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Association between Suicidality and Masculinity

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Dovilė
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Vyriškumo sąsajos su suicidiškumu

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SUMMARY

1. INTRODUCTION

1.1 Male suicide in Lithuania

Looking at contemporary suicide statistics, it is evident that male suicide rates remain higher than female rates globally. The *World Health Organization* (WHO, 2021) data indicates that the global male suicide rate is 2.3 times higher than the female rate. However, the gender disparity varies between different countries and regions. For example, in Poland in 2019, the male suicide rate was 6.48 times higher than the female rate, mainly due to a very low female suicide rate of 3.1 (compared to 20.1 for males)[1]. Similar disparities exist in Moldova, Slovakia, and Ukraine. In Lithuania in 2019, the male suicide rate was six times higher than the female rate (male: 43.10, female: 7.18)[2]. Despite some exceptions, in almost all countries worldwide, men tend to commit suicide more frequently than women.

In 2019, Lithuania ranked among the top countries in terms of male suicide rates, only surpassed by Lesotho, Guyana, Eswatini, and Kiribati. The number of male suicides in Lithuania that year was 539, corresponding to 43.10 cases per 100,000 inhabitants[2]. Compared to the European average male suicide rate of 17.1, Lithuania had the highest rate, although there are other countries with high male suicide rates, such as Russia (43.6), Ukraine (39.2), Belarus (36.7) and Latvia (35.5)[1].

In recent years, male suicide rates in Lithuania have been declining; compared to 1994, when the rate was as high as 81.9 cases per 100,000 inhabitants, in 2021 the rate was already two times lower, at 33.6 (Institute of Hygiene, 2022). Looking back to even earlier

[1] The World Bank data. Retrieved September 30, 2022, from https://data.worldbank.org/indicator/SH.STA.SUIC.MA.P5?view=chart

[2] State data agency, official statistics portal. Retrieved September 30, 2022, from https://osp.stat.gov.lt/statistiniu-rodikliu-analize?indicator=S3R0275#/

times, during the 50-year period of the Soviet occupation, the number of male suicides in Lithuania increased 6 times (Domanskienė and Gailienė, 1992). According to Gailienė (2015), men were suffering greatly from the occupation regime because the communist system dismantled the role of men in the family and in the society: private property was taken away, people were forced to go to collective farms, any economic, cultural or political initiatives were abolished, there were no informal communities left, and the concept of life values was imposed and dictated by the regime. In addition, a large number of men representing the progressive and educated part of the society (large farmers, teachers, priests, members of political and social organisations, etc.) are exiled or joined the partisan (guerilla) resistance.

The correlation between the political and social changes in the society and the male suicide rates is also observed during the period of *perestroika* (the Soviet reforms in the late 1980s) in the Soviet Union. Male suicide rates decreased by about 24% between 1986 and 1991 compared to the previous decade. This period of political reform brought about an increased freedom of speech, expanded political rights for individual republics, the release of political prisoners and dissidents, and the legalization of private property (Venclova, 2019). These societal changes had an inevitable impact on people's moods. Interestingly, the female suicide rates remained almost unchanged during this time (Domanskienė and Gailienė, 1992). This data suggests that the changing atmosphere primarily affected the male suicide rates while the rates among females remained relatively stable.

In 1991, an increase in the male suicide rate was already observed, which continued until 1994, when it peaked at 81.9 cases per 100,000 population. Compared to the post-perestroika period, the rate almost doubled. The regaining of Independence in Lithuania was an opportunity, but also a challenge, with the need to rebuild its identity and national foundations. Although this was enthusiastically received in many post-Soviet countries, a part of the society experienced pains of transition – unemployment, inflation, loss of

status, and corruption (Sztompka, 2004; Gailienė, 2015). In terms of the suicide rates, this difficult transition period lasted until 2003, when the curve of the rates started to fall downwards.

Although Lithuania has a very high suicide rate among men, there are not many studies on this topic. According to the data of 2016, the highest suicide rate is among men aged 55 and over, although all age groups have rates which are significantly higher than the European Union average (Comunale, 2020). Another demographic indicator relevant in the context of male suicide in Lithuania is the place of residence. The cultural trauma caused by the occupation of the Soviet Union is thought to have particularly affected the population of the rural areas and smaller towns (Gailienė, 2015).

Jasilionis and colleagues (2020) found that, in Lithuania, men living in smaller towns (population under 50,000) are at 1.8 times higher risk of suicide, while those living in rural areas are at 2.6 times higher risk. In addition, a study by Jasilionis et al. (2020) showed that men remain at a higher risk of suicide even after moving out of the provincial area to a big city. This means that the socio-cultural environment prevailing in the region leaves a rather deep imprint on human development. Male suicide prevention could also focus on improving the regional economic situation, the education system, as well as other social conditions.

Research also shows that male suicide in Lithuania is associated with unemployment (Comunale, 2020), alcohol consumption (Lange et al., 2021; Liaugaudaitė et al., 2020), marital status and education (Jasilionis et al., 2020), and *Post-Traumatic Stress Disorder* (PTSD) symptomatology (Grigienė et al., 2015). Liaugaudaitė et al. (2020) showed that men were more likely than women to have experienced interpersonal stressors, family conflicts, problems at work and financial difficulties before suicide. It was also found that men with suicidal ideation were less likely to have experienced a close and warm relationship with their father (Grigienė et al., 2015).

The review of studies suggests that men over 55 years old who live in rural areas or small towns, experience unemployment, financial

problems, heavy alcohol consumption, or traumatic events leading to distress, are at a higher risk of suicide. Additionally, these men may face challenges in their interpersonal relationships and have not had a close relationship with their fathers. However, this portrayal of the suicidal man is oversimplified and can create stereotypes. It is crucial to recognize that each suicide case is unique, and that the current understanding is based on limited research. Moreover, within the specific age group and rural areas, there is a diverse range of men with different occupations, social situations, and protective factors. The protective factors for male suicide are particularly understudied in Lithuania. And, looking at the whole population of Lithuanian men, the problem of male suicide is also acute for men of other age groups and for men living in large cities, so we should not focus on this one suicidal male figure alone.

1.2 Understanding suicide: 'Cry of Pain'

The first attempts to explain suicide scientifically began in sociology. The most important work of the period was Émile Durkheim's (1930/2002) study *Suicide*, in which he argued that suicide was a social problem and not just an individual 'madness'. He laid the foundations for the understanding that the causes of suicide have to be found in isolation, oppression and certain social contexts (O'Connor & Sheehy, 2000). It was only later that the study of suicide also began to emerge in the field of psychology, where suicidal behaviour was explained through the intrapsychic processes.

Edwin Shneidman (Shneidman, 1973/1993) began to study the suicidal behaviour specifically as a clinical psychologist and introduced the concept of *psychological pain*, which is still considered to be one of the most fundamental experiences in suicide. The desire to die is an attempt to end the psychological pain when there is no other way out (Shneidman, 1996/2002), it is like a *cry for help* because there is no other way to express the inner suffering (Farberow & Shneidman, 1961). Mark Williams (2001), who later developed this

idea further, refers to suicidal behaviour as a *cry of pain* – just as an animal in a trap cries out in pain, so does a person; people act suicidally when they feel trapped and thus express their pain.

The *Cry of Pain* theory is an extension of Baumeister's (1990) concept of suicidal behaviour and Gilbert and Allan's (1998) concept of depression (O'Connor, 2003). In explaining suicidal behaviour and formulating the *Cry of Pain* theory, Williams and his colleagues (Williams, 2001; Pollock & Williams, 2001) sought to combine biological, social, and psychological perspectives on suicide (O'Connor, 2003). This theory is one of the contemporary theories of suicidal behaviour, but it is distinctive in that it encompasses different dimensions of the explanation of suicidal behaviour: an evolutionary approach, an emphasis on the importance of the relationship with the social environment, and, at the level of the individual, analysis of the dimensions of emotion, thinking, and self-concept.

According to Baumeister (1990), suicide is as escape from self, because the person sees him/herself as "inadequate, incompetent, unattractive, or guilty" (p. 91). This negative self-view may be due to extremely high standards and demands on oneself, which may increase frustration and self-blame when faced with negative life events or stressful situations (Baumeister, 1990). In particular, negative self-perception brings up difficult feelings and suicide becomes a way of escaping these difficult feelings by destroying oneself.

Gilbert (1992) described the symptomatology of depression from an evolutionary perspective. He argues that the *social rank* is evolutionarily shaped, and that its main function is to reinforce the social structure of a community. In addition to physical dangers, there are also social dangers, which are usually experienced as a threat to status, self-image, and self-confidence. In the face of such social dangers, people behave in such a way as to protect and maintain these resources (status, etc.). The depressive state is a reaction to defeat when one's status is being violated. Evolutionarily, the function of depression is to conserve strength and not escalate the conflict in order to preserve as many resources as possible.

Williams (2001) integrated Gilbert's (1992) notion of depression into a suicide theory and argued that negative self-esteem is formed as a result of a negative social comparison, i.e., when a person subjectively compares himself or herself to others and feels unsuccessful, unwanted, or powerless (Williams, 2001). Williams (2001) describes this as a *defeat*, where one feels that one has lost status and value and feels inferior to others. Suicidal behaviour can occur when a person no longer sees a way out and no way to restore his or her value, in other words, when he or she feels *entrapped* (Williams, 2001).

Williams (2001), by virtue of adding to Baumeister's (1990) approach, argues that the experience of failure is enhanced by extremely high demands on oneself and perfectionism, as social comparison is likely to be negatively biased, and it forms a negative self-image. In addition, feelings of failure and pitfalls can be both internal, arising from a person's thoughts and feelings, and external, arising from events and situations in the environment (O'Connor & Kirtley, 2018). Research examining the *Cry of Pain* theory has found statistically significant associations between the constructs of the theory and psychopathology, as well as suicidality (Rasmussen et al., 2010; Siddaway et al., 2015; Taylor et al., 2011).

The core constructs of the theory of the *Cry of Pain* – defeat and entrapment – were formed based on the concept of social comparison. The sense of being defeated is derived from comparing oneself with others and from a subjective perception of one's position in a group/society (Williams, 2001; Gilbert, 1992). Social comparison is a process which people inevitably experience. Festinger (1954), a pioneer of the *Social Comparison Theory*, argued that everyone has a self-evaluative drive which is realised by comparing oneself to others. Gilbert (1992) described social comparison as an archetypal human capacity that makes social events, social evaluations and various modes of social positioning (e.g., ability, attractiveness) relevant to the individual.

According to Festinger (1954), people tend to compare themselves with those who are at a similar level of achievement. In other words, beginners do not compare themselves with those who are already advanced, and, conversely, those who are more advanced do not compare themselves with beginners. In social comparison, a person compares his or her own opinions and abilities with those of others, especially when there is no more objective way of evaluating oneself (Festinger, 1954). However, Festinger (1954) argued that the main purpose of the social comparison is to evaluate one's own achievements or opinions as objectively as possible. Without the possibility to compare oneself with others, expectations regarding one's achievements are unstable because one has no starting point as to what kind of result he/she has achieved that can be considered a success (Festinger, 1954). However, subsequent research has shown that people may use different social comparison strategies depending on the direction of comparison: *upward social comparison*, where a person compares him/herself with those who are superior in some way (e.g., ability), and *downward social comparison*, where a person compares him/herself with those who are inferior to him/her in some way (Aronson, 2009).

More recent social comparison researchers extended the theory of Festinger (1954). Thornton and Arrowood (1966) introduced another motivator of social comparison, *self-enhancement*, which occurs when a person, in evaluating his or her own positive qualities or useful abilities, compares him or herself to a role model in that aspect, i.e., someone who is particularly advanced in that respect, and, in this way, by comparing himself or herself, it is as if he or she is joining the ranks of the ideal object. Although comparing oneself to others who are more accomplished can serve as a guide to the highest standards (Aronson, 2009), suicide theories and research have found that setting excessively high standards for oneself can reinforce a negative self-image and increase the risk of suicidal behaviour (Baumeister, 1990).

Another way to increase one's self-worth, as described by Hakmiller (1966), is to compare oneself with inferiors, i.e., to increase or maintain

one's self-confidence by perceiving oneself to be better than certain people. For example, cancer patients compare themselves with other patients in worse conditions and thus maintain a better appraisal of their situation (Stanton et al., 1999). Thus, social comparison can serve as a coping strategy, and it is intended not only to objectively assess one's abilities. Moreover, in the modern concept of social comparison, the comparison of oneself with others can be not only in terms of the ability or opinion, but also in terms of emotions and personality traits; in other words, in terms of almost any aspect that can be compared (Suls & Wheeler, 2000). Festinger (1954) argued that social comparison is not only for self-evaluation, but also for strengthening one's bond with others and group membership. Group membership is a fundamental evolutionary human need that is fulfilled by assessing/maintaining one's worth by comparing oneself with others, both with those in the group to which one feels one belongs, and with those in another group (Beach & Tesser, 2000).

