

## Angels of Darkness: Rethinking suicidal ideation from a gender perspective

Dolores Alemany-Martínez, PhD

*E.O.I. (Official School of Languages), Alicante – Spain*

### Abstract

The prevalence of suicidal ideation in young women might be linked to some distinguishable features that are strikingly common among them. Going further than the medical diagnosis of a certain mental disposition since teenagehood, this research tries to understand the importance of gender in relation to the presence of common predictors in their creative writing output. The corpus for study was based on selected written production by Amy Levy (1861-1889), Annemarie Schwarzenbach (1908-1942) and Alejandra Pizarnik (1936-1972). The authors were chosen as representative female writers marked by suicide attempts. Whether short fiction or poetry and having lived in different times and cultural backgrounds, the psyches of the women present in this research show astonishing resemblance. Similarities can be traced and identified regarding tabooed sexual orientation, maternity as a stigma, a constant fear of social disapproval, a sense of incompleteness and the inner dialogue around different voices of the individual. The findings support the view that suicide is gendered. Understanding the relevance of gender in suicide will help understand the underlying interpretations of women's suicidality in a wider perspective. This contemporary epidemiology needs to be clearly described and identified in order to be made visible and eradicated not by individual strive, but through social catharsis.

**Keywords:** women literature, creative writing, suicidal ideation, gender, suicide attempt

I jumped from myself to dawn

I left my body next to the light

and sang the sadness of being born

Alejandra Pizarnick, *Diana's Tree*  
(1962)

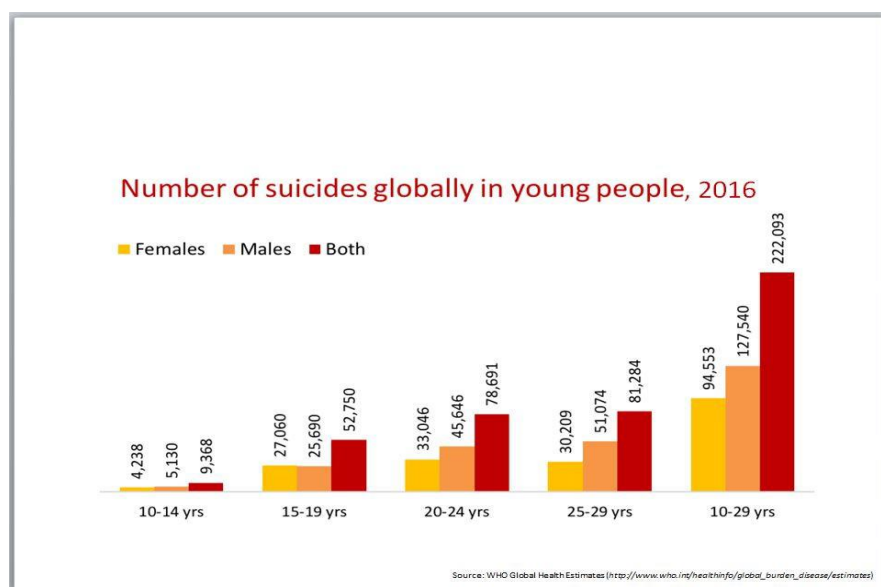
## 1 Introduction

According to the WHO (World Health Organization) Global Health Estimates website, suicide is a serious public health issue and a leading cause of death, especially in young people (Fleischmann & De Leo, 2014). Close to 800,000 people die from suicide every year (WHO, 2014). Due to the stigma associated with suicide – and the fact that it is illegal in some countries – this figure is also likely to be an underestimate, with some suicides being classified as unintentional injuries (Mishara & Weisstub, 2016).

Suicide rates in men are just over twice as high as for women (Ritchie et al., 2015). The global age-standardized suicide rate for 2016 was higher in males (13.7 per 100 000 population) than in females (7.5 per 100 000 population). Of the 25 countries studied by the World Health Organization, Russia holds the highest rate of suicide by far for men whereas India has the highest one for women.

Unfortunately, while comparing the dates of death by suicide from 2000 to 2016 (Figure 1), the WHO reports the increase was significantly larger for females.

