss of love drives them to self-destruction? Is it possible that young women who experience problems in their personal relationships may be suicidal for reasons other than dependent love? What else may account for the association between suicide and troubled relationships posited for women?

First of all, one wonders about the nature of suicidal women's intimate relationship. What else may be going on in these relationships besides, presumably, clinging by women? One study of suicidal women's heterosexual relationships has suggested that neglect and abuse could be significant factors [33]. Serious emotional neglect and sexual infidelity were among the most common precipitants reported by the suicidal women interviewed. Brutality and battering were reported by one-fourth of these suicidal women. In another study, women attributed their suicidal behavior to feelings of depression and fear, predominantly in connection with their husbands [34]. With regard to the assumption that suicidal women are dependent on their male partners, it has been observed that when measures of covert dependence are used, male partners appear to be as unindividuated as the suicidal women [37].

A second question concerns the role of socialization. What do North American women learn about femininity and suicidal behavior? According to studies by Linehan [38], and Stillion, White, Edwards, and McDowell [39], cultural norms in North America encourage non-fatal suicidal behavior in young adult women. First of all, non-fatal suicidal behavior is considered more "feminine" than fatal suicidal behavior [38]. Second, young adult women receive more sympathy for their non-fatal suicidal behavior than older women or men [39]. However, it is typically females, not males, who tend to sympathize with suicidal females [40].

A third question concerns the role of scientists' assumptions. Do scholars and researchers "find" a connection between women's suicidal behavior and relationships because the connection is there or because they believe that a connection *must* be there? After all, the idea that women are suicidal for love is congruent with the belief, common to many Western and non-Western cultures, that "women's nature is to be primarily committed to, dependent upon, and identified with men" [41, p. 72]. A direct, empirically-based answer to this question may be impossible to obtain. However, indirect answers can be gathered by examining the assumptions and methodology of available studies.

One theme common to many studies of suicidal women is a focus on relationships [22]. Another common theme is an interest in the "affective configuration" and emotional experience of suicidal women [42]. Very rarely do researchers explore the role of low income or restricted job mobility in young adult women's suicidal behavior. Therefore, one reason researchers "find" that women are

suicidal for love may be that questions about relationships and emotions are the main, and sometimes the only questions asked.

Most of the research on women, relationships, and suicide assumes that women's personal pathology is responsible for the relationship problems. A few researchers [43, 44] have challenged this assumption. They hypothesized (and provided data to suggest) that women's susceptibility to suicidal behavior while in relationships means that for women, relationships, and particularly marriage, may be more a source of stress than support. Conversely, they argue, for women, being single may not be as disadvantageous as it was once assumed. In fact, even divorce may not necessarily be detrimental for women's mental health. For example, Trovato found that, contrary to predictions, divorce *decreased* the risk of suicide in women ages 15-34 [45].

Whenever the relationship between employment and suicide is explored, it is generally assumed that employment *increases* women's risk for suicide [46, 47]. The traditional theory is that employed women experience role conflict, role overload, and low levels of status integration; it is predicted that women's increased participation in the paid workforce will lead to an increase in their rates of suicidal death. Recent evidence, however, does not appear to support such predictions [48, 49]. In fact, most studies suggest that being a housewife is associated with a heightened risk for psychological disorders [48-50]. Interestingly, some researchers do not give up the idea that involvement in traditional domestic roles is beneficial to women even when they find disconfirming evidence. For example, Trovato, who set up, but failed to support the hypothesis that employment increases suicide risk in women, nonetheless concluded: "As women (particularly married women) increasingly become involved in the labor force, the positive effects of this trend, both material and psychic, may actually outweigh the negative consequences of their lower degrees of involvement in traditional domestic roles" [45, p. 202].

A few researchers predicted that employment would provide women protection against suicide [51]. Their data suggests that the risk for suicidal death is greater in unemployed than in employed married women. This finding is consistent with the results from research on mental health in general, suggesting that employment has a positive effect on women's mental health [52].

To conclude, results from epidemiological and clinical studies of suicidal women have traditionally been interpreted to suggest that women are suicidal because of their pathological dependence on relationships. However, a critical review of the empirical evidence indicates that the mechanisms leading to suicidal behavior in women may have less to do with women's neurotic attachments, and more with either the stresses of a dysfunctional intimate relationship (possibly including serious emotional neglect, infidelity, and physical abuse) or women's reduced access to the rewards of employment. Additionally, there is evidence suggesting that women's high rates

of non-fatal suicidal behavior may be influenced by cultural expectations about suicide and femininity.