Social comparison can also take place without a specific object of comparison: people may compare themselves to a perceived average or normative standard that is imagined to be met by most other people in a similar situation (Wood et al., 1985), or to a particular stereotype that prevails in the society (Suls et al., 1991). Moreover, if a person already has a negative self-image, he or she is likely to interact with such people and to participate in situations that will confirm this pre-existing negative self-image (Beach & Tesser, 2000). Identity is also relevant in the process of social comparison: if the other person is superior in an aspect that is relevant to one's identity, this will lead to more negative emotions, but if the aspect of comparison is not relevant to one's identity, then this will not lead to a strong experience, or it may even lead to a feeling of pride if the superior person is a relative (Beach & Tesser, 2000). Thus, social comparison is a subjective process influenced by prejudice and self-perception.

When comparing oneself to others, one tends to choose these 'others' similar to oneself (Wood, 1996), but some researchers have also argued that comparisons are often not made with objective data,

but instead with one's perceptions of other people and their achievements, and therefore may sometimes not be a validation of oneself in relation to others, but rather a validation of one's own self-concept (Goethals & Klein, 2000). Furthermore, research shows that the people who compare themselves more intensely with others have a lower tolerance for uncertainty and have a more fluid and less clearly defined *self-concept* (Butzer & Kuiper, 2006). Thus, self-comparison reflects internal attitudes about the self and is more likely to be performed if the self-concept is not sufficiently stable and requires frequent confirmation from the environment.

1.3 What is masculinity?

When someone says 'real man', we rarely ask what was actually meant when uttering the phrase. It is taken for granted in the society that there is a certain way of being 'masculine', and that masculinity, whatever it is, actually exists. However, as it turns out, the challenge of defining masculinity is that there are various concepts, approaches, and theories.

The concept of masculinity has evolved throughout human history. In the 19th and early 20th centuries, the prevailing view was that masculinity is biologically determined and that men are naturally 'the way they are' (Whitehead, 2002). During this period, the position of men and women in the society was characterised by strong inequalities (Riley, 2018). The male privilege was seen at the time as a natural given, determined by nature: men's destiny is to work and provide resources for others, while women's destiny is to give birth and raise children (LeGates, 2001).

Male behaviour was seen as innate, and all gender differences, even in behaviour, were considered to be determined by biological causes (Solomon, 1982). Thus, gender roles were clearly defined and regulated not only in human attitudes but also in the state's legal system. In this period, masculinity/femininity and gender roles were

seen as one and the same – i.e., they were being perceived as extremely closely linked categories.

The beginnings of psychoanalysis suggested that masculinity is formed through relationships with parents rather than being biologically determined, but it was still clear what masculinity and the relationship between men and women should be (Connell, 2005). However, in the 1950s and 1960s, it was beginning to be argued that masculinity was not only biologically determined, but could also be over-simplified and lead to tensions and social problems (Whitehead, 2002).

Femininity and masculinity have been analysed through the prism of social constructivism. Bem (1981) introduced the *Gender Schema Theory*, according to which, the process by which the society reshapes men and women into male and female is called *sex typing*. This process begins in childhood, when a child learns through socialisation that certain behaviours and traits are linked to gender. Gender typing is based on gender schemas – the cognitive structures that influence a person's perception and readiness to seek and assimilate information. *Self-concept* is also assimilated into the gender schema, because when a child learns the gender schemas of the society, he/she also learns which attributes are related to his/her gender, i.e., to him/herself. According to this theory, adults are more likely to notice those characteristics in children that are related to the child's gender, and so the child subsequently applies the same schema to himself/herself: he/she chooses those personal characteristics that correspond to his/her gender and thus forms a self-image. The gender schema indicates the direction of behaviour, as a person will strive to conform to a culturally determined masculinity or femininity.

Pleck's (1981) theory proposed an approach according to which gender roles are not aspirational; although gender roles do exist, their acceptance/non-acceptance brings about various experiences, including tensions. However, his theory of gender *role strain* suggests that these imbalances, tensions, or stresses are inevitable. Whereas before it was argued that full acceptance of one's gender role leads to better health, in this theory, full acceptance of the male role, or the

acceptance of traditional masculine norms, leads to psychological problems for men themselves and those around them.

Connell (2005) argues that Pleck's theory differentiates between gender roles and the human self, as people can choose how much they accept gender roles, but other authors (Liddon & Barry, 2021) criticise the theory as it treats masculinity itself as a problem, as a source of psychological problems, even though it could be a source of resilience. The *Social Constructivist Theory* suggested that masculinity, like other social phenomena, is shaped by culture, and that it can (and should) be changed. In the 1980s, R.W. Connell introduced the concept of hegemonic masculinity which describes male behaviour that maintains power or a position of superiority over women or other men (Carrigan et al., 1985). To date, it is often argued that those men who strive to conform to hegemonic masculinity norms may experience psychological, physical, and social problems such as depression, suicide risk, addictions, isolation, etc. (Di Bianca & Mahalik, 2022). Although this concept has led to the discovery of men's difficulties and their solutions (Canetto & Cleary, 2012), there is also the criticism that not all men accept and support this kind of masculinity which is based on a position of power (Griffith, 2022).

Contemporary sociologists continue to analyse gender roles as a social construct, while also further developing the debate on the contradiction between men's and women's biological natures and approaches to social formation (Kimmel, 2000/2017). In other words, there is still an ongoing debate about whether differences between men and women are determined by nature or by social learning. However, scientific developments have led to the emergence of the *Gender Role Theory* which argues that people attribute certain social roles to one or the other gender (Eagly & Wood, 2012). Gender stratification can be seen in societies, and roles and their flexibility depend on the cultural environment.

Baber & Tucker (2006) argue that social gender roles are reflected in people's attitudes towards gender roles, as everyone has a particular idea of which social roles are more appropriate for men and which for

women. People with a more traditional view will see gender roles as more rigidly defined, linked to the idea that men's and women's roles are determined by nature or that they serve the better harmony of the society, while a more liberal view of gender roles suggests that people do not see men and women as very different, and that the roles they play need not be pre-determined and unchanging.

1.3.1 Gender role conflict

In the 1960s, a new conception of masculinity and gender roles emerged, challenging prevailing attitudes. Two related ideologies, *Gender Role Strain* and *Gender Role Conflict* (GRC), argue that it is not a person's gender that determines a person's masculine or feminine behaviour, but rather the socialisation during a person's development (O'Neil, 1982; Pleck, 1981). According to O'Neil and colleagues (1995), the gender role conflict is a psychological state in which a man's role, which has been shaped by socialisation, has negative consequences for that man or for those around him. This theory is based on the assumptions that: (1) people experience negative consequences if they fail to conform to their gender role; (2) people acquire dysfunctional personal characteristics as a result of their gender roles and socialisation (O'Neil et al., 1986). Gender role conflict arises when rigid, sexist and restrictive gender roles cause a person or those around him/her to be constrained, devalued, or abused (O'Neil et al., 1995). For example, a man who has 'learned' not to show his inner experiences and feelings during his development, because this is the norm of masculinity, is at a greater risk of psychological difficulties (e.g., depression, anxiety). However, if this man freely shares his emotions and feelings, he may be underestimated by others. Thus, such a man will experience an inner conflict of masculine roles when faced with difficulties.

The gender role conflict theory identifies four patterns in which the gender role conflict can get manifested (O'Neil et al., 1995):

- *Success* is the constant worry about achievements, competencies, failures, status and success in the career. *Power* is the desire to be in a position of leadership, dominance or superiority over others. *Competition* is the pursuit of goals despite others or comparing oneself with others by emphasising one's superiority.
- *Restrictive emotionality* is the difficulties and fears in expressing feelings and finding the words to express emotions.
- *Restrictive affectionate behaviour between men* is when a man has limited ways of expressing his feelings and thoughts to other men, and when physical contact with other men is extremely unacceptable.
- *Conflict between work and family relations* is the difficulty in finding a balance between work/school and family relationships, which results in stress, health problems and emotional burnout.

Authors have argued that the gender role conflict is most pronounced in the context of historical change (Pleck, 1981; O'Neil, 1982). The feminist movement of the 1970s criticised the traditional masculine behaviour and argued that rigid gender roles also inhibit men themselves by limiting their potential to function fully as androgynous (having both masculine and feminine qualities) human beings (O'Neil, 1982). In addition, the questions raised during that period about the gender equality at work, in the family and interpersonal relationships led to a reconsideration of the traditional roles for men and women, and, for some people, this was a challenge (O'Neil, 1982). According to the GRC theory, helping men to notice how masculinity, internalised through socialisation since childhood, is related to their current problems would be helpful (O'Neil, 2013).

1.3.2 Masculinity as part of self-concept

Research on *self-concept*, which began in the 1970s, emerged from the field of social psychology which is influenced by both sociological and psychological traditions, and is therefore understood both as a construct shaped by the social environment (culture, social structure, social interactions) and as an internal psyche component that influences human behaviour (Gecas, 1982). Self-concept is the totality of a person's thoughts and feelings about him/herself as a person (Rosenberg & Kaplan, 1982). Each person has a unity, essence and wholeness, but this wholeness is made up of different parts, and people may have different perceptions of their unity (Hattie, 2014). Identity as part of the self-concept gives structure and content to the self-concept and links the person to the social system (Goetz, 1982). In social psychology, identity (or social identity) is a self-description based on the characteristics of the group to which one belongs, and it is important for connecting collective and individual phenomena (Hogg & Ridgeway, 2003). As part of the self-concept, the masculine identity can serve the function of strengthening the connection to the society, but it also affects men's thoughts and feelings about themselves.

Gender identity is formed from early childhood, and it remains stable throughout life. In addition, other identities, such as occupational identity, depend on the social context at the time, whereas gender identity is usually very little affected by the context (Hook, 2019). On the other hand, in some contexts, masculinity/femininity or gender identity is actualised or more salient, while in others, gender may not be as important (Connell & Pearse, 2015).

The structure and content of the self-concept reflect the structure and content of the society (Gecas, 1982) as self-concept, human behaviour, and the social environment are interacting categories (Swann et al., 2007). Based on this assumption, it is likely that the prevailing norms of masculinity in a society influence men's self-

concept, which impacts behaviour, and these aspects together shape the prevailing norms, thus maintaining continuity in the society.

The prevailing masculinity norms predict that men have a stronger instinct to fight, to provide for others, to protect, to be competent, and to have self-control (Seager, 2019); masculinity norms predispose men to be competitive, to succeed, and to withhold emotions (O'Neil, 2013); they tend to dominate, to seek to outperform women, to be status-oriented, and to be self-directed – they seek to overcome difficulties by themselves (Mahalik et al., 2003). The understanding of the origins of masculinity norms leads to possible solutions: if masculinity is a social construct, then it is constructed and changeable, meanwhile, if we view masculinity as a biological construct, then we indicate that it is unchangeable and that this is the fate of men.

According to Hoffman and colleagues (2000), each person has his or her own personal masculinity/femininity which is understood and experienced differently. As a result, the stereotypes identified in the studies do not reflect the 'authentic' masculinity/femininity, but only assess the stereotypes prevalent in the society (Hoffman et al., 2000). Hoffman et al.'s (2000) approach to masculinity/femininity is based on the concept of *gender identity*, according to which, each person has his or her own individual sense and experience of masculinity/femininity or of being male/female. For example, a man who works in a stereotypically unmanly job will not necessarily have a negative view of his masculinity. Conversely, a man with a high social status may have a negative view of his masculinity. The concept proposed by these authors thus allows masculinity/femininity to be examined at an individual level, away from generalised notions of gender roles and the problems they pose.

According to Hoffman et al.'s (2000) theoretical model, self-concept includes *gender identity*, which encompasses *gender self-confidence*, i.e., the extent to which a person (a man in our study) believes that he meets the standards of masculinity or the standards of being a man. This gender self-confidence consists of two constructs: *gender self-definition*, which refers to "how strong a component of

one's identity one considers one's femininity or masculinity to be" (Hoffman et al., 2000; p. 494). For men with a strong masculine identity, being a man is an important and significant component of their self-concept (Hoffman et al., 2005).

Another construct of gender confidence is *gender self-acceptance* which refers to "how comfortable an individual is as member of his or her gender" (Hoffman et al., 2000, p. 495). High acceptance of one's masculinity means that a man views his masculinity positively, respects it and accepts it as it is (Hoffman et al., 2000; Hoffman, 2006). Thus, summarising these two constructs, gender self-confidence is stronger when a man has a strong masculine identity and views his masculinity positively.

