



Katharine
Howard
Foundation

Young **Men** *on the* **Margins**:

Suicidal Behaviour amongst Young Men

Anne Cleary

Young Men on the Margins:
**Suicidal Behaviour
amongst Young Men**

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Commissioned and Published by
The Katharine Howard Foundation

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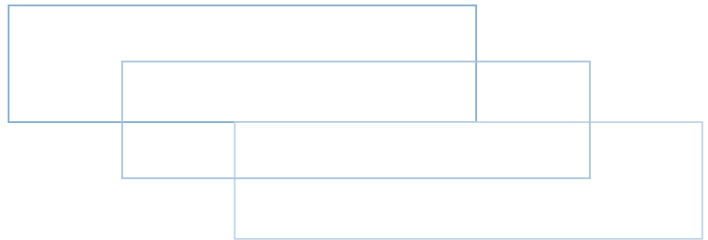
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September 2005.

Foreword

by The Katharine Howard Foundation

The Katharine Howard Foundation is committed to making an effective contribution to a more inclusive and socially just society in Ireland. For many years the Foundation has pursued this commitment by funding innovative projects in marginalised communities. Though our contribution is relatively modest, it is hoped that by supporting these projects additional knowledge may be gleaned as to the causes and possible solutions to problems associated with poverty and inequality. Lessons from such projects can be replicated in mainstream services adding, however incrementally, to the body of effort working toward greater inclusion.

Action on the ground is critical to this effort, but social research is also important. The Foundation is aware that if action is to be effective, ongoing research is required to shed light on our understanding of the process of marginalisation, its causes and its consequences. What factors contribute to growing inequality and the problems of poverty? How do the problems of educational disadvantage, crime, drug and alcohol abuse and family breakdown emerge in these contexts? What factors compound or would benefit these difficulties? These are just some of the questions that research needs to investigate, and the Foundation is keen to support this kind of investigation.

In recent years the Foundation has become acutely aware of the extent to which men have become marginalised or disconnected from their communities and their families. An earlier research report, 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall,

2004), was commissioned by the Foundation to explore the issue. That report outlines the extent to which men, particularly men from economically disadvantaged backgrounds, fail more in school, are more involved in crime, drugs or alcohol, are more vulnerable to homelessness and ultimately are at a higher risk of suicide, than the rest of society. As well as compiling some available research findings which document this experience, the report gives voice to a group of young homeless men, allowing them to tell their own stories. The men who were interviewed for the research provided powerful accounts of how they had experienced multiple difficulties since early childhood – personal, familial, educational and social. These difficulties were compounded relentlessly by not being addressed adequately in the early stages – at great cost to themselves, their families and their communities.

This current report follows on from 'Young Men on the Margins' by exploring the issue of male suicide in more detail. It also takes a qualitative approach, and is based on a series of interviews with fifteen men who were admitted to a large teaching hospital having attempted suicide, approximately half of whom were employed in skilled or semi-skilled jobs at the time. The interviews were conducted in a non-structured way to allow the men themselves to define their experiences and the factors which they felt contributed to their attempting to take their own lives.

The issue of male suicide is one of great concern in Ireland. Suicide rates, particularly among young men, have been increasing since the seventies. Today, suicide is the principal cause of death among 15-24 year old males. Although identifying why this is the case is extremely difficult, available research tells us some important things about the phenomenon. Gender patterns such as occur in Ireland are not uncommon internationally. However, exceptions to this pattern suggest that rather than men being innately self-destructive, social and cultural factors are important in explaining suicide. Male rates of suicide have tended to rise with GNP, suggesting that something about economic

development has an effect. In addition to this, lower-socio economic status is a more important predictor of male suicide than female suicide. Social and economic change appears important, and it seems to have affected some groups more adversely than others - marginalised men seem particularly at risk.

It is also clear from available research that men tend to be less able than women to cope with stressful life events, and they are less likely to communicate or connect with others when they feel troubled and are therefore less likely to seek help. In the context of these facts, the interviews in this study tell us more about how the men concerned felt, what had gone on in their lives, the issues they believed were important and how they faced them. In all cases, the attempted suicide was unplanned, but occurred after a period of unhappiness or an accumulation of pressures. The unplanned event was often triggered by a relationship breakdown, which compounded rather than caused a sense of isolation or hopelessness.

Many, though not all, of the respondents had experienced 'shattered childhoods', where there was friction or abuse in the home. Relationships with fathers were fraught with difficulty, the fathers often being absent, distant or abusive. The themes of self-hatred, low self-esteem and self-blame, combined with anger, recurred in the men's stories. Several of the men were also bullied and isolated at school, leaving them with feelings of being different or 'outsiders'. A number also described themselves as having difficulty talking to others, particularly other men, about their feelings or problems and asking for help. They tended to link manliness to power and strength, and attributed their reluctance to talk to others or seek help to this model of being a man. Nine of the men were fathers themselves, an experience they described positively – however, for a number their links to their children had become distant because of relationship breakdown.

Alcohol was frequently associated with the suicide attempt, facilitating an impulsive and unplanned act. But it also emerges

that earlier problem drinking was often an attempt to blot out some underlying unhappiness. It is important to note that the respondents see their difficulties for the most part as social and emotional, and do not describe them in psychiatric terms. Despite their troubled lives, they had rarely presented to any service prior to the suicidal act, and if they had, when discharged it seemed likely they would disappear from the health system. Approximately half of the men interviewed were employed at the time, either in semi-skilled or skilled employment.

The general research evidence highlighted earlier provides information about which groups are most at risk, and what factors might influence suicidal behaviour at a societal level. The interviews with some of the men in this study who were not from impoverished, marginalised backgrounds, provide additional detail about the impact of particular experiences on individuals. The Katharine Howard Foundation believes there is a need for further qualitative research to deepen knowledge of the processes leading to suicide at an individual and societal level. In the meantime, it is clear from the stories told in this report that crisis intervention services, if they exist, are either inaccessible or are not availed of by young men. 11 of the men in this sample had previously attempted suicide but had not availed themselves of counselling services which they were offered. A more pro-active follow up service by multi-disciplinary health care teams needs to be put in place. Any such service should be designed to be unthreatening and arranged in such a way as to encourage and facilitate participation of the young men typified by the respondents in this study. In our view it is clear from the stories told here that:

- ❖ New ways of intervening to support boys and men need to be devised.
- ❖ Responding to alcohol and drug abuse needs greater priority so that services and responses can deal with underlying factors leading to addiction.

- ❖ Ongoing social and emotional support needs to be offered once individuals have come into contact with the health system as a result of suicidal behaviour.

These are just some of the ways in which public policy responses could strengthen supports to young men. It would seem that experiences in early childhood and family are critical. This highlights the need to prioritise support at this stage, both to parents and children, and to boost investment in the services which come into contact with them. Attempted suicide is often referred to colloquially as a 'cry for help'. A key factor emerging from this research is that this help is often unavailable and the help that is available tends to focus on the immediate physical needs. There appears to be an absence of a professional integrated response including the hospital services, mental health services and community services.

“It was a cry for help I think you know but it was a cry for help to the extent that I let people know where I was but other than that it was a suicide attempt. Either way that’s what my intentions were. (Alan)”

The Katharine Howard Foundation hopes that the publication of this report will highlight the important issue of suicide and will generate discussion among policy-makers and others about how society can best respond to this worrying problem.

The Foundation is grateful to Anne Cleary, the researcher, for undertaking this study. Thanks are also due to Noelle Spring, Development Officer at the KHF who has managed the Foundation’s research programme with great diligence and commitment.

The Katharine Howard Foundation
September 2005.

Executive Summary

- ❖ This exploratory examination of male suicide behaviour is part of a general inquiry into the situation of men in contemporary Irish society. The first publication in the series, 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004), concluded that although men have experienced significant family and work-related change over recent decades, this has impacted more negatively on some groups of men than others. This report focuses on the psychological implications of social and cultural change for men.
- ❖ This second report summarises the literature in relation to male suicide and presents the findings from an exploratory study of men who engaged in suicidal behaviour.
- ❖ In Ireland, the suicide rate has increased steeply from the 1970s and is a considerable health risk for young men aged 15-34 years. Female rates have also risen but the increase is much less marked and remains generally low. Both of these trends are evident in most Western countries. Explanations for this gender differential centre on the negative effects of economic and marital change for men over recent decades. The fact that men tend to disclose distress and seek professional help less readily than women makes them more vulnerable to suicidal action. This point has been incorporated into a theoretical view that some aspects of traditional masculinity are detrimental to health and progress for men.

