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Abstract

Young men are often considered to be at particular risk of suicide, but such claims are both partial and potentially misleading. Drawing on official statistics and an innovative, qualitatively-driven, mixed method sociological autopsy of individual suicides, the authors of this paper argue that the vulnerability of 'young' men to suicide is often exaggerated and that insufficient attention is paid to the diverse social circumstances of suicidal men and women across the life course. Detailed analysis of 100 case files selected from a single coroner's office in the UK reveals that patterns of suicide can be seen to map on to conventional features of a socially structured life course, with young people in crisis, mid-life gendered patterns of work and family and older people in decline. Particular attention is drawn to suicide among those in mid-life and to the role of the social bond, especially in the form of attachment. Relationship breakdown is considered in some detail because it is central to understanding the demography of suicide and the significance of social bonds.

Keywords: suicide, life course, social bonds, gender, sociological autopsy

The suicide rate among young males increased markedly during the latter part of the 20th century across much of the Western world (Cantor, 2000). Although it is now falling in many countries (see for example Biddle, Brock, Brooks & Gunnell, 2008), the heightened rate of young male suicide is often attributed to the uncertainty associated with late modernity and the 'crisis' of masculinity. Within sociology, for example, it has been argued that the emergence of increasingly protracted and complex transitions into adulthood has 'led to a generalized increase in stress which is reflected in a rise in suicide, attempted suicide (para-suicide), and eating disorders such as anorexia and bulimia' among young people (Furlong & Cartmel, 2007: 87). Whilst the mass media have repeatedly drawn attention to the particular vulnerability of young men, campaigning organisations have declared suicide to be a major men's health issue and government policy has identified young men as a priority group for action under the various national suicide prevention strategies (see, for example, Department of Health, 2002; Scottish Executive, 2002). Much of the discourse surrounding these developments has drawn on the dominant narrative of gender crisis: that is, of men not knowing how to fit in to a changing world in the aftermath of second-wave feminism (Coyle & Morgan-Sykes, 1998). Writing under the headline, *Modern Britain is Driving Men to Their Death*, Emma Jones, columnist for *The Sun*, a British tabloid newspaper, declared (The Sun, June 20, 2002):

It's shocking that the biggest killer of young men in this country is now themselves. The politically correct lobby have undermined men's power and confidence and the feminist pendulum has swung too far. The glory days of manhood, when our grandfathers stood proud in the workshop of the world making steel and building ships are long gone. Men are now more likely to work in an office – jobs which can be done just as well by women. Women enjoy more choice these days – they flit between work and family life with apparent ease. But when men try to counter the balance by taking on traditional female roles, like becoming full time dads, they are laughed at.

The preoccupation with young people is understandable up to a point, because suicide is a leading cause of death within this demographic group and youth suicide constitutes the bulk of potential years of life lost. However, the focus on young people, and young men in particular, has diverted attention away from suicide among those in mid-life. This preoccupation can also be found in suicide research. Where a life-course perspective has been taken, at least implicitly, the suicides that receive most attention are those of the youngest and oldest people with little or no specific discussion of those among people in the intervening phase (see, for example, Hawton & Van Heeringen, 2000). The lack of attention given to mid-life is troubling for several reasons, not least because it does not sit well with the evidence. In the UK, as we shall see below, the number of suicides peaks among men and, to a lesser extent, women in the 30 to 59 year age-range although the rate of suicide is highest in the oldest age groups. In seeking to explain this pattern we will draw attention to the role that the social bond plays across the life-course. Mid-life stands out as a period of particularly intense investment in work and family life, which, we will argue, carries a particular set of risks. When these investments turn bad and the social bond begins to unravel an acute sense of helplessness and loss may be experienced, from which suicide may seem to offer a viable escape. In developing this claim we suggest that the role of the social bond may also help to explain why so many more men than women kill themselves.

In the course of what follows we offer a life-course perspective. We begin by using official statistics to examine the age distribution of suicide. We then draw on the results of a qualitatively-driven sociological autopsy of 100 suicides to show how patterns of suicide can be seen to map on to conventional features of a socially structured life course, with young people in crisis, mid-life gendered patterns of work and family and older people in decline.

Suicide, Social Bonds and the Life Course

The importance of social integration to suicide rates was established by Durkheim (2002 [1897]) when he famously theorised egoistic suicide in terms of insufficient integration and altruistic suicide in terms of excessive integration. While Durkheim's ideas continue to attract considerable interest (see, for example, Maimon & Kuhl, 2008), suicide rates have also been linked to variations in social capital (Helliwell, 2007). Without distinguishing clearly between social integration, social ties and social networks (Berkman, Glass, Brissette & Seeman, 2000) - and we could perhaps add social capital and social bonds - much previous work has highlighted the importance of social relationships and involvement in social institutions to understanding suicide. What is largely missing from such work, however, is a recognition of the ways that social relationships and involvement in social institutions may vary across the life course. In order to expand on this point we draw on Laub and Sampson's (2003) age-graded theory of informal social control.

This theoretical focus may seem odd, since Laub and Sampson were concerned with crime, not suicide, and aimed to explain why offending behaviour varies across the life-course. In drawing on this work we do not mean to imply that suicide should be treated as a criminal offence. Our purpose is more analytical than normative and we have come to the view that criminology offers a useful template for thinking about suicide. Suicide can, of course, be thought of as a form of extreme violence to the self and there may be similarities in the aetiology of suicide and crime. Suicide, like criminal behaviour, may, for example, be symptomatic of high levels of impulsivity and low levels of internal and external control.

Added to this, criminology fits comfortably with our broader purpose because it offers a means of making sense of the 'senseless' and of turning the 'pathological' into the social.