According to the research cited by the authors, it is the acceptance of one's masculinity that is associated with better psychological well-being, whereas masculine identity is unrelated to emotional well-being (Hoffman, 2006). However, gender self-confidence has not yet been addressed in the context of suicidology. Some of the results of this thesis are presented in a publication (Grigienė et al., 2022), and they show that the masculine identity is also a rather important factor in the context of suicide.

Analysing masculinity as a component of the self-concept allows us to move from sociological to psychological categories. Stereotypes and masculine norms may be shaping the self-concept, but this direction of the analysis does not grasp the individuality and the subjective sense of *what 'masculine' is* and *what I am like* in this respect. Thus, the analysis of masculinity as an identity and self-acceptance allows us to analyse masculinity as an intrapsychic construct, with some distance from the prevailing social norms and stereotypes.

1.3.3 Summary of the Subchapter

After reviewing the diversity of the conceptions of masculinity, three different concepts of masculinity were selected in this paper as

potentially related to suicidality in a sample of Lithuanian men. The first one, the *Gender Role Theory*, which has been developed over many years of research into the phenomenon of gender in the field of the social psychological science, enables masculinity to be analysed as a social role shaped by the socio-cultural environment. Gendered social roles are reflected in people's attitudes towards gender roles (Baber & Tucker, 2006) which shall be analysed in the research of this thesis. The second theory, the *Gender Role Conflict Theory* (O'Neil et al., 1995), analyses an aspect of masculinity that describes the potential psychological and social problems caused by masculine roles. The gender role conflict theory is one of the most widely applied theories in the research on masculinity (Pleck, 2017). The third aspect of masculinity is 'masculinity as part of self-concept', whose role in the context of male suicide has not been analysed yet to the best of the knowledge of the author of this thesis. In the sparse field of conceptions of the masculine identity, Hoffman et al. (2000) provide the most conceptualised approach to gender identity. This approach allows masculinity to be analysed not as a precept or stereotypical behaviour, but rather as part of the self, considering that each man has his own understanding of masculinity. Thus, this approach allows masculinity to be seen at a distance from the stereotypes prevailing in the society.

The *'Cry of Pain' Theory* provides the concepts of defeat and entrapment and the dimensions of social comparison: the social status, the group fit, and social attractiveness. The latter two are measured as a single construct due to the specificity of the psychometric characteristics of the instruments.

1.4 Male suicide and masculinity: literature review

Canetto (1997) argues that suicide is seen as a masculine act in the Western culture, while a 'failed' suicide attempt is seen as a feminine act. Similar findings were reported by Scourfield and colleagues (2007) who explored young people's views on male and female

suicide by using the *focus* group interview approach. The participants associated male suicide with strength, courage, honour, impulsivity and determination, while female suicide was associated with failed relationships, manipulation and revenge, and crying for help. These views are also seen to reflect the prevailing notions of masculinity and femininity.

Researchers worldwide are discovering that male suicidal behaviour is linked to masculinity. Men who endorse the masculinity norm of self-reliance, i.e., the ability to overcome difficulties on one's own without the help of others, are at higher risk of suicide (Coleman, 2015; Pirkis et al., 2017; Genuchi, 2019; King et al., 2020). Suicidality is also increased by difficulties of expressing one's feelings (Galligan et al., 2010) and higher tolerance to violence (King et al., 2020). However, there is a tendency for some studies (Houle et al., 2008; Easton et al., 2013; O'Beaglaoich et al., 2020) to view masculinity as a general construct without distinguishing between its specific aspects, in which case the results of the studies are less informative, as not all norms of masculinity are related to mental health problems (Wong et al., 2017).

In the stories of men who have attempted suicide or died by suicide, researchers have found that attitudes about masculinity have led men to repress emotions and not to show their inner experiences to others, which made it more difficult for them to seek help when they were at risk of suicide (Cleary, 2012). Researchers often note that, before suicide or suicide attempts, people may have experienced a range of negative life events, and analyses of men's cases suggest that these events may have been experienced as a threat to the maintenance of masculinity, such as a deteriorating financial situation, changed gender roles in the family, or anxiety about divorce (Andoh-Arthur et al., 2018); inability to provide financially for the family, problems in fertility and sexual potency, the loss of self-respect or respect from others (Khan et al., 2020); difficulties in fulfilling the cultural roles as a man, impaired dignity and social standing in the community (Kizza et al., 2012). Moreover, the image of the 'successful man' may be so

important in the contemporary society that various setbacks and difficulties may particularly affect men's self-confidence, cause stress and, consequently, increase the risk of suicide (Jordan et al., 2012).

Suicide can be an attempt to reclaim masculinity, as it is seen as a reassertion of control, a display of power and courage (Meissner et al., 2016). For example, Rasmussen and colleagues (2018), in a case study of young men who died by suicide, summarise that, in most of the stories studied, the men demonstrated to those around them that everything was fine just before the suicide, hiding their experiences, and stating in their suicide notes that they only blamed themselves for everything. The authors interpret this as a way of preventing themselves from appearing weak in front of others, and the act of suicide itself was presented as heroic so that by taking their own lives they remained manly.

However, studies show that masculinity can also reduce the suicide risk. For example, Oliffe et al. (2012) found that, for depressed men, the role of the *breadwinner* stopped them from approaching suicide attempts and encouraged them to seek help. Ridge et al. (2021) reported similar findings: men with suicidal thoughts saw seeking help as brave, heroic and determined, i.e., masculine, behaviour. A study in Sweden showed that men who engage in masculine leisure activities (e.g., sports, hunting, fishing) or masculine work activities (e.g., forestry, mechanics) are less likely to die by suicide (Månsdotter et al., 2009). Other studies have also shown that more pronounced masculine traits are associated with a lower risk of suicide (Hunt et al., 2006). However, in the same study by Hunt et al. (2006), older men with the more traditional gender role attitudes had a higher risk of suicide. Thus, we can see that masculinity may be associated with both higher and lower suicide risk, and that this association may also depend on how we define masculinity.

Williams (2001), the author of the *Cry of Pain* theory, suggests that, perhaps, the difference in the suicide rates between men and women is because men have historically not often been in situations where they have little control, and so, when faced with feelings of

defeat and humiliation, they do not react so quickly with the 'cry of pain', and only act when the situation becomes extreme, and suicide seems to be the only way to escape the trap. In other words, men are more affected by defeat and entrapment because, evolutionarily, they have had no coping mechanisms to respond to the experience of being a failure and seeing no other way out.

A study by Canetto (2017) found that the US has the highest suicide rate among white older men, even though, according to the author, they are the most privileged in this society. Canetto (2017) reflects that the privileged life leads to a lack of acceptance of powerlessness and weakness in an older age. Interpreted through the prism of the 'Cry of Pain' theory, the privileged position makes one feel failed and humiliated much more quickly, and the resulting trap of not being able to make strong changes in an old age makes suicide a possibility.

Participants in Jordan et al.'s (2012) study reported that suicidal ideation was due to a low self-esteem which was based on their perception of what a successful or 'real' man is: a man with a good and meaningful job, a good financial situation, a good relationship with his girlfriend(s), emotionally strong, free of psychological problems, and not in need of help. Comparing oneself to such standards or dominant stereotypes of masculinity can increase the risk of suicide if the comparison is negative towards oneself.

However, a study by Slutskaya and colleagues (2016) found that, in certain contexts, the traditional masculinity norms can reinforce self-esteem; for example, their study involved men working in waste and street cleaning who saw themselves as masculine, stronger and more valuable in this work than women and other men who would not be able to do such a masculine job because they are too weak. Thus, by upholding the norms of masculinity through social comparison, these study participants were resisting class subordination while simultaneously building self-esteem (Slutskaya et al., 2016). However, research findings are mixed; for example, in a study by Kim and colleagues (2020), men with more traditional attitudes towards

masculinity tended to see other men as happier in comparison to themselves.

The choice of whom to compare oneself to can vary, but gender is a fairly dominant criterion: women will tend to compare themselves to women and men to men (Miller, 1984). However, research shows that social comparison has different cultural features depending on the prevailing gender role system. In the countries where gender roles are stricter and more likely, comparisons between men and women on a particular aspect are not accepted, social comparison between men and women has a smaller impact on self-perception (Guimond & Chatard, 2014). Thus, the discovery of cultural differences in social comparison and the links to gender roles suggest that masculinity at the individual level may influence the suicide risk specifically through social comparison and, in line with the 'Cry of Pain' theory, through the experience of defeat and entrapment.

However, there is evident lack of research examining whether masculinity impacts the outcome of social comparison. Given that masculinity is found to be both a risk factor and a protective factor for suicidal behaviour, we can assume that the relationship with social comparison may also be ambiguous. In order to better understand the relationship between masculinity and suicidality, it is important to consider not only the direct relationship but also the effects of the mediating variables.

1.5 Research question and relevance

Although the problem of male suicide in Lithuania is an acute issue, there is still little research on this topic. Several of the aforementioned studies have examined the links between male suicide and alcohol consumption, traumatic experiences, and suicidality in men from rural areas (Jasilionis et al., 2020; Comunale, 2020; Lange et al., 2021; Grigienė et al., 2015), but there is evident paucity of information and a need for more comprehensive understanding of male suicide in Lithuania.

To date, much of the research focusing on men's mental health has drawn on notions of masculinity from the feminist period of the 1960s. At that time, researchers were changing the established view that masculinity is innate and that certain characteristics or behaviours are natural and aspirational for men. At the time, the society was trying to identify where masculinity norms could be problematic for both men and women. O'Neil and colleagues (1995) developed a theory of the gender role conflict which became popular in research but was associated specifically with the feminist movement and treated masculinity as a problem while identifying specific areas where the masculine norms could cause psychological and social difficulties for men.

However, this view of masculinity shows only one side. Whereas this whole wave of research has brought a lot of information and knowledge about how gender roles and masculinity ideologies can affect people's mental health, masculinity has not been seen as a factor that can also enhance the mental health. For this reason, in this study, we aimed to analyse a wider variety of the aspects of masculinity because masculinity is not only about how men are seen to behave, but masculinity is also about identity, part of the self-concept. In this study, we have chosen an aspect of masculinity that does not reflect a specific behaviour, but rather the experience of one's own masculinity, i.e., gender self-confidence (gender self-definition and gender self-acceptance). This approach allows us to see masculinity as subjective and individual, and not only in relation to the societal stereotypes of masculinity.

The approach towards masculinity as part of the self-concept has not yet been addressed in suicidology. However, most studies link suicidality to the prevailing masculine norms which reflect certain stereotypes. Thus, this study shall broaden the understanding of the links between suicidality and masculinity by including more aspects of masculinity, by virtue of drawing not only on the concept of the gender role conflict (O'Neil, 1991), but also on the theory of masculinity as part of the self-concept (Hoffman et al., 2000). Thus,

three different theories of masculinity shall be used: the gender role theory (Bem, 1981; Kimmel, 2000); the gender role conflict theory (O'Neil et al., 1986), and the gender self-confidence theory (Hoffman et al., 2000). Each of these theories analyses a different aspect of masculinity, described by a specific masculinity construct. Hereby we analyse masculinity in a multi-layered way, thereby taking into account its various aspects.

Moreover, although the link between masculinity and suicidality has been identified in science, this link has not yet been addressed through any suicidological theory. Studies have identified the existence of a link, but it has not been explained conceptually based on a more comprehensive concept of suicide. For this reason, we have chosen one of the most popular theories in suicidology – the 'Cry of Pain' theory – which has a strong theoretical basis, as the authors have built it on many years of previous research on self-destructive behaviour and depression. Compared to other theories of suicidology, it is the most highly developed, and it includes strongly grounded psychological constructs. This theory will contribute to more advanced understanding of the psychological mechanisms by which masculinity influences suicidality.

In developing suicide prevention for men, it is also important to consider the prevailing norms of masculinity in a given socio-cultural environment and the impact of these norms on suicidality. The knowledge which aspects of masculinity are relevant in the context of male suicide opens up the possibility of designing more effective preventive measures. A deeper understanding of the different aspects of masculinity and suicidality will allow for a better understanding of the needs of Lithuanian men and offer ways how to respond to them. This is the practical significance of this study.

1.6 Aim and objectives of the theses

The study aims to assess the association of different aspects of masculinity with the suicide risk and to analyse the impact of these aspects on the suicide risk in the context of the 'Cry of Pain' theory.

Study objectives:

1. To assess which aspects of masculinity are associated with a higher suicide risk and which are associated with a lower suicide risk.
2. To assess which features of the interactions between different masculinity aspects influence the suicide risk.
3. To analyse the association of masculinity aspects with the suicide risk by using the 'Cry of Pain' theory model.

