ILLUSTRATION: DAVID ROONEY

THE FLIGHT OF THE

Why more and more young Irishmen are killing themselves. By Phil Mac Giolla Bhain

The answer to the social phenomenon of male suicide will not be found in dissecting the limbic systems of suicided men, but in dissecting the belief system of the society that socialised them into suicide.

Here in Donegal young lives are being meaninglessly extinguished, and there seems no end to it. They are almost invariably male lives, and no one seems to have any idea on how to stop it. As these words blink to life, I look at a postcard on the wall next to this screen. It is of Rathmullan Pier. It reminds me of one young lad - he was 23. The delivery truck he was driving went into the water off the pier. I was there when they dragged him out. I'm in the Donegal Mountain Rescue Team, and we have become the unofficial Donegal suicide recovery unit. We help to locate the bodies and fish them out of the water.

A couple of months back, the Bishop of Raphoe, Dr Philip Boyce, expressed his serious concern at what he described as the problem of suicides among young people in County Donegal. He said there should be a serious investigation into the issue. He

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may be right except that to begin with His Lordship might be said to have somewhat mis-stated the problem, for it is not precisely youth suicide that currently cries out to Heaven to be investigated, but the epidemic of suicides by men – particularly young men.

The official figures suggest that there was a total of 15 suicides in County Donegal last year, 12 males and three females. The year before, there were ten suicides, of which nine were by males. On average, between half and two-thirds of victims were under 35.

I clearly recall the first time I was involved in a "call out". It wasn't what I was expecting. My experience in mountaineering and mountain rescue in my native Scotland did not prepare me for this. In Scotland, mountain rescue teams usually, well, rescue people off mountains. When I moved to Donegal, I promptly marched into the local Mountain Rescue Team HQ and reported for duty. I was quickly voted in as Training Officer and I set about devising exercises with the Team Leader for the routine stuff of mountain rescue. I expected call-outs to deal with the usual emergencies.

But what I was about to step into was a discreet cottage industry in rural Ireland for recovering the debris of male suicide. My first call out was yet another such "recovery operation" for the Team.

We were searching the local riverbanks and lakesides for any clues as to where the missing man had gone into the water. We located the riverbank, with the help of a search and rescue dog. These dogs are amazing creatures and many times I had looked on in admiration as a dog excitedly "told" us where to dig to find people avalanched by a Scottish winter. This time, part of me didn't want the dog to find anything. I wanted the guy to turn up wondering what all the fuss had been about. But that's the denial part.

The Donegal dog did his job well. He went bananas at a specific section of riverbank. His job was done, our job too was over. The divers were called and they went in and pulled a young man out of 18 feet of water.

When they brought him up, his arms were folded.

His next-door neighbours had heard that he was missing and there was a search going on. A married couple, they were down south on holiday and they swung the car around. They had the keys to his house. They went into the house and found something on the kitchen table as poignant as any suicide note. He had cashed his dole money at the Post Office and left every penny on the kitchen table. That morning, he had stood in the Post Office waiting for his dole money with people who had known him all their lives. They had no inkling what he was about to do. How could they? He left no clues, dropped no hints The method he chose was 100% effective. This is what the experts in "Suicidology" call "High Suicidal Intent". It is a feature of male suicide: tell no-one what you're planning and use a method guaranteed to cause death.

Hanging and drowning are the most common. Unlike the "Parasuicide" syndrome associated with women (take twenty paracetamol just before someone is due to arrive at the door), men tend to get the job done without opt-out clauses.

The week before, that man's brother had killed himself in London. A high suicide rate among the men of the Irish diaspora is just one more feature of the Irish experience abroad that Official Ireland doesn't like to draw too much attention to. Just as it doesn't want to draw too much attention to the fact that its native males are dying in unprecedented numbers by their own hands.

It is now an inexorable slaughter and no one seems to know what do about it. The same story could be told right down the West, across Munster and the Midlands, even into the heart of Dublin 4 itself. The suicide slaughter is not being addressed because it is awkward for various vested interests in this society.