"... and Men for Glory?"

An initial reading of the empirical literature would appear to confirm the theory that men are suicidal for pride and performance motives. As noted in the epidemiological section, men are most at risk for suicide in later life. Clinical and epidemiological studies have suggested an association between older men's suicidal behavior and losses in health, socioeconomic status, and work roles [3, 9, 53, 54]. It is usually argued that for many older men retirement, income losses, and illness represent an intolerable challenge to their sense of mastery and pride. Another theory (which is a tautology more than a theory) is that older men are suicidal because they are clinically depressed [3].

Is men's self-definition really so dependent on pride and performance that diminished performance drives them to self-destruction? It is possible that older men may be suicidal for reasons other than losing their health, work, or income? What else may account for the association between suicide and performance, posited for men?

First, one wonders about the role of relationships in older men's suicides. Epidemiological and clinical studies have consistently reported that the risk of suicide is higher in men who are unmarried (single, separated, divorced, or widowed), living alone, and socially isolated [3, 54]. This observation has traditionally been interpreted to mean that relationships do not play a role in men's suicide. However, an equally plausible interpretation is that men kill themselves because they miss a relationship [3]. Unfortunately, since most older men do not survive their suicidal acts, one rarely has an opportunity to ask them whether relationships played a role in their suicides. One needs to rely on conjectures by family and friends and speculations by researchers. There is a high probability that such conjectures and speculations are affected by assumptions about suicide and masculinity. As a result, gender stereotyping may have a more persistent effect on research on male fatal suicidal behavior than on research on female non-fatal suicidal behavior.

Second, it is important to consider how beliefs about suicide and masculinity may affect men's decisions to engage in suicidal behavior. What do North American men learn about masculine behavior, priorities, and coping? Under what circumstances is it considered appropriate for North American men to engage in suicidal behavior? What role do cultural expectations of masculinity play in men's high mortality from suicidal behavior?

Studies exploring the relationship between male socialization and suicide have suggested that in North America surviving a suicidal act is discouraged

in men [38, 39]. First, surviving a suicidal act is considered unmasculine [38]. Second, males are most critical of other males who survive a suicidal act [40]. Third, some identification with "femininity" is associated with a heightened risk for non-fatal suicidal behavior in males [55]. Males who as children identified with, or adopted, behavior considered "feminine" were found to be at greater risk for suicide ideation and "attempts" later in life than males who adopted traditionally "masculine" behaviors. Interestingly, childhood gender role non-conformity was less likely to be associated with later suicide ideation and "attempts" in females than in males. In other words, "feminine" boys appeared more likely to be at risk for later non-fatal suicidal behavior than "masculine" girls. As discussed by White and Stillion, it appears that "male attitudes toward attempted male suicide may be a salient variable in their completion rates" [40, p. 364]. Troubled males considering suicide may be under pressure to kill themselves to avoid the stigma which they and other males attach to surviving a suicidal act.

Third, one should consider the role of scientists' assumptions regarding suicide and masculinity. Do scholars and researchers "find" a connection between men's suicidal behavior and performance because they expect such a connection? After all, the idea that men are suicidal for pride and "glory" is congruent with the belief, common to many Western and non-Western cultures, that men's nature is defined by their performance in instrumental roles [41]. One way to look for researcher's bias is to examine the assumptions and methodology of available studies.

One notices that most studies of suicidal men focus on employment, income, and health issues [3, 9, 53, 54]. Even though it is widely recognized that men are most at risk for suicide when they are isolated, recommendations for suicide prevention typically center around employment. For example, it has been advocated (for example, [53, 56]) that to prevent older men's suicide, the mandatory age requirement for retirement should be eliminated. An equally compelling argument however could be that since older men are suicidal when they are isolated, men should be socialized to get more relationship responsibility and experience [3].

Most of the research on suicide and employment has assumed that employment protects men from suicide. However, according to a recent Canadian study [45], the relationship between fatal suicidal behavior and employment in men may be more complex than anticipated. Contrary to expectations, unemployment was not found to be positively related to male fatal suicidal behavior, except for ages 15-34.

Conversely, studies that focused on relationships have consistently supported the conclusion that marriage provides a better protection against suicide for men than for women [43-45]. This is particularly true in late adulthood. For example, while widowhood is a predictor of death by suicide in both women and men, the

effect seems to be stronger for older men than for older women [3]. The risk of death by suicide appears to be particularly high when bereavement is associated with alcoholism, a condition which is also more common in men [57].