2. METHOD

2.1 Participants

The quota sampling method was used to select the study participants. According to the population structure for 2020 provided by the State Data Agency of Lithuania, we distinguished quotas according to three criteria: gender, age group, and place of residence (urban vs. rural). Data collection was completed once we had collected a certain number of study participants from each quota. However, young people from urban areas were more active in the survey, which resulted in a larger number of participants from these groups than the population structure suggests.

The survey was completed by 562 men of different age groups (18 to 92 years, $M = 42.99$, $SD = 17.18$) living in big cities (40.9%), towns (28.1%) and rural areas (30.8%) of Lithuania. 53.9% were married, 37.2% never married, 6.4% were divorced, and 2.5% were widowers. 59.7% of the participants had higher education. 67.6% were employed, 4.1% were unemployed, 9.4% were students, 6.8% were employed students, 10.5% were retired, 0.9% were supported by the state, and 0.2% were in parental leave.

2.2 Instruments

Social Roles Questionnaire (SRQ) Gender-linked subscale (Baber & Tucker, 2006). Gender-linked subscale assesses attitudes towards gender roles, i.e., the extent to which a person attributes certain social roles to a particular gender. For example, the social role of looking after children is stereotypically assigned to women, while the financial role of supporting the family is stereotypically seen as a male role. Higher scores indicate that the person considers certain social roles (e.g., work activities, family responsibilities) to be more appropriate for men and others for women. This means that a person is likely to see men and women in a dichotomous way; this approach reflects more traditional attitudes towards the male and female roles (Baber & Tucker, 2006).

Gender Role Conflict Scale – Short Form (GRCS-SF; Wester et al., 2012). This scale is a shorter version of the full GRC scale (O'Neil et al., 1986). GRCS-SF assesses the *gender role conflict* (GRC) which refers to a situation where inflexible or excessively strict societal expectations of the traditional male gender roles clash with incompatible situational requirements, resulting in adverse outcomes for men and those around them (Wester et al., 2012). GRCS-SF consists of four subscales reflecting different patterns of the male gender role conflict: (1) *success, power, and competition* examines the degree to which a man focuses on personal achievement through competitive efforts; (2) *restricted emotionality* estimates the degree to which a man avoids verbally expressing his feelings so as to avoid appearing weak and vulnerable; (3) *restricted affectionate behaviour between men* explores how a man has difficulties expressing their care and concern for other men; (4) *conflict between work and family relationships* examines the degree to which a man struggles with balancing the demands associated with work, school, and family relations.

Hoffman Gender Scale (HGS; Hoffman et al., 2000). This scale consists of two subscales which measure two different aspects of gender *self-confidence*: *gender self-definition*, and *gender self-acceptance*. This scale differs from other masculinity scales in the sense that the statements that the participant is asked to rate do not contain any information about what counts as masculinity; thus, the scale assesses the personal experience of masculinity rather than common masculinity norms or preidentified problems related to masculinity.

The gender self-definition subscale measures the extent to which a man considers subjectively perceived masculinity to be part of his identity. High scores on gender self-definition mean that being a man has a lot of meaning to him and that masculinity is an important part of his identity. The gender self-acceptance subscale measures how comfortable a man feels about being a man. Higher scores on gender self-acceptance mean that a man appreciates and accepts his own masculinity as it is.

Short Defeat and Entrapment Scale (SDES; Griffiths et al., 2015). SDES assesses two theoretical constructs: *defeat* and *entrapment* as a single factor. The scale is a shortened version of the two original scales, the defeat scale and the entrapment scale (Gilbert & Allan, 1998). Originally seen as separate constructs, recent theories and research have treated defeat and entrapment as a single construct which describes feeling like a failure with no way out (Griffiths et al., 2015). SDES consists of eight statements: four are about the feeling of failure (defeat), and four are about the feeling that the situation will not change (entrapped).

Social Comparison Scale (SCS; Allan and Gilbert, 1995). This scale measures one's subjectively perceived social position in relation to others. SCS assesses a generalised self-assessment, i.e., not on a specific aspect that may be relevant to a person, but on a generalised level, the extent to which a person feels better/worse than others. However, there are three different dimensions that describe different functions of the social evaluation: the social status (the extent to which a person feels better/worse than others); the group fit (the extent to which a person feels being part of a group and being accepted by others); social attractiveness (the extent to which a person feels liked by others). The participant is asked to compare himself/herself with others and to indicate to what extent he/she perceives himself/herself to be below/above others or about average. The authors recommend to use three subscales separately in the analysis, but, in our study, factor analysis identified two factors: (1) social status and (2) group fit and social attractiveness.

Suicide Behaviours Questionnaire-Revised (SBQ-R; Osman et al., 2001). SBQ-R consists of four questions, with each assessing a different aspect of suicidality: suicidal ideation and suicide attempts in the long term (lifetime), suicidal ideation in the last 12 months, disclosure of suicidal thoughts to others, and threat of a suicide attempt. Higher scores indicate a higher risk of suicide. The questionnaire was translated into Lithuanian by Kirilovaitė and Rimkevičienė (2018).

2.3 Procedure

The data were collected via a survey, conducted both online and in the paper-and-pencil format. 490 (87.2%) of the participants completed the survey online, and 72 (12.8%) filled the printed questionnaire. The data were collected in these two ways in order to reach different age groups and people not only from urban but also from rural areas. The data were collected by the author together with undergraduate students in psychology and postgraduate students in clinical psychology.

The invitation to participate in the online survey was distributed via social media, emails to public libraries, culture centres and elderships in municipalities, various associations, educational institutions, and some corporations that are based in the regions. Some of the participants were contacted face-to-face at public libraries, cultural centres and various workplaces in the towns, with the objective to invite them to fill in a printed questionnaire. At the end of the questionnaire, information about the possibilities of emotional support and psychological help was provided.

The study was reviewed and approved by the *Ethics Committee for Psychological Research* at Vilnius University (REF number 47, 15 June 2020). The data collection period was from 17 June 2020 to 12 April 2021. This study is part of a larger research study *Evaluation of Applicability of Contemporary Theories of Suicidal Behavior and the Significance of Sociocultural Factors to Suicidality in Lithuania* (funded by the Research Council of Lithuania (LMTLT), agreement No. S-MIP-21-33).

2.4 Data analysis

IBM SPSS Statistics 26 software was used for statistical analysis. Confirmatory factor analysis was conducted by using the *IBM SPSS AMOS 23* extension to this software. The mediation analysis was conducted by using the IBM SPSS macro program *PROCESS*.

The study used skewness and kurtosis coefficients to assess data normality since Kolmogorov-Smirnov and Shapiro-Wilk tests are not recommended for large sample sizes (Fields, 2018). The study's variables were found to be normally distributed based on these coefficients.

All questionnaires were translated into Lithuanian and did not have any previous analysis of their psychometric properties; hence, confirmatory factor analysis was conducted to estimate if theoretical models fit our data. In addition, whenever there was a need to assess the factors in more detail, some of the instruments (the Gender Role Conflict Scale, the Hoffman Gender Scale, and the Social Comparison Scale) were also estimated by exploratory factor analysis. The internal consistency of the scales was assessed by calculating Cronbach's alpha.

The means between groups were compared by using univariate analysis of variance. This analysis was conducted for the comparison of the mean age of the participants from different residential areas (big cities, towns, rural areas).

Initial analysis of the relationship between the variables was conducted by calculating the Spearman correlation coefficient. In order to answer the first research question, regression analysis was performed. In order to answer the second and third research questions, mediational analysis was conducted based on the recommendations of Hayes (2022). The second research question was analysed by using a simple mediation model (with a single mediator), while the third research question was analysed by using a serial multiple mediation model assessing the effect of two mediators. In the latter case, *PROCESS* assesses each possible mediation pathway separately and indicates, based on confidence intervals (*CI*), whether a mediation effect exists. *PROCESS* also assesses whether the identified mediation pathways are statistically significantly different from each other.

3. RESULTS

3.1 Descriptive statistics

According to the results, 23 (4.1%) men in the sample have experienced a suicide attempt; 105 (18.7%) men reported they had planned to die by suicide; 156 (27.85%) men had thought about suicide in the previous year. 59 (37.82%) of these 156 men had told someone that they were planning a suicide attempt.

The average score of SBQ-R for the whole sample is 5.47. Only one study with similar sample characteristics was found for the comparison: a study in Germany reported SBQ-R score mean of 3.71 for men of all ages (Blüml et al., 2013). In an Australian study, 2.5% of male participants had attempted suicide (Pirkis et al., 2000), whereas, in our study, almost twice as many – 4.1% – had attempted suicide. Thus, it can be seen that the suicidality of Lithuanian men is higher, as is the suicide rate.

Correlation analysis showed that age correlates with the most of other variables (Table 3). Age was statistically significantly negatively correlated with the suicide risk, defeat and entrapment, and with two constructs of masculinity: success, power and competition, and the work-family conflict. All these correlation coefficients show a weak relationship between the variables ($r < 0.4$). However, the older is the age of the respondents, the lower is the risk of suicide, the weaker are the feelings of defeat and entrapment, the lower is the tendency to seek for success, power and competition, and the weaker is the work-family conflict.

There is a statistically significant positive correlation between the age and the attitudes towards gender roles, restricted emotionality and gender self-definition, but the relationship is also weak ($r < 0.4$). These results show a trend: the older is the age of the participants, the more traditional are their attitudes towards gender roles, the greater is the tendency to restrict one's emotionality and the stronger gender self-definition. Given the statistically significant relationships between

age, suicide risk, and other variables, age is included as a controlled variable in the following analysis.

The result showing a higher risk of suicide among the younger people is not unexpected, as other studies have also shown this trend (Baca-Garcia et al., 2010). This could be explained by the fact that younger people are more likely to think about suicide but less likely to commit suicide, while older people are more likely to take suicidal action when suicidal thoughts arise.

However, the study sample is not suitable for assessing the relationship between the variables and other demographic characteristics, as each demographic group is strongly correlated with age. For example, the participants in this study from cities are much younger than those from towns or villages, as young men from cities were more likely to participate in the online survey. Univariate analysis of variance showed that respondents from the cities were statistically significantly younger than those from towns or rural areas ($F(2, 555) = 21.361$, $p \leq 0.001$).

3.2 Relationship between masculinity and suicidality

The first research question was analysed by conducting correlation and linear regression analysis. The results of correlation analysis are presented in Table 1; and the results of regression analysis are presented in Table 2.

According to the results of the correlation analysis, all variables except for restricted affectionate behaviour between men statistically significantly correlate with the suicide risk. The following masculinity constructs are negatively correlated with the suicide risk: attitudes towards gender roles, gender self-definition and gender self-acceptance. Success, power and competition; restricted emotionality and conflict between work and family relationships correlate positively with the suicide risk.

Table 1. *Results of correlation analysis*

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Suicide risk	-										
2. Attitudes	-0.181**	-									
3. Success	0.122**	0.137**	-								
4. Restricted	0.130**	0.246**	0.277**	-							
5. Re. behaviour	-0.068	0.431**	0.224**	0.445**	-						
6. Conflict	0.227**	0.072	0.340**	0.275**	0.149**	-					
7. Definition	-0.295**	0.402**	0.127**	0.001	0.287**	-0.015	-				
8. Acceptance	-0.330**	0.074	0.021	-0.195**	-0.034	-0.095*	0.575**	-			
9. Def.&Entr.	0.504**	0.049	0.119**	0.316**	0.103*	0.328**	-0.156**	-0.402**	-		
10. Status	-0.177**	-0.022	0.241**	-0.121	0.017	-0.005	0.181**	0.426**	-0.359**	-	
11. Group fit	-0.189**	-0.058	-0.004	-0.188**	-0.018	-0.098*	0.133**	0.366**	-0.411**	-0.715**	-
12. Age	-0.310**	0.326**	-0.177**	0.057	0.298**	-0.183**	0.329**	0.089*	-0.122**	0.046	0.057

Note: Attitudes – attitudes towards gender roles; Success – success, power and competition; Restricted – restricted emotionality; Re. behaviour – restricted affectionate behaviour between men; Conflict – conflict between work and family relationships; Definition – gender self-definition; Acceptance – gender self-acceptance; Def.&Entr. – defeat and entrapment; Status – social status; Group fit – group fit and social attractiveness.

*$p \leq 0.05$, **$p \leq 0.001$.

The regression analysis (Table 2) shows that if all masculinity constructs fall into one model, then suicide risk is statistically significantly predicted by attitudes toward gender roles and gender self-acceptance, with higher scores associated with a lower suicide risk. The conflict between work and family relationships has a statistically significant effect, but as a factor that increases the suicide risk. The effect of all statistically significant independent variables is weak ($\beta < 0.3$), although the effect of the gender self-acceptance is the closest to the threshold of a moderate effect ($\beta = -0.256$).