This is not what I expected when I had brought my pregnant wife and two young children to a cleaner, safer place than Britain. To somewhere that was in my blood and in my childhood. Now it is, clearly, a dangerous place for my eldest child – my only boy. It is not such a dangerous place for my two girls.

Why is this place, a place I was reared to think of as "home", such an unhealthy place for boys?

Ask the question "why?" amidst the mountains of Donegal, and you will hear only a resounding echo.

Between 1945 and 1995 the rate of suicide in Ireland rose from 2.38 per 100,000 population to 10.69 per 100,000. Between 1980 and 1995 the suicide rate for males doubled, but the rate for females, except for a period in the late 1980s, remained essentially stable. Suicide is now the most common cause of death among 15- to 24- year old males in Ireland, equal to a rate of 19.5 per 100,000 population. The rate for 15- to 24-year-old women is 2.1 per 100,000

In the case of older people, men aged 65 years and over displayed a significant increase in their rate of suicide, from 9.5 per 100,000 population to 17.9 per 100,000 population between 1976 and 1993. In the age group 65 to 74 years there is a far greater incidence of suicide for both men and women than among the over 75s.

While all four provinces have experienced a rise in male suicide, it is particularly a rural phenomenon. In Leinster the rate has doubled since 1976, but this rise has been less steep than in the other provinces, and Leinster has since 1983 returned the lowest figures for any province. The aggregate rates of the other three, predominantly rural, provinces have almost trebled, rising from approximately 7.5 to 21 per 100,000. (Report of the National Task Force on Suicide, 1998.)

Between 1976-78 and 1991-93 there has been a threefold increase in suicide among Irish males aged between 15 and 24. Another study by Kelleher found that for 15- to 24-year-olds the ratio of male suicide to female suicide in Ireland for the years 1988-92 is 7:1. According to Kelleher, it appears that today a young man will more readily consider and act upon thoughts of suicide than he would have done a generation ago. Males in this age group now are more likely to kill themselves than to be killed in road accidents(1998 Youth Suicide Trends).

Since the late 1970s, the suicide rate among elderly Irish men has doubled. Between 1976 and 1993 there was a steep increase in suicide among elderly Irish men (65+), similar to the increase in males aged 15-24. Within the over-65 age group the higher suicide rates occur in the "young" old – 65-74 – as compared with the "old" old (over-75). (Kelleher 1997, Elderly Suicides.)

In 1995, 12 per cent of all suicides were by people over the age of 65; the suicide rate in the 65-74 age group (15.1 per 100,000) was more than double the rate for those 75 years of age and older. Factors such as bereavement and isolation seem to feature in many elderly suicides, according to Kelleher. As we grow older, disabilities accrue and social support diminishes. Keogh and Roche also outline factors associated with suicide in older people. They include loss of independence, chronic pain, the recent loss of a loved one, social isolation and loneliness, and alcohol abuse.

A study by Kelleher et al reported that the least pronounced rise in suicide between 1976 and 1995 was in the Eastern Health Board area. Roughly 80 per cent of males in the Eastern Health Board live in Dublin. It is suggested that the explanation may be that the services are better, more accessible and more user-friendly in the capital than elsewhere. It is also suggested that having psychiatric services in a community increases awareness of mental illness, thus helping to reduce the stigma and isolation that sufferers might otherwise experience and making depressed people more willing to contact service when in difficulties (1998, Variation in Suicide Rate between Health Board areas).

The counties with the highest rates of male suicide in Ireland are predominantly rural and those with the lowest rates are predominantly urban or suburban. Farmers suffer an increased risk of suicide. It is not clear whether this is related to an increased risk of depression or whether farming is an unduly stressful occupation. It could be related to farmers spending a great deal of time alone. It could also be because they have ready access to efficient means of suicide, such as shotguns and poisons. The depopulation of rural Ireland has resulted in many elderly people remaining behind in potentially vulnerable situations with difficulties in communication, transport and the lack of specialised services.