Figure 1: Estimates of global suicide rates in 2016



# 3rd International Conference on Modern Approach in HUMANITIES and SOCIAL SCIENCES



26-28 February, 2021

Amsterdam, Netherlands

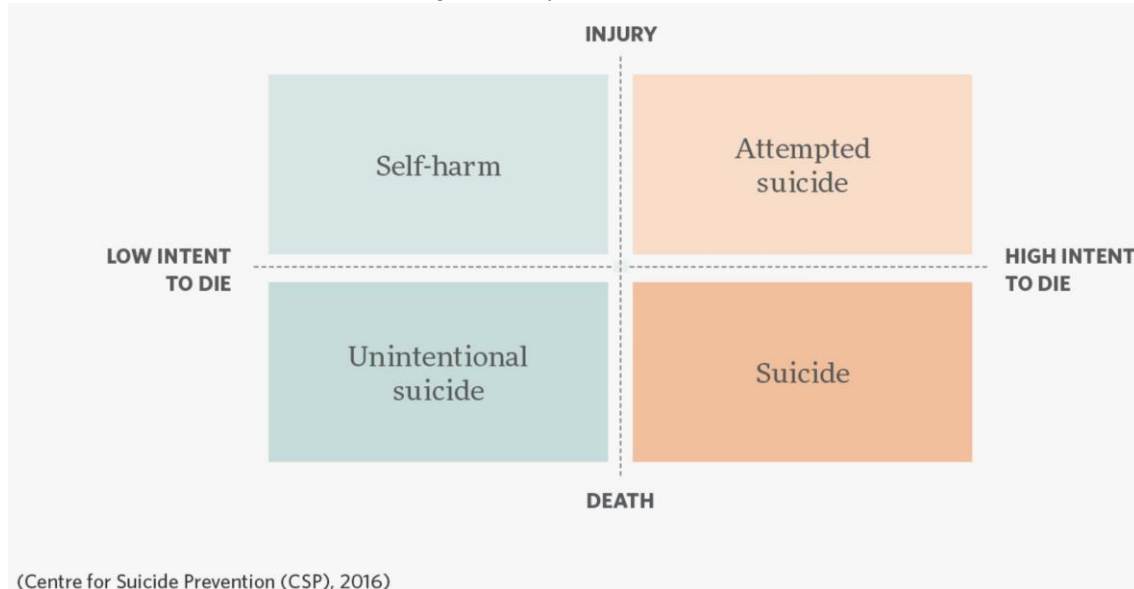
*Source: (WHO Global Health Estimates, <https://www.who.int/teams/mental-health-and-substance-use/suicide-data> )*

Suicide is a hugely sensitive and complex issue with a tangled multitude of causes. The very nature of a death by suicide means we can never fully know the reasons behind it. Still, as mental health awareness has grown, there is greater public understanding about potential contributing factors. Traditionally, suicide research has focused mainly on mortality rates for male and female individuals. One of the questions that has persisted, though, regards this gender gap (Rezapur-Shahkolai et al., 2020).

Women are more likely to be diagnosed with depression and to attempt suicide. They tend to have higher rates of depression diagnoses. And then, why is it that male suicide rates are several times higher than female ones? This phenomenon has been called “the gender paradox of suicide” (Canetto & Sakinofsky, 1998). Cultural influences play an important role in the gender paradox of suicidal behaviour. There is significant variability in gender patterns of suicidal behaviour across cultures. In China and India, suicide is viewed as an act of the powerless and is most frequent in young women. Men who kill themselves in these societies are considered weak and effeminate. Contrary to this, in the United States suicide is most common among older “white men” and women who kill themselves are viewed as acting like men, and therefore deviant (Canetto, 2008). There are distinguishable elements of social pressure and identity crisis involved in this issue. Men are brought up their entire lives to judge themselves in comparison with their peers and to be economically successful (Schumacher, 2019). The cultural diversity in the occurrence of suicide behaviour highlights the downsides of considering only the clinical data and the need for some culturally grounded theory, research, and practice about the occurrence and persistence of thoughts of suicide and self-harm.

A meaningful distinction should be made regarding the concept of “intent to die”, whether high or low (see Figure 2 below).