Table 2. *Results of multivariate linear regression analysis with suicide risk as dependent variable*

Independent variable	*B*	β	*SE*	*p*	*95 % CI*
Attitudes	-0.018	-0.111	0.008	0.021	[-0.034, -0.003]
Success	0.132	0.059	0.102	0.195	[-0.069, 0.333]
Restricted	0.151	0.074	0.096	0.114	[-0.037, -0.339]
Re. behaviour	-0.026	-0.014	0.092	0.775	[-0.207, 0.155]
Conflict	0.287	0.127	0.099	0.004	[0.092, 0.483]
Definition	-0.052	-0.023	0.128	0.684	[-0.305, 0.200]
Acceptance	-0.746	-0.256	0.150	<0.001	[-1.041, -0.452]
Age	-0.035	-0.198	0.008	<0.001	[-0.051, -0.019]

Note: $R^2 = 0.201$; $F(8, 493) = 16.731$; $p < 0.001$.

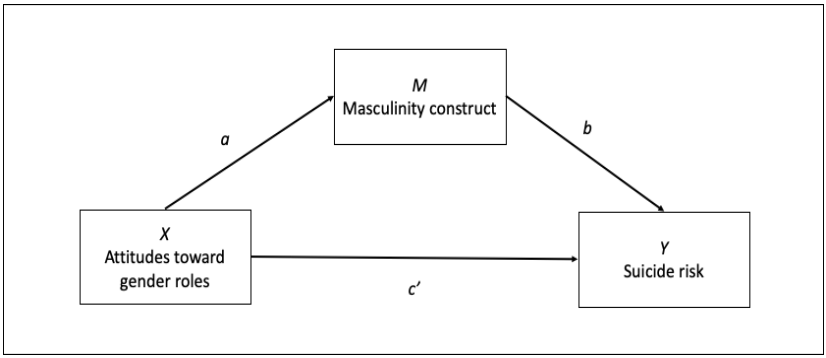
Attitudes – attitudes towards gender roles; Success – success, power and competition; Restricted – restricted emotionality; Re. behaviour – restricted affectionate behaviour between men; Conflict – conflict between work and family relationships; Definition – gender self-definition; Acceptance – gender self-acceptance.

The second research question was addressed through mediation analysis. The models for the mediation analysis were built on the assumption that the sociocultural environment influences self-concept (Gecas, 1982), so that in this case attitudes towards gender roles, which are shaped by the social environment, influence the gender self-definition and the gender self-acceptance which affect the suicide risk. Also, the gender role norms cause the gender role conflict (O'Neil,

1982), so in the model attitudes towards gender roles affect the gender role conflict (success, power and competition; restricted emotionality; restricted affectionate behaviour between men; conflict between work and family relationships), which affect the suicide risk. The analysis of these patterns will allow us to assess how the more traditional attitudes towards gender roles, which reflect perceptions of what a man and his role in the society are supposed to be, affect the suicide risk through other aspects of masculinity: gender role conflict patterns, gender self-definition, and gender self-acceptance.

Thus, we have 6 mediation models in which the independent variable is the attitudes towards gender roles, the dependent variable is the suicide risk, and constructs of masculinity are analysed as mediating variables (Figure 1). We analyse all six mediation models separately. Individual mediation models, rather than a single model with multiple mediators, are analysed according to Hayes' (2022) opinion that it assesses specific individual relationships which indicate the significance of each variable in a given phenomenon, rather than the cumulative effect of all variables (in this case, all masculinity constructs) on the predicted variable.

Figure 1. *Theoretical model of mediation analysis.*



Note: We analysed 6 mediation models with 6 different masculinity constructs: success, power and competition; restricted emotionality; restricted affectionate behaviour between men; conflict between work and family relationships; gender self-definition; gender self-acceptance.

According to the results, the association between attitudes towards gender roles and the suicide risk was statistically significantly mediated by success, power and competition (95% *CI* [0.0005; 0.0073]), restricted emotionality (95% *CI* [0.0035; 0.0124]), conflict between work and family relationships (95% *CI* [0.0013; 0.0080]) and gender self-definition (95% *CI* [-0.0174; -0.0046]). Restricted affectionate behaviour between men and gender self-acceptance have no statistically significant mediating effect in the model (95% *CI* [-0.0010; 0.0114] and [-0.0066; 0.0028]).

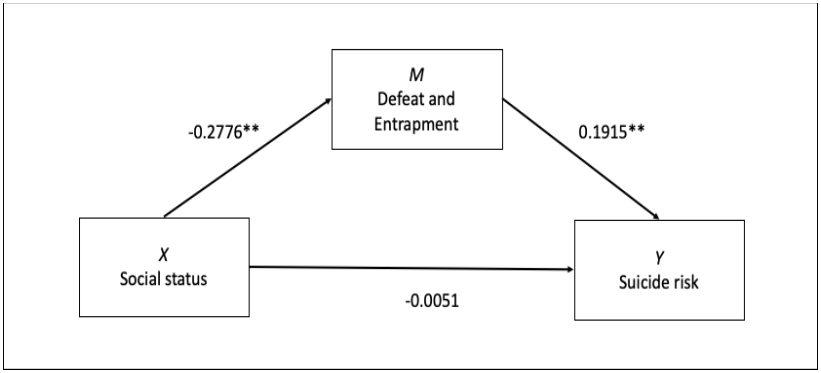
According to the regression analysis, more traditional attitudes towards gender roles predict a lower suicide risk. However, the mediation analysis showed that more traditional attitudes towards gender roles may increase the suicide risk through other mediating variables. More traditional attitudes towards gender roles are associated with a greater tendency to compete, seek success and power ($a = 0.016$, $SE = 0.003$, $p \leq 0.001$), which predicts a higher risk of suicide ($b = 0.221$, $SE = 0.095$, $p \leq 0.05$). More traditional attitudes towards gender roles are associated with more restricted emotionality ($a = 0.020$, $SE = 0.0036$, $p \leq 0.001$), which predicts a higher suicide risk ($b = 0.365$, $SE = 0.084$, $p \leq 0.001$). More traditional attitudes towards gender roles are associated with a greater conflict between work and family relationships ($a = 0.010$, $SE = 0.003$, $p \leq 0.05$), which predicts a higher suicide risk ($b = 0.412$, $SE = 0.092$, $p \leq 0.001$). However, more traditional attitudes towards gender roles are also associated with a stronger gender self-definition ($a = 0.023$, $SE = 0.003$, $p \leq 0.001$), which predicts a lower suicide risk ($b = -0.448$, $SE = 0.102$, $p \leq 0.001$). Thus, attitudes towards gender roles affect the suicide risk differently depending on the mediating variables.

3.3 Relationship between masculinity and suicidality in the context of the ‘Cry of Pain’ theory

We have found that some aspects of masculinity are associated with a lower risk of suicide whereas others are related with a higher risk. However, in order to better understand or explain in more detail how

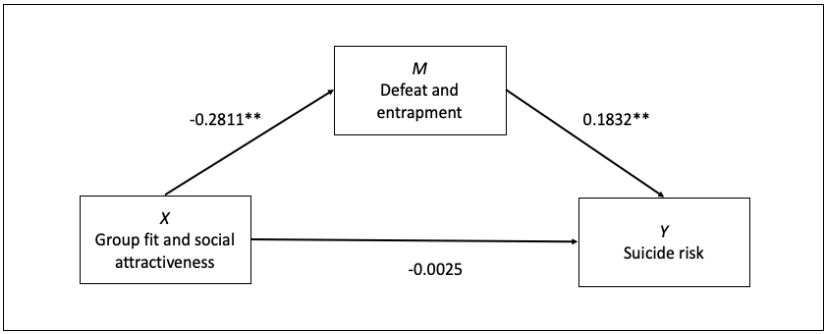
or by what mechanisms masculinity has an effect on the suicide risk, we shall use a theory of suicidal behaviour – the 'Cry of Pain' theory. We will first assess whether the data from the study support the 'Cry of Pain' model. For this assessment, mediation analysis was conducted to analyse if the constructs of the theory (defeat and entrapment; social status; group fit and social attractiveness) are associated to the suicide risk in a way that is consistent with the theory's explanation of suicide behaviour. That is, whether the social status, group fit and social attractiveness have an effect on the suicide risk through the mediating variable of defeat and entrapment. Figures 2 and 3 illustrate these mediation models and the results of their analysis. Two separate mediation models were estimated, as the factor analysis identified two separate variables: (1) social status, and (2) group fit and social attractiveness. Accordingly, in one model, the independent variable is social status (Figure 2), whereas, in the other model, the independent variable is group fit and social attractiveness (Figure 3).

Figure 2. *Theoretical model of 'Cry of Pain' with social status as the independent variable.*



Note: *p ≤ 0.05; **p ≤ 0.001.

Figure 3. *Theoretical model of 'Cry of Pain' with group fit and social attractiveness as independent variables.*

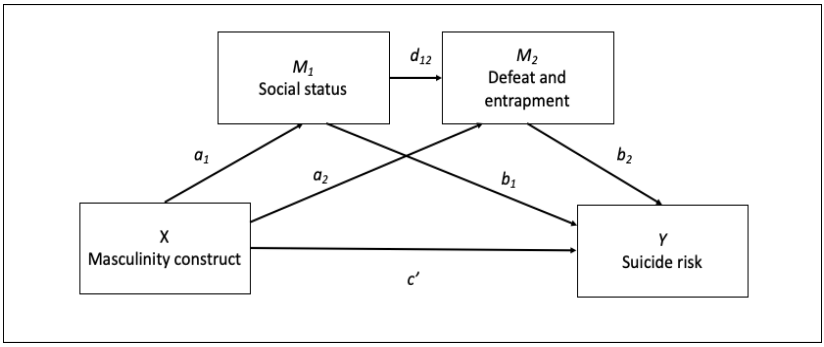


Note: *p ≤ 0.05; **p ≤ 0.001.

The results show that the data from this study are consistent with the theoretical model of 'Cry of Pain', as both mediation effects are statistically significant. The indirect effect of the social status on the suicide risk through defeat and entrapment was statistically significant (95% *CI* [-0.0765; -0.0330]). Group fit and social attractiveness also has an indirect effect on the suicide risk through the mediating variable defeat and entrapment (95% *CI* [-0.0729; -0.0319]).

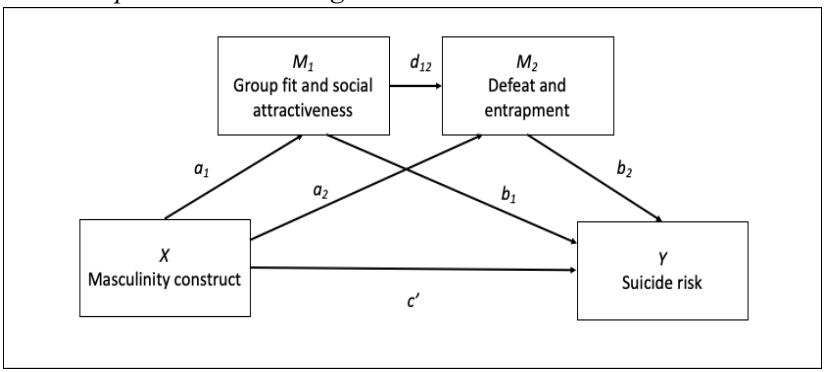
Next, we shall analyse the third research question: can the link between masculinity constructs and the suicide risk be explained by the 'Cry of Pain' model? We test the assumption that masculinity can influence the suicide risk through the mediating variables of the 'Cry of Pain' theory: social status, group fit and social attractiveness, and defeat and entrapment. This assumption is tested by analysing theoretical models in which masculinity constructs are the independent variables, 'Cry of Pain' constructs are the mediating variables, and suicide risk is the dependent variable (Figures 4 and 5). In other words, the 'Cry of Pain' theoretical model (Figures 2 and 3) is extended by including the construct of masculinity as an independent variable. Thus, 7 models with different masculinity constructs and the mediating variables social status and defeat and entrapment (Figure 4), and 7 models with different masculinity constructs and mediating variables group fit and social attractiveness, defeat and entrapment (Figure 5) are analysed.

Figure 4. *Mediation model with social status and defeat and entrapment as mediating variables.*



Note: 7 mediational models with different constructs of masculinity are analysed: attitudes towards gender roles; success, power and competition; restricted emotionality; restricted affectionate behaviour between men; conflict between work and family relationships; gender self-definition; gender self-acceptance.

