Suicide and Gender: An urgent issue during and post COVID-19

Suicidio y Género: Un problema urgente durante y después de la COVID-19

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ABSTRACT

Suicide is a growing social problem worldwide. Gender has been considered one of the risk factors for suicide, however, it has also been one of the misunderstood categories by some researchers. Gender is not a risk factor in itself. Political, economic, and cultural processes assign, distribute, and value social opportunities, roles, and expectations according to sexual differences, and it shape the ways of thinking and feeling ourselves. These ways of thinking and feeling can explain suicide at the individual level. In this sense, this article focus on the processes through which the current COVID-19 pandemic may be affecting our construction of gender, and as a result, our mental health. As a result, some directions are pointed out to understanding suicide and its relationship with human being as a historical totality.

Keywords: Patriarchal conception of society, Social construction of gender, Suicide, COVID-19.

RESUMEN

El suicidio es un problema social creciente a nivel mundial. El género ha sido considerado uno de los factores de riesgo de la conducta suicida, sin embargo, también ha sido una de las categorías mal entendidas dentro de la investigación sobre el tema. El género no es un factor de riesgo en sí mismo. La forma en que los procesos políticos, económicos, y culturales asignan, distribuyen y valoran oportunidades, roles y expectativas de acuerdo con diferencias sexuales, implica también la construcción de formas de pensar y sentirnos a nosotros mismos. Estas formas de pensar y sentir constituyen uno de los procesos que pueden explicar el suicidio a nivel individual. En ese sentido, en el presente artículo se desarrollan argumentos para alertar sobre procesos a través de los cuales la actual pandemia por COVID-19 puede estar afectando pilares identitarios de la construcción de género, y que por lo tanto también pueden afectar nuestra salud mental. Como resultado de esta reflexión se señalan varias líneas de trabajo para comprender el suicidio, y su relación con el ser humano como totalidad histórica.

Palabras clave: Concepción patriarcal de la sociedad, Construcción social de género, Suicidio, COVID-19.

Close to 800 000 people die due to suicide every year, which is one person every 40 seconds, and there are indications that for each adult who died by suicide there may have been more than 20 others attempting suicide. This rate has increased by 60% in the last 45 years (World Health Organization, 2014).

Despite suicide is a global phenomenon and occurs throughout the lifespan, it has been misunderstood due to myths, stigmas, and some epistemological limitations such as that we have focused on the disease rather than wellness, etc. In the case of COVID-19, many people have lost their jobs, some have lost their homes or businesses, and others suffer from intimate partner violence. This kind of violence refers

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to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and controlling behaviors (World Health Organization, 2017). At the same time, disrupted routines and the potential for contracting a life-threatening disease may be exacerbating preexisting problems such as mental illness, and access to mental health services become more limited (World Health Organization, 2020).

It is still unknown how the pandemic will affect suicide rates (American Psychological Association, 2020), but multiple lines of evidence indicate that the COVID-19 pandemic is associated with social isolation, uncertainty, anxiety, chronic stress, substance use, depression; some of the risk factors of suicide worldwide (World Health Organization, 2014). For example, Kaiser Family Foundation survey indicating that 45% of adults in the USA report that their mental health has been negatively impacted due to worry and stress over the coronavirus (Hamel, Kearney, Kirzinger, Lopes, Muñana & Brodie, 2020).

Another hand, Li, Wang, Xue, Zhao, & Zhu (2020) analyzed online posts made by 17 865 Chinese social media customers before and after the declaration of COVID-19 in China on 20 January 2020. The authors observed that negative emotions including anxiety, depression, and anger rose, whereas positive emotions and life satisfaction diminished. However, this context is an opportunity to discuss suicide as a gender issue in order to implement targeted prevention strategies during and post COVID-19.

The epidemiological characterization of suicide worldwide shows that in almost all countries, men have higher rates than women (Blisker, 2011; Barroso, 2019). Although it is women who make the most attempts, those carried out by men have a higher lethality, but these differences have not been properly understood. One of the reasons is because the majority of gender analyses treats male and female behavior and emotions in an oppositional way, and uses sex as an independent variable in statistical analyses.

WHY GENDER?

Unlike sex, which is constituted by anatomo-physiological differences, gender is a historical and social construction. Thus, it is constituted and expressed through the perception and interpretation of the world and our role in it. This process, which takes place in concrete material and subjective conditions of existence is, in turn, reproduced through the symbolic and normative dimensions of social institutions, particularly through the organization of economical, political and cultural institutions in ways that appear "natural" "ordinary" "normals" (Canetto & Lester, 1998; Bourdieu, 2002).

The socialization and learning of social roles, behaviors, and meanings prescribed for men (masculinity) and women (femininity) is a process through which human subjectivity is differentially constituted throughout the different life stages. The socially sanctioned expectations, values, qualities and roles that are taken on by subjects, shape the ways consider acceptable in which they define and experience issues linked to their own bodies, feelings, and interpersonal relationships, with dire consequences (shame, loneliness, feelings of humiliation, lack of opportunities, etc.) for those who do not meet these social standards (Canetto & Lester, 1998; Bourdieu, 2002; Kim, Kim, & Hyeong, 2016; Barroso, 2018).