At the heart of Laub and Sampson's analysis lies the claim that persistence in, and desistance from, crime can be meaningfully understood within the same theoretical framework. Persistence, they note, is explained by a lack of social controls, few structured routine activities and purposeful human agency, while desistance is attributed to a confluence of social controls, structured routine activities and purposeful human agency. What is, perhaps, most significant from our perspective is the emphasis on the role of social ties across all stages of the life-course and on the way that social ties interact with age and life experience. Young people tend to be less socially embedded during adolescence than at any other time in the life-course because the bonds that tie children to family and school have weakened and are yet to be replaced by a new set of adult roles and responsibilities. With the move into adulthood new bonds are created, which are said to provide 'turning points' or changes in situational and structural life circumstances. A good marriage and/or a stable job are specifically identified as having the potential to reshape life course trajectories by reordering short-term situational inducements to crime and redirecting long-term commitments to conformity. Men who desisted from crime were found to be embedded in structured routines and were socially bonded to jobs, wives, children, and significant others, which enabled them to draw on resources and social support from their relationships. Persistent offenders, on the other hand, seemed marginalised and devoid of linking structures: characterised as 'social nomads', they experienced considerable instability in many areas of their lives including marriage and work.

Although the ideas developed by Laub and Sampson offer a useful starting point for thinking about suicide they must be adapted to fit the particularities of the issue at hand. Suicide differs from crime in terms of its age distribution and the implied workings of the social bond. Adolescence represents the peak period of criminal offending, due partly to the relatively weak nature of the social bond during this phase of the life-course. The number of suicides, as we shall see, peaks somewhat later, during mid-life (though the rate is highest in old age), and may have more to do with the fragmentation of established social bonds and the associated loss of investment. In contrast to life-course criminology, moreover, our analysis is explicitly gendered. Laub and Sampson based their analysis on an all male sample, but do not really discuss their research subjects as gendered beings. No mention is made, for example, of Connell's (1995) or Messerschmidt's (1993) influential work on masculinities and crime. Suicidology has also paid scant regard to the masculinities literature, which is surprising given that across the Western world many more men than women kill themselves (see Figures 1 and 2). Scourfield (2005), however, has noted the potential for applying Connell's ideas to male suicide (see also Stanistreet, 2002). In so doing, he notes that suicidology tends to treat men and women as sex groups and takes little, if any, account of critical theorising about gender relations. Suicide rates are known to vary by marriage rates, for example, and the effects of divorce are known to differ by sex (Stack, 2000), but there has been little consideration of the different orientations of men and women to relationships and their termination, beyond some general comments about men possibly having weaker social support in the aftermath of divorce.

Our Approach to Researching Suicide

Our approach is primarily sociological and aims to offer a gendered life-course perspective. We begin by examining Office for National Statistics mortality data covering England and Wales in 2005. According to the Tenth Revision of the International Classification of Diseases (ICD-10) cause of death may be attributed to - among other things - intentional self-harm or to undetermined intent (i.e. 'open' verdicts). Both categories are sometimes considered to be suicides, though we have concentrated on deaths due to intentional self-harm. This focus had very little effect on the findings presented below, as the demographic profile remained very similar regardless of whether or not deaths of undetermined intent were included in the analysis.

The biggest part of the paper then rests on a sociological autopsy of 100 suicides from a single region of the United Kingdom. Although most sociological studies of suicide continue to be quantitative in orientation, we favoured a mixed methods approach and are conscious of the way that 'positivist' conceptions of suicide have been challenged. Some, such as Douglas (1967), advocate a qualitative approach to understanding subjective meanings to suicidal social actors, though this agenda remains underdeveloped. Others, such as Atkinson (1968), reject the idea that suicide rates can be treated as an unproblematic 'social fact' by highlighting the socially constructed nature of the suicide verdict. Whilst making important points about the social processing of death, Atkinson's approach seems to preclude any consideration of suicide as a meaningful act and does little to improve understanding or aid prevention.

Ours is an ontologically pragmatic approach, which seeks to transcend the division between objectivism and constructionism. We accept that evidence about suicide, including documents in Coroners' files, is produced under specific conditions which affect how it should be read, but maintain that such evidence aims to establish something about an externally verifiable social world. Although it may only ever approximate to what actually happened, we believe that evidence presented to a Coroner - including suicide notes and statements by relatives of the victim and witnesses - provides a reasonable basis for making tentative judgements about the social circumstances of a suicide.

We also advocate a methodologically open approach which seeks to combine the strengths of qualitative and quantitative traditions. Whilst paying some attention to rates of suicide in the general population, we concentrated on conducting a detailed analysis of 100 suicide cases. These deaths were the first 100 suicide verdicts recorded from 2001 onwards in a single Coroner's office covering a medium-sized city and an adjacent rural area which includes an industrial town. The time span ended in 2004. Data were generated using a qualitatively-driven (Mason, 2006) mixed method sociological autopsy approach, which was piloted as part of an Economic and Social Research Council-funded initiative to promote methodological development and innovation (see also Fincham, Scourfield & Langer, 2008; Langer, Scourfield & Fincham, 2008). Case files were read by the research team, a coding scheme agreed and whole cases (not data excerpts) were thematically coded using N-vivo version 2.0. As is often the case with qualitative research, the coding and classification system was developed through contact with the data rather than being designed to test prior hypotheses.

Initial codes referred to evidence in a case file that a social or behavioural factor was present. Any indication from the file of, for example, bereavement, debt or drug/alcohol problems would be coded accordingly. Although the analysis was inductive, the research team's

attention was inevitably drawn to some factors which are well-known from the epidemiological literature on suicide. This initial coding did not reflect the relative importance of any factor to the suicidal act, but simply evidence from the file that the factor was present. However, for the theme of relationship breakdown, the importance of which emerged from initial qualitative analysis and is discussed below, we undertook further analysis of all cases where there was evidence of any difficulties or breakdown in a relationship with a romantic/sexual partner. This further qualitative analysis was undertaken to devise two kinds of typologies. The first concerned the relative importance of relationship breakdown to the suicidal act – as far as it was possible to gauge this from the evidence. The second typology involved only those cases (n=34) in which the research team made a judgement that relationship breakdown was the main trigger. By ‘main trigger’, we mean the life event which seemed to precipitate the suicidal act. Suicide usually occurs in the context of several compounding social and psychological problems, and those cases where relationship breakdown was the main trigger did not necessarily depart from this general trend, but seemed to involve a clear connection between relationship breakdown and the decision to die. These 34 cases were categorised in terms of the apparent response of the suicidal individual to the relationship problems (or relationship termination in many cases). This typology of responses is presented later in the paper.