Figure 5. *Mediation model with masculinity constructs as independent variables and group fit and social attractiveness, defeat and entrapment as mediating variables.*



Note: 7 mediational models with different constructs of masculinity are analysed: attitudes towards gender roles; success, power and competition; restricted emotionality; restricted affectionate behaviour between men; conflict between work and family relationships; gender self-definition; gender self-acceptance.

In these models, we can see three distinct paths of the mediation effect: the indirect effect of the masculinity construct on suicide risk through the single mediator social status (Figure 4) / group fit and social attractiveness (Figure 5) ($X \rightarrow M_1 \rightarrow Y$); the indirect effect of the masculinity construct on the suicide risk through one mediator defeat and entrapment ($X \rightarrow M_2 \rightarrow Y$); and the indirect effect of the masculinity construct on the suicide risk through two mediators: social status/group fit and social attractiveness, and defeat and entrapment ($X \rightarrow M_1 \rightarrow M_2 \rightarrow Y$).

We first evaluate the mediation model shown in Figure 4. In this model, the mediating variables are the constructs of the 'Cry of Pain' theory – social status and defeat and entrapment – and the independent variable is the masculinity construct. The mediation analysis is conducted with each masculinity construct separately; thus, we test seven mediation models in total.

1. The masculinity construct in the model is attitudes towards gender roles (Figure 4). The results show that attitudes towards gender roles have a significant indirect effect on the suicide risk through one mediator defeat and entrapment (95% CI [0.0014; 0.0138]). Other paths of the mediation effect are not statistically significant. Hence, although regression analysis shows that attitudes towards gender roles predict a lower risk of suicide (Table 2), according to the results of the mediation analysis, the more traditional attitudes towards gender roles are associated with a stronger sense of defeat and entrapment (a_2 = 0.036, SE = 0.014, $p \leq 0.001$), which, in turn, is associated with a higher risk of suicide (b_2 = 0.207, SE = 0.021, $p \leq 0.001$).

2. The masculinity construct in the model is success, power and competition (Figure 4). Success, power and competition has an indirect effect on the suicide risk through one mediator defeat and entrapment (95% CI [0.1170; 0.3093]), and through both mediators social status and defeat and entrapment (95% CI [-0.1248; -0.0405]). Thus, the stronger tendency to compete, strive for success and power is associated with a stronger sense of defeat and entrapment (a_2 =

1.132, SE = 0.184, $p \leq 0.001$), which is associated with a higher suicide risk (b_2 = 0.181, SE = 0.022, $p \leq 0.001$). However, the stronger tendency to compete, strive for success and power is also associated with a higher social status (a_1 = 1.321, SE = 0.247, $p \leq 0.001$), which predicts a weaker sense of defeat and entrapment (d_{12} = -0.3282, SE = 0.034, $p \leq 0.001$), which in turn is associated with a lower suicide risk (b_2 = 0.181, SE = 0.022, $p \leq 0.001$). So we can see the contradictory relationship between success, power and competition and suicide risk.

3. The masculinity construct in the model is restricted emotionality (Figure 4). Restricted emotionality has an indirect effect on the suicide risk through two mediators in serial: social status and defeat and entrapment (95% CI [0.0085; 0.0672]). Mediation is also statistically significant through one mediator defeat and entrapment (CI [0.1126; 0.3032]). Thus, stronger restricted emotionality is associated with a lower subjectively perceived social status (a_1 = 1.321, SE = 0.247, $p \leq 0.001$), which is associated with stronger feelings of defeat and entrapment (d_{12} = -0.3282, SE = 0.034, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.181, SE = 0.022, $p \leq 0.001$).

4. The masculinity construct in the model is restricted affectionate behaviour between men (Figure 4). Restricted affectionate behaviour between men has an indirect effect on the suicide risk through one mediator defeat and entrapment (CI [0.0357; 0.1637]), whereas the other mediation effects are not statistically significant. Thus, more restricted affectionate behaviour between men is associated with a stronger sense of defeat and entrapment (a_2 = 0.491, SE = 0.157, $p \leq 0.001$), which is associated with a higher suicide risk (b_2 = 0.192, SE = 0.022, $p \leq 0.001$).

5. The masculinity construct in the model is the conflict between work and family relationships (Figure 4). The conflict between work and family relationships has an indirect effect on the suicide risk through one mediator defeat and entrapment (95% CI [0.1426; 0.3500]), whereas the other mediating effects are not statistically significant. Thus, a stronger conflict between work and family relationships is associated with stronger feelings of defeat and

entrapment (a_2 = 1.352, SE = 1.295, $p \leq 0.001$), which is associated with a higher suicide risk (b_2 = 0.177, SE = 0.022, $p \leq 0.001$).

6. The masculinity construct in the model is gender self-definition (Figure 4). Gender self-definition has an indirect effect on the suicide risk through both mediators in serial: social status, defeat and entrapment (95% CI [-0.0867; -0.0166]). Mediation through one of the mediators is not statistically significant. Thus, a weaker gender self-definition is associated with a lower subjectively perceived social status (a_1 = 0.904, SE = 0.261, $p \leq 0.05$), which is associated with stronger feelings of defeat and entrapment (d_{12} = -0.274, SE = 0.034, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.190, SE = 0.021, $p \leq 0.001$).

7. The masculinity construct in the model is gender self-acceptance (Figure 4). Gender self-acceptance has an indirect effect on the suicide risk through both mediators in serial: social status, defeat and entrapment (95% CI [-0.1516; -0.0410]), but the mediation through one variable defeat and entrapment is also statistically significant (95% CI [-0.4534; -0.1724]). Thus, a lower gender self-acceptance is associated with a lower subjectively perceived social status (a_1 = 2.884, SE = 0.298, $p \leq 0.001$), which is associated with stronger feelings of defeat and entrapment (d_{12} = 0.166, SE = 0.035, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.186, SE = 0.022, $p \leq 0.001$).

Next, we shall evaluate the mediation model shown in Figure 5. In this model, the mediators are the constructs of the 'Cry of Pain' theory, namely, group fit and social attractiveness, and defeat and entrapment, while the independent variable is the masculinity construct. The mediation analysis is conducted with each masculinity construct separately, and thus we test seven mediation models in total.

1. The masculinity construct in the model is the attitudes towards gender roles (Figure 5). The attitudes towards gender roles have an indirect effect on the suicide risk through one mediator defeat and entrapment (95% CI [-0.0007; -0.0118]). Mediation was not confirmed through two mediators in serial (95% CI [-0.0001; 0.0055]),

nor was it confirmed through one mediator group fit and social attractiveness (95% CI [-0.0015; 0.0022]). Thus, the more traditional attitudes towards gender roles are associated with a stronger sense of defeat and entrapment (a_2 = 0.031, SE = 0.014, $p \leq 0.05$), which predicts a higher suicide risk (b_2 = 0.182, SE = 0.022, $p \leq 0.001$), whereas the mediator of group fit and social attractiveness is not significant in this interaction.

2. The masculinity construct in the model is success, power and competition (Figure 5). Success, power and competition have an indirect effect on the suicide risk through the single mediator defeat and entrapment (95% CI [0.0473; 0.2045]), whereas mediation through group fit and social attractiveness alone or both mediators in serial is not statistically significant (95% CI [-0.0098; 0.0122] and [-0.0277; 0.0337]). Thus, the tendency to compete, seek for success and power is associated with a stronger sense of defeat and entrapment (a_2 = 0.641, SE = 0.178, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.182, SE = 0.022, $p \leq 0.001$).

3. The masculinity construct in the model is restricted emotionality (Figure 5). Restricted emotionality has an indirect effect on the suicide risk through the single mediator defeat and entrapment (95% CI [0.0773; 0.2600]), and through both mediators group fit and social attractiveness, defeat and entrapment in serial (95% CI [0.0248; 0.0908]). Mediation through one mediator group fit and social attractiveness was not supported (95% CI [-0.0383; 0.0437]). Thus, more restricted emotionality is associated with a stronger experience of not fitting in with the group and not being attractive to others (a_1 = -1.219, SE = 0.261, $p \leq 0.001$), which is associated with a stronger sense of defeat and entrapment (d_{12} = -0.247, SE = 0.029, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.181, SE = 0.023, $p \leq 0.001$).

4. The masculinity construct in the model is restricted affectionate behaviour between men (Figure 5). Restricted affectionate behaviour between men has an indirect effect on the suicide risk through the single mediator defeat and entrapment (95% CI [0.0235; 0.1493]), and

the other mediation effects were not statistically significant. Thus, more restricted affectionate behaviour between men is associated with stronger feelings of defeat and entrapment (a_2 = 0.428, *SE* = 0.150, $p \leq 0.05$), which predicts a higher suicide risk (b_2 = 0.186, *SE* = 0.022, $p \leq 0.001$).

5. The masculinity construct in the model is the conflict between work and family relationships (Figure 5). The conflict between work and family relationships has an indirect effect on the suicide risk through the single mediator defeat and entrapment (95% CI [0.0940; 0.2755]). The mediation effect through both mediators in serial was found to be statistically insignificant. Thus, a greater conflict between work and family relationships is associated with a stronger sense of defeat and entrapment (a_2 = 1.016, *SE* = 0.177, $p \leq 0.001$), which predicts a higher suicide risk (b_2 = 0.174, *SE* = 0.023, $p \leq 0.001$).

6. The masculinity construct in the model is gender self-definition (Figure 5). Gender self-definition has an indirect effect on the suicide risk through both mediators group fit and social attractiveness, defeat and entrapment in serial (95% CI [-0.0786; -0.0030]). The other mediation effects in the model are not statistically significant. Thus, a stronger gender self-definition is associated with stronger group fit and higher subjectively perceived social attractiveness (a_1 = 0.706, *SE* = 0.299, $p \leq 0.05$), which is associated with weaker feelings of defeat and entrapment (d_{12} = -0.282, *SE* = 0.029, $p \leq 0.001$), which predicts a lower suicide risk (b_2 = 0.182, *SE* = 0.022, $p \leq 0.001$).

7. The masculinity construct in the model is gender self-acceptance (Figure 5). Gender self-acceptance has an indirect effect on the suicide risk through the single mediator defeat and entrapment (95% CI [-0.4055; -0.1260]), and through both mediators, group fit and social attractiveness, defeat and entrapment in serial (95% CI [-0.1698; -0.0506]). Thus, stronger gender self-acceptance is associated with stronger feelings of the group fit and social attractiveness (a_1 = 2.826, *SE* = 0.352, $p \leq 0.001$) which are associated with weaker defeat and entrapment (d_{12} = -0.207, *SE* = 0.030, $p \leq 0.001$), which predicts a lower suicide risk (b_2 = 0.177, *SE* = 0.023, $p \leq 0.001$).

To sum up, some of the masculinity constructs (attitudes towards gender roles, restricted affectionate behaviour between men, conflict between work and family relationships) have an effect on the suicide risk through the single mediator defeat and entrapment. Whereas the relationship between other masculinity constructs (restricted emotionality, gender self-definition, gender self-acceptance) and suicidality is explained by the full model of the 'Cry of Pain' theory, because all the mediating variables are relevant: defeat and entrapment, social status, group fit and social attractiveness. Gender self-definition was distinguished by the fact that its effect on the suicide risk was mediated by both constructs of 'Cry of Pain', with the mediation of defeat and entrapment alone not being supported. Hence, experiences of social comparison are particularly relevant to this aspect of masculinity. The gender role conflict pattern of success, power and competition was distinguished by its contradictory association with the suicide risk: this aspect of masculinity predicted a higher suicide risk through the mediator of defeat and entrapment, but predicted a lower suicide risk through the other mediator, namely, through the mediator of social status.

4. DISCUSSION

Masculinity is a multifaceted construct: there are different approaches to the concept and analysis of masculinity. In order to avoid one-sided analysis of the relationship between masculinity and suicidality, we have assessed different aspects of masculinity in this study. We have explored masculinity not only as the external behaviour of men, but also as an internal experience and the experience of one's own masculinity as a self-concept. Thus, we have assessed the relationship of suicidality with the traditional views towards gender roles, masculinity as a part of identity (gender self-definition), and acceptance of one's own masculinity (gender self-acceptance).

4.1 Traditional views towards gender roles and suicidality

To date, most suicidological research has linked suicidality to the prevailing norms of masculinity which reflect certain stereotypes. However, our findings show that the traditional attitudes towards gender roles have ambiguous associations with the suicide risk. In terms of a direct relationship, the more traditional attitudes towards gender roles are associated with a lower risk of suicide. However, when mediating variables are included, it appears that a more traditional attitude predicts a higher risk of suicide.

