

Meanings of Gender and Suicidal Behavior during Adolescence

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In the United States, gender differences in suicidal behavior rates emerge during adolescence, when females are more likely to engage in suicidal behavior, but are less likely to die as a result of a suicidal act than males. These gender patterns of suicidal behavior are common but not universal, suggesting cultural influences. This article reviews the highlights of the research on cultural meanings of gender and suicidal behavior. Studies suggest that U.S. adolescents perceive nonfatal suicidal behavior as more "feminine" and less potent than killing oneself. Persons who are suicidal in response to a relationship problem are considered more "feminine" than persons who become suicidal in response to an achievement failure. Males are more critical and avoidant of suicidal persons than females, especially when the suicidal person is a male. These beliefs may play a role in decisions about suicidal behavior (what kinds of suicidal behavior are chosen, and under what conditions). Cultural narratives of gender and suicidal behavior may be particularly influential for adolescents because adolescents are in the process of defining their identity, and often take cultural messages about "appropriate" gender behavior more seriously and more literally than adults. The implications of the findings from the research on cultural meanings of gender and suicidal behavior for prevention programs are outlined.

Gender is one of the most reliable predictors of suicidal ideation and behavior among adolescents in the United States. Adolescent females are more likely than adolescent males to report suicidal thoughts and to engage in suicidal behavior. Adolescent females, however, are less likely to die as a result of a suicidal act than adolescent males (King, 1997). This gender difference in rates of suicidal behavior is not apparent in childhood, when all forms of suicidal behavior are relatively uncommon (King, 1997; Shaffer et al., 1996). Many explanations for the gender difference in rates of different kinds of suicidal behavior have been proposed. None of these explanations has been unequivocally supported, mostly because the relevant research has not been performed.

In this article I focus on the research on meanings of gender and suicidal behavior among adolescents. First, I address termi-

nology and conceptual issues. I then review the epidemiological data on suicidal behaviors during adolescence. Next, I present and discuss highlights from the research on cultural meanings of gender and suicidal behavior. Finally, I address the implications for prevention.

A comprehensive review of the literature is beyond the scope of this article. My goal is to demonstrate the value of looking at questions of suicidal behavior through the perspective of gender. Another goal is to generate new ideas for adolescent suicide prevention research and programs.

DEFINITIONAL AND CONCEPTUAL ISSUES

In this article I distinguish between the terms "sex" and "gender." I use the term "sex" to refer to "innate structural and

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physiological characteristics related to reproduction" (Lott & Maluso, 1993, p. 99). By contrast, I use the term "gender" to refer to phenomena and issues related (or assumed to be related) to social and cultural influences (Lott & Maluso, 1993). While it is not always possible to separate biological and cultural influences because these influences interact, maintaining a distinction between the concepts of "sex" and "gender" helps remind us of the multiple determinants of human behavior (Unger & Crawford, 1993). Consistent with recent scholarship, I take the position that gender is whatever a culture defines and prescribes as feminine and masculine. The categories of femininity and masculinity are culturally specific and transient. They can only be understood contextually, "meaning that there is no singular 'gender' per se" (Zinn, Hondagneu-Sotelo, & Messner, 1997, p. 6).

This article focuses on gender as a dimension of human experience and as a factor influencing a person's location in the social order. I am aware that other factors, such as ethnicity, social class, or sexual orientation, influence the experiences of adolescent females and males, including suicidal experiences. Unfortunately, studies of suicidal behavior, like studies of many other social phenomena, rarely include simultaneous consideration of gender and ethnicity, social class, or sexual orientation. Due to limitations in the available data, I deal here with adolescent females and males as if they were homogeneous groups. In the future the field of suicidology may have data that will enable us to disentangle the effect of gender from those of ethnicity, social class, and sexual orientation.

The terminology of this article is based on the outcome rather than on the presumed motivation of the suicidal behavior, because intent is not a reliable predictor of outcome. Not all suicidal deaths are intended; conversely, not all persons who survive a suicidal act planned to live. In addition, my terminology avoids the problematic implication that surviving a suicidal act represents a failure, an incom-

plete action. Therefore, I call the suicidal acts that a person survived "nonfatal suicidal behavior," instead of "suicide attempts." I use terms like "fatal suicidal behavior," "suicide mortality," or simply "suicide" in lieu of "completed suicide" or "successful suicide," for those suicidal acts that resulted in death. The term "suicidal behavior," not otherwise specified, refers to either fatal and nonfatal suicidal behavior, or to cases where information about the outcome of the suicidal act is not available, or is irrelevant (see Canetto, 1992; Canetto & Lester, 1995c, for a discussion of suicidal behavior terminology).