One final, but not less important, limitation of traditional theories of older male suicidal behavior is that these theories only apply to older white men. Like women, older non-white men are more socially and economically disadvantaged, but are less likely to kill themselves, than older white men. Traditional theories of older male suicide do not address the question of why the most privileged among the elders, white males, would be most vulnerable to the experiences of retirement, economic losses, and illness.

In sum, results from epidemiological and clinical studies have traditionally been interpreted to suggest that men become suicidal in response to performance failures. However, a different focus on the literature suggests that alternate interpretations may be equally plausible. For example, it is possible that men's suicidal behavior may have less to do with pride and performance and more with the absence of a relationship, limited relationship experiences, or social privilege. Furthermore, there is evidence suggesting that men's high rates of mortality by suicide may be influenced by cultural expectations about suicide and masculinity.

SUMMARY AND CONCLUSIONS

In her review of the literature on gender and depression, Nolen-Hoeksema has argued that "the epidemiology of a disorder can provide important clues to its etiology" [58, p. 259]. In North America, epidemiological patterns of suicidal behavior vary by gender. Women commit a greater number of suicidal actions, but have lower rates of suicide mortality than men. Women are most suicidal when they are young, men when they are old.

Traditionally, the study of gender and suicidal behavior has been based on the theory that women's and men's "natures," needs and motivations are intrinsically and "naturally" different. This approach is reflected in the different vocabularies of, and explanations for, suicidal behavior in women and men. It has been said that women commit gestures, and that men commit actions; that women act for love, men for pride.

This review of the literature questions the validity of traditional assumptions about gender and suicidal behavior. On the one hand, there is evidence suggesting that socialization may account for some of the observed gender differences in suicidal behavior. For example, with regard to kinds of suicidal behavior, women and men are exposed to different, gender-specific rules of suicidal behavior. On the other hand, gender differences may not be as great as it was once thought. For example, with regard to explanations for suicidal behavior, there are indications

that women and men are sensitive to both relationship and employment rewards and stressors.

One hypothesis is that gender differences in kinds of, and explanations for, suicidal behavior are influenced by beliefs and expectations about gender in a particular culture. Potentially, women and men are equally capable of engaging in non-lethal and lethal suicidal behavior. For both women and men, problems in relationships and employment may precipitate suicidal behavior. Whether one or another kind of suicidal behavior is acted out, what triggers it, and how such behavior is rationalized, may depend on culture-specific norms of gender and suicidal behavior.

From the point of view of the suicidal individual, the choice of, and personal explanations for, suicidal behavior may be mediated by the person's sensitivity to gender conventions. Individuals whose gender identity is highly conventional may be more likely to engage in gender-conventional suicidal behavior. This theory predicts that women's high rates of suicidal behavior in young adulthood may reflect their relatively high degree of conformity to traditional gender expectations, compared to older women [59]. This theory also predicts that risk for suicidal death may be highest in elderly males whose masculine identity is narrowly and conventionally defined. Widowed or divorced males who dedicated all of their time and energy to their careers, and who delegated all emotional and relationship tasks to women, may fit such a profile. On the other hand, older individuals whose gender identity is more broadly defined may have acquired enough breadth of experiences and coping that their risk for suicidal behavior may be relatively low. Another possibility is that individuals whose gender identity is less conventionally defined may engage in less gender-conventional suicidal behaviors.

From the point of view of science and research, cultural conceptions of femininity and masculinity may exert as powerful an influence not only on suicidal individuals, but also on researchers. As Gould noted in *Ever Since Darwin*: "Science is no inexorable march to truth, mediated by the collection of objective information and the destruction of ancient superstition. Scientists, as ordinary human beings, unconsciously reflect in their theories the social and political constraints of their times" [60, p. 16]. Gender theories of suicidal behavior are affected by cultural assumptions about gender, as mediated through researchers. What researchers "find" depends on what researchers look for and are willing to see.

So far most of what we have learned about gender and suicide has been based on a theory of gender differences. However "new facts, collected in old ways under the guidance of old theories, rarely lead to any substantial revision of thought. Facts do not 'speak' for themselves; they are read in the light of theory" [60, p. 161]. It is exciting to look forward to what we will be able to learn about gender and suicidal behavior when we start focusing on common themes.

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