On completion, the coding profile was exported into SPSS for analysis. Although such an approach could be open to criticism, it enabled us to identify patterns and relationships between variables in a way that would have been difficult with a purely qualitative approach. Added to this, the analysis was conducted in a way that blurred the boundaries between quantitative and qualitative approaches. Although statistical techniques were used, they were applied in a way that was consistent with what are often held to be the defining characteristics of a qualitative approach: the analysis was highly exploratory and largely inductive (i.e. the emphasis was on generating, rather than testing, hypothesis).

Some limitations of the research should be acknowledged. Firstly, the sample of 100 cases is obviously a small one for the purposes of statistical generalisation, although it should be noted that psychological autopsy studies typically have even smaller samples. A study of this kind is neither a very in-depth study of a handful of cases nor a population-level epidemiological analysis. In the spirit of methodological integration, our sample allows for an exploratory analysis, but one that is based on a more robust sample than most qualitative studies. Our conclusions are necessarily tentative and open to refutation or confirmation by future research. In the sections below where we quantify our findings we also draw on existing, larger scale, studies to support our conclusions. A second issue is the reliance on records from one Coroner’s office. We visited two other neighbouring Coroners’ offices and read ten suicide files in each place, to check that the kinds of evidence presented were broadly similar to those in our main site. We were satisfied that the range of sources in the files was broadly similar. Atkinson’s work on Coroners’ construction of suicide cases would, however, tend to suggest the idiosyncrasies of individual Coroners would affect the making of verdicts. This issue is linked to a third potential limitation, namely the decision to restrict the study to suicide verdicts and not to include open verdicts. Whilst acknowledging that including open as well as suicide verdicts may perhaps have resulted in different conclusions, it should also be noted that other studies have limited their scope to suicide verdicts (e.g. Gunnell *et al.*, 2003). In further defence of our decision to use the records of only one Coroner and only suicide verdicts, it is worth noting Pescosolido and Mendelsohn’s (1986) research, which found misreporting of suicide rates to have little impact on the variables commonly used to test sociological theories of suicide.

The Demography of Suicide in England and Wales

The apparent vulnerability of young men to suicide is often evidenced using official mortality statistics. Such statistics indicate that during the latter half of the 20th century, the suicide rate in England and Wales declined among men and women of all ages except for men under 45 years, for whom it doubled (Gunnell *et al.*, 2003). As Cantor's (2000) overview of suicide trends in the Western world shows, a sharp rise in the young male suicide rate from the 1960s to the early 1990s could also be seen in other English-speaking countries, such as Australia, New Zealand, Canada and the USA, though this trend was less marked in the rest of Western Europe, Southern Europe and Scandinavia. . The picture for England and Wales has at times been distorted, however, and not only by tabloid newspapers. On the basis of mortality statistics, the National Suicide Prevention Strategy for England claimed that 'the majority of suicides now occur in young adult males' (Department of Health, 2002: 7). Although many more men than women do kill themselves across the UK, official figures for England and Wales in 2005 indicate that suicide is not at its most common among those who are conventionally considered to be young (see Figure 1). In terms of raw numbers, the peak age for male suicides is 35-39 years and suicides among 40-49 year olds outnumber those among 25-34 year olds. Overall, men under the age of 40 account for less than a third of all deaths attributed to intentional self harm, while men under the age of 30 account for little more than one-in-ten of these deaths. The Department of Health's (2002) claim that most suicides occur among young adult males was based on data for the year 2000 and combined deaths attributed to deliberate self-harm and undetermined intent. Even so, in that year the peak age for the number of male suicides was 35-39 years and males below the age of 40 accounted for no more than 36 per cent of all suicides (Office for National Statistics, 2001).

A key issue here is what we mean by 'young', though it is, of course, not easily resolvable. We would, however, suggest that most lay and academic audiences reading about suicide trends do not regard someone over 40 years of age as being 'young' and therefore to refer to young male suicides as including those up to 45 years, as some do, is misleading. The label 'youth' is in fact commonly used to describe the more restricted age range of 16-25 (see, for example the ESRC youth programme, <http://www.esrcsocietytoday.ac.uk>).

Figure 1 about here

Official figures clearly indicate that males account for many more suicides than females - approximately three times as many in 2005. There are, in addition, notable sex differences in the age distribution of suicide, with the peak among females coming somewhat later than among males. Partly as a result of these differences the gender gap narrows considerably during later life.

Nonetheless the raw numbers of suicides shown in Figure 1 are a poor indicator of risk because they take no account of population size. Adjusting the figures so they represent a rate per 100,000 of population constitutes a much more sensitive measure and further challenges the idea that young men are particularly vulnerable. The suicide rate shown in Figure 2 follows a bi-modal distribution which indicates that males aged 35-49 years and 85-94 years are most at risk of suicide. Although elderly males account for a relatively small number of suicides, this is largely a result of the mortality rate, which means there are few elderly males in the population, and masks their heightened state of vulnerability. The situation is quite

different for older women, with the suicide rate remaining fairly stable over the age of 60 years.

Figure 2 about here

A Sociological Autopsy of Suicide – The Local Picture

Our detailed analysis of 100 case files drawn from a single Coroner's office provided for a more thorough investigation of the way that suicide varies with the life-course. The age and sex profile of these cases was broadly consistent with national figures: male suicides outnumbered female suicides by slightly less than four-to-one and average age at the time of death was 46 years (44 for males and 53 for females).