This review draws primarily upon U.S. and Canadian studies. The beliefs about gender and suicidal behavior I describe in this article were recorded in these two countries. In other countries, meanings of gender and suicidal behavior may differ, and in fact often do, from those prevalent in the United States and Canada.

The research on gender meanings of suicidal behavior has primarily surveyed mid- to late-adolescents, those between the ages of 14 and 22. This is the age group that is the focus of this review.

THE EPIDEMIOLOGY OF SUICIDAL BEHAVIORS

Adolescent females in the United States are 1½-2 times more likely than adolescent males to report suicidal ideation (see King, 1997, for a review). For example, according to a study by Lewinsohn, Rohde, and Seeley (1996), 23.7% of females and 14.8% of males ages 14 to 18 years old had experienced suicidal thoughts over their lifetime.

Adolescent females are also more likely to engage in nonfatal acts of suicidal behavior than adolescent males, by an average ratio of 3 : 1. According to a review by King (1997), 10-20% of adolescent females report a history of suicidal behavior, as compared with 4-10% of adolescent males. Significantly more females than males also acknowledge engaging in suicidal behavior during the past year. "In a typical

high school classroom," writes King, "it is probable that one boy and two girls have made a suicide attempt in the past year" (p. 66). Gender differences in rates of nonfatal suicidal behavior, however, are not uniformly found across all ethnic groups in the United States. For example, a recent study of nonfatal suicidal behavior among Native Hawaiian adolescents recorded similar rates for females (4.49%) and males (4.13%) in the previous 6-month period (Yuen et al., 1996). Gender differences in rates of nonfatal suicidal behavior are not apparent in childhood, when nonfatal suicidal behavior is uncommon (Lewinsohn et al., 1996).

Adolescent females, however, are less likely to die as a result of a suicidal act than adolescent males. While in childhood and early adolescence suicide is uncommon and occurs almost as often among females as males, the incidence increases less rapidly among females than males during the adolescent and young adult years (Centers for Disease Control, 1985; Kachur, Potter, James, & Powell, 1995). In recent decades the gender gap in suicide mortality has been widening. Between 1970 and 1980, the suicide mortality rates for females ages 15-24 showed a slight increase, while the suicide mortality rates for males in the same age group increased by 50% (Center for Disease Control, 1985). During the period between 1986 and 1991, rates of suicide mortality among females ages 15-19 of all ethnic groups remained stable. Rates for White males in the same age group reached a peak in 1988 and then stabilized; however, those for Black and other ethnic minority males increased markedly (Shaffer, Gould, & Hicks, 1994). Data for 1992 show that the suicide mortality rate for males 15-24 year-old was 5-5½ times higher than the rate for females in the same age group. Among Black persons ages 20-24, males were almost 9 times more likely to die as a result of a suicide than were females of the same age (Kachur et al., 1995).

Reflecting on the epidemiology of suicidal behaviors during adolescence in the

United States, King (1997) notes that the most striking feature is the high prevalence of suicidal ideation and nonlethal suicidal behavior. "At no other time in the lifespan is the ratio of suicide attempts to completions as high as it is during adolescence" writes King (p. 66). "When viewed in terms of the total population of adolescents," continues King, suicide "is a low-frequency event during adolescence," because actually "few adolescents take their own lives" (p. 68).

In sum, from a public health perspective, the suicide problem during adolescence is one of epidemic suicidal ideation and nonfatal suicidal behavior. Suicidal ideation and nonfatal suicidal acts are most common among girls. Yet, the attention of suicidologists is often focused on suicide mortality, what King (1997) defines as the "low-frequency event during adolescence" (p. 68), and what is typically a male behavior.