The fact that gender constructions are neither monolithic nor essentialist entails the need to explain the processes through which such constructions relate to suicide. Masculinity and Feminity are not assumed to be normal in the statistical sense, but they are normative in that it embodies the currently most honored way of being woman or men.

Suicide is a complex phenomenon, involving the interaction between genetic, neurobiological, psychological, behavioral, and environmental factors, but not all risk factors are of the same significance. Gender constructions imply the individual's psychological sense of being, and the formation of a sense of relatedness and belongingness. This is a core explanation of why suicide is a gender issue. Then, gender analysis may help to explain the process of how certain emotions and behaviors become a risk factors for suicide.

SOME PRIORITIES DURING COVID-19

The epidemiological approaches show that risk factors for men are alcohol consumption,

impulsiveness, family disputes over land ownership, and incapacity to generate the income necessary to financially support the family (UNICEF, 2012; Gracia, 2014; Barroso, 2018). In the case of women, suicide constitutes a way out of the suffering caused by sexual abuse, intimate partner violence, the stress of working two shifts and having little free time, and economic dependence on

men (UNICEF, 2012; Barroso, 2018; Martínez & Barroso, 2019) but why?

According to the patriarchal conception, acceptable masculinity is expected to be strong, self-confident, which requires control of emotion at all times, pain tolerance, and having a job and being able to provide for your family (Bourdieu, 2002; Lester, Gunn, & Quinnett, 2014). As a result, uncompleted suicide may be interpreted by some men as shameful or even a "failure" as it is related to the practice of self-harm, which is more often associated with women and therefore 'femininity'. This may lead some men to use more extreme, violent methods (Tsirigotis, Tsirigorits & Gruszczgunski, 2011; Barroso, 2018). Being unemployed means defeat as a man, failure in their role as a worker, and simultaneously in their role within the family. It is very important to consider in a pandemic context, where many people have lost their jobs.

Another hand, they are more likely to use substances to cope problems, because excessive drinking is an accepted part of masculine behavior and coping, in contrast to the more "feminine" methods such as seeking help or talking to people. They may respond to stress with denial or violence, often don't recognize when they are depressed, or in crisis because they can feel out of control, and it may lead to suicide (O'Donnell & Richardson, 2017). In such a context, we have to focus on avoiding overmedication in the general population, and individuals with a substance use disorder because they are more likely to experience more isolation.

According to this conception, women are expected to be within domestic confinement, being caregivers, and living under a pressure to be physically attractive. Then, for example, they may have fewer educational and economic opportunities which imply a sense of loss, and inferiority, economical dependency, and less access and protection of human rights, that cause feelings of being trapped. The forced economic dependence of women entails a precarization of women's living conditions, which is in turn used by men as a mechanism of domination. In this way, women's abilities to make decisions regarding their bodies and their children become limited.

Then, research shows attempted and completed suicides in women, despite it varies from culture to culture, is a result of the feelings of dissatisfaction in relation to body image, violence and sexual abuse they have historically endured (Kurdish Human Rights Project, 2007; Pridmore & Walter 2012; Martínez & Barroso, 2019). An illustrative example is that intimate partner violence is one of the main causes of attempted suicide and suicides among women in Kurdish communities in Turkey. Honour in Turkey has been described as the control over sexuality and woman's body, and "honour killings" occur when a woman is murdered for supposed sexual, marital or cultural offenses, with the justification that the offense has violated the honour of the family (Kurdish Human Rights Project, 2007).

Intimate partner violence against women should be one of the top priority worldwide, due to in the case of COVID-19, isolation, restricted movement decreased access to services can exacerbate the risk of women suffering violence. Health services such as first-line support and basic mental health services are overwhelmed by the urgent need to counteract the effect of the pandemic, but special consideration should be given to women who suffer from intimate partner violence by offering first-line support, relevant medical treatment, shelters, and access to justice.

During and post COVID-19 one of the issues that we have to focus on is the situation of women in rural regions, where access to health services sometimes is limited, and the employment that is available remains dependent on such physically demanding industries as logging, mining, and agricultural concerns. As a result, many women are reduced to a traditional role within the family, or obtain only part-time jobs, which significantly reducing their educational and economic opportunities.

FUTURE CHALLENGES

Since the core of patriarchal conception of society are values about bodies, family and, social participation, reproduced through economical, political, and cultural processes that legitimate and naturalize gender essentialism, we have to act from individual to the community level. In this way, we have to focus on two main directions: *what happens with the mental health of people who do not meet patriarchal standards, but also what happens with the mental health of who lives according to these essentialist standards.*

The construction of gender involves the actor(s), such as persons who present their experience, as well as the observer(s), who interpret the person's narratives and behaviors. There is a need for more research into gender blindness and preconceptions about gender in basic clinical

concepts and definitions that are taken for granted. For example, the typically recommended approach focuses on screening for depression using brief questionnaires, which are typically the same for men and women.

