



# MASCULINITY AND SUICIDE ATTEMPT

Cómo citar este artículo:

Morfin-López, T. y Sánchez-Loyo, L.M. 2025.  
Masculinity and suicide attempt. *Revista  
Latinoamericana de Estudios de Familia*,  
17(2), 171-188.

DOI: 10.17151/rlef.2025.17.2.9.

TERESITA MORFÍN LÓPEZ\*  
LUIS MIGUEL SÁNCHEZ LOYO\*\*

Recibido: 22 de marzo de 2025

Aprobado: 9 de julio de 2025

**ABSTRACT:** Hegemonic masculinity, which emphasizes traits such as emotional stoicism and self-sufficiency has been shown to have a negative impact on men, especially in vulnerable groups such as adolescents, unemployed and/or homeless men and men with mental health problems. Men's suicide attempt can be understood as the result of failures in various areas of masculinity: romantic, economic, providing and protecting masculinities. The objective of this study was to identify emotions and circumstances related to suicide attempts in young adult men in the Guadalajara Metropolitan Area (AMG in Spanish), Jalisco, Mexico. Twelve men between the ages of 18 and 45 who had recently attempted suicide in the city of Guadalajara, state of Jalisco, Mexico, participated. Convenience sampling was used. A semi-structured interview was conducted individually. Three categories linked to suicide attempts were identified: a) loss of masculinity, b) causes of the suicide attempt, and c) emotions and suicide attempts. The loss of masculinity in relation to suicide attempts is understood as an act of compensatory masculinity, to which men resort as the only alternative to solve their problems and recover their fragmented masculinity. This is because they are unable to sustain the fundamental beliefs of hegemonic masculinity, such as being a good provider and restricting emotional expression. On the contrary, these men perceive themselves as incapable of being providers, with great intolerable emotional conflicts and emotional expressions that do not correspond to their gender role. These findings highlight the importance of incorporating the construction of new masculinities as forms of prevention and care for suicide attempts in men.

**KEY WORDS:** Masculinity, suicide attempt, vulnerability, prevention

---

\* Doctora en Sociedades del Conocimiento: Nuevas Perspectivas en Documentación, Comunicación y Humanidades. Instituto Tecnológico y de Estudios Superiores de Occidente ITESO Guadalajara, México. Email: teremor@iteso.mx

 <https://orcid.org/0000-0003-3994-3025>. Google Scholar

\*\* Doctor en Ciencia del Comportamiento Universidad de Guadalajara, Centro Universitario de Ciencias Sociales y Humanidades. Guadalajara, México. Email: Luis.sloyo@academicos.udg.mx

 <https://orcid.org/0000-0001-8800-2622>. Google Scholar



## MASCULINIDAD E INTENTO DE SUICIDIO

**RESUMEN:** Se ha demostrado que la masculinidad hegemónica, que hace hincapié en rasgos como el estoicismo emocional y la autosuficiencia, tiene un impacto negativo en los hombres, especialmente en los grupos vulnerables, como los adolescentes, los hombres sin empleo y/o sin hogar y con problemas de salud mental. El intento de suicidio de los hombres puede ser entendido como el resultado de fracasos en diversas áreas de la masculinidad: amoroso, económico, de proveer, de proteger. El objetivo de este estudio fue identificar emociones y circunstancias relacionadas con el intento de suicidio en hombres adultos jóvenes del Área Metropolitana de Guadalajara (AMG), Jalisco, México. Participaron doce hombres entre los 18 y 45 años, con intento de suicidio reciente en la ciudad de Guadalajara, Jalisco, México. Se realizó un muestreo por conveniencia. Se aplicó una entrevista semiestructurada de manera individual. Se identificaron tres categorías vinculadas al intento de suicidio: a) pérdida de la masculinidad, b) causas del intento de suicidio y c) emociones e intento de suicidio. Se entiende la pérdida de la masculinidad en relación con el intento de suicidio como un acto de la masculinidad compensatoria, al cual el hombre recurre como la única alternativa para solucionar sus problemas, para recuperar su masculinidad fragmentada, debido a que no les es posible sostener las creencias fundamentales de la masculinidad hegemónica como: ser buen proveedor y la restricción en la expresión emocional. Por el contrario, estos hombres se perciben como incapaces de ser proveedores, con grandes conflictos emocionales intolerables y con expresiones emocionales que no corresponden con su rol de género. Estos hallazgos señalan la importancia de incorporar la construcción de nuevas masculinidades como formas de prevención y atención de los intentos de suicidio en hombres..