CRITICAL ISSUES AND QUESTIONS CONCERNING GENDER AND SUICIDAL BEHAVIOR

As the preceding epidemiological data show, gender is one of the most important predictors of suicidal behavior in the United States. Unfortunately, suicidologists have historically ignored questions of gender. Many researchers have limited themselves to a description of the female/male composition of a study's sample and have ignored the fact that they may be dealing with primarily female samples (if they are studying nonfatal suicidal behavior; e.g., Spirito, Brown, Overholser, & Fritz, 1989) or primarily male samples (if they are researching suicide mortality; e.g., Brent, Bridge, Johnson, & Connolly, 1996). Others have paid attention to the female/male segregation in the distribution of suicidal behaviors, but have relied on obsolete theories, such as Freud's or Durkheim's theories, to interpret the data (e.g., Chew & McCleary, 1994; Firestone, 1997). One can still find theories of suicidal behavior that do not address the di-

vergent female and male patterns but are presented as generic and universal (e.g., Chew & McCleary, 1994). Recent publications presumably dealing with adolescent suicidal behavior in general (e.g., Berman & Jobes, 1991) actually focus on mostly male suicide mortality issues and only "briefly address the topic of nonfatal suicidal behaviors" (p. 27).

In the past three decades, the scholarship on gender has flourished. One of its main contributions has been an increased understanding of the processes and consequences of gender socialization. We have also become aware that gender ideologies and socialization practices vary greatly by culture and historical periods (Unger & Crawford, 1996; Zinn et al., 1997), and that these culture- and cohort-specific gender experiences influence the rates and forms of psychological disorders that women and men experience (Unger & Crawford, 1996).

In the United States, females and males are prone to different kinds of mental disorders. Females are more likely to be diagnosed as suffering from a depressive disorder, an eating disorder, or a panic disorder, whereas males are more likely to be diagnosed as suffering from a conduct disorder, a paraphilia, or an explosive disorder (American Psychiatric Association, 1994). It has been pointed out that in the United States, women are overrepresented in the so-called internalizing disorders, namely disorders that are primarily self-destructive, and in which the pain and hostility are turned inward. Men, on the other hand, are overrepresented in the so-called externalizing disorders, namely disorders that involve some degree of external destructiveness, and in which pain and hostility are turned outward. It has also been noted that even when women and men exhibit similar forms of psychological distress (e.g., suicidal behavior), women's problems are conceived of as personal ones and are dealt with via the mental health system, whereas men's problems are seen as social ones, as an indication of cultural, economic, or social malaise, and are dealt with via social pro-

grams and the legal system (Canetto, 1991, 1992-1993, 1995b, 1995c, 1997).

When we examine the U.S. epidemiology of various kinds of suicidal behaviors (ideation, nonfatal, and fatal suicidal behavior), we also find a gender segregation. Females are overrepresented among those who report suicidal ideation and behavior, while males are overrepresented among those who die of suicide. It is not clear how the internalizing-externalizing model may apply to the case of suicidal behavior. In some ways, all suicidal behavior is a kind of an "internalizing" behavior, a behavior in which pain and hostility are turned into a form of self-punishment. By this definition we would expect adolescent and young adult females to be overrepresented in all forms of suicidal behavior, especially since adolescent and young adult females are more likely than males of the same age to suffer from depression, an internalizing disorder that is associated with suicidal behavior. The life span course of depression, suicidal ideation, and nonfatal suicidal behavior follow a similar pattern in females: They increase during adolescence and are high during young adulthood (Lewinsohn et al., 1996). In other ways, suicidal behavior looks like an "externalizing" disorder because it involves a degree of aggression and the defiance of social, religious, and sometimes legal prohibitions. By this definition we would expect adolescent and young adult males to be overrepresented in all forms of suicidal behavior, especially since adolescent and young adult males are more likely than females of the same age to engage in violent and illegal deviant acts, such as conduct disorders or paraphilias. Males are also more likely than females to present with illegal substance abuse syndromes, conditions that are associated with suicidal behavior (Canetto, 1991).

Based on the evidence reviewed so far, the gender question pertaining to adolescent suicidal behavior in the United States is the following: Why are adolescent females and males overrepresented in different forms of suicidal behavior? Specifically, why are adolescent females

more likely to engage in suicidal behavior, and at the same time more likely to survive a suicidal act than adolescent males? And why are adolescent males less likely to engage in suicidal behavior, but more likely to die as a result of a suicidal act than adolescent females?