- ❖ Data for the exploratory, qualitative study was collected from unstructured interviews with a consecutive sample of fifteen men who presented to a general hospital. Almost all the men were single and although nine were fathers, only two were presently living with their children. Educationally, they were below average achievers. Two thirds had not completed second level school and none had been to third level. In general, they worked in unskilled or semi-skilled occupations and approximately half were currently employed.
- ❖ Knowledge of suicidal behaviour was well known to the respondents from personal contacts and from the media. An acceptance of suicide as a behavioural option was apparent.
- ❖ The level of alcohol use amongst the participants was high and drinking heavily was frequently a method of coping with unhappiness, even over a long period of time. The combination of alcohol and the impulsive quality of suicidal behaviour is key to understanding this phenomenon. In the context of this study, alcohol often transformed an unhappy state into a potential death.
- ❖ Relationship breakdown was a feature of many of the suicide attempts. In the context of past loss, the ending of a relationship, possibly the only source of closeness, took on a particular significance for these men. In general, they were having difficulties coping with new relationship norms and women's increased sexual freedom.
- ❖ Early negative experiences had impacted on the men's self esteem and identity. This was obvious in their desire to be strong and to avoid weakness. Masculinity was connected to strength and being a successful man involved maintaining a strong masculine image. Weakness was identified as the cause of difficulties especially in relation to being a victim of bullying. There was little evidence that the men knew, and

felt confident about, different types of masculinities, about different ways of being a man.

- ❖ An important feature of childhood and adolescence for many of the men was the experience of being bullied. A third of the men had encountered this and the experience had profound and long-lasting effects, often confirming self-doubt about their masculine identity and reinforcing the idea that physical and emotional strength are central to being a man.
- ❖ Part of the masculine identity demonstrated by these men involved non-disclosure of problems and emotional issues were rarely discussed with family or friends. Fathers were important initial role models for this type of behaviour but thereafter it was rigidly reinforced within peer and friendship groups.

Conclusion

The reasons why young men take their own lives are complex but there is now widespread knowledge about and, to a degree, acceptance of suicidal behaviour. It has become a possible option when things go wrong in one's life. Expectations around male behaviour and emotions are quite rigid and this often prevents young men from seeking help. Because they have difficulties in disclosing problems and in having their problems recognised by others they are at risk in relation to suicidal behaviour. Some, such as young working class and rural men represent particularly vulnerable groupings.

Young Men on the Margins: Series Introduction

Being a man has become a more complex issue today. To paraphrase Harry Ferguson, 'while men were and are everywhere in Irish society, little attention was given to them as men, as gendered subjects' (Ferguson, 2003). Alongside this new focus on men has emerged an assumption that they are over-challenged and that masculinity is in crisis (MacInnes, 1998). The first publication in this series, 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004), considered the research evidence for this assertion.

Family changes, including an increase in lone female parenting, have challenged traditional values around marital and sexual relationships but men (especially the younger generation of fathers) have in general adjusted and even welcomed the greater emphasis on fatherhood (McKeown, Ferguson & Rooney, 2000). However, fathers outside family units have fared less well and their numbers have increased substantially over the last two decades (Fahey & Russell, 2001). Men are socially and psychologically more vulnerable outside the family unit (Stack, 1998) and the legal status of unmarried fathers in Ireland is unclear in relation to their children (McKeown, Ferguson & Rooney, 2000). However, linking fatherless families to problematic outcomes for children (especially boys) is overly simplistic. For example, the economic resources available to the family are important in terms of outcome. Children often maintain good relationships with fathers living outside the home or they can, and do, find alternative adult role models (McMunn,

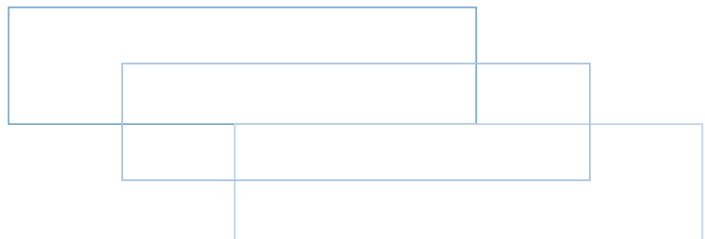
Nazroo, Marmot, Boreham & Goodman, 2001; Cleary, Fitzgerald & Nixon, 2004).

Educationally, girls appear to be doing better than boys (Clancy, 2001). They are beginning to dominate numerically in the universities and third level colleges across most subject areas. Yet males still form a significant proportion of second level and third level students and they are in the majority in some university disciplines. Academically, (middle-class) boys outperform girls at primary level, while at third level, males are very highly represented at higher honours levels and in postgraduate study (Lynch, Brannick, Clancy & Drudy, 1999; Hayes & Kernan, 2001). However in comparison to the dramatic educational improvement made by females in the last three decades, male progress seems static and it does appear that some males are having particular difficulties. Young men are more likely to have specific literacy and behavioural problems and to drop out of school when things get difficult (Corridan, 2002). These features are in turn linked to social class background in that school dropouts come overwhelmingly from lower SES groupings (ESRI, 1998). Early school leaving has often profound economic and personal effects in our skill based economy (ESRI, 1998). The nature of work has also changed. The type of labour that most men were once involved in carried with it strong connections to 'being a man' but different work skills are required for the contemporary labour market. Unemployment has serious social implications in that having a job is generally the route to having a family of one's own. While the large scale movement of women into the labour force is cited as challenging men (Stack, 1998), the association is complex. The impact of both parents working is mediated by socio-economic factors and there have been positive outcomes for men from this development with their increased involvement in fatherhood.

Education and employment deficits are most evident among certain groups, particularly homeless and prison populations (both of which are predominantly male). This was supported by the

study of homeless men included in the first report 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004). The cause of homelessness for these men was connected to economic disadvantage, lack of education and personal and family difficulties. Overwhelmingly from economically deprived backgrounds, their family lives were characterised by loss and disruption. Many had experienced the absence of a parent and or an abusive home situation. Leaving home was often precipitated by some crisis situation but once out of home they were generally unable to survive long without work or accommodation and slid into homelessness.

The conclusion of 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004) was that men generally have experienced significant family and work-related change over recent decades but this has affected some groups of men more than others. Despite a tendency, in the media and elsewhere, to treat all men as similar, there are in reality divergent groups of men with different experiences of masculinity and with varying levels of control and power in their lives. This point is importantly linked to the following discussion which focuses on the psychological implications of social and cultural change for men.



An Exploratory Study of Male Suicidal Behaviour

Introduction

We live in a more fragmented, fast changing, society than heretofore, with less clearly defined norms and values; an environment Bauman (2001) has referred to as 'Liquid Modernity'. It is a world of global as well as local influences, where there is increasing individuality but paradoxically less personal control. Keohane and Chambers (2003) have described the experience of living in contemporary Ireland as that of 'living in an in-between world, in-between cultures and identities, an experience of liminality' (p. 48). The relatively high rates of suicide amongst young people have been cited as evidence of the psychological impact of these cultural transformations over the past three decades. Yet if suicide is linked to these developments it is unclear why men, more than women, have been affected. This paper is an attempt to explore the factors involved in male suicidal behaviour.

Gender patterns in suicidal behaviour

In Ireland the suicide rate has increased steeply from the 1970s, peaked in 1998 and has only begun to level off since then (CSO, 2004). It remains a considerable health risk and is particularly common amongst young males (15-24 years) and is the principal cause of death for this age group (Departments of Public Health, 2001). Although female suicide rates did rise between 1970 and 1997, this increase was much less marked and the rate remains

generally low. This gender pattern has been apparent in most Western countries now for over fifty years (Cutright & Fernquist, 2000; Lee, Collins & Burgess, 1999). Explanations for the gender differences have come from a range of disciplines, although as Girard (1993) has remarked, no one has provided a satisfactory explanation of the phenomenon. The fact that there are some exceptions to the general pattern suggests that explanations are to be found in social and cultural factors rather than in anything innately self-destructive about men (Canetto, 1997; Lee & Glynn Owens, 2002). Delineating which social and cultural factors are important has proved difficult.