**PALABRAS CLAVE:** Masculinidad, intento de suicidio, vulnerabilidad, prevención

## Introduction

Suicidal behavior is a public health issue both globally as in Mexico. While suicide mortality rates have decreased in European, Asian, and Oceanic countries, an increase has been observed in the Americas, including Mexico (World Health Organization [WHO], 2021a). Globally, suicide mortality rates show a marked prevalence among men, especially in young males from low- and middle-low income countries (WHO, 2021b; Yu & Chen, 2019). In Mexico, the suicide mortality rate for young men reached 17.5 per 100,000 inhabitants, while among young women the rate was 4.1 per 100,000 inhabitants in 2020 (INEGI, 2021). While women are reported to think about and attempt suicide more frequently, men have significantly higher suicide mortality rates (Borges, et al., 2019).

Explanations for higher suicide mortality among men compared to women include the use of more lethal methods, easier access to such means, greater stigma around seeking help, less effective support networks, and increased addiction to substances, among other factors.

Another interpretative framework lies in the sociocultural construction of masculinity. Hegemonic norms of masculinity, often characterized by emotional control, self-reliance, and risk-taking, have been associated with higher levels of suicidal ideation and attempts among men (Gálvez-Sánchez, et al., 2024). High internalization of masculine norms, especially emotional control, correlates with increased suicidal ideation (Benakovic, et al., 2024). These norms create a psychosocial environment that discourages help-seeking and emotional expression, thus increasing vulnerability to suicide. The interaction between these norms and mental health problems is key to understanding male suicide.

Hegemonic masculinity, which emphasizes traits such as emotional stoicism and self-reliance, particularly affects men belonging to vulnerable groups, especially those belonging to groups such as adolescents, unemployed and/or homeless individuals, and those with mental health problems, particularly addictions (Gálvez-Sánchez, et al., 2024). Furthermore, men who show restricted emotionality and self-sufficiency are at greater risk of suicide attempts (Eggenberger, et al., 2024). The combination of strict masculine ideals such as toughness and strength, along with beliefs about the intolerance of emotional pain, creates a high-risk environment for suicidal behavior (Eggenberger, et al., 2024; Gálvez-Sánchez, et al., 2024).

Conversely, lower conformity to traditional masculine norms, particularly less emotional control and dominance over women, is associated to a higher likelihood of seeking mental health care. Evidence suggests that rejection of hegemonic masculinity could mitigate the risk of suicidal behavior in men (Benakovic, et al., 2024). Historical analyses indicate that masculinity shows diverse nuances and that social narratives about male suicide reflect broader gender expectations. In Cuba, traditional gender

constructs exert psychological pressure, generating feelings of shame and loneliness that may trigger suicide attempts among men who do not meet social expectations of their gender role. In addition, traditional constructs influence coping mechanisms such as alcohol abuse, which provides a sense of connection with other men but simultaneously undermines their provider role and contributes to family and partner rejection (Barroso Martínez, 2023). In Switzerland, traits of hegemonic masculinity associated with suicide attempts include restricted emotional expression, the search of sensation through risky behaviors and economic self-reliance. These traits limit the search for help and cause emotional distress that is often underestimated by men themselves, preventing them from recognizing depressive episodes (Eggenberger, et al., 2024). In England, male suicide has been understood as the result of failures in several masculine domains: romantic, economic, honesty, righteousness, and honor (Galpin, 2022).

In Mexico, hegemonic masculinity encompasses beliefs and values such as: emotional expression is feminine and therefore discouraged (Hernández Ramírez & Lozano Verduzco, 2023); masculinity is linked to strength, reason, power, respect (Medina, 2023), privilege, economic status, and the role of family provider (Tovar-Hernández & Rocha Sánchez, 2012; Hernández Ramírez & Lozano Verduzco, 2023; Medina, 2023); and women are subordinate to men (Tovar-Hernández & Rocha Sánchez, 2012; Hernández Ramírez & Lozano Verduzco, 2023).

One of the fundamental values of hegemonic masculinity in Mexico is the expectation that men be the primary providers for their families. This role is linked to masculine identity and self-esteem. Men are socialized to perceive themselves as providers, even when they face exploitation and dehumanizing working conditions (Ramírez & Salinas Boldo, 2019).

Furthermore, hegemonic masculinity often dictates that men repress emotions such as fear, sadness, frustration, and vulnerability. This repression is considered as a sign of strength and is perpetuated through social expectations and gender socialization. However, studies have shown that repression can result in serious internal conflicts and lead to violence both toward others and toward oneself (Durán Pedroza, 2023).

Alternative masculinities in Mexico include the “*mandilón*” (submissive to his partner) and the “*irresponsable*” (machista, alcoholic, arrogant) (Tovar-Hernández & Rocha Sánchez, 2012). These men do not meet the standards of hegemonic masculinity, which generates tensions between men and women based on their perceptions of masculinity.