Figure 2: Self-harm vs Suicide



Source: (<https://www.suicideinfo.ca/resource/self-harm-and-suicide/>)

The majority of people who self-injure (cutting, burning, self-hitting) do not have suicidal thoughts. Individuals who are suicidal experience severe life stressors and/or mental health disorders that can cause unbearable pain. Suicide is the way to end this pain. On the contrary, individuals who engage in self-harm do so as a way to cope with their feelings and stressors. The pain from self-injury reassures the fact that they are still alive, especially when they are experiencing emotional numbness or a disconnection from the world. The physical act of cutting or burning induces pain receptors in the body that trigger the brain to feel an adrenaline rush which can easily become addictive and highly dangerous. Non-suicidal self-injury can be understood as a coping strategy for preserving and enhancing life. However, since self-injury and suicide both indicate underlying distress, it is important to assess whether those individuals who inflict self-harm upon themselves are also suicidal. Suicidal ideation has the strongest effect on suicidal intent, therefore, risk assessment in all suicide prevention programmes and counselling measures should consider this variable to reduce suicidal thoughts (Rezapur-Shahkolai et al., 2020).

Although self-harm is not the same as suicide, it can escalate into suicidal behaviour. The intent to die can change over time. It has been reported that almost half the people who harm themselves are said to commit at least one suicide attempt (Klonsky et al., 2016).

Within contemporary suicidology, there are three particular assumptions (Marsh, 2016) that dominate research and practice: 1. Suicide is pathological, 2. Suicidology is science, and 3. Suicide is individual. These three assumptions need to be contrasted in terms of their value and utility in present-day society. Breaking the taboo of suicide would start with revising those assumptions that make us feel relieved of suicide taboo as social stigma, understanding the features that can be traced can help greatly.

The present study can be contextualized in the emerging area of scholarship and praxis of “critical suicidology” (White, 2017), which attempts to rethink what it means to study suicide and enact practices of suicide prevention in a less psychocentric and more creative way. In the trend of critical suicidology, the “cultural turn” emerged (Bantjes & Swartz, 2017), noting the limitations of biomedical, quantitative approaches to suicide prevention. The authors did their research on traditional healers in South Africa making truth claims based on qualitative research. Between May and July 2014 they conducted a series of in-depth semi-structured interviews with 6 traditional healers well-known in their communities (some semi-urban areas in Cape Town). They were interested in exploring how traditional healers understood suicidal behaviour and how they responded to suicidal individuals who consulted them.

However, little attention has been paid to the female experience of suicide in the context of suicidality, i.e., suicide ideation, which can be understood as thinking about, considering, or planning suicide (Klonsky et al., 2016).

From the cultural turn perspective in critical suicidology (Bantjes & Swartz, 2017), the interventions on the side South African healers entailed such practices as being with the client and listening, giving spiritual advice, using traditional medicine, and prescribing traditional rituals too. They said it was important to take their time and listen carefully to the person in order to understand what was causing them to be suicidal. Once the patients had explained themselves and the healers had an understanding of the problem which was causing distress, they would intervene. Those interventions may include giving the person advice on how to reconnect with the ancestors or appease them. Rituals could also be prescribed, which could for example entail travelling from the city to a rural ancestral home to perform a ritual such as a family gathering and clan members slaughtering a best. The rituals are said to serve not only to re-establish dialogue and relationships with ancestral spirits, but also to reconnect the suicidal person to their family and community. The key to suicide prevention might be in this act of helping the individual to feel grounded again.

## 2 These girls were not sweet, but remarkable

Every suicide is a tragedy. Yet when it comes to a young person in the bloom of their life, it is an irreplaceable loss. Incredibly sad as it may seem, the three writers presented in this research died prematurely and suffered from mental breakdowns that led them to severe depression episodes. However, they were eager to live and were outstandingly precocious in their maturity and understanding of life. The research question can be posed as follows: “Can the prevalence of suicidal ideation in young women writers be linked to some distinguishable features that are shared in common?”

The qualitative methodology that has been used in the present research is *participant observation* (complete observer), the corpus of study consisting of the biographies and literary works of these three young women writers in order to find the similarities (and differences) among them. Their family upbringing, academic background, socio-cultural context and emotional well-being were the four main criteria under close examination.