According to Pampel (1998), the male predominance in suicide is related to social change which does appear to correlate more directly with male rather than female suicide rates. Economic indicators are significant predictors of suicide patterns, for example, as Gross National Product (GNP) per capita increases male suicide rates tend to overtake female rates. Two factors associated with economic development, the increased labour market participation of women and higher female enrolment in third level education have been cited as implicated in this (Stack, 1998; Pampel, 1998; Cutright & Fernquist, 2000). These changes may be impacting on men, within the family - in terms of power relationships and or the availability of emotional support, and in the labour market - with increased competition for jobs (Stack, 1998). Social class is important in that low socio-economic status is a more reliable predictor of suicide for men than for women (Taylor, Morrell, Slator & Ford, 1998). The view here is that economic inequality has a greater impact on males than on females because it affects their self-identity, and potential threats to this increase in industrial economies (Girard, 1993). The transition to a service economy, such as has been experienced in Ireland, may be detrimental to the employment situations of working class men (McDowell, 2000). Poverty, social isolation and what Whitley et al (1999) define as 'social fragmentation' seem to affect men more negatively than they do women in that men are more likely to feel deprived relative to others (Barber, 2001). It

appears that it is the marginalisation of particular, often male groupings resulting from social change which is associated with suicide, rather than social change in general (Bjerregaard & Curtis, 2002), with marginalized male groupings particularly at risk of suicide (Cleary & Prizeman, 1999).

At a more specific level, men seem less able to cope than women with major life events such as marital separation (Cantor & Slator, 1995) and are less likely to disclose distress (Lee & Glynn Owens, 2002). Men make less use of psychological services (Jorm, 1994) and this has been explained in terms of the stigma attached to help-seeking for men (Levant, 1996) as well as by the possibility that counselling theories and methods are more appropriate for women than for men (Philipson, 1993). These arguments suggest that men's relative reluctance to seek help for emotional problems can be seen as stemming from a culturally based reluctance to discuss their emotions openly. It is claimed that higher rates of suicide among men, young men in particular, are related to higher levels of risk taking (Langhinricksen-Rohling et al., 1998) and to the lethality of the methods they use. Similarly, alcohol consumption is strongly associated with suicide and parasuicide (Lester, 1995; Groholt et al., 1999) but this is usually linked to other, often economic, factors (Caces & Harford, 1998). In addition, Canetto (1997) argues that there are gendered meanings attached to suicidal behaviour in that suicide may be considered an appropriate, even powerful, act for men in some circumstances.

While men predominate in terms of completed suicide, the reverse is usually true for attempted suicide or parasuicide and in most Western countries, females outnumber males in rates of nonfatal suicidal behaviour. There are exceptions to this pattern both between and within countries and preliminary findings suggest that the pattern of parasuicide in Ireland may run counter to the usual trend (NSRF, 2003). The usual explanation for this paradox centres on lethality of method and differences in help-seeking behaviour but there are other convincing explanations. Again, cultural expectations

concerning gender influence suicidal behaviour as people tend to adopt gendered and culturally specific methods of self-destruction (Canetto & Sakinofsky, 1998). These methods or 'scripts' around suicide (Canetto & Sakinofsky, 1998, p.19) vary and can change over time. In an environment of high cultural fluidity, it may be difficult to identify diverse patterns even within a single society.

The exact prevalence of parasuicide is difficult to estimate but the World Health Organisation (2001) estimate that the rate may be twenty times the completed suicide rate. There is evidence that men's non-fatal suicidal acts are particularly susceptible to underreporting and misclassifications (Canetto, 1997). The links between suicide and parasuicide are underlined by the strong association of socio-economic deprivation with both (Congdon, 1996). Parasuicide appears to be largely an urban phenomenon, to involve younger cohorts of the population (Welch, 2001) and the prevalence is increasing (Kessler & McRae, 1983). In the United States, attempted suicide rates for men and women in urban areas have been converging since the 1960s (Kessler & McRae, 1983) largely due to an increase amongst men. Interestingly this increase has occurred against a backdrop of stable or decreasing suicide rates for men in large cities (Congdon, 1996). This development may be related to the development of shared meanings around suicide and/or increased availability of psychological services in cities. A more general influencing factor may be that the coping resources available to women have increased in recent decades while the opposite is probably true for men (Stack, 1998).

In Ireland the rise in suicide rates has been linked to the economic and social transformations experienced in this country over the last three decades. Economically, there are fewer jobs in manufacturing and farming which were traditional male areas of employment. Similarly, there has been a large scale movement of women into the labour force and increased participation of women in third level education (Connolly & Lester, 2000). Yet it is unclear why these changes would affect men more than women. A more

plausible explanation (advanced in 'Young Men on the Margins', 2004) is that some groups of men in Ireland have been particularly affected by recent socio-economic developments. Thus the increasing economic and social isolation of men in rural areas has been cited as a possible explanation for the fact that suicide rates are higher in rural areas than urban centres - a pattern found in other countries (Baume & Clinton, 1997; Ni Laoire, 2001). In urban areas some groups of working class men have become similarly marginalised and vulnerable to suicidal behaviour (NSRF 2003).

The following study, based on interviews with men who engaged in suicidal behaviour, is an attempt to explore the background circumstances and motivations involved.

Definition of parasuicide

An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.

(WHO/Euro Multicentre Study Working Group/ NSRF, 2003:v).

1.1 Background to the Study and Methodology

The aim of this exploratory study was to investigate the background to suicidal actions amongst young men. A qualitative methodology, based on in-depth, unstructured interviews, was chosen as the most appropriate way to explore this. A review of the relevant literature also revealed a scarcity of this type of data. Access to the men was granted by the hospital authority, subject to strict conditions of consent and confidentiality. A consecutive sample was used and the men were usually interviewed soon after the episode and their presentation or admission to a Dublin hospital. When a person fulfilling the study criteria (male, aged between 18-30 years, having engaged in suicidal behaviour) presented to the hospital the researcher was informed by the

examining doctor and the man was interviewed as soon as possible thereafter. Before referral the individual was informed that the study was completely separate from his treatment regime and that participation was entirely voluntary. When the researcher met the potential interviewee the nature of the study was explained in more detail and again emphasis was placed on the voluntary and independent (i.e. of treatment) aspects of participation. The confidentiality of the process was also stressed. The interview only proceeded if agreement was obtained at this time. As consent was therefore sought on at least two occasions before the interview proceeded, participants had a number of opportunities to decline an interview which was an important safeguard for them at a vulnerable time. Despite this, all fifteen subjects approached agreed to take part in the study.

Almost all the interviews took place in an office within the hospital. An unstructured interview schedule was used. The aim of this approach was to allow the men to describe the circumstances surrounding their action as freely as possible. At the beginning of the interview the respondent was asked to relate how he came to be admitted, or presented, to the hospital. This allowed him to define the action himself, i.e., whether he regarded it as a suicidal attempt. Thereafter there was an attempt to explore the person's life history and if certain aspects of their lives, for example, childhood and school experiences, did not emerge spontaneously, a general question was used to prompt this. All interviews were carried out by the author and were tape recorded. The tapes were later transcribed and analysed, again by the author. Categorisations and themes were developed from the interviews using a computer programme for qualitative data analysis (NUD*IST) as well as manual methods. The results of the analysis are presented below. Direct quotes from the men are included but their names have been changed to ensure confidentiality.

The fifteen men interviewed were aged between 18 and 30 years and the majority (twelve) were single. Ten of the subjects

were fathers but only two men were currently living with their children. Educationally, two-thirds had not completed second level schooling. One third of respondents had obtained the Leaving Certificate, six had left school without passing any examinations and the remainder had passed the Junior Certificate. None of the subjects had been in third level education. In general, they worked, in unskilled, casual type work (thirteen men) and approximately half were currently employed.

The majority (twelve) were admitted to the hospital and only three were treated as out patients. Although the respondents were not investigated for the presence of psychiatric symptoms by the researcher, they were clinically assessed prior to interview. The majority were not categorised as having a recognisable psychiatric syndrome by the referring psychiatrists (although symptoms of depression and anxiety were often present).

Each of the fifteen men presented with individual stories which underlined the personal nature of the suicidal action. A particular clustering of factors and events had brought them to this point. Despite individual differences there were similarities in their life histories and around the suicidal action which emerged from the analysis. The common themes are discussed below:

1.2 Motivation

Some of the men had been experiencing stress for some time and their suicide attempt was an escape from this situation. In these circumstances, the reasons given for the attempt were general rather than specific.