Thus, in Mexico men are classified as: traditional (aligned with hegemonic norms), transitional or innovative (adopting more equitable beliefs), and countercultural (submissive, humble, conformist, without decision-making power at home and in the economy). These three categories conflict with societal expectations

rooted in hegemonic masculinity (Tovar-Hernández & Rocha Sánchez, 2012). Compared to women, men are more traditional in their beliefs and adherence to masculinity norms, particularly those with lower educational levels (Díaz-Loving, et al., 2015).

There is clear evidence that there are higher suicide rates among men, especially young men, that adherence to hegemonic masculinity is associated with suicidal ideation and behavior; and that hegemonic masculinity exists in Mexico and may be linked to suicidal behavior. However, this potential relationship between hegemonic masculinity and suicidal behavior in Mexican men remains understudied. Therefore, the objective of this study was to identify emotions and circumstances related to suicide attempts in young adult men in the Guadalajara Metropolitan Area (AMG), Jalisco, Mexico. Understanding the link between masculinity and suicide attempts is crucial, especially because Mexican men are raised with cultural norms that encourage emotional suppression, particularly of sadness, fear, anxiety, and loneliness. Among young adult men, this difficulty in emotional expression has been identified as a risk factor for suicide (Cleary, 2011).

## Method

This is a descriptive, cross-sectional, and qualitative study. Twelve men between the ages of 18 and 45 who had recently attempted suicide (within 1 to 15 days after the event) in the city of Guadalajara, Jalisco, Mexico, participated in the study. Convenience sampling was used. The number of participants was determined based on the principle of data saturation.

Data were collected at three public health institutions that provide mental health services to people with suicidal behavior: two psychiatric hospitals and one detoxification center. Eleven participants attempted suicide by drug overdose, and one by hanging.

## Participants

Twelve young adult men, aged 18 to 45, conscious, without psychotic disorders were selected to participate in the study on the criterion of having attempted suicide. Sociodemographic data were collected, including age, gender, marital status, household composition, educational level, number of previous attempts, and diagnosis related to the suicide attempt. Among the participants, 3 had completed primary education, 4 had secondary education, and 4 had a university degree. Educational data were unavailable for one participant. Regarding marital status, two were separated, seven were single, one was in a civil union, and two were married.

Interviews were conducted after a suicide attempt. All participants were from a low or lower-middle socioeconomic status in the Guadalajara Metropolitan Area (AMG), with monthly incomes ranging from US\$250 to US\$500. Data were collected between 2014 and 2015.

## **Instruments**

A semi-structured individual interview was conducted. This type of interview allows access to the subjectivity of the individual, including feelings, emotions, thoughts, desires, past and present situations, and future perspectives that shape their thoughts, emotions, and behaviors (Patton, 1987, as cited in Coffey & Atkinson, 2003).

The following questions were included in the interview:

- a) What are the reasons why someone would attempt suicide?
- b) What does someone who attempts suicide feel?
- c) What does someone who attempts suicide think?
- d) What does someone attempt suicide do?
- e) What can be done to prevent suicide?

## **Procedure**

General and clinical information was collected from the clinical record of each participant. Interviews were conducted at the respective health institutions, lasting approximately 50 minutes each. They were conducted individually in the most private setting possible and they were conducted by students in their final-year of the psychology program who were trained in conducting semi-structured interviews. All interviews were audio recorded, transcribed, and coded by two researchers.

The research protocol was reviewed and approved by the Ethics and Scientific Committees of the Jalisco State Commission for the Care and Prevention of Suicidal Phenomenon and by the Ethics Committee of the Mental Health Institute of the State of Jalisco. The selection of participants adhered to the ethical principles of autonomy, non-maleficence, beneficence, and justice (Beauchamp & Childress, 1999). Participants signed informed consent forms before the interviews. They were assured that the information obtained would be used exclusively for research purposes and that they had the right to withdraw at any time and have their data deleted. Confidentiality of personal data was guaranteed. Non-participation did not affect their medical care.

## Data Analysis

Data were analyzed using interpretative phenomenological analysis based on Grounded Theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 2012), which allows for the exploration of feelings, thought processes, and emotions.

Once all interviews were transcribed, the participants' responses to each question were reviewed and coded. The codes were inductively grouped into categories and subcategories based on shared meanings for terms, phrases, or paragraphs (Saldaña, 2016). The grouped codes formed broader thematic categories. The categorization process and assignment of responses to categories were discussed and agreed upon by the researchers. Data analysis was conducted using Atlas.ti software.