The Social Circumstances of Suicide

The files identified various issues relating to a number of overlapping themes, which included family and interpersonal relationships, work and finance, physical and mental health, drugs and alcohol, intrapersonal distress and crime. In general, the issues that were most frequently cited were those that had to do with family and interpersonal relationships and signs of intrapersonal distress (see Table 1). Slightly more than half the cases mentioned relationship problems or breakdown and a third indicated that these difficulties were the main trigger for suicide. The most commonly identified relationship triggers were linked to sexual jealousy and over-dependence, followed by punishment / revenge and disputes over children, with two cases of attempted murder (see below under the heading 'A focus on gender and relationship breakdown'). In addition to these relationship difficulties, problems with children, bereavement and isolation were quite widely cited.

Table 1 about here

The most widely cited signs of intrapersonal distress were those related to mental health, suicide history and substance use. Approximately three-fifths (61 per cent) of cases identified depression or some other mental health diagnosis, with slightly less than half (45 per cent) citing use of antidepressants. Almost two-fifths (38 per cent) noted previous suicide attempts and a further one-in-ten (nine per cent) mentioned previous threats of suicide. A quarter (24 per cent) mentioned drug and/or alcohol dependence, with slightly less than a fifth (16 per cent) identifying alcohol and/or drug use at the time of death. In addition to these issues, physical health problems (38 per cent), criminal offending (21 per cent), employment issues (20 per cent) and childhood experiences (17 per cent) were cited quite widely. Much less commonly mentioned were debt (10 per cent), shame (nine per cent) and crime victimisation (eight per cent).

The Social Context of Suicide across the Life-Course

Further analysis revealed that the social circumstances surrounding suicide varied quite markedly according to the age and sex of the victim. On the whole, such circumstances were associated more strongly with age than sex, though there were a one or two exceptions to this general pattern (see Table 2). Age was most strongly linked to physical health and childhood experiences, followed by relationship breakdown, problems with children and work related issues. The variations that were evident in this regard pointed towards three distinct

aetiological structures - young people in crisis, mid-life gendered patterns of work and family and older people in decline.

Table 2 about here

1) *Young people in crisis*. Adolescence has traditionally been viewed as a period of 'storm and stress', but this characterisation has increasingly been challenged on the basis that it is unsupported by evidence (Coleman & Hendry, 1999). Repeated studies have shown that a minority of young people experience a turbulent adolescence and that the majority manage this transition reasonably well. This is not to deny that adolescence is a period of significant change, nor that these changes may create a heightened sense of insecurity and vulnerability, but they do not ordinarily result in suicidal behaviour. Although suicidal thoughts are not uncommon, relatively few young people try to kill themselves, with recent British research suggesting a figure of five per cent among 16-24 year olds (Meltzer *et al.* 2002). Far from being an ordinary feature of adolescent development, suicidal behaviour among young people is linked to family problems including loss and disturbed or insecure attachments in childhood (see Violato & Arato, 2004).

The results of our analysis are consistent with the notion that adolescent suicide is associated with a particular sense of crisis and with damaged family attachments. What was most distinctive about the cases involving young people under the age of 25 years was the extent to which they were linked with negative childhood experiences - such as physical and/or sexual abuse, neglect and separation - and previous suicide attempts. Childhood experiences were cited in three-fifths (60 per cent) of such cases compared with approximately one-in-ten (12 per cent) cases involving older adults. The relationship between age and previous suicide history was not particularly strong, but this masked some notable differences between young people and older adults: all but one of the cases involving young people under the age of 25 years mentioned previous suicide attempts or threats compared with less than half of those involving older adults.

2) *Mid-life gendered patterns*. Suicide in mid-life was associated with an appreciably different set of circumstances, which not only reflect the changing roles and responsibilities associated with the life-course, but also highlight the contingent nature of what are often thought of as protective factors. Numerous studies within criminology and suicidology have highlighted the protective value of the social bond, particularly in the form of work and family life. When these aspects of life are functioning well they serve to give people a sense of purpose and belonging, but when they begin to unravel they may stop being a source of protection and become a source of risk. Work-related problems, particularly redundancy and unemployment, and family breakdown are known to be associated with suicidal behaviour (Platt and Hawton, 2000; Stack, 2000) and were widely implicated among our cases where the victim was in mid-life. Work related problems were cited in approximately one-in-three (35 per cent) cases where the victim was aged between 35 and 64 years, but in no more than one-in-six outside of this age-range. Relationship breakdown was most widely cited where the victim was between 16 and 54 years old and was most widely implicated as a main trigger where they were 25 to 54 years old (see Table 3). Young adults are clearly not immune from relationship breakdown or the associated emotional fall-out, but, broadly speaking, adolescents are likely to be less invested in the permanence of their relationship than older adults, so that its breakdown is less likely to trigger suicide. This explanation is certainly consistent with, and helps to explain, the concentration of suicide among those in mid-life.

Problems with children were most commonly identified where the victim was between 25 and 54 year olds.

Table 3 about here

The role of work and family problems was mediated by gender. To some extent, male vulnerability seemed to be linked to threats to the traditional provider role: work-related problems and debt were cited at twice the rate for males as females (23 per cent compared with 10 per cent and 11 per cent compared with five per cent respectively). Gender roles were further implicated in regard to family life. Relationship breakdown was cited at a very similar rate regardless of the sex of the victim, but was more likely to be identified as the main trigger for males. Among male victims, relationship breakdown tended to be identified as the main trigger rather than as a contributory factor (38 per cent compared with nine per cent), whereas female victims were more evenly divided between these two categories (19 per cent and 14 per cent respectively). Female suicides were further distinguished by the extent to which they were more widely associated with problems related to children (57 per cent of females compared with 25 per cent of males). Such problems included separation from children due to divorce, estrangement (especially from older children) and children being taken into care. While male suicides tended to be associated with relationship breakdown in the absence of problems related to children (30 per cent of males compared with 10 per cent of females), female suicides tended to be associated with relationship breakdown and problems related to children (43 per cent of females compared with 25 per cent of males) or problems related to children in the absence of relationship breakdown (14 per cent and none respectively). For family breakdown (combining relationship breakdown and problems related to children) by sex, Cramer's $V = 0.4$, $p < .05$.

