

# REVIEWING TWO DECADES OF MALE SUICIDE RESEARCH

In January 2020, the Suicidal Behaviour Research Lab at the University of Glasgow, began a study to review the last two decades of male suicide research.

We searched multiple academic databases to find all the *qualitative* research - such as interviews and focus groups - on male suicide. We found 78 studies

that met our criteria. These papers brought together insights from over 1,695 men who are suicidal or people bereaved by male suicide. Studies came from 18 countries including Canada, the UK, Australia, Brazil, Ghana, Uganda, and Norway. We analysed all their findings to find common patterns about male suicide risk and recovery factors. This is what we found.

## RISK FACTORS

### Cultural Norms of Masculinity

In 96% of studies, we found evidence of a potential relationship between cultural norms of masculinity and male suicide risk. These norms concerned:

1. Men suppressing their emotions
2. Failing to meet norms of male success
3. Norms that suppress men's relationship needs

These norms meant some men seemed to experience denial, disconnection, and dysregulation within three core psychological areas of their lives:

1. Their emotions
2. Their sense of self
3. Their relationships with others

which in turn seemed to increase men's exposure to psychological pain, and suicide risk. Our key findings (left) review the the impact of masculine norms in each domain separately. However, it's crucial to understand that these three areas – emotions, self, and relationships – are all connected. Like cogs in a wheel caught in a chain reaction: if one part of the system gets affected, it can influence the others.

In 65% of studies, we noticed this interaction between men's emotions, relationship with self, and connections with others.

Some men appeared to get stuck in loops of reinforcing pain where harm in one psychological area, amplified harm in the others. These interacting harms seemed to increase men's emotional pain and make it harder for them to cope.

## RISK: KEY FINDINGS

### Emotions

#### Norms of male emotional suppression and potential suicide risk

1. Emotional suppression and dysregulation
2. Childhood challenges impacting emotional development
3. Getting help is seen as weak
4. Negative experiences reported accessing help
5. Short-term coping strategies make pain worse
6. Suicide as a release from pain

### Self

#### Norms of male success, feelings of failure, and suicide risk

1. Feeling like a failure
2. Pretending to be fine
3. Low self-esteem from childhood
4. Suicide as the killing of a failed self
5. Suicide as regaining control

### Relationships

#### Norms that suppress men's relationship needs and suicide risk

1. Loneliness and isolation
2. Relationship challenges and conflict
3. Struggling to trust
4. Suicide associated with relationship struggles
5. Suicide as a release from unbearable isolation
6. Suicide associated with feeling a burden
7. Signs of suicide are difficult to read

## RECOVERY FACTORS

### Regulating Psychological Pain

Recovery seemed to be built on men learning to regulate the areas of their lives that had spiralled out of control.

Recognising, reconnecting with, and regulating their emotions, thoughts and feelings about self, and meaningful connections with others seemed to help men regulate their psychological pain, reducing suicide risk.

## RECOMMENDATIONS TO SUPPORT MEN IN SUICIDAL DESPAIR.

Based on our findings, we make recommendations to support men who are suicidal, including:

**1. Support for at-risk men.** Men at risk may benefit from psychological support focused on managing emotions, challenging negative self-perceptions, and fostering meaningful connections. Therapy may help some men, but if they continue to face distressing life conditions - like unemployment or addiction - their psychological pain may persist. Suicide prevention may also require tackling other societal factors that can affect a person's mental health, such as economic pressures.

**2. Gender-sensitive services and training for professionals.** We need to improve service delivery to better meet men's specific needs. Our findings support previous evidence that professionals should receive training in working with men who are suicidal, including exploring their own potential gender bias, and learning how norms of masculinity can affect some men's mental health and presentations of distress.

**3. Significant others.** Family and friends are often the first to notice changes in the behaviour of men that may indicate a suicidal crisis. Mental health professionals may need to balance patient confidentiality with taking the concerns of loved ones seriously. Significant others may also need better information on male suicide risk factors. Therapy that includes both the person at risk and their loved ones should be explored.

## RECOVERY: KEY FINDINGS

### Regulating psychological pain

- Emotional regulation and control
- Peer support and expanding ideas about what it means to be a man
- Care and connection
- Being respected and valued by professionals
- Understanding suicidal pain beyond mental illness

**4. Community and peer support.** Some men may feel more comfortable seeking support outside of medical and clinical settings. Our review suggests that male suicide prevention efforts should empower community interventions led by regular people who want to do something to help and may have stronger connections and credibility with certain men.

**5. Universal interventions:** Universal interventions target entire populations - not just individuals at risk - and are a way for all of us to help collectively build psychologically safer communities. We need richer representations of masculinity in our societies and cultures. We need to value men as emotional beings, who share a universal human need for meaningful connection. We should strive to normalise male vulnerability and promote healthy coping mechanisms.

## Acknowledgments & contact

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