The objective was not to establish a causal relationship but rather to explore the complex configuration of psychological processes, emotions, and behaviors among the participants.

## Results

Three major categories were identified in the narratives of the participants: Loss of masculinity (core category), around which the others are articulated, causes of the suicide attempt, and emotions and suicide attempts. Concerning the core category, the loss of masculinity is understood in the context of suicide and suicide attempts as an act of compensatory masculinity to which the man resorts as the only alternative to solve his problems, recover his fragmented masculinity, and avoid blaming anyone else for his vulnerability by taking responsibility for his difficulties through taking his own life (Rasmussen, et al., 2018).

The category of causes of the suicide attempt includes the subcategories: a) inability to be a provider, b) accumulation of problems, c) mental health issues, and d) breakup of relationships. As subcategories of the category Emotions and suicide attempt, the following were identified: a) loneliness, b) sadness, c) anger, d) fear, e) despair, f) guilt, g) anxiety, and h) depression.

### Causes of the suicide attempt

#### Inability to Fulfill the Economic Provider Role

One of the fundamental values of hegemonic masculinity in Mexico is the expectation that men be the primary providers for their families. This role is deeply linked to masculine identity and self-esteem. Men are socialized to see themselves as providers even in contexts of exploitation and dehumanization (Ramírez & Salinas

Boldo, 2019).

Many participants expressed distress over unemployment or a precarious economic situation, linking their lack of income directly to their emotional state and their decision to attempt suicide.

**Daniel**, 22 years old, who is in a common-law relationship, begins to talk about his experience of losing his job.

**Interviewer (I):** And has it been a long time or did it happen suddenly? [referring to experiencing loneliness]

**Daniel (D):** No, since I stopped working, what was it... Monday, Tuesday, and Wednesday... it's been... I think I just need to keep busy.

**José**, 18 years old, single, describes his concern about losing his job.

**I:** What were you doing before you were fired?

**J:** I worked at... [interviewee's workplace was omitted] and I got into a fight with a coworker, and we both were fired. [...] I don't know, I've always been used to having money, and now I don't have it, I feel desperate.

**Juan**, 22 years old, married, when asked about the causes of suicide, says:

**J:** Not having a job (...) I used to earn a good salary, and then they fired me, and I was looking for a job and I found something a little better... but it wasn't enough, so I left to look for something else...

Previous research has found that unemployment is a major risk factor (Amiri, 2022). Unemployment is a circumstance that causes conflict in men and is linked to other losses.

**Jorge**, 22 years old, single, recently separated from his partner after five years together.

**J:** I wouldn't consider it a problem per se, but the financial situation did have an impact. I felt pressured, I did not manage my expenses well, because I had to cover expenses, and pay the debts of the school.

Traditional gender constructs exert psychological pressure, generating feelings of shame and loneliness which can precipitate suicide attempts in men who do not meet the expectations associated with their gender role (Martínez, 2023).

In this study, 10 participants identified the inability to generate income, both for personal satisfaction and to meet the needs of their partner or family, as a cause of suicide.



## Accumulation of Problems

Several studies have shown that hegemonic masculinity emphasizes traits such as emotional stoicism and self-sufficiency, which negatively affects men, especially those from vulnerable groups (Gálvez-Sánchez, et al., 2024). This model of masculinity makes it difficult to recognize and express emotions, leading some participants to feel overwhelmed by too many problems and emotions at once.

**Ángel**, 23 years old, expresses his difficulties and his inability to find solutions:

**A:** Guilt is always there (...) but we never accept it, until you reach a point... in which everything accumulates, all your feelings, your conflicting emotions... because you want to fix things, but you can't, no matter how hard you try (...) Everything accumulates: one thing, then another, maybe your job, your family, your relationship... everything accumulates, and that's when you explode... you explode in such a way that you don't even know what you're doing or saying... then regret comes ...

## Mental Health Issues

**Miguel**, 25 years old, single, lives with his parents.

**I:** So, why did you start the psychiatric treatment?

**M:** Because I felt depressed [...] I don't know, maybe since I was twelve, maybe. I'm not sure, but they said I had been depressed for a long time.

**Fernando**, 39 years old:

**F:** [...] and as the [the psychiatrist] couldn't help me anymore, he simply said: "This is as far as I go, you need to be hospitalized because you're at risk of suicide."

Although not all people with affective disorders attempt suicide, having an emotional disorder increases the risk. There is an invisibility of male vulnerability, a perception of masculinity as strong rather than vulnerable, which makes it difficult for men to seek help (Rosado Millán, et al., 2014).

**Miguel**, 25 years old, with an addictive disorder:

**M:** I got along well with my mother, but she told me that... and I saw that she was right, so when she said she'd rather see me hanging [rather than seeing me as a drug addict], I listened to her and tried to kill myself.