I was feeling very depressed for a long time. I just lost all interest in life. I'd taken overdoses before that. Very depressed. No interest in life. Nothing there that makes me happy...Just nothing to live for. No reason. Just lonely. (Cathal)

Some of the suicidal behaviour was precipitated by a definite event and this was frequently the breakdown of a relationship.

Myself and my girlfriend we live in the house together and we have a kid together and for the past three years we've been just living for each other...Yesterday she came back saying she didn't want to be with me anymore and I just felt like a whole part of me was after been reefered away, stabbed. I couldn't believe it. I was just devastated.
(Michael)

Sometimes the two features were combined in that the loss of a relationship added to, or confirmed, anxieties about the course of one's life.

I'm not happy with the way I wanted my life to be. Its not going to be the way I want it. I'm just giving up. I finished a relationship with a girl. I didn't want to go on. She finished it. (Martin)

Relationship difficulties

A number of the incidents were linked to relationship problems, either the ending of a relationship (usually initiated by the female partner) or stresses within a marriage. Relationship breakdown was distressing for a number of reasons. First, many of the men had entered these relationships cautiously because of their histories and rejection brought painful memories of past loss and rejection. The 'devastation' expressed by the above respondent following the loss of his partner and child is an example of this. Secondly, the men had often made a commitment to the relationship having forsaken sexual 'freedom' themselves. It was difficult then to accept your partner's rejection of this commitment in favour of sexual freedom for herself.

I just (used) to go out and act the bollix...It's my own fault, I've done it in the past. It's only in the past few months that I've really settled down and now it's her turn to just fuck off or whatever. (Michael)

There was evidence that the men were experiencing problems in trying to maintain a strong male identity in the context of more flexible relationship patterns.

She couldn't be trusted. You couldn't trust her to go out on her own...I thought I could trust her with my whole life. (Michael)

She's not very faithful. She did want a permanent thing but she threw it away being with other people. (Jim)

A key element of the breakdown of a relationship when a child was involved broke up the family unit and distanced the father from the child. Fatherhood usually implies connectedness or at least there is the potential for this. Nine of the men were fathers and all found the experience positive and fulfilling. For some being a father was the only aspect of their lives they viewed in a favourable light. But links with children became distant when relationships broke up and new partnerships were formed.

That's the only thing I want now (to be a father). You can't explain that feeling. It's unbelievable...She's not raising him. The two of us are. She can't say she's rearing him because she's not. (Liam)

I have every intention of doing everything in my power as a father. I play the part and all the rest but from where I am I'm not that much a father. (Jim)

From these interviews it appears that women are emerging as relatively more powerful in relationships involving children, especially in relation to the custody of children.

She finished it three weeks after the baby was born. It wasn't really a surprise to me. She wanted to get back with her ex-boyfriend. That's what it was. I was with her for a year and she finished it and went back to her ex-boyfriend and I got back with another girl after that and the other girl ended up having a baby and she finished it. (Liam)

The woman with a child in these cases forms a family unit and this unit is recognised and supported legally and economically. The father is often quite peripheral to this family unit and these fathers were finding this difficult. That changing relationship and family norms were dilemmas for these men is well illustrated below.

I was brought up and was led to believe that men did this and women did that...And people who weren't faithful to their partner and all the rest...And then it's like if a guy is in a relationship with a women and she is whoring around, a guy is going "what the hell is going on with her, I'm the bloke, I'm the one that should be screwing around. Maybe I'm weak or I'm not a man or something. I shouldn't be taking this." And then you see TV and read magazines and all the rest, like be more assertive and dominant and all and just thinking they're whatever, like pansies, because of the way they were raised...Women prefer strong men...I don't like sharing a partner and all so what do you say to women. (Jim)

I think men have it a million times harder than women. Women are so lucky. You've have a choice but a fella has to do it. You're brought into this world and you're taught boys don't cry, you don't have emotions, you stand up and you fight, you have to get a job, you have to support a family – if you don't you're a waster, you're a low life, you're useless, you're not a man. (Ronan)

A life out of control

Another common motivational feature was a build up of various pressures and a sense that one's life was out of control. Some felt trapped, in a marriage, in a job or more generally in their life and the behaviour was an attempt at flight, to escape. When the feelings of powerlessness were diffuse and there was no particular person or object for anger, rage was often directed at the world in general.

So done that, drank that and came back down for vengeance on somebody. Somebody is getting the anger, somebody was getting it. I was driving around thinking where to ram the car into, that's what I was actually doing. So I rammed it into (place mentioned). It starts with anger, then I probably do something in the anger that will make me guilty and will send me further down. And when I mix alcohol with that, its 'bang'. (Fergus)

Suicidal behaviour in these circumstances was associated with a general aimlessness, a sense of the impossibility, in their view, of gaining stability and meaning in life. Often panic, as well as anger, followed a specific event. The majority had been unhappy for many years but these feelings had remained unexplored and they had lived ('survived') with it. The unhappiness had built up, fuelled by non-disclosure. Various strategies were employed to deal with, and conceal, problems. Alcohol was frequently used to blot out unhappiness often over a long period of time. A number of the men had engaged in risk behaviour and a few hid their problems behind physical ailments. The failure of these methods is evident in the fact that eleven of the men had attempted suicide before. Few, as we shall see later, ever discussed their problems with anyone.

Looking back on it I would never have called it depression but its been there for about four or five

years. I couldn't even tell you why it started or what happened. (Dermot)

I may have been depressed but I never showed it, nobody ever knew it. It was just building up and building up and I never showed it at all...I don't see a future in anything. (Ronan)

I could feel it happening for a long time, slowly slipping away. I could feel myself getting more distant. (Cathal)

Less than half (six) of the respondents were involved in some type of deviant behaviour, usually drug misuse, from early adolescence on. A small number (three) had engaged in more serious risk behaviour and two had been in prison. For these respondents, anger, aimlessness and a sense of powerlessness were the predominant emotions rather than depression. These men perceived their lives, and emotions, to be out of their control and they frequently used terms such as 'going wild', 'going mad' and 'uncontrollable' to describe this. They were aware that the risk behaviour was symptomatic of their anger.

It goes as far back as when I was ten or eleven years of age. It got worse when I was about sixteen...robbing cars, selling drugs. I went wild. I done it all. It wasn't for money. It's just, I don't know, something like with the drugs, something to do...Then there's anger building up and I just let rip and it's not a thing I want to do. I'd just snap and let loose. Its my life. Its just fucked up. It built up and built up. I just lost the plot one day. My heads just fucked up big time. (Stephen)

These individuals described themselves as slipping deeper and deeper into deviant behaviour in adolescence but even then they

had an awareness of something wrong, if not the ability to stop. For some this self-knowledge had now changed into self-disgust, even self-hatred, due to the effects of their behaviour on others. Their behaviour, they are quick to admit, is difficult for others to endure and has resulted in severe pressure on partners and families, causing further alienation from them.

I've had a constant wish I was dead. I don't wear a seat belt, I drive the car 100 miles an hour. Every car I ever had I wrote off. If somebody tells me that's poisonous I'll eat it. The first time I tried ecstasy, most people are afraid of it, I took six or seven. Just no regard for myself at all. No self-respect, hate myself, look at the mirror, I used to spit in the mirror when I looked at myself. Total self-hatred...They told me they want me out of the house now. They've had enough. It's driving them up the wall. My da is suffering terrible with the worry and me ma just sits around crying. It's very hard on them. I don't blame them. They've just had it up to their eyeballs. Years of it. (Ronan)

This sense of disgust with oneself and one's actions was often accompanied by a feeling that that it was an inevitable part of their life pattern – for which they were to blame.

There's always something. It's like inevitable that there's always going to be something. Me whole life revolves with some sort of fuckin' tragedy. I bring it upon myself. Just like a magnet to fuckin' shite and I don't feel good about myself because of that. That's why I feel different because I'm just fuckin'...Because of who I am more than the life I've had. I'm just so used to all of that sort of stuff. (Michael)

Everything would be going right for me and I'd be just happy. But I always go back and I always fuck up

again somewhere. Always. You'd be guaranteed, it's just a matter of when. I just can't go on like this anymore, it has to stop. I can't go through this again. (Fergus)

The respondents who exhibited this kind of anger tended to have similar elements in their backgrounds. They had a generalised sense of failure about their lives. Sometimes they came from families where violence was commonly used to solve disputes and they were now unable to negotiate problems in any other way.

It's just the family. They never got on. I never got on with my family. It goes as far back as when I was ten or eleven years of age...This house is mad. You would want to be in this house for just one day to see what it's like. They're always roaring and shouting. (Stephen)

Some of the respondents did not do well academically and felt devalued in the family because of this.