Suicidologists have looked for answers to these questions in a number of different domains, including the biological, psychological, social, and cultural. Many theories have been proposed. None of these theories has been firmly supported, mostly because the relevant research has not been performed. Within this article I focus on the findings that have been generated by the research on cultural meanings of gender and suicidal behavior. I believe that this research has the most potential for accounting for the gender patterns of suicidal behaviors observed in the United States, and for the variations in such patterns of suicidal behavior found in different parts of the world.¹

WHY ARE ADOLESCENT FEMALES MORE LIKELY TO ENGAGE IN SUICIDAL BEHAVIOR AND YET MORE LIKELY TO SURVIVE A SUICIDAL ACT THAN ADOLESCENT MALES?

Several theorists (e.g., Chesler, 1972; Neuringer & Lettieri, 1982; Suter, 1976) have suggested that the overrepresentation of females among persons who engage in a suicidal act and survive may have something to do with the fact that in this country nonfatal suicidal behavior is associated with femininity. For example, Chesler (1972), in her book *Women and Madness*, called "suicide attempts . . . the grand rites of 'femininity'" (p. 49). Simi-

larly, Neuringer and Lettieri (1982) suggested that "it may be that suicidal gestures are an expected, and even socially sanctioned, behavior in unhappy women" (p. 22). According to them, suicide "attempts certainly receive less disapproval than similar behavior in men" (p. 22). Suter (1976) has argued that nonfatal suicidal behavior is viewed as "feminine" because it is interpreted as a call for help, a behavior that is expected of women.

The underrepresentation of females among persons who die of suicide has been related to the fact that, in the United States, female suicide is judged more negatively than the same behavior in males (Canetto, 1992-1993, 1997). It has also been suggested that suicide is more unacceptable in females than in males because it involves a degree of self-determination that may be perceived as incompatible with femininity (Canetto, 1995a, 1997).

Research on the meanings of suicidal behavior by gender has confirmed these interpretations. Studies using different methodologies by independent research teams have consistently found that in the United States nonfatal suicidal behavior (so called "suicide attempts") is viewed as feminine. For example, according to Linehan's (1973) study of college students, nonfatal suicidal behavior is seen as more feminine and less potent than fatal suicidal behavior. In this study, "feminine" persons were expected to "attempt" suicide more than "masculine" persons. A research group from North Carolina found that nonfatal suicidal behavior is considered particularly "appropriate" for young women. In this study young women elicited the most sympathy for their nonfatal suicidal behavior, as compared with older women and men of any age (Stillion, White, Edwards, & McDowell, 1989). Another research team observed that persons who become suicidal in response to a relationship loss are perceived as more feminine than persons who become suicidal in response to an achievement failure (Dahlen & Canetto, 1996). Furthermore, according to a study by DeRose and Page (1985), females are thought to be

¹For example, in India, Poland, and Finland, it is males, not females, who typically engage in nonfatal suicidal behavior. Conversely, in several Asian, Caribbean, and South American countries—including Hong Kong, Cuba, and Brazil—females' suicide mortality rates exceed those of males for persons ages 15-24 (see Canetto & Lester, 1995a, 1995b, for reviews).

more likely than males to become suicidal in response to personal relationship problems.

These studies suggest that some identification with, or adoption of, behaviors considered feminine in the United States may lead to an increased risk for nonfatal suicidal behavior. Evidence supporting this hypothesis comes from a study by Harry (1983). He found that gender role nonconformity during childhood was more likely to be associated with adult nonfatal suicidal behavior in males than in females. In other words, conventionally "feminine" boys were more likely to become suicidal during adulthood than conventionally "masculine" girls. Related to these findings are those from a study of gender identity and perceptions of the acceptability of nonfatal suicidal behavior (Dahlen & Canetto, 1996). In this study "androgynous" individuals were less accepting of the decision to engage in suicidal behavior than gender "undifferentiated" respondents. The authors speculated that androgynous persons may be less understanding of the suicidal decision because they can conceive of and implement a wider range of coping responses than undifferentiated individuals.