The figures themselves come with a health warning. The Central Statistics Office release figures for reported suicides. The figures for 2000 may well include a suicide that was carried out in 1999. A suicide carried out in 2000 might not be officially recorded in time to be included in that year's figures and therefore will be included in the figures for 2001. It is folly then to focus on one year's figures. Therefore a "three-year moving average" is used to calculate the trend. Long-term trends must be gauged from figures over a decade or so.

To put the Irish suicide figures into perspective, Kelleher says that one in approximately every 100 deaths in Ireland are self-inflicted. Although the proportion of suicide deaths to other deaths varies across age groups, there is strong evidence to show that males, particularly young males, are most at risk (1996 Ethical Implications).

Women in Ireland are less vulnerable to suicide in almost every age category (Department of Health, 1996.)

One of the most pressing questions facing this society is: why do men, and particularly young men, kill themselves more frequently than women?

The more thoughtful experts admit that our analysis of the causes of suicide is inadequate. Despite intensive efforts, effective prediction and prevention strategies have remained elusive, suggesting that the professional understanding of the interplay of factors that eventuate in suicide remains incomplete. (Apter et al, Death Without Warning, 1993.)

The orthodox view is that suicide is the final episode of mental illness. The emphasis on psychiatric disorder in studies of suicide shows there is a consistent association between mental illness and suicide, with over 90% of suicide victims being diagnosed as mentally ill. (Aware, 1998.) However, the Apter study of 43 consecutive suicides of young men found that all had had an apparent high level of general functioning and low level of significant or diagnosable psychopathologic disorder. Kelleher et al reported that it may be that a significant proportion of our young males are not psychologically ill at the time of their deaths (1996, Ethical Implications).

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Although there is a relationship between psychiatric illness and suicide, there are other factors, which should be considered. Kelleher says that there is danger of overdiagnosing mental illness in cases of suicide. It is easier for relatives and professionals to accept the loss of someone through suicide in the context of an illness.

But even if these young men were mentally ill at the time of their deaths, psychiatry can't tell us why these young men are mentally ill in a way that leads them to suicide. Neither does psychiatry explain the gender difference in suicide rates, given what is known about depression. Women are far more likely to suffer from clinical depression but men are far more vulnerable to suicide.

Most male suicides are rational in the sense that reason is not lost and is, in fact, effectively used to organise the events leading to self-inflicted death. (1996 Ethical Implications.)

The mental illness theory does not explain the Irish male suicide phenomenon. In these days of drug company largesse, western psychiatry sees the pharmacological magic bullet as the main option. Psychiatry tends to treat the suiciding individual as other, flawed or faulty, and increasingly psychiatrists tend to look for those flaws in the suicided person's genetic make-up. But if this explanation held up to scrutiny, would not the young women from the same gene pool be equally at risk?

In my view, this is not a medical issue — it is a social issue, and is therefore not something for which medics or "suicidologists" can find a "cure". Social problems are most appropriately addressed by social change. It is to sociology, not pharmacology, that our questions must be addressed.

Emile Durkheim's 1951 treatise on suicide looked for a social explanation for suicide. He suggested that "anomic suicide" resulted from lack of regulation of the individual in society. The individual's needs and satisfaction have been regulated by society; the common beliefs and practices he has learned make him the embodiment of what Durkheim calls the "collective conscience". However factors such as changes in financial and family and marital structures, as wellas declining religious beliefs, make him question his perceived role. They are manifestations of anomie, and can all contribute to reducing the individual's immunity against suicidal tendencies.

The massive over-representation of males in the Republic of Ireland's suicide figures has led some usually vocal social analysts to be uncharacteristically silent. Commentators and columnists who usually come with handy sound bites on everything from travellers to East Timor inspect the floor when they are asked to comment on or offer an explanation for this upsurge in male suicide. To simply pose the question "Why?" is to attract severe hostility from some quarters. To ask that we focus on a problem – in this case a very deadly problem – that disproportionately affects men is seen to be a covert attack on women. Newspapers, when they deal with the issue at all, lead with some vague line about "youth suicide", and bury the real story in the penultimate paragraph.