What are we to make of such differences? Women may be better able to manage relationship breakdown (Cantor, 2000), particularly when their role as mothers remains intact. At the same time, it is worth noting that relationship breakdown may tend to mean different things for men and women. If feminist critiques of traditional marriage are well-founded, women will be more likely than men to see separation as freeing them from an unhappy situation. Also, prevailing social and legal norms mean that separation and divorce routinely distances men from their children in a way that it rarely does for women. For men with children, therefore, relationship breakdown cannot be easily separated from their role as parents because it tends to limit their involvement in family life more generally (Owen, 2003). Under such circumstances, separation and divorce can be seen to challenge men's role as fathers and, by extension, their sense of belonging and purpose even when there are no manifest problems relating to their children: that is to say, relationship breakdown may represent a challenge to fatherhood even if this challenge remains latent and implicit. Whatever the precise explanation, family breakdown poses a serious threat to the social bond for both men and women and is a key antecedent of suicide during mid-life, hence we return to it later in the paper for more developed qualitative analysis.

Other notable sex differences were evident in relation to mental health, experiences of isolation and crime victimisation. Depression or some other mental health diagnosis was more commonly cited in relation to female than male suicides (80 per cent compared with 56 per cent) as was a sense of isolation (43 per cent compared with 15 per cent). None of the female cases, compared with one in four (27 per cent) of the male cases mentioned criminal behaviour.

3) *Older people in decline*. In line with previous research, we found that the antecedents of suicide appear to be different for the elderly compared with younger and middle-age groups. Suicide among older people is less closely associated with interpersonal and relationship problems, financial, legal and occupational difficulties and more closely associated with physical illness and other losses (Cattell, 2000). Our analysis showed that the extent to which physical health problems were cited increased sharply with age (see Figure 3). Differences regarding mental health were much less marked and rather more ambiguous, while references to antidepressants did not vary greatly by age (except they were rarely cited in cases involving 16-24 year olds). Notable differences were evident in relation to bereavement, however, which was cited in almost half the cases involving older people (47 per cent of those aged 65 years or above compared with 18 per cent of those in younger groups). Surprisingly, perhaps, this did not translate into a particular emphasis on the isolation of older victims: the differences that were evident in this regard were relatively minor and did not form a clear or coherent pattern. Nonetheless, bereavement and physical decline may be understood in terms of a weakened social bond as they reflect a loss of emotional attachment and potentially compromised social participation.

Figure 3 about here

Drug and alcohol issues were rarely cited in cases involving people over the age of 64 years and, to a lesser extent, between 55-64 years. Other than this, variations by age were either minor or did not form a clear or coherent pattern.

A Focus on Gender and Relationship Breakdown

At this point we further develop the analysis of gendered contexts of relationship breakdown and suicide, with reference to the qualitative data. This section of the paper illustrates the kinds of distinctive insights that a qualitative approach to suicide research can bring. As noted above (under 'mid-life gendered patterns'), relationship breakdown suicides are especially pertinent to those aged 25 years and over and to men (at least as a main trigger). In categorising those suicides (n=34) where relationship breakdown seemed to be the main trigger we had regard to the apparent response of the suicidal individual to the relationship problems (or relationship termination in many cases). The response categories we identified were murder/attempted murder, punishment, dependence, sexual jealousy and separation from children. It should be noted that these are, of course, not discrete categories. 'Punishment' cases tended to also involve sexual jealousy and/or separation from children, for example. The typology is simply designed to highlight the dominant circumstances, as suggested by the evidence presented to the coroner. With the exception of one woman, all these cases involved the breakdown of heterosexual relationships.

Most of what follows applies to men's suicides, as only four of the 34 suicides where relationship breakdown was thought to be the principal trigger were women. Particular caution is needed in drawing any conclusions about women's suicides in the light of the very small number of cases included here. Nonetheless, for women, the context of the relationship breakdown was most commonly categorised as over-dependence whereas for males it was more likely to be sexual jealousy, punishment/vengeance or disputes over children. Of the four women where relationship breakdown was cited as the main trigger, three of these were categorised as over-dependence and the other as sexual jealousy. Therefore,

punishment/vengeance, disputes over children and murder/attempted murder were identified as the main trigger for male suicides only. Again, caution is needed because some sub-categories within the typology of circumstances are based on very small numbers of cases (sometimes five or less). In the following discussion we go beyond the circumstances of specific cases to make some tentative suggestions about the wider cultural context, making links with some important gendered discourses. All names included in the data excerpts are pseudonyms.

Murder and attempted murder. There were two of these cases out of the 100 – both men (85% of murder-suicide suspects were men in Barraclough and Harris’s [2002] study of all cases in England and Wales in 1998-92). One of these was a multiple murder of wife and children, in the context of depression and major debts, but apparently no history of violence. The other was a case with multiple long-term problems, including alcohol problems and serious domestic violence as well as the recent death (possibly suicide) of a teenage son. The victim of the attempted murder was the man’s wife, who was left for dead, though she did in fact survive with serious impairment. He killed himself on the assumption she was dead, saying he ‘couldn’t face prison’ and wanted to be with his dead son.

Punishment. The evidence in these case files gave an impression of men to whom control of a woman partner was all-important; so important perhaps that the inability to control her in life could lead to the extreme gesture of self-destruction. Or rather it could lead to a desire to control beyond death, as can be seen vividly in case 7. Here a note was left by a man who specifically addressed his ex-partner’s anticipated guilt following his suicide:

How do you deal with things knowing Lewis’s dad killed himself because of you?
All those times he looked at you lovingly and you killed his dad. (Case 7, excerpt from suicide note)

In another case (no. 66) the entire suicide note read ‘Congratulations. You win.’ These cases can be usefully understood in the context of other evidence of some men’s preoccupation with control in intimate relationships. The obvious reference point in this regard is the feminist work on domestic abuse which has emphasised tactics of control along a continuum of physically and emotionally abusive behaviour (Dobash & Dobash, 1979) and has argued that for men to seek to control in intimate relationships is relatively mainstream.