The fact that nonfatal suicidal behavior is viewed as feminine does not mean that people respond to suicidal females in a positive and caring manner. Studies suggest that adolescents and young adults hold negative attitudes toward suicidal persons (Bell, 1977, cited in Wellman & Wellman, 1986; Dahlen & Canetto, 1996; Mishara, 1982; Norton, Durlak, & Richards, 1989). For example, Bell found that college students perceived their suicidal peers as cowardly, sick, and disreputable. These students were more critical of individuals who survived than of those who died of a suicidal act. In Mishara's (1982) study, college students reported reacting to a suicidal peer with shock, anger, repulsion, and helplessness.

Given that nonfatal suicidal behavior is considered cowardly, sick, disreputable, and feminine, it is not surprising that females and males differ in their attitudes

toward nonfatal suicidal behavior. High school and college females are less likely to report critical, avoidant attitudes toward suicidal persons than their male peers (Dahlen & Canetto, 1996; Kalafat, Elias, & Gara, 1993; Norton et al., 1989; Overholser, Hemstreet, Spirito, & Vyse, 1989; Spirito, Overholser, Ashworth, Morgan, & Benedict-Drew, 1988; Stein, Witztum, Brom, DeNour, & Elizur, 1992; Wellman & Wellman, 1986). For example, in one study, college females were less likely than college males to question the seriousness of a friend's suicidal intent and to avoid talking with their suicidal friends (Wellman & Wellman, 1986). In other studies, high school and college females had more sympathy for nonfatal suicidal behavior than their male peers (Stillion, McDowell, & Shamblin, 1984; Stillion, McDowell, Smith, & McCoy, 1986).

Studies have also consistently found that nonfatal suicidal behavior is interpreted as a cry for help, despite the fact that only a minority of suicidal persons explain their action in terms of interpersonal motives (see Canetto, 1995c, for a review). For example, a group of British researchers observed that a majority of psychiatrists, but only a minority of suicidal persons, believed that nonfatal suicidal behavior represents an attempt to influence someone. Most suicidal persons actually explained their behavior in terms of hopelessness (Bancroft, et al., 1979; Bancroft, Skrimshire, & Simkin, 1976).

The expectation that females have dependency-related motivations for their suicidal acts is consistent with the results of studies concerning expectations about females in general. For example, a study of the content of fiction for children and adolescents (White, 1986) showed that dependency is portrayed as an appropriate, and even attractive, behavior in females. Female characters were more likely than male characters to be portrayed as receiving help; male characters were typically featured in the role of rescuers.

The theory that female suicide is viewed more critically than the same behavior in males has been supported by the findings

of several surveys of college students. In one study (Deluty, 1988-1989), female suicide was rated as more wrong, more foolish, weaker, and less permissible than male suicide, independent of the precipitant. In another study (Lewis & Sheppard, 1992), women who killed themselves were viewed as less well-adjusted than men who killed themselves, independent of context.

To summarize, U.S. research studies conducted primarily with adolescent and young adult respondents have found that nonfatal suicidal behavior is viewed as feminine, whereas killing oneself is considered less permissible for females than for males. Adoption of behaviors considered feminine is associated with increased risk for nonfatal suicidal behavior. Young women's high rates of nonfatal suicidal behavior and low rates of suicide mortality might be explained at least in part by these beliefs and attitudes about gender and suicidal behavior.

WHY ARE ADOLESCENT MALES LESS LIKELY THAN ADOLESCENT FEMALES TO ENGAGE IN SUICIDAL BEHAVIOR BUT MORE LIKELY TO DIE AS A RESULT OF A SUICIDAL ACT?

Several independent lines of research with predominantly adolescent and young adult samples have generated findings suggesting that surviving a suicidal act is perceived as culturally unacceptable for males in the United States. The same seems to be true of suicidal ideation. Conversely, it appears that killing oneself is viewed as more appropriate for males than females. The taboo against male nonfatal suicidal behavior may protect males against it. At the same time, the association of suicide with masculinity may lead males to "structure any suicidal act in such a way as to reduce the likelihood of surviving it (Stillion, 1995, p. 72). As argued by Linehan (1973), "due to social pressures against attempted suicide, males . . . [might] 'skip' over the less dras-

tic solution of attempting suicide and go directly to suicide" (pp. 32-32).