Because I believe that I'm the eldest one, the first born, that they expect more from me and I haven't been able to give. Sometimes I feel maybe they're tired of trying. I think they are. I remember as a child if I was in my room for too long, one of them would come up and see where I was, was I alright, but it doesn't happen anymore. That hasn't happened in years. (Brian)

Educational deficits sometimes resulted in increasing absorption in out of school, deviant, lifestyles. This often led to rejection by the family which resulted in further hurt and resentment.

I always felt I was a problem (Cathal)

Being categorised as the black sheep of the family lost its appeal

when the lure of peer groups was over. Those who became connected into stable relationships, although it did not solve their problems, tended to do somewhat better in that they were less likely to repeat suicidal behaviour. Others become increasingly isolated, and angry.

1.3 Method and Intent

The men's own judgement of their intent was often ambiguous. In most cases they clearly stated that they wanted to kill themselves and death could have resulted in the majority of cases. The main method used (by ten men) was an overdose of tablets which were generally widely available in various outlets. Tablets were usually combined with alcohol. Sometimes their intent might have been ambivalent or even a 'cry for help' but the outcome is often outside their control and can end up either way. Eleven of the men had engaged in suicidal behaviour before and those who repeat will often use increasingly violent methods with a higher probability of completion. Many had suffered physical damage to their bodies because of previous attempts. The threat of serious, irreversible damage was a frightening possibility for all of them, even more so than the prospect of completed suicide.

It was a cry for help I think you know but it was a cry for help to the extent that I let people know where I was but other than that it was a suicide attempt. Either way that's what my intentions were. (Alan)

My intention was to kill myself. (Brian)

The men's narratives indicate that suicide was considered as a course of action following an event (for example, a relationship breakdown) and or a period of stress and unhappiness. However the action was often impulsive and not well thought out. Sometimes the precipitating incident might appear quite inconsequential unless its meaning is examined in the context of

their overall life stories. Only one man had experienced an event which might be objectively classified as a major negative occurrence. An incident, such as a family row, often preceded the action but this might be linked to long-term problematic relationships within the family. For some of the men a physical complaint had been the precipitant and this could be associated with fears around masculine strength and identity. More usually the event was preceded by a period of stress which spilled over into action without any particular warning. This was also true of relationship break-ups which were rarely sudden and unforeseen. The impulsive, spontaneous, quality of the action is a feature of the majority of the attempts.

I was fumbling around the house, finishing a bit of breakfast. I said everything is on top of me...I said if I've got to get out of the house. I drove off in the car. I drove around for an hour thinking about what will I do. I was tired. This was all going through my head when I was driving around and I decided I'd try and commit suicide. (Alan)

About ten o'clock I was just fed up and just standing there thinking, just give up, nothing to live for...I grabbed the tablets and put them down my throat. (Stephen)

I went into town. I was drinking a lot. But I drink a lot anyway. So that day was no different to any other day. I was drunk. But if I did it every time I was drunk I would have done it a hundred times. I was on the quays and was waiting to get the bus to go to (place named) and I went down to what I thought was far enough down. Obviously the further you go down, the less people and I just took off my jacket and took off my watch. I don't know what happened. The next thing I knew I was in the hospital. (Dermot)

1.4 Knowledge of Suicidal Behaviour

That suicidal behaviour is well known to the respondents was clear from the interviews. This knowledge mainly comes from the media and the men's narratives illustrate how television is an important source of information. Local cultures and personal contacts are also key in that many of the men knew someone who had attempted or completed suicide. Such knowledge contributed in a general way in that it underscored a view that suicide was a relatively common occurrence, especially amongst young people and more specifically, it provided detail about methods. As indicated above the majority attempted to overdose with commonly available medication. There was no evidence that the suicides of well known people had an effect but such events had probably contributed to a general normalisation of suicide, to an attitude that it was a possible behaviour option in certain circumstances.

I have often thought about it over a space of time. As a question to myself. Over a year I suppose. Just a question, a thought really. You might see something on the television, someone's committed suicide and you would think what way would I go about it – think that way. But I didn't think I'd ever. In this circumstance, it was a realistic thought, the others were just answering questions in your own head, what was I going to do or how would I do it. This time I was giving myself a way of doing it. (Alan)

I was listening to people and looking at documentaries on it and stuff like that and that's how it came into my head. The word suicide used to frighten me – to take your own life – how could a person do that? I used to think how could you kill yourself, you must be able to get help, there must be people out there that can help you and the whole lot. But when you get depressed, that all goes out the window, you don't care. You feel so low, you feel

there's no point in going on. What's the point. This is going to happen again and you're going to feel this. You don't want to live the rest of your life like this. Well I don't. (Fergus)

1.5 The Use of Alcohol

Alcohol consumption is key to understanding how the suicidal thought is translated into action. Heavy drinking was a problem for many of the respondents ('I just drink until I sleep'). Ten of the men had a pattern of heavy drinking and four had been diagnosed with alcoholism. This was often embarked on because it got the individual over social anxiety in adolescence or was, sometimes along with drugs, part of a subculture one was involved in (seven of the men misused drugs to some degree and two men were addicted to both drugs and alcohol). It was also used as a sedative to dampen down feelings of unhappiness about a relationship or blot out dissatisfaction with one's life in general. But heavy drinking trapped many of the men into an anaesthetised state in relation to their problems or into a cycle of drink and destructive behaviour, followed by drinking to forget about this behaviour.

It was building up and it came with the alcohol. It came with things that I would be doing on alcohol and stupid things I'd do with drink on me and the guilt after the next day when you wake up and your memory starts coming back to you. It just seems to be a pattern that I'm in...Bottle, fight with (partner). Grab a rope and hang. It's sort of like that. (Fergus)

Escaping from this drinking pattern is difficult and the implications of sobriety usually too difficult to face. Some were aware of using alcohol in this way and knew it would not solve their problems.

A lot of the problems that I had I have sort of put a label on them and said right if I give up drinking that's it, everything will be alright...if you give it up

and think that your life is all of a sudden going to become rosy you're fooling yourself and so aside from that there were a couple of things wrong with my life that I never thought were there. (Dermot)

Drink therefore could embolden or anaesthetise. More specifically in this study, alcohol was used to facilitate, to lessen the fear, surrounding the suicidal action. Many would not have seriously contemplated this action and certainly would not have carried it through without the influence of alcohol.

When I drink on top of that (depression) or if I drank and that came on top of me when I had a drink on me, that's when I become suicidal and I wouldn't think twice. When you've alcohol in your system you'll do things that you would never dream of doing when you're sober. (Fergus)

The link between impulsive suicidal behaviour and alcohol is clear from these interviews. Some of these men used alcohol frequently to escape from problems, to get over isolation or to cope with hurt or feelings of inadequacy. Not all the respondents were heavy drinkers yet a high proportion misused alcohol prior to the suicide attempt. Understanding this use of alcohol, alongside an acceptance of the relative normality of suicidal behaviour, allows one to appreciate more precisely the setting for suicidal action.

It wasn't the drinking that made me kill myself but it gave me the courage to do it if you could call it courage (Dermot)

1.6 Disclosing Problems

A persistent explanation for gender differences in suicide rates is the differential patterns of disclosure and or help-seeking for males and females. It appears that men are less likely to discuss problems with family and friends and less likely to seek professional help. Their psychological problems can be

overlooked or misdiagnosed by healthcare personnel as they frequently present with masking conditions such as alcohol and or drug misuse. The route to suicidal behaviour may therefore be more direct for men because there are no intervening channels for help seeking. This was apparent in the present study. The majority of men were aware of their inability to disclose problems and how they had concealed their difficulties from others.

I never express my feelings. I don't know. It's just something...I bottle up all the time. I never tell anyone what I'm feeling or how I'm feeling. (Stephen)

I have a habit of bottling things up and never saying anything to anybody...People don't realise that I'm not the strongest man that everybody thinks I am. I do have problems. (Alan)

(I'm) sort of very strong upfront but underneath it all I'm not. I put up a barrier and I won't let anybody through it. (Fergus)

There are also more pragmatic psychological reasons for keeping one's problems to oneself. You can't be hurt if you keep your distance, if you remain unconnected.