Why is this?

I believe it is because this social phenomenon is happening outside the main social policy paradigm in this State. That paradigm is a feminist one.

All current Irish social policy is based on

the template of feminism. In the 1970s, women's groups, in angry opposition to the then status quo, constructed that paradigm, and today, although themselves long ensconced in power; they continue to behave as a beleaguered opposition fighting for justice and freedom for themselves only.

It is no coincidence that the Health Boards were set up in 1970. The generations of unpaid religious who had provided the State with a rudimentary social service were at the end of their working life and it was clear that they would not be replaced in similar numbers from the seminaries and the convents. In the early decades of the Irish State the impoverished Dublin regime had happily relied on the free labour of the Catholic Church to provide the social infrastructure underpinning Irish family life. It was an Irish solution to an Irish problem. Not only did the Irish Catholic Church provide a rudimentary service to the Free State, but it also advised governments and citizens on how to live their lives. The Church had developed a clientelist relationship with its flock's British overlords and had been given the franchise contract by Dublin Castle to control the native home and hearth through manipulation and control of women. Mother Church quickly changed horses from denouncing the leaders of the Rising to being social as well as spiritual adviser to the new Irish State.

When this model began to disintegrate in the 1970s, the Irish State needed a new social policy and a new paradigm. We had the option of creating a genuinely native social policy to suit our own needs. Instead, we in effect bought one off the shelf from American academe. That social policy paradigm stated that women were oppressed and that state agencies had a duty in all things and at all times to intervene to protect and empower women.

Thus, the erstwhile dispossessed have become the establishment in all areas of social policy.

These are the glory days for the misandristic elite which run this State's social policy. The belief system of this elite permeates every interaction where social policy power is exercised. This affects the awarding of research grants and the drawing up of legislation, the funding of all social initiatives and the implementation of social policy on the ground. All strategic and administrative decisions are made upon the premise that women are the primary vulnerable group in Irish society, and women, not men, require care and protection. If there is a gender issue to be addressed by social policy intervention or the provision of better state services it is always to be directed at women.

There is, of course, a corollary to this: men are OK, have no problems. Men don't suffer.

Within such a paradigm, massive male suicide statistics do not compute. In fact, the male suicide figures present an appalling vista to the current orthodoxy within this State's social policy make-up. Far better that young men continue to die by their own hand than for us to have to believe that the entire paradigm is wrong. The best that Irish feminism can come up with to explain this embarrassing body count is that men are violent and some men are violent to themselves. Tell it to the bereaved parents of our young men, who would appear by the very decision of suicide to be somewhat more sensitive than they are violent.

Young men are told at every turn that women have a noble cause in fighting for their "liberation" from omnipotent, oppressive males. The reality of these young mens' lives is that they see themselves surrounded by confident professional women and pilloried, powerless men. The background music of a feminist discourse in the culture is at odds with the experienced material reality of their lives. To that confusion add the "Wimp/Bastard" double bind. This is the deadly Hobson's choice that a popular culture with a feminised logic offers young men: you are damned if you behave like a man and even more damned if you don't.

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Just as 19th-century patriarchy restricted the ways in which women could express their humanity and achieve their full potential, now the upcoming generation of young men in Ireland is having its potential restricted by the society that rejects and derides manhood as at best an embarrassing and unfortunate condition. While Irish men are rendered powerless, the social policy operates upon the premise that Irish women are currently enduring a domestic Taliban nightmare at the hands of their menfolk. These thought-disordered policies play a major role in framing the psychological climate where these young men are suiciding in increasing numbers.

Relentless misandrist polemics have infected the popular televisual culture from soap operas to TV commercials. The Irish Advertising Standards Authority last year admitted that it had no safeguards to prevent the negative portrayal of men. Young men at a crucial stage of their socialisation and ego development are regularly told by the media that they are worthless and hopeless. They listen to this and take it on board. They respond with calm deliberation. They make rational choices. Psychological autopsies of many of these young men conclude that they were not suffering from serious mental disorders like schizophrenia when they suicided. They may have been depressed, but they took rational decisions to end their lives. It is common for young men, before killing themselves, to give away prized personal possessions to friends and relatives. They put their affairs in order. That is a most uncomfortable reality for Official Ireland.