Men who attempt suicide often show restricted emotional expression and self-sufficiency and believe that emotional pain is unbearable (Eggenberger, et al., 2024; Gálvez-Sánchez, et al., 2024). The interaction between these norms and mental health problems is key to understanding male suicide.

## Relationship Breakups

Participants experienced loss through breakups in romantic relationships. There is a role often associated with men but also shared by women: reproduction. For this reason, Gilmore defines men as the embodiment of the three Ps: “protector,” “procreator,” and “provider” (Gilmore, 1994).

**Iván**, 26 years old, recently separated, says:

**I:** What are the reasons someone might attempt suicide?

**Iván:** Well, mine was that... I separated from my wife... I love her so much and... I tried to fix things with her, I asked for forgiveness and everything and... she told me she'd never come back to me, that... the day she met me was the worst day of her life... and things like that, she ignored me really badly... although we got along well... sometimes we argued, but I never hit her, I never cheated on her... just arguments sometimes.

**Juan**, 30 years old, separated, recounts after his second attempt:

**I:** What kind of emotional problems?

**Juan:** Mmm, I was separating from the mother of my child, and I thought it would be easy to manipulate her emotionally, and when it was all over, I lost control.

In hegemonic masculinity in Mexico, there is a belief in the subordination of women to men (Tovar-Hernández & Rocha Sánchez, 2012; Hernández Ramírez & Lozano Verduzco, 2023). Among participants, there was an inability to accept their partners' decisions to separate, led them to insist and pressure their partners to change their minds. This makes it difficult for men to take responsibility for their part in the breakup and respect their partner's free choice.

**Jorge**, 22 years old, single, homosexual, describes a feeling of emptiness:

**J:** With the relationship, with the constant conflicts, it was a very toxic relationship, we were always arguing. The age difference between us had a big impact. I was still learning... [...] if he wasn't with me, I didn't want to try.

Connell (1995) points out that there are gender relations of domination and subordination between groups of men. Subordinate masculinities are those marginalized and often associated with homosexual men, who tend to be discriminated against. In contrast, hegemonic masculinity tends to associate them with femininity.

Taken together, the circumstances surrounding men who attempt suicide prevent them from fulfilling personal expectations based on hegemonic masculinity: being a good provider, emotional stoicism, self-sufficiency, and subordinating women

to their desires and needs.

## Emotions and Suicide Attempt

### Loneliness

**Gustavo**, 42 years old, married, fourth suicide attempt:

**G:** [...] you don't feel supported by people, by your family, especially... abandoned. Even if you live with your parents, eat with them and all that, that's one thing, but what you feel inside is another: abandonment. [...] All this depression, all this reaching such extremes are symptoms and warning signs we all have, but unfortunately, we're not prepared.

**Luis**, 28 years old, single:

**L:** Sometimes you just don't feel supported by anyone...

**Pedro**, 20 years old, single:

**P:** When she broke up with me, I felt empty, alone, I didn't want to eat. I was three days without eating or drinking anything. I don't know, I just felt bad. And what makes me angry is that she didn't even care.

The hegemonic norms of masculinity are associated with the inability of men to seek help for emotional distress, as help-seeking is seen as contradictory to those norms. Psychotherapy is often viewed as more appropriate for women and non-heterosexual men (Seidler et al., 2016).

**Iván**, 26 years old, recently separated after eight years of relationship:

**I:** [...] I don't have parents, no cousins, no siblings; they are all I have. And I'd say, without them I'm nothing, I don't want anything without them... [referring to his wife and children].

**Daniel**, 22 years old, in a common-law relationship:

**D:** What do I feel? Well, stress... I felt lonely... [...] ever since I moved in with this girl [...] I mean, I hardly see my friends anymore, or my parents, or my family.

**Luis**, 28 years old, single:

**L:** I felt increasingly alone, nothing fulfilled me anymore... [...] Mmm, you feel lonely, even when you're with others, but inside, you feel a loneliness, a void that you need to fill with your family or your people.]

Van Orden et al. (2010) mention that emotions associated with suicide are linked to loneliness and low social and family support. Men “seek to increase their dominance through emotional self-control, avoiding compromises with others and opting for an instrumental approach to intimacy and emotion. This self-protection is partly due to concern about affecting others with their emotions, but above all, it’s a defense mechanism to protect themselves from the fear of feeling fragile when experiencing and showing significant dependence on others” (Echeverría Gálvez, 2013, p. 98).