I never trust anybody really because I'm not wonderfully able to take the slap in the face. I do be always waiting for the slap in the face – rejection. And that's why I always keep up the barrier so that I'm ready for it. If it comes, I'm ready for it. Instead of letting it down and being a cuddly big gentle giant and then badum – hit with an arrow. I couldn't handle it. (Fergus)

This pattern of secrecy around problems had often continued for many years and they were generally aware of the negative cycle this behaviour produced.

*I just feel I am being eaten away on my own and no one understands because no one knows...Then I try to be happy for people...and it really fucks me up.
(Michael)*

While the majority of the respondents carefully concealed their difficulties there is a possibility that men may also have problems having their distress recognised. Some of their stories illustrate how significant signals of distress were ignored.

The first time I suppose that anything happened that was say out of the ordinary was, I was going back to work one day. I left the house as normal...and I just didn't go back to work. I had a car then and I just drove (place mentioned) and stayed there for two days in the car...Even now I don't really know why I did it. Because I was actually on my way to work. My partner didn't know where I was. Nobody knew. I don't really know why. I came back and went back to work. I just said (to his partner) I wanted to go away for a while. It wasn't something we talked about. More my fault I suppose. (Dermot)

Some families actively avoided discussion of emotional issues. In a few cases the man had spoken to his family about his distress but this was sometimes rejected.

*They always avoid the whole subject. They don't know what to say. Probably afraid. I don't know.
(Cathal)*

The macho thing

Almost all the respondents had surrounded themselves with quite elaborate protective shields to avoid disclosure of problems and it was difficult to break this down. As the above quotes indicate, non-disclosure was the norm for these men. In general the respondents were clear why they did not disclose their problems. They felt it would influence the way people, especially other men, perceived them. More specifically, they might be considered weak.

I think an awful lot of the time, they (men) don't express difficulties at all. That's what causes a lot of problems...An awful lot of men still believe that it's not a manly thing to do. (Brian)

With men it's the macho thing. You sort of have to hold your own all the time. Women are more understanding, more open. Like I'd open up to a woman ten times quicker than I'd open up to a man. (Fergus)

If you get a group of teenage boys, late teens, there's no way one of them is going to talk about how they feel. Unless he's talking about hating your man down the road and going to give him a dig or loving this girl. That's it. You'd be afraid to say anything in case people...they (men) still have to have an image to keep no matter what the image is. (Dermot)

This reluctance to admit to having difficulties, particularly to other males, was increased if one tended to be socially isolated. Similarly, if the man was involved in a problematic relationship the possibility of communication was also lost.

No I didn't talk to anybody. No I don't have any close friends. I just never did. I never spoke to people. It is harder for men because I think men...If I had said a

few years ago to somebody that I was depressed they probably would have said cop on to yourself and that would have been it whereas if a woman said it, it would be taken more seriously...you're supposed to get through your life and you're supposed to be able to cope with it as a man. You're supposed to be there for other people, your family. (Dermot)

Masculine rules around behaviour and communication were plainly elucidated by this group, despite differences in their experiences and backgrounds. These conventions appeared quite rigid and were rarely breached.

I wouldn't find it difficult to tell my partner if there was something wrong with me but I couldn't really picture myself sitting there with a mate of mine saying...not with your mate...there are certain things you don't talk about. Talk to a girl, she's hardly going to laugh or call you a nancy boy. (Jim)

Within families, only mothers appeared capable of breaking through this reserve. Relationships with fathers were more distant. Fathers were identified with the masculine culture. While peer groups were credited with setting out and maintaining these gender rules of communication and disclosure it was clear that fathers had provided examples of this behaviour within the home.

My father was a person who didn't show his feelings. He still doesn't even now. (Dermot)

Women were seen as being more willing to discuss emotional issues generally. Respondents were aware of varying societal expectations around gender and behaviour and how this was organised in much more rigid ways for men. While they were somewhat envious of women's greater capacity for, as well as channels of, communication, they were unwilling or unable to adopt this.

Women talk about it. There's something wrong with a woman she goes to the doctor, there's something wrong with a man he'll hope it will go away...Men are expected to be both strong and sensitive but nobody told them how to be. Emotionally they're not able because they don't have to. They haven't learnt the emotions. You gain your emotions in childhood. They build up through your childhood and they're not there because boys and girls from the same family are treated totally different or they were, (because of this) most men are just surviving I would say. (Dermot)

1.7 Connections to Others

Another psychologically protective feature for females may be their greater social connectedness. Women tend to have better organised as well as more intimate social networks. These act as channels for, and sites of, early disclosure of problems. This facility to discuss emotional issues was alluded to frequently by the men interviewed. It is evident from this study that disclosure of problems for men is an altogether more difficult process. Male patterns of help seeking are connected to societal perceptions and expectations about men and masculinity. Yet the men recognised that being connected was a powerful preventive measure in terms of psychological health.

Only for I have somebody and I have people close to me, I'd be dead long ago. When I become suicidal I wouldn't think twice and I don't ever think twice but it's the time when I do think that second time, when I think of my children or my wife. They only have to spring to mind once and something will tell me to stop what I'm doing because it's wrong. I could understand now from another person's point of view, who would have no children and would have nobody to turn to, something to live for, could kill themselves

a lot quicker than if you had something to latch on to. (Fergus)

Some of the men interviewed were socially isolated in that they lacked close friends and relationships. Early experiences probably contributed to this.

I was always a loner. I always, maybe not in primary school but when I got to secondary, it was just very much on my own. Through my own choice again. Just that I arrived home and had my dinner, go to my room and listen to the radio and do work for school and go to bed. I would do that all the time. And I was quite happy doing that. Or I would go to the pictures and do whatever I did. That was my own choice. (Dermot)

I didn't have many friends so I would spend a lot of time in the house and I haven't changed much since then. At the moment I spend the best part of my life in my bedroom just to keep away from people. As I say there's times that I even eat in my room, eat my dinner and things like that. (Brian)

I'm always the little loner sitting in the corner with his pint on his own and then everybody else is off waffling away. (Liam)

The respondents who were involved in relationships were generally more connected but there were difficulties here also. There were pressures linked to early marriage and parenthood.

It was pressure from the word go. Having a baby when you're seventeen when you don't know whether you're coming or going yourself never mind a baby on the scene. (Fergus)

1.8 Seeking Help

The above narratives illustrate how deep and persistent the need to conceal difficulties is for these men. If they do present to health or social services there are barriers to getting help in that their problems are not always identifiable, nor classifiable, as a psychiatric disorder. In addition, as indicated above, their difficulties are frequently masked by alcohol and drug misuse. It is in fact very difficult for them to disentangle the various elements of their unhappiness. The way they present to the services tends to ensure that they fall between services and diagnoses. A common classification is a behavioural disorder, often in combination with substance abuse – neither of which usually warrant admission, especially with the present pressure on hospital beds. In general, the men themselves do not see themselves as having a psychiatric problem. They tend to define their difficulties in terms of the personal and social rather than the psychiatric. Following the suicidal incident they are usually admitted or sometimes referred for follow-up counselling to the out-patient services. They rarely avail of this no matter how serious the suicide attempt was. This is supported by the experience of the eleven men who had previously presented with suicidal behaviour. They rarely presented to any service (other than occasionally accessing drug/alcohol services) in the intervening period. When they are discharged they usually disappear from the health system. The hospital is therefore a point of first contact for these men and all too frequently, one of last resort. The majority, in line with usual admission policies, are not admitted for a lengthy period. In fact they generally do not want to be admitted as the experience is too shocking and embarrassing to prolong. A small minority, however, usually those men who see their life as out of control, view the hospital as a sanctuary and actively seek admission.

I need to get into hospital and get my head sorted out big time. I know for a fact it's not going to be sorted out at home...I want to get into hospital and get my head sorted out and then I can get out with a fresh start. (Stephen)

The hospital is not usually a key point of intervention for these men as the current organisation of services are not geared to helping them. They require specialist intervention and follow up which is not available in any hospital in Ireland at present. As mentioned above, another obstacle is that they are often unclear about the source of their unhappiness. In addition, they frequently conceal the true nature of their action and present it as an accident. The provision of specialist counselling might assist some of these men but such therapy would have to be knowledgeable about, and sensitive to, the needs of young men. Their inability to disclose problems and the fears they experienced around delving into unexplored parts of their lives and personalities meant that those who had tried therapy generally found it intrusive and of doubtful efficacy.