Over-dependence. The idea of dependence on a partner is a more traditional gendered narrative for women than for men. Over-dependence did feature for three of the four women in our sample whose suicides were considered to be primarily triggered by relationship breakdown. One example would be a woman who had multiple problems, but seemed to be prompted to suicide by over-dependence on an ex-long term woman partner whose surname she had taken as if in marriage. She had split up with a more recent girlfriend because she still had feelings for her ex-partner and then killed herself soon afterwards. Four of the male suicides in the sample were put in the dependence category. One man wrote in his suicide note that:

Going out is the only way I can cope with things. I’m not looking for anyone else.
You’re in my head all of the time. (Case 83, excerpt from suicide note)

We could speculate that for men there are perhaps tensions between the ideal of autonomy that hegemonic masculinity sets up and the reality of dependence on women. Distress might perhaps result from this tension. Distress may also be caused by a tension between certain

misogynist aspects of heterosexual male culture and the personal experience of depending on a real embodied woman. The dependence for men can of course be material as well as emotional (McMahon, 1999) and the language of dependence can also be a subtle tactic of control.

Sexual jealousy. We categorised one of the women's suicides and ten of the men's as having been primarily characterised by sexual jealousy. Control would again seem to be very important in relation to this category of suicides. Proprietorial sexuality is an important aspect of hegemonic masculinity. There are often strong overtones of shame and dishonour in these cases, where the distress may perhaps be as much to do with being *seen* to be betrayed by a partner as the 'betrayal' itself. Below are excerpts from the case files where sexual jealousy seemed to be the principal context of the suicidal act.

He came to my door covered in blood. He said 'she's ripped my heart out, she's thrown it on the floor and she's bouncing on it'. He was so upset, he also said 'she's shagging someone in the bed I paid for'. (Case 40 – mother's statement to police)

SO YOU NOT SEEING ANYONE ELSE, I JUST SAW YOU BOTH. HOPE YOU HAPPY I WILL BE WHERE I'M GOING GOODBYE. REMEMBER I LOVED YOU YEAH. (Case 50 [male] – excerpt from mobile phone records)

Separation from children. Although problems related to children were significantly associated with women's suicides in our sample, none of the women's suicides which we categorised as *primarily* triggered by relationship breakdown featured separation from children as a core issue. All these cases were men.

I've lost everything and ain't got no contact with my son or family phone number I love and miss Nicholas David I love and miss and can't go on with the heartache. (Case 19 – excerpt from suicide note)

He hasn't seen his two children for a few months now, Rachel 6 and Jack 5. Not seeing his children has broken his heart..... Joe has told me that he wanted to kill himself because of his children. (Case 23 – excerpt from mother's statement to the police)

We might speculate that in a climate where involved fatherhood has fairly recently developed a certain cultural status (even if men's actual practices may be mixed), hegemonic masculinity could perhaps be seen to be shifting so that inability to fulfil involved fatherhood because of relationship breakdown might seem as much of a challenge as losing the breadwinner role would have done in earlier times. For both men and women, when adult intimate relationships are so fluid, it can be argued that children take on a new significance:

The child becomes the last remaining, irrevocable, unique primary love object. Partners come and go, but the child stays The child becomes the final alternative to loneliness, a bastion against the vanishing chances of loving and being loved. (Beck and Beck-Gernsheim, 1995: 37)

In addition, the inevitable gap between the raised expectations of the 'pure relationship' in late modernity (Giddens, 1992) and the mundane reality of relationship conflict can cause

unhappiness. Perhaps these influences do not affect men and women in the same way, however. There is some evidence that having children is a protective factor against suicide for women (Qin, Mortensen, Agerbo, Westergaard-Nielsen & Eriksson, 2000). This may perhaps be explained by them having stronger emotional ties to their children or greater empathy with them, from having spent considerable time in a caring role, or by the continuing assumption that women should be ultimately responsible for children's welfare. Another part of the cultural context is the angry politics of fatherhood, with fathers' rights organisations actively seeking out stories of suicide to bolster their campaigns against the Child Support Agency or the family courts.

So if we re-examine the suicides which are primarily triggered by relationship breakdown, gender differences are very apparent. If we regard homicidal violence, punishment, sexual jealousy and conflict over children as all indicating different aspects of domestic abuse, then 23 suicides (all of them men) out of the sample of 100 would come under this heading. There is of course a risk that a focus on abusiveness might pathologise these men. Another possibility is to understand their extreme actions as illegitimate attempts to achieve legitimate goals or primary human goods such as security, mastery and a sense of belonging (see Ward & Maruna, 2007).

Conclusion

Some of what we have described above, especially in the more quantitatively-oriented section of the paper, is fairly familiar from epidemiological research, though we have challenged the conventional wisdom that young men are particularly at risk of suicide by highlighting the large number of suicides recorded among those in mid-life and the particular vulnerability of elderly men. Beyond this the paper makes a contribution to the study of suicide in two respects. Firstly, it demonstrates the potential of qualitative and mixed methods research - the sociological autopsy - within a field traditionally dominated by quantitative methods. Secondly, it has sought to develop a more fully theorised account by drawing on criminological work which emphasises the role of the social bond across the life-course. Although the link between suicide and social integration has been well established, differentiation of this across the life course is less well examined. Studies of crime and suicide provide ample evidence of the importance of the protective value of the social bond, particularly in the form of work and personal attachments. The flip side of this protective role, however, is that when work and family life come under strain there is a danger that they may become a source of tension rather than support. Although important, we recognise that the weakening of the social bond does not fully explain incidence of suicide, not least because many people negotiate the vicissitudes of life without killing themselves. Piecing together the evidence suggests that suicide may be usefully understood as the result of an interaction between social (contextual) and psychological (personal) risk factors. Psychological risk factors include impulsivity, dichotomous thinking, cognitive constriction, hopelessness, problem-solving deficits, over-general autobiographical memory and biases in future judgement (Williams & Pollock, 2000).