The traditional attitudes to gender roles can make men more likely to experience the conflict between work and family relationships, thereby increasing the risk of suicide. Aa stronger work-family conflict predicts a higher risk of suicide through the mediating variable of defeat and entrapment. In a study by O'Driscoll and colleagues (2004), the work-family conflict increases the likelihood of physical health problems and the experience of psychological strain, which affects the overall satisfaction with work and family relationships. Furthermore, the study showed that the conflict can be reciprocal: work can make it difficult to meet the family needs, whereas family relationships or situations can interfere with the work activities. Either

way, such stress can increase the risk of suicide, as the person may feel unable to cope with the demands of life (defeat) and see no other way out (entrapment). A man with a more traditional view of gender roles may find it more difficult in the work environment to express the need to take time away from work for personal or family needs, while, on the other hand, the working environment may not be conducive to focusing on the family or on the leisure time (Golden, 2007).

A man with the more traditional attitudes towards gender roles may be more likely to withhold his feelings or have difficulty expressing them verbally, which may increase the risk of suicide. Of all the gender role conflict patterns, restricted emotionality has been found to be the most strongly associated with a higher suicide risk (Jacobson et al., 2010; Fadoir et al., 2018; Galligan et al., 2010), which is a trend that is also determined in Lithuania. A study by Grigienė et al. (2022) showed that men with suicidal thoughts were statistically significantly more likely to report that masculinity is associated with the ability to control emotions, including the limited expression of emotions, calmness, composure, coolness, and reasonableness. This may be due to the traditional view of gender roles, a more dichotomous view of what is masculine and what is feminine.

Strasser (2016) conducted an auto-ethnographic study focusing on his own masculinity, shaped by his relationship with his father in a Western cultural environment. He claims that he and his father lost a comfortable space and were left without guidance for their interaction when he consciously began to defy the traditional norms of masculinity, including the father-son bonding traditions. However, traditions and established norms provide security and a clear structure for social relations. However, Strasser (2016) also concluded that abandoning the traditional norms brought him and his father closer together, thereby allowing them to communicate more openly and to show their feelings.

In our study, restricted affectionate behaviour between men had a statistically significant relationship with suicidality only in the presence of the mediating variable of defeat and entrapment.

However, this construct of masculinity has no statistically significant direct correlation with suicidality. More research would still be needed to draw more reliable conclusions. Still, based on the results of our study, we can say that difficulties in expressing feelings to other men do not increase suicide risk, but if, in certain situations in life, this starts to reinforce the feeling of being a loser with no way out, this type of difficulty becomes a factor that increases the suicide risk. We can hypothesise that greater closeness to other men strengthens the bond with the male community, provides the opportunity for emotional support from other men, and thus reduces the feeling of defeat because the man can see that he is not an outcast and is 'like' other men.

The traditional attitudes towards gender roles can encourage men to compete, to seek positions of power, and to focus on success and achievement. All of these aspects, if strongly expressed, can increase the risk of suicide. Yet, on the other hand, behaviour based on traditional attitudes can reinforce a man's social status and act as a protective factor. Other studies have also found that this factor can be protective in the context of suicide (Galligan et al., 2010). Due to these mixed results, it would be misleading to suggest that men should be less competitive and less driven to achieve, and that their mental health would improve as a result. However, in some situations, it may be that the orientation towards achievement is so strong that it reinforces a sense of defeat in certain circumstances, and if no alternatives are seen, this may lead to suicidal ideation.

These results support the ideas of male suicide prevention about the changing attitudes towards masculinity by challenging the notion that it is not masculine to express one's feelings and that men's priority is their work, and not their family or personal needs. However, it is important to note that in order for a man to feel safe when expressing his feelings, the environment needs to be prepared to react appropriately and not to see it as a sign of unmanliness. This is also the case with the work-family balance and leisure time: those around him also need to be aware that a man needs to spend time with his

family and his children, or to have his own personal life space outside work.

4.2 Masculinity as part of self-concept and suicidality

The results of our study show that a stronger gender self-definition is associated with a more positive self-perception in comparison to others: a higher perceived social status, a stronger group fit and greater social attractiveness. This positive self-concept reduces the likelihood of experiencing feelings of defeat and entrapment, thereby reducing the risk of suicide. It is important to note that both variables mediate the relationship between the gender self-definition and suicidality: social comparison, defeat and entrapment, as models with only one of these mediators have not been confirmed. This likely reflects the highly elastic associations between the social comparison and the identity or self-concept described in the literature (Sets & Burke, 2014; Guimond & Chatard, 2014; Hogg, 2000). The social comparison helps to maintain the existing sense of self, as the process provides feedback to the individual by confirming or denying identity (Sets & Burke, 2014). In addition, according to the 'Cry of Pain' theory, feelings of failure, humiliation and defeat arise when the masculine identity is not strongly expressed, and, as a result, men have particularly negative self-perceptions when comparing themselves to others. A stronger masculine identity may indicate an overall greater tendency to have a clear and stable self-concept.

Interestingly, our results show that a more traditional view of gender roles predicts a stronger gender self-definition. This is in line with the results of McDermott et al. (2022), who found that people who are attached to their identity are more likely to accept the stereotypical masculinity norms, while those who are more likely to explore their identity are also less likely to accept the traditional masculinity.

This also raises the problem of the stability and flexibility of one's identity. The authors point out that conformity to the traditional

masculine norms poses various psychological and social problems, and thus a search for one's own identity and a broader vision of who I am would lead to the questioning of hegemonic masculinity, which would lead to a better psychological state. Although McDermott et al.'s (2022) study does not analyse the link between the traditional masculinity norms and suicidality, their study sees an identity that does not have the capacity to change as problematic. In contrast, in our study, a stronger gender self-definition, that is, a stronger part of masculinity in one's identity, was found as resilience to the suicide risk. Taylor et al.'s (2019) study also showed that the individuals who struggled with self-harm had a less stable self-perception. A person is likely to have fairly stable appraisals of who they are in some contexts (e.g., gender roles), but varying appraisals in other contexts (e.g., how attractive I am to others), and thus some part of the self-concept is stable, while the other part is malleable and changeable (Morse & Gergen, 1970). Perhaps we can think that a person should be able to change one's identity, expand it and see different possibilities for one's self-concept, but also to keep it strong – i.e., to feel solid in who one is.

Some *self-concept* theories suggest that people with a more pluralistic view of themselves, i.e., more than one identity, can react quickly and adaptively to different situations and are, therefore, more psychologically adaptive (Campbell et al., 2003). In contrast, other theories emphasise the self-concept unity as a crucial aspect of the psychological well-being; people are more coherent, and their self is integral and continuous even in changing circumstances (Campbell et al., 2003). Masculinity, as a component of self-concept, may contribute to a clearer and more robust view and definition of the self, which, according to the results of our study, reduces the suicide risk.

According to Erikson's (1978) theory, the main task of adolescence is the formation of an identity: the person has a sense of permanence and continuity and knows what he or she has been, what he or she is, and what he or she will be. If this process is disrupted, the person may feel confused about the social roles, experience alienation, isolation,

and social loss (Erikson, 1978). Chandler's (1994) theory treats suicide as the result of impaired self-continuity. Over the course of development, people use a variety of strategies to maintain self-continuity – the ability to see a stable identity over time. During life transitions or developmental transitions, some of these strategies may become ineffective, which would result in a loss of continuity and a loss of connection to one's future. If stressful situations are being faced at the same time, the person becomes vulnerable, as the vision of his or her future well-being is lost at that time, and suicide may thus seem to be the solution (Chandler et al., 2003).

The masculine identity can serve as a strategy for maintaining continuity. Chandler et al. (2003) argue that "if nothing about us remained the same to ensure our reliable re-identification—then life we ordinarily understand it would simply have no followable meaning" (p. 6). Being a man is something that will never change, even in the face of life circumstances, stressful events, or developmental challenges. This continuity, consistency and solidity of identity gives strength and can help to withstand difficulties. A stronger masculine identity may provide the motivation to find ways of coping and to continue with one's existence, as this man has a clearer vision of the future.

Izenberg (2016) argues that the concept of identity, as defined by mid-20th century scholars, can seem like a barrier to social and economic equality, as identity includes belonging to a social class, which can also include being a minority or some other vulnerable group. The structure and content of the self-concept reflect the structure and content of the society (Gecas, 1982). Thus, identifying oneself with a particular group without questioning the qualities of belonging to that group can make certain groups even more vulnerable (Izenberg, 2016). Moreover, if we refer to hegemonic masculinity, a strong identification with a group of men may influence the choice of certain destructive behaviours. Moreover, a question arises if we promote gender identity, are we also promoting feminine identity?

The rather rigid attitude towards the gender roles that had prevailed until the 1970s and the very clear stratification and definition of what men and women are supposed to be, what each is supposed to do, has been broken down precisely for the sake of women's rights and has made the gender roles more diffuse and contested. However, the questioning of the traditional gender roles can introduce confusion in the search for identity. However, we cannot ignore the problem of an overly rigid identity (McDermott et al., 2022), and suicide prevention targeted to reinforcing masculine identities must be well thought out so as not to contribute to other social problems, such as gender inequality, discrimination, and sexism.

4.3 Acceptance of one's masculinity vs. suicidality

The results show that a man who feels that he meets his own standards of masculinity and sees his masculinity positively is likely to face a lower risk of suicide. This raises the well-known problem of the real and ideal *self* in psychology, pioneered by Carl Rogers (2005/1961), a pioneer in the humanistic psychological theory. Rogers (2005/1961) emphasises that the self-concept is one of the core categories of client-centred therapy. According to this author, in the psychotherapeutic process, the self-concept and the ideal-self become less distinct: the *self* becomes more valued, and the ideal self becomes less demanding or more attainable. As part of the self-concept, masculinity can also be real (how I see myself) and ideal (what I should be), and the gap between these categories can reinforce a negative self-image.

According to Higgins' (1987) *self-discrepancy* theory, psychological problems can arise when a person's perception of *who I am* is at odds with their perception of *who I should be* and what the ideal *self* might be. In addition, Higgins (1987) argues that the ideal self (e.g., expectations, aspirations, desires in relation to oneself) or the way one should be (e.g., obligations, duties, responsibilities) has two possible sources: one's own perceptions, or one's representations of the way others around one see and believe. Thus, a man's

perception of his own masculinity may be the basis of his own perceptions. Still, his beliefs about the attitudes and expectations of his environment may also impact the extent to which a man perceives himself to be sufficiently manly. However, while each man has his own personal perception of masculinity (Hoffman et al., 2000), the societal norms and standards, and the attitudes of the immediate social environment, also influence this perception.

Further, from a humanistic point of view, we can consider what would help to strengthen the acceptance of one's masculinity. Rogers (1959) argues that the principles of this approach can be applied not only in therapy but also in the family and education. Unconditional respect and acceptance, authentic and sincere expression of feelings, and empathy strengthen the bonds between family members and promote the child's positive self-image and psychological adjustment. Such an environment that fosters personal growth and self-fulfilment encourages the discovery of one's true self and a move away from the demands of the environment (which may be parents or social expectations) (Rogers, 2005/1961). Masculinity norms and cues from the immediate social environment about what a man should be like can create an ideal self that is distant from the real self. Still, there may be cases where these expectations are quite in line with what a man actually is, in which case one's masculinity is seen in a fairly positive light. However, given the diversity of people, including men, we can imagine how many men may see their masculinity negatively simply because they do not conform to the norms of the society.

Individuality is an axis that could be at the heart of the debate on masculinity. The debates in gender psychology between the concepts of nature and social learning seek to establish whether masculinity (and femininity) is determined by nature, that is to say, by biological reasons, or whether it is shaped by the social environment. Contemporary authors have identified a biopsychosocial model, according to which, masculinity is determined by many different factors rather than one (Seager, 2019), but the impression is that this model is an attempt to bring the concept of the biological element back

into the psychology of men since feminist movements have significantly reduced the importance of this aspect. However, we can apply the approach of the impact of different factors on masculinity to talk about *individuality*.

Man has a natural endowment, but this endowment can also be different. One man may be physically strong by nature and able to do much with his physical abilities. Another man's nature may be somewhat different. When we talk about masculinity, we need to consider men's individuality instead of generalising that masculinity is about "physical protection (strength) and risk-taking behaviour" (Seager, 2019, p. 228). Thus, every man is faced with the understanding of what I am, what masculinity is for me, what kind of man I am in this society, what is expected of me, and what is acceptable, and what is not. Every man has to discover his individual masculinity, which is part of the real *me*.