## **Sadness**

**Luis**, 28 years old, single:

**L:** Feeling sad.

**I:** And where do you think that sadness comes from?

**L:** I don’t know... I used to have my family... I had my wife and kids... and now I don’t.

**Miguel**, 25 years old, single:

**M:** Sadness [...] I was sad.

**Francisco**, 41 years old, single:

**I:** How long had you been feeling sad?

**F:** Since Friday, I mean, I have been feeling sad for several days, but Friday, Saturday, and part of Sunday were the worst.

Masculinity is understood as a historical and cultural construct that defines what it means to be a man (Téllez Infantes & Verdú Delgado, 2011; Jabeen, 2018). According to Connell (2005), hegemonic masculinity is a specific way of expressing the male gender that legitimizes patriarchy by ensuring the dominant position of men and the subordination of women.

## **Anger**

**Iván**, 26 years old, separated:

**I:** [...] When she arrived, it was like, she came really... really angry, and I took her things out of the backpack and threw them at her. I said: “Here are all your things, I’m just keeping this photo and... that photo of the [...]”

**Salvador**, 20 years old, single:

**S:** I just hit all the walls, cried until I couldn’t cry anymore, and then I calmed down

and said: “Look,” and I stopped hitting the walls and that’s how my anger went away. Then I said: “What’s the point of living this life?”

**Francisco**, 41 years old, single:

**I:** What were you feeling? What emotions?

**F:** Anger, just rage, [...].

### **Fear**

**Iván**, 26 years old, separated:

**I:** It’s like, ever since she left, I haven’t been able to sleep, just crying... afraid of seeing her with someone else...

### **Despair**

**Ángel**, 23 years old, separated:

**A:** A feeling of despair and... those are moments you don’t even remember [...] when all you want to do is... disappear... not to be with the problems anymore... That’s how I see it... desperate, because you want to fix things but you can’t, no matter how hard you try...

**Fernando**, 39 years old, married, on his second attempt:

**F:** What I wanted was to be away from the light. I locked myself in a dark room at home, no lights, no TV, nothing, just crying. First, I went through the phase of crying, screaming, and crying again, and then came the moment when I couldn’t even cry anymore; it was pure despair.

**Miguel**, 25 years old, single:

**M:** [He paused] At that point, I had already made the decision. I kept thinking that I was worthless and I was desperate. I had the medication right there, so I said, “This is it.” I was sad, desperate, because I wasn’t doing anything with my life, and I took it.

Levant and Pollack (2008) describe the male gender role as determined by: a) success, power, and competitiveness, b) emotional control, c) restrictive emotional behavior among men, and d) conflict between work and family relationships

These constructions of masculinity carry a heavy burden of emotional control, suppression of feelings and affection, and the belief that one should not need others. When men experience these types of emotions, they may perceive themselves as incapable, less of a man, weak, or feminine. Their masculinity is questioned when they don’t respond the way that hegemonic masculinity dictates: they must feel, think, and act.

## Guilt

**Ángel**, 23 years old, separated, first attempt:

**A:** Probably guilt [...] Guilt for not having done things... things that could have made things better, so many things... for not having taken things as far as they could have gone... That's it.

**Francisco**, 41 years old, single:

**I:** What emotions would you associate with that?

**F:** Something like guilt or something similar. I can't tell you exactly because it's a feeling that depresses me, that prevents me from getting up. So, I think that's what I'm dealing with.

## Anxiety

**Fernando**, 39 years old, married, expresses the feeling of anxiety and its physical effects:

**F:** Every time I think of the same things over and over again, either about work or debts, I'm like a broken record, always going back to the same thing, all negative. I'm just negative, negative. My wife tells me: "You're inside [the hospital], I'm outside, let me handle it." [...] It was five in the morning, and I felt a tingling in my body, heat, tingling, and tingling again [...] it was pure desperation and anxiety. I wasn't even crying anymore, it was just anxiety, anxiety, anxiety. And from that anxiety came the moment when I hanged myself, and that's when the rope broke.

## Depression

**José**, 18 years old, single:

**I:** I want to know what you were feeling.

**J:** Well, depression, sadness.

**Luis**, 28 years old, single:

**L:** Depressed [...] as if life had no solution, as if it had no meaning. I feel useless... I kept thinking that I'm worthless [...] because I don't do anything in this life, and I took it [the medication] [...]. I think I'm a failure... always ending up in the same place [...] Going back to the same lifestyle... drugs... bad company... all of that. Just not wanting to exist anymore, right? Not wanting to be here. Feeling lost. A failure, a loser... someone nobody needs [he paused] garbage.

**José**, 18 years old, single:

**J:** I don't know, right now I feel useless, because I also caused a lot of worry for my mom, my dad, and everyone who came to see me. I feel stupid for having done this.