1.9 Family Background

Many of the men shared common experiences in relation to their childhoods, in particular parental marital disharmony. Alcoholism was also common in that seven of the fifteen men had at least one parent who suffered from alcoholism or drug addiction. Apart from substance abuse, there was no evidence of serious parental psychiatric disorder. There were 'ordinary' families as well, trying to cope with difficulties concerning their child.

They don't shout or scream during the day. They scream at night so it's very hard to ignore when you're trying to sleep...My father and my mother can ignore each other for up to three or four weeks before a word is even said...When I was younger it made me feel very bad because it was like living in two different countries. My mother was in one room and my father was in the other room... I felt a burden all the time...I felt lonely as well. (Brian)

I was physically abused as a child. If anything went wrong I'd get it. From my earliest memory...Every day. If anything went wrong I'd get it. (Andrew)

There was evidence of significant loss in many of the men's childhoods. Seven respondents had been raised by one parent only, either because their parents had separated or because their mother had not married their biological father. These events in themselves did not appear to have the most impact on the respondents. In fact a sense of relief might follow the departure of an abusive parent.

“My father was an absolute bastard. I was delighted when he left. (Kieran)”

It was the way the situation was dealt with within the family and the subsequent events which was most influential. If the remaining parent refused to acknowledge or discuss the marital break-up and/or was unable to parent because of alcoholism or illness, the effect was usually profound. Or a parent could be replaced by a substitute figure who was abusive. Loss and threatening situations were more likely to impact on self-esteem and identity, especially if there was no alternative source of affirmation. Individuals in these situations often made valiant efforts to escape and/or to survive and some of the most potentially damaging situations produced men who retained a definite sense of identity and self-worth.

“I had some problems as a child growing up in a residential care unit and living on the streets and everything but I always thought there was something there that made me feel a small bit like everyone else. (Michael)”

“At that stage I knew if I was to stay there, my life would just get worse so I knew I had to better myself. All I always wanted to do was to get out of my house. That's all I wanted to do was get out. Work. Get my own place together...I knew what I wanted to do. (Andrew)”

These men demonstrated resiliency in coping with difficult, often extreme, home situations. Unfortunately some of the residue of these experiences emerged later when they were confronted with loss or threatening situations.

Relationships with fathers tended to be complex and often problematic. Mother-son bonds were generally closer. In six cases fathers had been absent for most or all of the child's upbringing and in two further cases fathers were missing due to illness or work which took them frequently away from home. Almost all the other respondents had experienced a lack of closeness with their fathers.

“He never talked to us. I probably would have liked to have been closer to him when we were younger but it wasn't really an option...I certainly wouldn't call him warm. He was strict. I don't really remember an awful lot about him when I was younger. (Dermot)”

In some cases the relationship was more problematic especially when there was evidence of physical abuse and this was often combined with paternal alcoholism. In these families both the mother and children were usually the victims of violence.

“He'd go from being nice to someone totally different and then wake up that evening shouting and hitting and kicking. (Martin)”

Fathers provided them with a particular model of masculine behaviour, usually traditional and patriarchal. One result was to prompt the individuals to develop a strong protective exterior, to 'close off' and discourage disclosure of problems. This approach became connected to traditional notions of masculinity and strength.

“He's (his father) very strong, he's very steadfast and he's very adamant in what he says and it's not up for

discussion. What he says, that's the end of it, there's no discussion about it. He calls it independence and survival and he's able to do all these things and I should be able to do the same. (Brian)

The model of behaviour might also involve violence and they could learn that a way of dealing with difficulties was to hit out at someone or something.

When he comes across a problem, it's just wreck the house. I've got all them traits –that's what I have. He never hit my mother, never hit her but he smashed the house up every time. (Fergus)

My dad would fight you, he would fight against you to make sure you don't get it. He's like that with all of them...He used to have a pint and he'd be hitting me and it just built up and one day I just kicked him in the chest and nearly sent him down the stairs. He got a shock then. (Stephen)

Fathers therefore provided models of behaviour for the men and they responded to this in various ways. Importantly, not all fathers were violent and some of the more socially disruptive respondents had fathers who were supportive and had tried to help them. However if there was parental violence this often caused conflict for the men. While they rejected this model of behaviour they were unsure of alternatives.

1.10 Being a (Strong) Man

Strength was linked to power, manliness and normality. In contrast, a lack of strength implied weakness and vulnerability.

I believe everyone has their problems. I just believe some are weaker than others. The normal man is someone with a family. He is strong (Cathal)

These themes of strength and normality were connected to the idea of difference, being abnormal, not a real man.

I'm not half the man I was...It holds me back...I used to be a very fit person. I used to be a lot bigger than I am now. (Alan)

I'm not a typical bloke, soft or something...I never took chances. I was just too afraid and shy most of the time... Nervous, just different and more quiet. (Martin)

The origins and meanings around strength may have originated from the family environment but they were reinforced in school especially for those men who were bullied.

1.11 The Impact of Bullying

Six of the men had had this experience and the bullying was often serious and persistent. It was clear that they equated strength with survival and acceptance in the school yard.

I was picked on a lot at school. I had an awful lot of torment in school over the years. I wasn't one of the strongest boys. But as I got older, obviously I was bigger and bigger and was able to fight my own battles...before that I was tormented as a kid...What could I do. I tried to fight back but what could you do...It was down to someone who wears glasses. Someone with something that is different. If you're quiet that's it. You can't be quiet. You have to be some way outstanding or you don't survive. (Alan)

I was small and bigger fellas would start a fight. I was bullied. I was smaller, that's why they picked on me (Kieran)

That's the main reason why I was picked on and taken advantage of in school and work plus when I was younger as well, I was really small...The popular people are the ones that are the biggest and the tallest or whatever...I'd say in my classroom there was about 30 kids. One was 4ft and another 5ft tall and about 10st these would be the popular ones and the others would laugh at his jokes and buddy him or mess around with him but someone who was small and slim they did more picking on. (Martin)

Bullying leaves deep wounds. It seems to reinforce in the child his perception that he is not normal, not as strong as the other boys and that he is somehow responsible for being the victim ('People are bullied in school for being different, that's all'). Self-blame is also part of the scenario.

I was put down an awful lot because I was considered an outcast by the people in school. I didn't do what anyone else was doing. That's why I had very few friends in school. (Brian)

It appears from these interviews that young boys who are bullied incorporate this experience within their developing masculine identity. They feel themselves to be different, to be outside the group. For girls their sense of feminine and sexual identity is probably not as connected to group belonging in that they may have other sources of identity confirmation, e.g., within the family. At this stage of development, boys are moving into a more distanced relationship with parents and peer groups are increasing in importance. This process may also be influenced by the absence of a secure relationship with the father. The sense of entrapment and helplessness experienced by victims of bullying makes it difficult for them to regain self-esteem later especially as this almost always remains concealed, even from their parents.

That's why I'll never recover from it. That's the way I let it happen. Its probably up to me to face that but that's the way I let it happen...You don't feel as adequate as the others. (Alan)

1.12 Discussion and Conclusions

This exploratory study has examined the suicidal actions of fifteen men aged between eighteen and thirty years and sought to develop some tentative explanations for their actions. Almost all were single and although nine of the men were fathers, only two were presently living with their children. Educationally they were below average achievers. Two thirds had not completed second level schooling and none had been to third level. In general, they worked in unskilled or semi-skilled occupations and approximately half were currently employed. Some of the respondents were socially isolated in that they did not have close friends but others were quite connected to a person or persons. Being in a marriage did not necessary imply connectedness as sometimes the marriage itself was a source of stress. A number of the men had had difficult family backgrounds and had experienced violence, loss and rejection. Yet there were also parents who had supported their children through difficulties and had tried to understand their problems. In terms of personality type the group varied greatly. Some (but a small minority) had had behavioural difficulties from an early age and now found it difficult to negotiate and cope with stress. There was a sense in which these men felt their lives were out of control and resorting to suicide seemed to be the only feasible option. Other respondents had displayed no such behaviour in their past. If anything they tended to be more socially and psychologically compliant. Although there was no attempt by the researcher to assess the respondents clinically, the majority were not categorised as having a recognisable psychiatric condition by the referring psychiatrists.

Motivation for the suicidal action varied. Relationship breakdown was a feature of many of the suicide attempts as in other studies

(Departments of Public Health, 2001). In the context of past loss, the ending of a relationship took on a particular significance. But there was often an added dimension, trying to cope with new relationship norms and women's sexual freedom. In a shifting insecure arena establishing secure relationships proved difficult and when a commitment was made the failure of this relationship was often disastrous psychologically for the man. This relationship was often his only source of closeness and connectedness.