**2.1 You were of earth, not heaven: Amy Levy (1861-1889)**

Amy Levy was born in an affluent district of London in 1862 and was the second of seven children born into a Jewish family. She showed an interest in literature from an early age and published some poetry and criticism work. Her family was supportive of women's education and she was the first female Jewish student at Newnham College, Cambridge. She first published an impressive amount of poetry which deals mostly with feminist issues and is rooted in an urban atmosphere. Some of her lyric poems were influenced by the German Romanticism; they sometimes tell about disappointed love. She has been regarded among the New Woman poets. Her poetry relates to the presence of a New Woman in urban public places, a feminist ideal that emerged in the late 19<sup>th</sup> century actively resisting traditional control and seeking to fill a complete role in the world. An increasing number of middle-class women gained access to the public sphere in the late Victorian period. Notwithstanding, a great number of them were unable to pursue their intellectual vocation and confined to the domestic sphere.

To maiden labour? Were we not apart—  
I and my high thoughts, and my golden dreams,  
My soul which yearned for knowledge, for a tongue  
That should proclaim the stately mysteries  
Of this fair world, and of the holy gods?  
Then followed days of sadness, as I grew  
To learn my woman-mind had gone astray,  
And I was sinning in those very thoughts—  
For maidens, mark, such are not woman's thoughts—  
(And yet, 'tis strange, the gods who fashion us  
Have given us such promptings)....

(from *A minor poet, and other verse*, Amy Levy, 1884)

Acclaimed by Oscar Wilde as “a girl who has a touch of genius in her work” (Whittington-Egan, 2002: 40), Amy Levy was a gifted New Woman poet and novelist showing in her poetry and prose the restlessness of Anglo-Jewish identity in the late Victorian period.

In 1889, Levy published in the *Gentleman's Magazine* one of her finest short stories, “Cohen of Trinity,” which describes a Jewish Oxford student, later a talented writer, who recognises that he will never be accepted by a group of aristocratic young men he would like to join. He writes a highly successful literary work, “half poem” and “half essay”, but at the moment of his greatest literary triumph, he commits suicide. Cohen's suicide, like Levy's, may be interpreted as an unresolved identity crisis.

Pullen (2000) has been one of the best biographers to go through Amy's letters and diaries to record the complex social life Levy was leading, with innumerable trips to Europe in the context of the intellectual fervour of her time: feminism, socialism, Darwinism, and theories of free love. However, having been raised in an Anglo-Jewish family, Levy was increasingly aware that she was an outsider among both the Jews and the gentiles. Her deeply felt ethnic otherness and inability to establish a lasting relationship with the people she loved alienated her from the mainstream English literary life.

Amy suffered from frequent moods of depression. She did not show the delicacy of prettiness at the time and disliked her own appearance. Her mother found inappropriate that Amy would teach a number of young men while the writer herself confessed she had a poor self-image “I have never excited in anyone a desire to forget themselves”. Apparently, she made strong emotional attachments to women, which often went unreciprocated. Also, her poetry has been described as “queer poetry” (Lake, 2016) in its attempt to represent same-sex desire (see Table 2). Significantly, Pullen (2000) explored in depth Amy's relationship to Professor Karl Pearson, which seems to have been the most relevant relationship for her at the end of her life. He was credited with establishing the discipline of mathematical statistics and also a proponent of social Darwinism and eugenics. Pearson's callous and insensitive behaviour, not only towards Amy but also to many of the women who were attached to him may have contributed to her final breakdown and suicide two months before turning twenty-eight. Oscar Wilde wrote an obituary for her in the magazine *Women's World* praising her talent. She produced a total of three novels, three collections of poetry and numerous short stories and essays. Amy Levy is gaining recognition as a literary figure of stature after a century of critical neglect.

## **2.2. A tormented soul desperately clinging to life: Annemarie Schwarzenbach (1908-1942)**

A journalist, a travel photographer, a writer and an archaeologist, Annemarie was born in Zurich, Switzerland. Renée Schwarzenbach-Wille, her bisexual mother, raised her in a masculine style, and Annemarie's androgynous image suited the bohemian Berlin society of the time. From an early age, she began to dress and act like a boy, a behaviour not discouraged by her parents. In later life, she was often mistaken for a young man. Similarly, since the rediscovery of her work in the late 1980s, Annemarie Schwarzenbach and her androgynous look became a European cult figure among free spirited bohemians.