The emotions most frequently mentioned by participants, from highest to lowest frequent, were: a) sadness (10), b) anger (8), c) guilt (5), d) Fear (5), e) loneliness (4), f) despair (3). In addition, many participants found it difficult to verbalize their emotions, using expressions such as: "You feel overwhelmed", "You can't take it anymore", "You don't feel anything", "Horrible", "Really bad", "Awful", "Emotional imbalance", and "Tormented". These expressions were also echoed in earlier sections on the accumulation of problems.

There is a complexity in the emotions associated with suicide attempts in men, as well as a difficulty or inability to verbalize them for their own and other's understanding. Furthermore, hegemonic masculinity emphasizes emotional control (Gálvez-Sánchez et al., 2024), and despite the efforts of participants to deal with the situation, they were unable to do so, which increased emotional distress to a critical point, a moment that has been linked to the emergence of suicidal ideation (Benakovic, et al., 2024; Eggenberger, et al., 2024). This breaking point is often linked to the belief that emotional pain is unbearable (Eggenberger, et al., 2024; Gálvez-Sánchez, et al., 2024).

Unlike other studies on masculinity and suicide attempts, this study did not identify either a desire to engage in risky, sensation-seeking behaviors, as observed in Switzerland (Eggenberger, et al., 2024), nor failures related to honesty, integrity, and honor as seen in England (Galin, 2022). Instead, the findings align more closely with the beliefs and values of hegemonic masculinity in men who have attempted suicide in Cuba (Barroso Martínez, 2023), and with those identified in Mexican hegemonic masculinity, such as: a) emotional restrain; b) being the economic provider; c) subordination of women to men (Hernández Ramírez & Lozano Verduzco, 2023; Medina, 2023; Tovar Hernández & Rocha Sánchez, 2012; Ramírez & Salinas Boldo, 2019).

The study has limitations. The sample size is limited, so larger qualitative studies would be desirable. Participants are from an urban area in western Mexico and are not representative of the entire country or of non-urban communities, where masculinity may be expressed differently. Individual semi-structured interviews may limit reflection and accuracy of the expressions of participants, compared to other methods such as focus groups, which allow for more reflective dialogue within a specific population group.

The use of unstructured interviews allowed for more spontaneous expression from participants, which helped the identification of underlying beliefs through clarifying questions. Interviews were conducted shortly after the suicide attempt, providing information less influenced by later psychosocial interventions.

## Conclusions

The loss of masculinity related to suicide and suicide attempts is understood as an act of compensatory masculinity, where men resort to suicide as the only perceived solution to their problems and seeks to recover their fragmented masculinity. This occurs because they are unable to maintain the core beliefs of hegemonic masculinity, such as being a good provider and restricting emotional expression. Instead, these men perceive themselves as: a) unable to provide; b) overwhelmed by accumulated problems; c) struggling with mental health issues; d) experiencing relationship breakdowns, and e) facing intense emotional conflicts. They report a wide range of emotions: loneliness, sadness, anger, fear, desperation, guilt, anxiety, and depression, which together become intolerable, and their emotional expressions do not align with their gender role.

These findings highlight the importance of incorporating the construction of new masculinities as a way to prevent and care for suicide attempts among young men in Mexico. Suicide prevention initiatives should promote fluid masculinities that allow for: a) emotional expression, b) early help-seeking, c) the development of egalitarian relationships, and d) recognition of family roles beyond that of provider.

## References

- Amiri, S. (2022). Unemployment and suicide mortality, suicide attempts, and suicide ideation: A meta-analysis. *International Journal of Mental Health*, 51(4), 294–318. <https://doi.org/10.1080/00207411.2020.1859347>
- Barroso Martínez, A. A. (2023). Social constructions of femininity and masculinity and suicide attempts in Cuba. *Social Medicine*, 16(1), 4–11. <https://doi.org/10.71164/socialmedicine.v16i1.2023.1513>
- Beauchamp, T. L., & Childress, J. F. (1999). *Principles of biomedical ethics*. Masson.
- Benakovic, R., Liddle, S. K., Scurrah, K. J., Tsindos, G., Reynolds, K., & King, K. (2024). Exploring the influence of masculine norms on suicidal ideation and help-seeking behavior. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 46(1) 7-16. <https://doi.org/10.1027/0227-5910/a000976>
- Borges, G., Orozco, R., Villatoro, J., Medina-Mora, M. E., Fleiz, C., & Díaz-Salazar, J. (2019). Suicide ideation and behavior in Mexico: Encodat 2016. *Salud Pública de México*, 61(1), 6–15. <https://doi.org/10.21149/9351>
- Cleary, A. (2012). Suicidal action, emotional expression, and the performance of masculinities. *Social Science & Medicine*, 74, 498–505.
- Coffey, A., & Atkinson, P. (2003). *Making sense of qualitative data*. Universidad de Antioquia.
- Connell, R. W. (1995). The social organization of masculinity. In T. Valdés & J. Olavarria (Eds.), *Masculinities: Power and crisis* (pp. 31–48). FLACSO/ISIS Internacional.
- Connell, R. W. (2005). *Masculinities* (2nd ed.). University of California Press.