Another motivational feature was a build up of stress and a feeling that one's life was out of control. Thus these men felt trapped either in a specific situation or more generally and the behaviour was an attempt to escape. Suicidal behaviour in these circumstances was associated with a general aimlessness, a sense of the impossibility, in their view, of gaining stability and meaning in life. Often panic as well as anger accompanied these emotions. These men had usually been unhappy for many years but as this had remained unexplored it had increased in intensity.

Alcohol was frequently used to blot out unhappiness, even over a long period of time. In the context of this study alcohol often transformed an unhappy state into a potential death. The combination of alcohol and the impulsive quality of suicidal behaviour is key to understanding this phenomenon. The impulsive nature of suicidal action is supported by other studies (O'Donnell et al, 1996) and the link between suicide and alcohol misuse is also documented (Departments of Public Health, 2001). Underlying the action was an acceptance of suicide as a behavioural option. The suicidal script was well known to the young men interviewed from both national and local sources.

Early negative experiences had impacted on the men's self-esteem and identity. This was most obvious in their desire to be strong and to avoid weakness. Endeavouring to maintain a masculine identity was a constant theme and those who defined themselves as weak referred to strength as a positive attribute, as the

masculine ideal. Weakness was identified as the cause of difficulties especially in relation to being a target for bullying in school. The experience of bullying was profound and long-lasting. It appeared to confirm self-doubt about one's identity including one's sexual identity. Thereafter those affected by bullying either withdrew socially and opted for a passive route through life or sought to bury this experience behind a strong exterior. Masculinity was very much connected to strength and being successful. Implicit in this was maintaining a strong front and not disclosing problems. In the context of learning about masculine behaviour, relationships with fathers were key in providing role models to emulate or avoid. There was little evidence that the men knew, and felt confident about, different types of masculinities, different ways of being a man. While they acknowledged the rigidity of traditional forms of masculinity they were, in general, tied to this.

It is possible to identify some different types of respondent within the overall group but these categorisations do not break down evenly. There are those who attempt frequently and those who make a single serious attempt but there is a large overlap between them. Yet frequent attempts are much more likely to result in completed suicide and, from the stories of these men, it is easy to see why.

These men are unlikely to grow out of their difficulties as their chance of social and emotional stability and of negotiating change are slight. They lack sufficient educational, economic and often personal resources to do so. They are frequently fathers but in a distant, uninvolved, way. Many of the men no longer have the supports of a family, either their family of origin or a relationship. Today relationships, even when a child is involved, do not necessarily result in commitment and here women are emerging as relatively more powerful especially in relation to custody of the children. The woman with a child forms a family unit and this unit is recognised and supported legally and economically. The father

is often quite peripheral to this family unit and it appears from this study that men are finding this situation difficult. Some of the men interviewed see little likelihood of achieving the relationship stability they want. If one considers that males centre their most confiding relationships within the family the psychological consequences are clear. Another source of emotional support in the past, religion, appears to have almost no influence on their lives.

The reasons why people decide to take their own lives are complex but there is now widespread knowledge about suicidal behaviour in this country. It is a possible option when things go wrong for some people and for men their inability to disclose difficulties makes them particularly vulnerable. Men don't tell others about their fears or their desperation because they don't have that kind of relationship with their families and with other men (including their fathers). Problems might not be visible even to themselves if anaesthetised with alcohol. Expectations around male behaviour and emotions, in Ireland and elsewhere, are quite rigid and this often prevents them from seeking help and from getting help when they ask for it.

As MacInnes (1998) argues, there is a strong contemporary consensus which urges men to abandon 'traditional masculinity' in order to get in touch with their feelings and become emotionally articulate. But differing options in regard to masculinity are borne out of reflection, from experiencing and discussing alternatives. Many of the men in these studies have knowledge and experience of only one form of masculinity, a narrowly defined traditional form of masculinity, deviation from which is often viewed as deeply threatening. Part of this definition of masculinity is an inability, an unwillingness, to disclose problems and seek help.

Young Men on the Margins: The Social and Psychological Costs of Change

This report, and a previous report, 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004), have both addressed the notion of crisis for men in a social environment of fluidity and change. The conclusion of the initial study was that although there have been profound family and work-related changes involving men, most are adapting and taking on new responsibilities, especially around fatherhood. Not all men have changed – there is a minority, for example, who do not wish to take on fatherhood, but this is certainly not the norm. Additionally, the pace of change has been uneven. Changing ideas about roles and behaviour happen at varying pace in different groupings and a critical level of knowledge, and acceptance, is required to mainstream ideas. Irish men are beginning to reflect on their gender but this is not widespread as yet and there are counter currents. So although male lives are being transformed they are only now (in Ireland and elsewhere) beginning to voice and share their experiences.

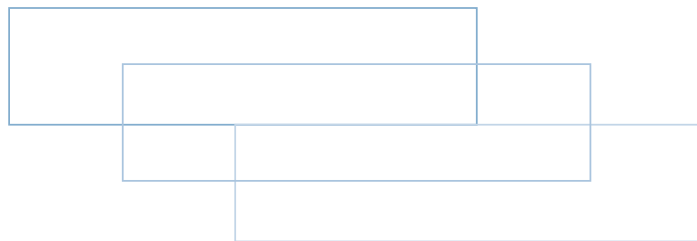
There are problems and challenges for men today. Change undermines the solid foundations on which we build our lives, our identities. But why should change be more threatening for men than women. Perhaps women have sensed that they are gaining more, men less so in contemporary Ireland? It may be linked to

the rigidity of male roles and behavioural expectations. Marital and parenting change represent real difficulties for men. Women becoming more flexible around relationships and family life is certainly (and understandably) threatening to men. These are some of the issues and fears that men are confronting.

Some groups of men, mainly young, working class men (and young farmers as well), have found the social and economic transformations in this country particularly difficult. These men are more likely to lack educational skills and marriage and active fatherhood may now be less of an option. These features are exemplified in the lives of the men studied for these reports. These are men who are marginalised because of their particular background but also because they are men. It is sometimes easy to dismiss the causes of their difficulties by reference to personal weakness and or disorder but this has little basis in reality. Education has become the route to economic and social integrity in our society but education is also the route to greater understanding in a more general sense. Educational and vocational deficits make a certain trajectory more likely – especially if you are a man. Depending on largely redundant notions of masculinity (which other men are fast moving away from) is also detrimental. Knowledge, including knowledge of changing forms of masculinity, has become key to survival in this fluid, changing world. Being tied to rigid forms of masculinity which prevent disclosure of fears as well as discussion of emotional needs places some young men in an unhealthy environment both socially and psychologically.

There is change and challenge, even confusion, for men but this is at acceptable levels. Some men are becoming increasingly isolated both socially and psychologically, due to a combination of structural, familial and personal factors. The origins of this go back a long way in their lives and any remedial policy needs to take account of this. In popular terms the lives of these men have become linked to all groups of men – all supposedly caught up in

a crisis of male identity. In reality the situation is more complex. These studies are an attempt to disentangle these issues – to put aside this notion that all groups of men are the same and facing the same challenges.



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Young Men on the Margins: Suicidal Behaviour amongst Young Men

follows on from the first publication in the series, 'Young Men on the Margins' (Cleary, Corbett, Galvin & Wall, 2004). The initial report outlined the extent to which men, particularly men from economically disadvantaged backgrounds, fail more in school, are more involved in crime, drugs or alcohol, are more vulnerable to homelessness and ultimately are at a higher risk of suicide, than the rest of society.

This second report explores the issue of male suicide in more detail. It takes a qualitative approach, and is based on a series of interviews with fifteen men who were admitted to a large teaching hospital having attempted suicide.

This report summarises the literature in relation to male suicide and presents the findings from an exploratory study of men who engaged in suicidal behaviour. It is clear from the stories told in this report that crisis intervention services, if they exist, are either inaccessible or are not utilised by young men. There appears to be an absence of a professional integrated response from the hospital services, mental health services and community services.

This study is of interest to those concerned with public policy responses to suicide amongst young men in Ireland. It is of particular relevance, given the recent Government development of "Reach Out" - A National Strategy for Action on Suicide Prevention" which sets out a range of actions to be taken by various State and non-governmental agencies over the next ten years.

The Katharine Howard Foundation is an independent grant-making body with a particular interest in supporting initiatives concerned with addressing poverty and disadvantage in Ireland.



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