Renée Schwarzenbach-Wille had a difficult relationship with Annemarie, her second daughter. She descended from German aristocracy and was a prominent hostess, an Olympic equestrian sportswoman and an amateur photographer. She was known for her dominating relationship. Her husband tolerated her bisexuality. Besides, there were strong political differences between the two women, Renée being pro-German throughout the Nazi period, and Annemarie holding noticeable anti-fascist views.

Annemarie was a convinced anti-fascist activist, which forced her into exile, where she became close to Erika and Klaus, Thomas Mann's daughter and son. She spent most of her life abroad, working as a photo-journalist. Her circle of friends included Jewish people, queer people and political refugees from Germany.

During her four trips to Persia between 1933 and 1939, Schwarzenbach wrote *Death in Persia (Tod in Persien)*, a collage of the political and public ideas also adding her private and intimate feelings. In this well-crafted book, Annemarie recorded her reflections on individual responsibility in the outbreak of World War II including her reactions to the accusations she received from her friends of having deserted Europe and the antifascist cause for Tehran.

Finely translated into English by Lucy Renner Jones in 2012, there are two chapters that have been highly praised, the first and the last one. An angel visits the narrator at her tent

26-28 February, 2021

Amsterdam, Netherlands

in the valley. “I did not come to relieve you of anything”, the angel says, “I wanted to see if you could bear the bleakness and solitude of my country”. During his second visit, it is the angel of death who comes to free her from her struggle, “I only wish you to surrender and let yourself fall”. She eventually yields. The foreboding tone of this passage needs to be highlighted.

In this enthralling diary, Annemarie recorded a great deal about her daily life in Persia and, most personally, her ill-fated love affair with Jalé, the daughter of the Turkish ambassador. This was not the only lesbian relationship she had during her life. When travelling to America, the young Carson McCullers was infatuated with Annemarie, to whom she dedicated *Reflections in a Golden Eye* (1940).

Annemarie survived hospitalization and a suicide attempt while earning fame as a photographer and writer. During the war, she worked against the fascists. Her death at thirty-eight was a little bit bizarre. She injured her head after a bike fall and never recovered from it. Her mother kept all her friends from visiting her and burned all her daughter's letter, submerging Schwarzenbach's literary work for half a century.

While staying in Persia, Annemarie worked on archaeological expeditions, and that country, with its arid grandeur, its lonely people, “so alone that they are not even aware of their own poverty and misery” and the omnipresence of death, mirrored the state of her soul. Amidst those deserts and mountains, she sadly struggled against the world, the misunderstanding of people and especially, about her own existence and herself.

### 2.3. Extracting the stone of madness: Alejandra Pizarnik (1936-1972)

Alejandra Pizarnik was born in Avellaneda, a city within the greater Buenos Aires metropolitan area, Argentina, in 1936. Her parents were Jewish immigrants from Ukraine. She had a difficult childhood, coping with acne and self-esteem issues, as well as having a stutter, which might be related to the dividing line between speech and silence, a topic she often explores in her poems

Shortly after entering the department of Philosophy and Letters and the Universidad de Buenos Aires, she published *La tierra más ajena* (1955), her first poetry book. Her introspective poetry explores the themes of solitude, childhood, madness and death.

This lilac unleaves.  
It falls from itself  
and hides its ancient shadow.  
I will die of such things.

(A. Pizarnik from *Vertigo, Or A Contemplation of Things That Come to an End in Extracting the Stone of Madness: Poems 1962-1972*)

The lilac and its shadow stands in as a metaphor for the decomposing and ghosting self, becoming further complicated in relation to each other and the first-person speaker. Pizarnik referred to have been drawn to “the suffering of Baudelaire, the suicide of Nerval, the premature silence of Rimbaud, the unparalleled intensity of Artaud's physical and moral suffering and the fleeting presence of Lautréamont”, a literary heritage she credits in her poems. She deserves a better recognition in the literary panorama:



Had she been a man, it is much more likely that she would be counted among history's *poètes maudits* alongside Arthur Rimbaud and Paul Verlaine, or would have been considered a peer of Gérard de Nerval, who lived under the sign of the "black sun of melancholy." And her imaginative and vivid forays into surrealism should have earned her a place in the Surrealist pantheon with Guillaume Apollinaire and his irrepressible postwar successor Jacques Prévert. (Lever, 2016)

She abandoned painting for poetry, an art she delved herself into, "scrabbling through language like a madwoman" as she reported in a letter addressed to her good friend Rubén Vela.