However, the suicide risk assessment must take into account a unique and distinctive person. Since gender is a cultural construction, which means that values, expectations, and roles are contextually shaped by political, economical and cultural processes, we have to understand the relationship between those values and expectations, and how certain emotions and behaviors become risk factors for suicide. In this sense, narrative interviews can help us to better understand people's experiences.

Evaluating the learning ability to withstand, adapt to, and recover from stress and adversity (resilience), and protective factors such as survival skills, the responsibility to family, child-related concerns, and moral/religious beliefs is essential to a balanced understanding of people. We have to evaluate not only the suicide risk, but also people as a whole, because of some people who attempt or commit suicide do not want to die, but they want to change in some way, the life they have. At this point, I would like to remark that there is a continuum from individual to community-level of understanding, due to risk or protective factors only may influence the course of mental health within a political, economical and cultural context.

Beyond medical settings, we have to give a voice to survivors of violence and promote a strong sense of relatedness, encourage men to talk within organizations such as Sporting Clubs, and workplaces, making space available for talking about how they are going and creating a broader sense of what it means to become a man or a woman across different context. At the same time, we have to support efforts in schools to offer comprehensive education for social-emotional development, promote educational and economical women's empowerment, and eliminating discriminatory public policies that can contribute to mental health issues among people of different groups.

REFERENCES

1. American Psychological Association. (2020). COVID-19 and suicide. [Consultado el 8 de mayo de 2020]. Recuperado de: https://www.apa.org/monitor/2020/06/covid-suicide
2. Barroso, A. (2018). The signification of the suicide attempt as result of the gender as a social construction a hermeneutical analysis in Cuba. (PhD thesis). Department of Biological and Health Sciences, Autonomous Metropolitan University, Mexico City, Mexico.
3. Barroso, A. (2019) A critical literature review of the research on suicide from a gender perspective, Social Medicine, 12 (2), 118-124.
4. Bilsker, D & White, J. (2011). The silent epidemic of male suicide, British Columbia Medical Journal, 53, 529-534.
5. 5. Bourdieu, P. (2002). Masculine Domination. Stanford University Press: Stanford.
6. Canetto, S & Lester, D. (1998). Gender, Culture, and Suicidal Behavior, Transcultural Psychiatry, 35,163-190.
7. Gracia, D. (2014). Vulnerabilidad suicida en localidades rurales de Chiapas. Una aproximación etnográfica. 2014. [Consultado el 9 de septiembre de 2016]. Recuperado de: http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S1665-80272014000200006
8. Hamel, L; Kearney, A; Kirzinger, A; Lopes, L; Muñana, C & Brodie, M. (2020). KFF Health Tracking Poll - July 2020. [Consultado el 15 de agosto de 2020]. Recuperado de: https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/
9. O'Donnell, S & Richardson, N. (2017). Suicide and engaging men in Ireland-middle-aged men a problem or the symptom of a problem? Eur J Public Health, 27, 489-490.
10. Pridmore, S & Walter, G. (2012). Suicide and forced marriage, Malays J Med Sci, 20(2), 47-51.
11. Tsirigotis K, Tsirigorits M & Gruszczgunski W. (2011). Gender differentiation in methods of suicide attempts, Med Soc Monit,17 (8), 65-70.
12. Kim, G; Kim, H; & Hyeong, A. (2016). Type of sexual intercourse experience and suicidal ideation, plans, and attempts among youths: a cross-sectional study in South Korea. BMC Public Health, 16(1), 1-11.
13. Kurdish Human Rights Project, London. (2007). The increase in Kurdish women commiting suicide. [Consultado el 13 de

noviembre de 2018]. Recuperado de: https://eige.europa.eu/docs/2020_IPOL-FEMM_ET(2007)393248_EN.pdf
14. Lester, D; Gunn, J & Quinnett, P. (2014). Suicide in Men. How Men Differ from Women in Expressing Their Distress. Illionis, USA: Charles Thomas Publisher.
15. Li, S; Wang, Y; Xue, J; Zhao, N; & Zhu, T. (2020). The impact of COVID-19 epidemic declaration on psychological consequences: a study on active Weibo users. Int J Environ Res Public Health, 17, 2032.
16. Martínez, A & Barroso, A. (2019). Voices and experiences of health/illness from female victims of gender violence in Tabasco, Mexico. Because this happens to me, I have to suffer, Social Medicine, 12 (2), 93-101.
17. UNICEF. (2012). Suicidios adolescentes en pueblos indígenas. Tres estudios de casos. 2012. [Consultado el 3 de diciembre de 2016]. Recuperado de: http://www.iwgia.org/publicaciones/buscarpublicaciones?publication_id=575.
18. World Health Organization. (2014). Preventing suicide: a global imperative. [Consultado el 3 de diciembre de 2016]. Recuperado de: https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/
19. World Health Organization. (2017). Violence against women. [Consultado el 12 de mayo de 2020]. Recuperado de: https://www.who.int/news-room/fact-sheets/detail/violence-against-women
20. World Health Organization. (2020). COVID-19 and violence against women What the health sector/system can do. [Consultado el 6 de mayo de 2020]. Recuperado de: https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1