The earliest evidence that nonfatal suicidal behavior is perceived as unmasculine comes from a study by Linehan (1973). She observed that persons who survived a suicide were rated as less masculine and potent than persons who killed themselves. Additional pertinent evidence emerged from a study by White and Stillion (1988). These researchers compared college students' reactions to troubled suicidal and troubled nonsuicidal persons. They found that males were most unsympathetic toward suicidal males. According to White and Stillion, "attempted suicide by troubled males may be viewed by other males as violations of the sex-role messages of strength, decisiveness, success, and inexpressiveness" (p. 365). More recently, Rich and colleagues (Rich, Kirkpatrick-Smith, Bonner, & Jans, 1992) found that, among adolescents ages 14-19, males were more concerned than females about social disapproval for thinking about suicide, as well as for "attempting" suicide (a concern that seems realistic given White and Stillion's findings). It is therefore not surprising that, in the same study, males were less likely than females to report being depressed and suicidal, although they were more likely than females to admit to problems with substance abuse and loneliness.

As discussed earlier, several independent researchers found that killing oneself is considered a more acceptable and powerful act for males than for females (Deluty, 1988-1989; Lewis & Sheppard, 1992; Linehan, 1973; however, see Lester, Guerriero, & Wachter, 1991, for different findings). For example, Deluty found that death by suicide in males was rated as less wrong, less foolish, and less weak than death by suicide in females. Similarly, Lewis and Sheppard (1992) observed that men who killed themselves were viewed as more well-adjusted than women who killed themselves, independent of the precipitant of suicide. There is also evidence that certain reasons for suicide are viewed as inappropriate for men. For example, in

a study exploring the role of gender and context (an athletic vs. a relationship failure) on perceptions of suicide, Lewis and Sheppard (1992) found that males who killed themselves because of a failed relationship were rated as significantly less well-adjusted than males who killed themselves because of an athletic failure.

These studies suggest that some identification with, or adoption of, behaviors considered masculine in the United States may lead to an increased risk for suicide. Evidence supporting this hypothesis comes from a study of gender and reasons for living in college students (Ellis & Range, 1988). This study found that conventional "femininity" predicted high scores on the Reasons for Living Inventory. Conversely, conventionally "masculine" persons tended to report fewer adaptive reasons for living than conventionally "feminine" persons. According to the authors of the study, "the results suggest that the traditional development of masculine sex roles in our society is not adaptive in terms of facilitating an individual's belief which would prevent suicide. Perhaps this is one reason why men are more likely than women to commit suicide" (p. 23). Related to these findings are those from studies of the right to kill oneself (Johnson, Fitch, Alston, & McIntosh, 1980; Marks, 1988-1989; Wellman & Wellman, 1986). In these studies, men were found to be more supportive of the right of suicide than women.

To summarize, U.S. studies of the meaning and acceptability of gender and suicidal behavior among adolescents and young adults have found that surviving a suicidal act is perceived as an inappropriate behavior for a male. Concomitantly, killing oneself is viewed as masculine. "Masculine" persons appear less likely than "feminine" persons to hold the adaptive reasons for living that may prevent suicide. Young men's low rates of nonfatal suicidal behavior and high rates of suicide mortality might be explained at least in part by these beliefs and attitudes about suicidal behavior.

SUMMARY AND CONCLUSIONS

Suicidal ideation and nonfatal suicidal behavior are the most prevalent forms of suicidal behavior among adolescents and young adults in the United States. Girls predominate among those who report suicidal thoughts and behavior. Suicide is a low-frequency event during adolescence and young adulthood, and a male-dominated form of suicidal behavior. There are no gender differences in the rates of different kinds of suicidal behavior in prepubescent children. The elevations in suicidal ideation and nonfatal suicidal behavior in adolescent girls parallel increases in their depressive symptoms.

According to Nolen-Hoeksema (1987), "the epidemiology of a disorder can provide important clues to its etiology. When a disorder only strikes persons from one geographical region, one social class, or one gender, we can ask what characteristics of the vulnerable group might be making its members vulnerable" (p. 259). The gender segregation of different forms of suicidal behavior during adolescence, and the high rates of depression and nonfatal suicidal behavior in adolescent females, can provide us with etiological clues that deserve the attention of researchers. Adolescents and young adults in the United States maintain fairly gendered beliefs and attitudes about different kinds of suicidal behaviors. They believe that certain kinds and contexts of suicidal behavior are appropriate for females, and others for males. They consider nonfatal suicidal behavior to be feminine, but view suicide as masculine. They tend to be more critical of persons who survive a suicidal act than of those who kill themselves. Males are more likely to support the right to kill oneself, but are more critical of suicidal persons than females. Males are also more concerned than females about social disapproval over their suicidal thoughts and behaviors. Conventionally "feminine" persons are at elevated risk for nonfatal suicidal behavior. At the same time, "femi-

ninity" is associated with stronger adaptive reasons against killing oneself.