Minutes before he took his own life in the early hours of the morning, a young Donegal man phoned his boss. Quite rationally he apologised to his boss for the damage he was about to inflict upon the delivery van. Nothing in his speech or thinking in that conversation would indicate that he was suffering from a major mental disorder. He was rational.

What social framework conspires to rob an individual of his self-worth to such an extent that he considers a lump of replaceable metal more worthy of consideration than his own life?

And so, as men, young and old, are cut down by devastated relatives or dragged out of rivers by divers, experts are at a loss to explain why this is happening. It is fair to say that, however you look at academic research or Task Force reports, the expert model of Irish suicide does not offer us any explanations. The Irish government appointed a National Suicide Task Force. Headed up by the late Professor Kelleher, it demonstrated little except perhaps the limitations of medical interventions. Professor Kelleher's report seemed to convey his own frustrations with the limitations his own discipline placed upon him in searching for a cause of Ireland's suicide patterns. Interestingly the more telling findings of this medical inquiry resulted when the doctors decided to play at being sociologists. Professor Kelleher found that there was a comparable rise in male suicide across the world in English-speaking countries that had been British colonial possessions in the last century.

What else do societies like Canada and Australia have in common? What do they have that isn't in Portugal or Japan? For a start they have a common culture that denigrates men as hapless, hostile and socially useless, and a social policy that instructs the state to always side with women in disputes that naturally happen between men and women. They have social policy paradigms which set out at all times to be non-judgemental of women while exercising maximum judgementalism in respect of men; which suspend the normal open-minded scepticism that all effective legal systems should operate, and which say to women: "We are here for you, anytime"; and to men: "Don't call us, we'll let you know your fate in due course."

The dispositional analysis on which western psychiatry is based asks, "What is

wrong with these young men?" The situationist perspective of social science asks, "What is wrong with the situation that they find themselves in?"

Serotonin is the latest magic substance jumped upon by psychiatrists as holding out the possibility of predicting suicidal tendencies. A brain chemical whose absence in appropriate amounts is implicated in depression, serotonin proffers a circular argument, with little clarity as to whether the absence of this magic substance is, so to speak, the chicken or the egg. Despite massive "research" no-one within the psychopharmaceutical complex has managed to suggest why, in the Republic of Ireland, men might have far lower levels of this magical chemical than women living in the same society and, crucially, coming from the same gene pool. They don't, of course, and it is ridiculous to suggest that they do. And yet, if the brain chemistry argument is to be accepted, such a disparity would seem to be essential in order to explain the gender difference in suicide rates between men and women.

Learned conference papers on bio-psychiatry, neuro-transmitters and synaptic clefts can't answer the basic question: why your son and not your daughter? The answer to this social phenomenon will not be found in dissecting the limbic systems of suicided men, but in dissecting the belief system of the society that socialised them into suicide. Only a sociological analysis can find the cause of this social problem. But that social problem cannot or will not be addressed because its very existence questions the validity of the central social policy paradigm of the age.

Liam Greenslade, an Irish academic based in the University of Liverpool in the early 1990s, carried out groundbreaking work on the history of Irish mental ill-health. He theorised that the high incidence of serious mental illness like schizophrenia in rural Ireland could not be explained fully without a look at the country's colonial past. As it was established that some families were "schizophrenogenic" (i.e. they could make a family member schizophrenic), Greenslade sought to demonstrate that the West of Ireland at this point in history had produced a cultural double-bind, trapping its natives in the paradox of self-colonisation. This is the condition of systematic negation diagnosed first by Frantz Fanon in *The Wretched of the Earth*, and, in modern psychiatric-speak, the essence of the "paradoxical communication" that RD Laing said some families send to a scapegoated member, who then inexorably slides towards mental breakdown. These ideas were not new, but it was the first time they had been applied to the lived experience of the Irish at home and abroad.