- Díaz-Loving, R., et al. (2015). Beliefs and norms in Mexico: An update on the study of psycho-socio-cultural premises. *Psykhē*, 24(2), 1–25. <https://dx.doi.org/10.7764/psykhe.24.2.880>
- Durán Pedroza, K. A. (2023). Hegemonic masculinity: A silent gender violence against men. *D'perspectivas Siglo XXI*, 10(20), 20–33. <https://doi.org/10.53436/al14tw41>
- Echeverría Gálvez, G. (2013). Male vulnerability in Mexico: Cracks and openings in male subjectivity. In J. C. Ramírez Rodríguez & J. C. Cervantes Ríos (Eds.), *Men in Mexico: Paths traveled and yet to be explored* (pp. 91–109). University of Guadalajara.
- Eggenberger, L., Spangenberg, L., Genuchi, M. C., & Walther, A. (2024). Men's suicidal thoughts and behaviors and traditional masculinity ideologies: A person-centered, latent profile approach. *Heliyon*, 10, e39094. <https://doi.org/10.1016/j.heliyon.2024.e39094>
- Galpin, L. (2022). *Male suicide and masculinity in 19th-century Britain: Stories of self-destruction*. Bloomsbury Academic.
- Gálvez-Sánchez, C. M., Camacho-Ruiz, J. A., Castelli, L., & Limiñana Gras, R. M. (2024). Exploring the role of masculinity in male suicide: A systematic review. *Psychiatry International*, 6(1), 2. <https://doi.org/10.3390/psychiatryint6010002>
- Gilmore, D. D. (1994). *Manhood in the making: Cultural concepts of masculinity*. Yale University Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Hernández Ramírez, C. I., & Lozano Verduzco, I. (2023). Study of male identities: How men learn to be men in Mexico City. *Iqual: Revista de Género e Igualdad*, 6, 221–245. <https://revistas.um.es/igual/article/view/496381/337621>
- INEGI. (2021). *Statistics on World Suicide Prevention Day*. [https://www.inegi.org.mx/contenidos/saladeprensa/aproposito/2021/Suicidios2021\\_Nal.pdf](https://www.inegi.org.mx/contenidos/saladeprensa/aproposito/2021/Suicidios2021_Nal.pdf)
- Jabeen, S. (2018). Concept of masculinity in men. *Annals of Social Sciences & Management Studies*, 1(4), 1–5. <https://doi.org/10.19080/ASM.2018.01.555570>
- Levant, R. F., & Pollack, W. S. (2008). *A new psychology of men*. Basic Books.
- Ramírez, P., & Salinas Boldo, C. (2019). Masculinities in play under the migratory experience of former braceros from Telchac Pueblo, Yucatán. *Cuadernos Inter.c.a.Mbio*, 16(1), 91–111. <https://doi.org/10.15517/C.A..V16I1.36436>
- Rosado Millán, M. J., García García, F., Alfeo Álvarez, J. C., & Rodríguez Rosado, J. (2014). Male suicide: A gender issue. *Prisma Social*, 13, 433–491.
- Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage.
- Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49, 106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>
- Strauss, A. L., & Corbin, J. (2012). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage.
- Téllez Infantes, A., & Verdú Delgado, A. (2011). The meaning of masculinity for social analysis. *Nuevas Tendencias en Antropología*, 2, 80–103.

- Tovar-Hernández, D. M., & Rocha Sánchez, T. E. (2012). Masculinities: Critical spaces and moments in male identities in Mexico City. *Psicología Iberoamericana*, 20(2), 7-15. <https://psicologiaiberoamericana.iberomx/index.php/psicologia/article/view/205/444>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575-600.
- World Health Organization. (2021a). *Live life: An implementation guide for suicide prevention in countries*. <https://www.who.int/publications/i/item/9789240026629>
- World Health Organization. (2021b). *Suicide worldwide in 2019: Global health estimates*. <http://apps.who.int/iris>
- Yu, B., & Chen, X. (2019). Age and birth cohort-adjusted rate of suicide mortality among US male and female youths aged 10 to 19 years from 1999 to 2017. *JAMA Network Open*, 2(9), e1911383. <https://doi.org/10.1001/jamanetworkopen.2019.11383>