Suicidology has identified that the high dissatisfaction with the *self* can be a core factor in suicidal behaviour. For example, Baumeister's (1990) theory of suicidal behaviour explains suicide as an escape from a self that is perceived as inadequate, incompetent, unattractive, or guilty. According to this theory, such a negative self-image results from having very high expectations of oneself or life circumstances that are seen as falling short of personal standards of what life should be. For a man with very high standards of masculinity, or if the situation subjectively suggests that he is not 'man enough', suicide may seem to be a way of escaping the situation and experiences that make masculinity be seen as inadequate and insufficient. How he perceives his masculinity as part of himself is so unbearable that he seeks to escape it. Promoting men's true selves, and thus their true masculinity, away from stereotypes should therefore be an aspiration for improving men's psychological well-being.

4.4 Recommendations for male suicide prevention

Based on the results of the study, we can make the following recommendations for male suicide prevention:

I. Promoting men's connection to the community. Given the importance of group fit and social attractiveness, preventive measures could focus on strengthening men's connection to the community, starting from an early age. One of the measures in this preventive direction could be the creation of spaces where men can gather in male-specific collectives. For example, the *Men's Sheds* project[3], which began in Australia in 1980 and is now being developed in other countries, is aimed at creating places where men can gather, bond with each other, and engage in their favourite activities. Involving men in various activities or pursuits that do not seem to be related to mental health (e.g. leisure activities), and only in the course of the process of approaching issues of emotional experiences can be an effective preventive measure (Grace et al., 2018).

In the case of a suicide risk, help is usually provided in medical institutions and psychiatric hospitals which are not always attractive to people and which lead them to avoid seeking help. Due to the strong stigma attached to mental disorders, a range of informal groups and community centres that are not exclusively focused on mental health services are more attractive to men and are easier to access (Jordan et al., 2012). Thus, promoting men's collectives could serve as an extension of community-based services in suicide prevention.

II. Strengthening male identity. When considering the formation of male identity, another avenue towards preventing male suicide could seek to strengthen this part of the identity at an earlier stage of male development. However, the masculine identity begins to emerge in relationships with fathers; a close contact with the father reinforces his son's sense of himself as a man (Bergman 1995). Furthermore, research shows that the relationship with the father is relevant in the

[3] *Men's Sheds* project website: www.menssheds.ie/

context of male suicide: men are at a higher risk of suicide if they have experienced the father as uncaring, cold, unfriendly (Grigienė et al., 2015), if they felt undervalued by their father (Rasmussen, 2013), and if they did not feel emotionally close to their father (Heider et al., 2007; Groholt et al., 2006; Saffer et al., 2015). Thus, strengthening the relationship with the father already from childhood would strengthen the masculine identity and men's psychological health in the long term.

III. Encouraging the sharing of experiences and difficulties. The study showed that restricting the expression of feelings or having difficulty in naming one's experiences is associated with a higher risk of suicide. In addition, restricted closeness with other men also predicted a higher risk of suicide when defeat and entrapment mediated this association. Preventive measures aimed at more open expression of feelings, sharing of difficulties, and reducing the fear of closeness with other men could be effective in Lithuania.

In the global practice, psychoeducational suicide prevention campaigns targeting men tend to convey that it is natural to go through difficult times and that it is important to seek help when life gets tough. The slogan of the Canadian campaign *Buddy Up*[4] invites men to interact with each other by being authentic and real, to talk about what really matters. Research shows that such 'buddying' programmes are effective (Naidoo et al., 2014), and that they are not only focused on single-sex communication, but can also encourage cross-gender communication (Xiao et al., 2022).

In some campaigns (e.g., *Man Therapy*[5]), dealing with emotional problems is presented as masculine behaviour. This approach not only encourages the resolution of emotional problems, but at the same time maintains a masculine identity. However, mental health education should start at school so that boys are taught to recognise their feelings

[4] Campaign website: www.buddyup.ca
[5] Campaign website: www.mantherapy.org

from an early age and that having emotional difficulties is normalised (Grace et al., 2018).

Prevention and intervention measures targeting male suicide should not only address the problems caused by masculinity, such as not sharing difficulties and not seeking help, but also maintain the masculine identity. Experts suggest that reframing certain expressions is useful to achieve this goal, for example, saying not *mental health*, but rather *taking care of your mind* (Grace et al., 2018); *rebuilding strength* rather than *dealing with weakness* (Seidler et al., 2018); not to *treat depression* but *to deal with it to regain control* (Emslie et al., 2006); seeking help for emotional difficulties is a sign of strength, not weakness (Tang et al., 2014).

IV. Maintaining individual masculinity. In order to reinforce the positive experience of his masculinity, in the course of a man's development, he should be encouraged to be himself and to find his own ways of being masculine. For example, Grigienė et al.'s (2022) study showed that some men described masculinity as the experience of different emotions, such as close relationships with family, and relationships with other men. According to this study, masculinity can be understood in so many different ways that each man can find it distinctive and enhancing to his emotional well-being. It is not necessary to rely solely on the prevailing norms and stereotypes.

Research finds that the changing traditional masculinity has been one of the ways of coping with mental health problems. For example, being masculine is not only having a successful job, but also having a happy family (Coen et al., 2013), or accepting that I am different from the traditional man, but not necessarily inferior (Emslie et al., 2006). In psychotherapy, a man may also discover his masculinity by experiencing that he is able and capable of solving his own problems, but he may also question whether certain stereotypical masculine norms have contributed to the problems he has experienced (Seidler et al., 2020).

V. Reducing the sense of failure and pitfalls in financial crises. Prevention aimed at reducing the impact of unemployment and

financial crises on the suicide rates can also consider the understanding of suicide in the 'Cry of Pain' theory. Job loss and financial difficulties can lead to a sense of failure: life has defeated me, I am a loser, and I should not exist. Prevention measures should be aimed at preventing this feeling from becoming a trap where it seems that nothing will change and that there is no other way out. Programmes aimed at promoting employment for the unemployed, access to retraining, financial support, and assistance in job search and placement could reduce the feeling of hopelessness.

4.5 Limitations of the study and guidelines for future research

Although the quota population sampling strategy was designed to reduce bias in the data, it is not a random sample, and the results cannot be generalised too confidently. In addition, a higher proportion of men in the sample of this study are employed, educated, and of a younger age, and thus may be more representative of this segment of the society. On the other hand, the participants in the study are also diverse in some respects: they come from different age groups, urban and rural areas, and have different working and marital statuses. It is possible that a study of this kind would show slightly different results in different narrower groups of men.

This line of research, which focuses on specific groups of men, could be a guideline for future research. The study of male suicide should not only focus on the male population as a whole, but also on particular groups of men who may be vulnerable or perhaps have a higher prevalence of suicide in that particular group. Examples would be elderly men, unemployed men, men returning from prison, and men with chronic somatic diseases.

The sample of this study was not suitable for a more detailed analysis of the relationship between the demographic characteristics and the constructs measured in the study, as men of different age groups were not equally distributed in terms of the place of residence, marital status, etc. However, more detailed analyses are needed to

understand better whether aspects of masculinity are affected differently depending on whether a man is married, has children, is educated, has a job, or has an income.

Our literature analysis has shown that masculinity is a multidimensional construct, and that we can find different approaches to masculinity. In this paper, several aspects of masculinity have been selected, but these are not all possible approaches to the study of masculinity. Future research could further expand the concept of masculinity and define new constructs of masculinity that may relate to men's mental health and suicide risk. Masculinity as part of the self-concept has not yet been fully explored, especially in the context of men's mental health. While this study has shown that the masculine identity predicts a lower risk of suicide, the question remains as to how the masculine identity is shaped in the course of male development and what determines a more salient part of this identity.

Analysing other mediating variables that mediate or moderate the relationship between masculinity and suicidality would also be useful. For example, recent research suggests the importance of the relationship with the partner to men's mental health (Oliffe et al., 2022a; Oliffe et al., 2022b). Authors have highlighted the importance of the relationship with the father in the formation of masculinity during development (Bergman, 1995), but there is a lack of research examining aspects of the relationship with the father in adulthood, including relationships with the mother and other men, which may have an impact on the formation of the male identity.

CONCLUSIONS

1. Different aspects of masculinity have different associations with suicidality. The following aspects of masculinity are associated with a higher risk of suicide: greater conflict between work and family relationships, and a greater tendency to restrict one's emotionality. Aspects of masculinity associated with a lower suicide risk are a stronger masculine identity and a stronger acceptance of one's masculinity.
2. The traditional attitudes towards gender roles have contradicting associations to the suicide risk: more traditional attitudes towards the gender roles are associated with a stronger gender role conflict, which increases the suicide risk, but more traditional attitudes are also associated with a stronger masculine identity, which decreases the suicide risk.
3. The tendency to compete and seek success and power also has mixed associations with suicidality in men: on the one hand, this aspect of masculinity influences men's risk of suicide by increasing their experience of defeat and entrapment, but it is also linked to the perception of a higher social status, which decreases the suicide risk.
4. The 'Cry of Pain' theory can explain the link between masculinity and suicidality:
    a. Difficulties in expressing emotions increase men's risk of suicide, as this masculine norm increases defeat and entrapment, promotes the perception of one's lower social status, and reinforces the experience of not fitting in.
    b. Experiencing more conflict between work and family relationships increases the feelings of defeat and entrapment, which are linked to a higher risk of suicide.

c. A stronger masculine identity is associated with a higher perception of one's social status, a stronger experience of fitting in and social attractiveness, which reduces the feelings of defeat and entrapment and thus reduces the risk of suicide.
d. Greater acceptance of one's masculinity reduces the risk of suicide through a weaker experience of defeat and entrapment.

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LIST OF PUBLICATIONS ON THE DISSERTATION TOPIC

Scientific articles:

1. Grigienė, D., Skruibis, P., Dadašev, S., Rimkevičienė, J. & Gailienė, D. (2022). Gender Self-Confidence as a Protective Factor for Suicide Risk: Analysis of the Sample of Lithuanian Men. *Frontiers in Psychology*, 13:863688. doi: 10.3389/fpsyg.2022.863688. https://www.frontiersin.org/articles/10.3389/fpsyg.2022.863688/full
2. Grigienė, D., Guogaitė, G., Dadašev, S., Rimkevičienė, J., Skruibis, P., & Gailienė D. (2022). "What do you Mean by Masculinity?": Comparison of Answers of Men with and without Suicidal Thoughts. Psichologija, 66, 47-63. doi: 10.15388/Psichol.2022.51. https://www.zurnalai.vu.lt/psichologija/article/view/27318/28555

Presentations at scientific conferences:

1. Grigiene, D. (2021). Association between attitudes towards traditional gender roles and suicidality in male sample. In *31st IASP World Congress: Book of Abstracts, Programme and Presenters (pp. 378-379)*, 21-24 September 2021, Gold Coast, Queensland, Australia. https://www.iasp.info/goldcoast2021/31st-world-congress-abstract-book/
2. Grigiene, D., & Gailiene, D. (2021). The Importance of Gender Identity in Suicide Process: Lithuanian Sample Analysis. In *15th Annual International Conference on Psychology (pp. 16-17)*, 24-27 May 2021, Athens, Greece, ISBN: 978-960-598-405-2. https://www.atiner.gr/abstracts/2021ABST-PSY.pdf
3. Grigienė, D., Skruibis, P., Dadašev, S., Rimkevičienė, J., & Gailienė, D. (2022). Gender self-confidence as protective factor for suicide risk: analysis of the sample of Lithuanian men. In *19th European Symposium on Suicide and Suicidal Behaviour*, 24-27 August 2022, Copenhagen, Denmark.
4. Grigienė, D., Rimkevičienė, J., Dadašev, S., Skruibis, P., & Gailienė, D. (2022). Association between traditional attitudes toward gender roles and suicide risk in different states of employment. In *19th European Symposium on Suicide and Suicidal Behaviour*, 24-27 August 2022, Copenhagen, Denmark.

ABOUT THE AUTHOR

Dovilė Grigienė received her Bachelor's degree in Psychology in 2010 and Master's degree in Clinical Psychology in 2012 at Vilnius University, Lithuania. Her interest in suicidology arose when she was volunteering at the *Youth Line* helpline from 2009 to 2012. After graduation, D. Grigienė continued her practice in suicidal behaviour intervention and psychological help in crisis at the *Crisis Intervention Centre*, where she was working as a psychologist.

She started her academic career at Vilnius University by enrolling in PhD studies and participating in scientific projects at the *Suicide Research Centre*. During the projects, she studied communication about suicide, effectiveness of suicide prevention in Lithuanian regions, and some topics of cultural trauma in the Lithuanian society. For her doctoral research, D. Grigienė chose to analyse the gender aspect, which she found particularly interesting due to its complexity and subtle relationship with suicidal behaviour.

D.Grigienė is currently a lecturer at Vilnius University, where she teaches the future psychologists the course *Introduction to Suicidology*. She is also working as a community psychologist at Vilnius University by providing psychological counselling to students and staff and participating in suicide prevention and crisis intervention activities.

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