Greenslade did not analyse the gender dimension – the fact that colonialism, because it seeks to dominate primarily the outside world, disproportionately affects native men, while leaving intact the domain of women: home and hearth. That's why the Irish language survived as a language of home and hearth, while being cleansed from almost all public discourse, which was where men, historically, had taken precedence.

It is perhaps not surprising that the Republic of Ireland should have a much more pronounced gender gap in suicide figures than Northern Ireland. The conflict in the North of Ireland has called on young men to take on the role that males of military age have always selflessly taken on — perimeter guards of the tribe. Thus, in the ghettos of the North, young men still have the respect of their communities. Young men in the 26 counties have no such access to respect. Instead, the culture that greets them, a combination of decaying Irish Catholicism and North American feminism, is increasingly toxic to them.

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In post-Brendan Smyth Ireland, it is frequently denounced as bizarre and absurd that a caste of unattached male clerics would pontificate on the relationships between men and women, issue diktats on matters sexual and dictate how men and women should rear their offspring. The same modern-minded social commentators who in 2001 see this as backward nonsense do not appear to suffer a tinge of irony at the fact that the Irish state has purchased a social policy off the shelf, written by equally unqualified people on another continent. That social policy was constructed on American campuses by women, some of whom had even less personal experience of relationships and child rearing than Bishop Eamon Casey.

In 21st-century Ireland, young males have to contend with a toxic mixture of mariolatory and misandry telling them incessantly of their bestiality, irresponsibility and redundancy. In family law the State, far from being pluralist and secular, now operates a parenthood policy based on the Immaculate Conception. In family courts up and down the State, these "in camera" inquisitions consider the father as much a real day-to-day figure as the Holy Ghost.

Sociologists, when examining the power relationships in any society, look for those upon whom "Degradation Ceremonies" have been inflicted. Another indicator of powerlessness and dispossession that sociologists look out for is the groups in society which are disproportionately represented in the suicide figures. One would only have to observe the "progress" of any man through the family court system to see his powerlessness exposed.

A conservative estimate of the last twenty years' figures suggests that this year 150 young men between the ages of 15-24 will die by their own hand in this State. That's roughly six per county. That's an average of one in every county every two months. Young men who should have everything to live for end up dying for someone else's ideological beliefs, in a climate so universally accepted that they cannot even discern that they are held by any ideologies at all, and thus turn the blame, and the guns, on themselves.

It doesn't have to be like this. As Kuhn stated in his *Structure of Scientific Revolutions* normal science operates within paradigms and any data outside the paradigm is ignored. Only when there is a sufficient accumulation of dissonant data outside the paradigm is there pressure for a new paradigm.

Exiting a society by suicide is the biggest vote of no confidence any society can receive from one of its own. Losing our best people has been a tragic motif for much of Irish history. This is why there is now a world-wide Irish nation. We are a diaspora people. Now we are losing our young men in a manner more final and more tragic than any "American Wake". Vested interests are preventing us from asking the appropriate questions. Until we do so our young men will continue to die.

The defeated chieftains of Old Gaelic Ireland left Ireland forever rather than live in an Ireland that wasn't Irish. They could not continue to live in an Ireland where they would not have any respect or dignity as Irishmen. It is remembered in Irish history as the "Flight of the Earls". It marked the beginning of Ireland as a colony. It marked the beginning of our experience as natives. The Earls left from Rathmullan Pier. ■

Phil MacGiolla Bhain is a 43-year-old father of three young children. Glasgow born, he was active in Irish community affairs in Britain throughout the 1980s and 1990s and was a regular contributor of article to the Irish Post from 1992 until 1996. During that time he became aware of the plight of Irish people in the British psychiatric system and their over-representation in acute wards. He returned home to Ireland in 1996 and is now a member of the Donegal Mountain Rescue Team. He holds degrees form York University, Swansea University and the Open University, and has practised and taught social work throughout Britain and Ireland. He has recently taken up post with Amen working to develop awareness among professionals of the needs of male victims of Domestic Abuse.