These beliefs and attitudes represent the cultural narratives of gender and suicidal behavior in the United States. Although cultural narratives are transformed in unique ways in individual cases, they likely provide a blueprint for action. As Rubinstein (1983) pointed out, cultural narratives "organize, provide significance, and influence the dynamic and frequency" (p. 664) of individual suicides. "Individuals draw upon these cultural meanings in choosing their course of action and in giving this course of action some public legitimacy" (Rubinstein, 1987, p. 145). In his own research on adolescent suicidal behavior in Micronesia, Rubinstein (1983, 1987, 1995) found that the actors, method, themes, and scenarios of suicidal acts were modeled after gendered local scripts. Suicidal girls and boys acted out some version of their community's script.

In the United States, as in other parts of the world, cultural scripts of gender and suicidal behavior are likely to play a role in adolescents' decisions about suicidal behavior. The influence of cultural messages about "gender-appropriate" suicidal behavior may be particularly powerful for adolescents, since adolescents are in the process of defining their identity and may take cultural messages about "appropriate" gender behavior more seriously and more literally than adults (Hill & Lynch, 1983).

According to the cultural script model, the association of nonfatal suicidal behavior with femininity is a factor in adolescent females' high rates of nonfatal suicidal behavior. The stigma of female suicide would be a deterrent to females' killing themselves. Adolescent females would draw upon these cultural scripts in choosing their course of action and in giving their suicidal acts some public meaning. This model predicts that, because of the perceived masculinity of suicide, adolescent females would tend to resort to indirect forms of suicide that are considered "feminine" in the United States (e.g., anorexia).

Under the cultural script model, the high rates of male suicide mortality are influenced by the perceived masculinity of suicide. The social pressure against surviving a suicidal act would lead males to be selective about when to engage in suicidal behavior, but would prevent them from allowing themselves room for survival, once they do engage in it. This model predicts that because of the perceived femininity of nonfatal suicidal behavior, males would tend to resort to forms of life-threatening behaviors that are considered "masculine" in the United States (e.g., drinking and driving).

Because in the United States cultural scripts of suicidal behavior differ by gender, one would expect gender identity to be an important variable in influencing forms of suicidal behavior. Individuals whose gender identity is conventional (e.g., "masculine" males) may be more likely to follow the gendered scripts of suicidal behavior than individuals whose gender identity is unconventional (e.g., "masculine" females) (Canetto, 1992-1993).

Evidence in support of the cultural script model of suicidal behavior can only be indirect and distal. As documented in this review of studies, evidence for the cultural script model is already available. Namely, there is a correspondence between the findings from the research on the acceptability of different kinds of suicidal behavior and epidemiological trends in suicidal behaviors. Nonfatal suicidal behavior is most acceptable and most common in young females, and least acceptable and common in males. On the other hand, suicide, which is viewed as most acceptable and fitting for males, is most frequent among males. It has also been documented that gender identity might influence forms of suicidal behavior. For example, earlier I described a study in which gender-unconventional males ("feminine" males) were found to be at elevated risk for nonfatal suicidal behavior, a form of suicidal behavior considered "feminine" in the United States.