The workings of the social bond are relevant to each of the aetiological structures we have identified - young people in crisis, mid-life gendered patterns of work and family and older people in decline - and help to explain both the large number of suicides among men in mid-life and the particular vulnerability of the elderly. Family problems, including loss and disturbed or insecure attachments in childhood, are widely implicated in the suicides of young people, while the prominence of bereavement and physical decline in suicides of the elderly

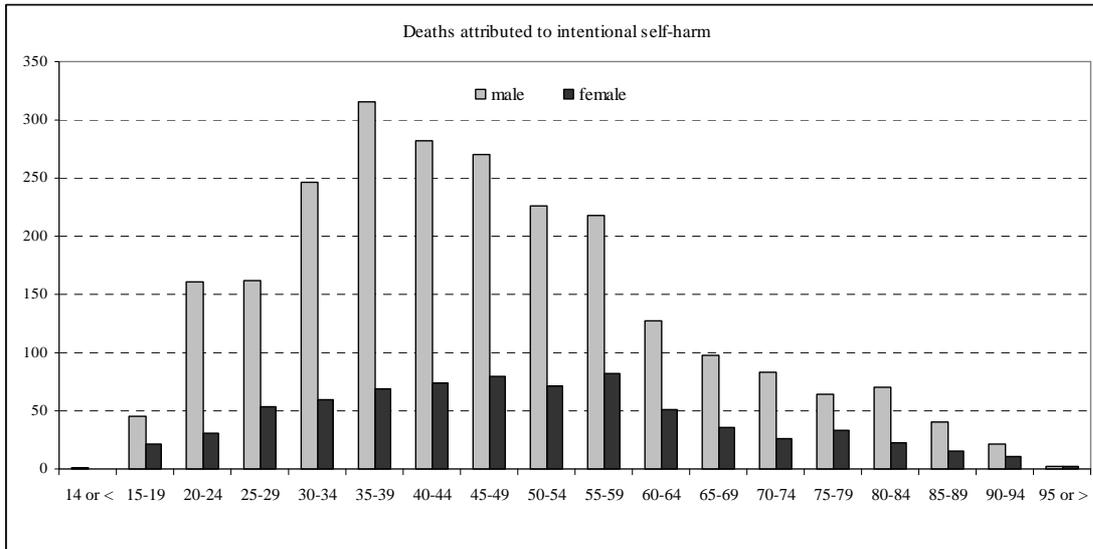
can also potentially be understood in terms of a weakened social bond. Bereavement involves a loss of personal attachments while physical incapacity compromises the potential for social participation, reinforcing the sense that there is nothing to live for. Among those in mid-life, the workings of the social bond are different again as this is a period of particularly intense investment in work and family life. Comparisons with adolescence are especially telling here, in part, at least, because of the way in which such investments are built up over time. Although often characterised as a time of upheaval and vulnerability, 'storm and stress' models of adolescence tend to exaggerate the volatility of this phase of the life-course. Young people are generally less socially embedded than at any other time, but this is a largely normative experience, whereby a certain distancing from family of origin is considered part and parcel of growing up. Weakened social bonds during mid-life, on the other hand, carry a rather different set of meanings and convey a sharper sense of loss and personal failure. By their mid-to-late-30s, most people have begun to accumulate a considerable investment in work and family life and this investment is likely to be central to their sense of self and to their place in the world, making them particularly vulnerable when these things come under threat. The role of the social bond also helps to explain why so many more men than women kill themselves. Traditional expectations about the male provider role may mean that that work-related problems and financial difficulties strike a particularly profound blow to men's sense of purpose and belonging. Added to this, the relatively fragile position of fatherhood means that relationship breakdown tends to come with an added cost for men - one that serves to undermine their sense of attachment and involvement. While women may be better able to manage relationship breakdown, their role as mothers also provides a protected attachment and a relatively robust social bond. The importance of family dynamics is clearly evident from the way in which suicide appears to be bound up with the angry politics of fatherhood, with jealousy, control and with domestic relationships that may be considered abusive. Whatever the explanation, the volume of suicides in mid-life - particularly among men - demands much greater attention.

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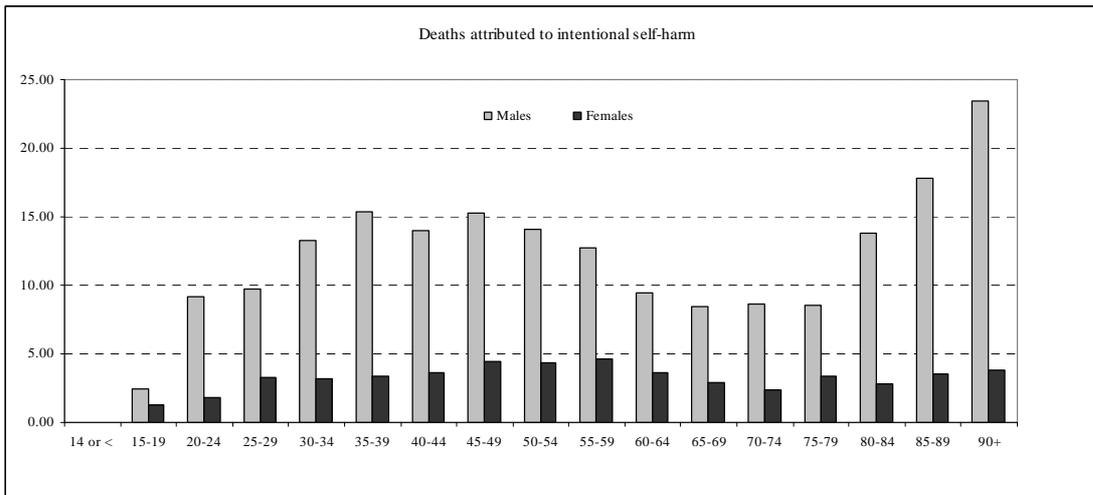
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Figure 1
Number of suicides in England and Wales by age and sex (2005)