IMPLICATIONS FOR THE PREVENTION OF SUICIDAL BEHAVIORS

The research on cultural meanings of gender and suicidal behavior has generated a number of findings that have implications for the prevention of suicidal behaviors. First, there are findings that have applications for primary prevention educational programs. One such finding concerns the perceived femininity of nonfatal suicidal behavior, and the association between masculinity and killing oneself. Suicide prevention educational programs should explicitly assess beliefs about gender and suicidal behavior. For example, they should evaluate beliefs about being a female and about engaging in nonfatal suicidal behavior, and challenge the notion that nonfatal suicidal behavior is a feminine way to cope with problems. Second, the finding that males tend to support the right to kill oneself but are critical of persons who reveal suicidal thoughts or acts translates into ideas for prevention. Prevention work with males may be most efficacious if it explores the meanings of their focus on the right to kill oneself, while reducing the stigma of surviving a suicidal act. Third, there is the observation that females empathize with peers who exhibit suicidal behavior. Educational programs have traditionally assumed that an understanding, less prejudicial attitude toward suicidal persons is a protective factor (see Overholser, Evans, & Spirito, 1990, for a review). This, however, may not be true for adolescent females. In girls, an understanding attitude may be a sign that they consider nonfatal suicidal behavior as a relatively acceptable way to deal with difficulties. It may also "be part of a more empathic and accepting attitude of female adolescents to controversial issues in general," as speculated by Stein and colleagues (1992, p. 955). Thus, educational programs should evaluate the meaning of girls' accepting attitudes toward suicidal persons.

New directions for prevention can also be generated from the finding that males

are more concerned than females about social disapproval over revealing their suicidal thoughts and behavior. This finding may explain the negative reactions that have been recorded from males involved in suicide prevention educational programs (see Garland & Zigler, 1993; Overholser et al., 1990, for reviews). For example, in one study (Shaffer et al., 1990), suicidal males judged the suicide prevention curriculum as boring. In another study (Overholser et al., 1989), after the curriculum, male students reported increased hopelessness and less appropriate evaluative attitudes toward suicidal behavior (as indicated by agreement with statements such as "Teenagers who try to kill themselves are 'weak' or very disturbed"). Given the stigma associated with acknowledging suicidal feelings or exhibiting suicidal behavior in males, it is not surprising that after participation in a suicide prevention curriculum, males may dismiss the educational program, increase their rejection of suicidal peers, or report some depressed feelings. These negative reactions do not necessarily indicate that the educational program was useless or detrimental. On the contrary, they may be a sign that males are beginning to confront some difficult issues concerning suicidal behavior and masculinity. These reactions may offer educators a rich opportunity to engage male participants in a deeper conversation about maleness and life-threatening behaviors. Conversely, the fact that after the curriculum, girls report a reduction in hopelessness, an increase in constructive evaluative attitudes about suicidal behavior, or satisfaction with the program may simply be an indication of girls' socialized wish to please. Adolescent females' positive response to educational programs may not necessarily translate into a reduction in their own self-destructive behavior.

One also needs to be aware of gender issues in the evaluation of secondary prevention services. Historically, researchers have evaluated the impact and efficacy of crisis intervention services via monitoring of service use and via follow-up of sui-

cide mortality rates. The typical finding is that young White females are the highest users of suicide prevention services (e.g., Boehm & Campbell, 1995; Miller, Coombs, Leeper, & Barton, 1984), but that these services have no effect on community suicide mortality rates, except possibly on females' rates (see Dew, Bromet, Brent, & Greenhouse, 1987; Overholser et al., 1990, for reviews). The conclusion has been that these services are helpful only to females: "Males may require suicide prevention programs that differ from the kind generally provided" suggest Overholser and colleagues (1990, p. 391). While it is encouraging that in one study young females' suicide mortality was affected by access to suicide prevention services (Miller et al., 1984), the conclusion that these services are effective for females is premature (Canetto, 1995c). First, the most prevalent female suicidal behaviors are nonfatal suicidal acts. Changes in suicide mortality are not the best outcome measure of service effectiveness for females. Second, the fact that girls are the most frequent users of crisis intervention centers is not necessarily a positive sign. It simply tells us that many girls are suicidal and that they are willing to disclose their suicidal ideation. From the review of studies in this article, it is clear that girls have less fear of social disapproval about their suicidal thoughts than boys, perhaps because talking about one's suicidal feeling or behavior is considered feminine in the United States. Whether or not suicide prevention services meet suicidal girls' needs and whether they reduce girls' nonfatal suicidal behavior remains to be tested. So far, the one study that explored this question did not find evidence that suicide prevention services reduced rates of nonfatal suicidal behavior (Holding, 1974).

To conclude, much more research needs to be done to assess the influence of gender meanings of suicidal behavior on the phenomenology of adolescent suicidal behavior. If the factors contributing to the gender differences in adolescent suicidal behavior in the United States can be un-

derstood, perhaps we can design more gender-sensitive prevention programs, so that suicidal behavior in both girls and boys can be prevented.

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