Source: Office for National Statistics (2006)

Figure 2
Rate of suicide in England and Wales per 100,000 by age and sex (2005)



Source: Office for National Statistics (2006)

Figure 3
Health status by age (percentage)

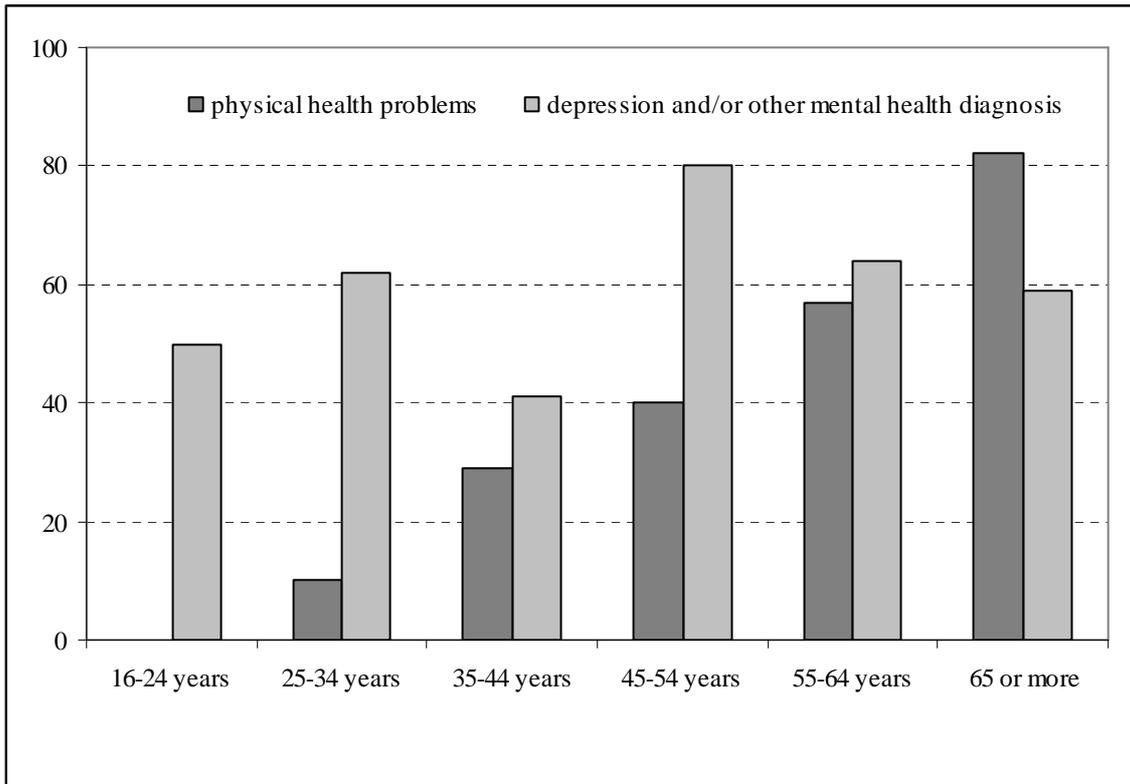


Table 1
Family and interpersonal relationships
(percentage of cases where such issues were identified)

Relationship breakdown or difficulties	55
<i>Relationship breakdown etc as trigger</i>	
Breakdown etc identified as main trigger	34
Breakdown etc identified as contributory factors	10
Breakdown etc but not seem to be a trigger	8
Breakdown etc but unclear if a trigger	3
No evidence of breakdown etc	45
<i>Type of trigger</i>	
Sexual jealousy	11
Over-dependence	7
Punishment / revenge	5
Disputes over children	5
Attempted murder	2
Relationship breakdown not cited as main trigger	66
Problems related to children	32
Bereavement	23
Isolation	21

Table 2
How the social circumstances of suicide vary by age and sex (Cramer's V)

	Age	Sex
<i>Family and interpersonal relationships</i>		
Relationship breakdown	0.42*	0.03
Relationship breakdown as trigger	0.29*	0.20
Relationship breakdown – type of trigger	0.38	0.51
Problems related to children	0.36*	0.28*
Bereavement	0.29	0.03
Isolation	0.25	0.28*
<i>Signs of intrapersonal distress</i>		
Depression or mental health diagnosis	0.26	0.21*
Antidepressants	0.34*	0.13
Suicide history	0.25	0.20
Alcohol and/or drug dependency	0.26	0.06
Alcohol and/or drugs at time of suicide	0.31	0.02
<i>Work and finance</i>		
Employment	0.38*	0.14
Debt	0.18	0.09
<i>Other</i>		
Physical health	0.56*	0.15
Crime - perpetrator	0.28	0.27*
Crime - victim	0.30	0.03
Childhood experiences	0.48*	0.03
Shame	0.20	0.16

* = $p < .05$

Note:

- i. Age was divided into the following bands : 16 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years and 55 to 64 years.
- ii. The relationships shown here were principally assessed on the basis of Cramer's V, which indicates the strength of association between the relevant variables. This statistic was used, rather than one specially designed for ordinal variables, because we did not want to make any assumptions about the nature of the relationships involved (e.g. that they are linear-like) and because we wanted to compare the relations involving age with those involving sex.
- iii. Probability values were used as a secondary indicator even though the data did not meet the assumption of being based on a random sample drawn from a wider population.

Table 3
Relationship breakdown and problems related to children by age (percentages)

Age in years	Relationship breakdown	Relationship breakdown...		Problems related to children
		main trigger	contributory factor	
16-24	60	20	10	30
25-34	81	57	10	52
35-44	59	47	12	41
45-54	65	35	20	40
55-64	43	29	7	14
65 or above	18	6	0	6