Pizarnik was heiress to the shifting valences of the self, a multiplicity of voices within oneself that make it difficult to find their own. The identity crisis is singularly present in these declarations.

I cannot speak with my voice, but I speak with many voices.

The speaker's contained introspection seems to be a farewell from the poet herself

... at the center of absence  
my shadow is the center  
of the center of the poem.

While Pizarnik's diction is plainspoken, her syntax swings from sparse fragmentation to dizzying digression. The specter of suicide always hangs over her explorations of silence, absence and exile.

Between 1960 and 1964 she lived in Paris, where she studied French religious history and literature at the Sorbonne. Also, she worked for the magazine *Cuadernos* and other French editorials, publishing her poems and criticism in many newspapers. While living in Paris she became friends with Julio Cortázar, Rosa Chacel, Octavio Paz and Silvina Ocampo.

Alejandra Pizarnik's *Extracting the Stone of Madness* has a title evoking childbirth, identifying the artist's work to the creative process of giving birth. Being this a common metaphor, this act of creation is linked to something painful (a stone) and the tabooed mental condition (madness). By suffering this torment, the writer depicts the suffering of the female body too. Pizarnik occupies an unfair marginal place in the literary canon when compared to her male contemporaries, and she must have realised about it. In 1969 she was awarded a Guggenheim fellowship, and in 1971 a Fulbright scholarship. However, her literary work has remained unknown outside of her native Argentina.

She committed suicide at the age of 36 while on weekend leave from the psychiatric clinic she had been interned two years before.

26-28 February, 2021

Amsterdam, Netherlands

*Table 1: These girls were not sweet, but remarkable – external life events*

Amy Levy (1861-1889) Jewish origins	Annemarie Schwarzenbach (1908-1942) Jewish origins (?)	Alejandra Pizarnick (1936-1972) Jewish origins
Cambridge University, Newham college	Zurich University (doctorate in history)	University of Buenos Aires, the Sorbonne University (French history and literature)
Acclaimed by Oscar Wilde	Close friend to Thomas Mann's siblings	Lived in Paris, met Julio Cortázar, Octavio Paz, and Silvina Ocampo
<i>Cohen of Trinity</i> (1889)	<i>Death in Persia</i> (1940)	<i>Extracting the Stone of Madness. Poems</i> (1962-1972)

Source: (own elaboration)

*Table 2: These girls were not sweet, but remarkable – personal struggles*

Amy Levy (1861-1889)	Annemarie Schwarzenbach (1908-1942)	Alejandra Pizarnick (1936-1972)
Low self-esteem (complexes)	Androgynous look /raised by a homosexual mother	Low self-esteem (complexes)
Representations of same-sex desire	Open homosexual relationships	Never accepted her lesbian preferences
Marginal identity	Loneliness	Multiple voices (shifting self)
Disruptive family (anxious mother), Emotional disadjustments	Disruptive family (dominant mother) Emotional disadjustments	Disruptive family (jealousy towards her elder sister) Emotional disadjustments
Ill-fated love affairs	Ill-fated love affairs	Ill-fated love affairs

Source: (own elaboration)

### 3. The triggering of the suicidal mode

Suicidal ideation, also known as suicidal thoughts, is not a diagnosis but a symptom of some mental disorder. It may even occur as a response to distressing events without the presence of a mental disorder. Suicide attempts, which are considerably higher in women, usually come from a place of despair, hopelessness, and worthlessness.

The parallelisms of the lives and outcomes of these three women writers (Table 1; Table 2) reveal that there are certain features they share in common: they were brilliant academics and intellectuals and they had an ambivalent relation to their mothers; also, self-esteem problems, episodes of major depression from an early age, ill-fated homosexual love affairs and a sense of being isolated are features commonly reported in their biographies. All these traits and feelings may have become their life stressors, triggering what has been conceptualized as the “suicidal mode” (Michel et al., 2017) (see Figure 3).

### 4 A suicide free society in need of novel therapies

Suicide is a social concern that needs to be talked about to increase understanding and reduce the stigma that compounds the impact of it. Traditionally, suicidology has disproportionately focused on explaining suicide rather than understanding it.

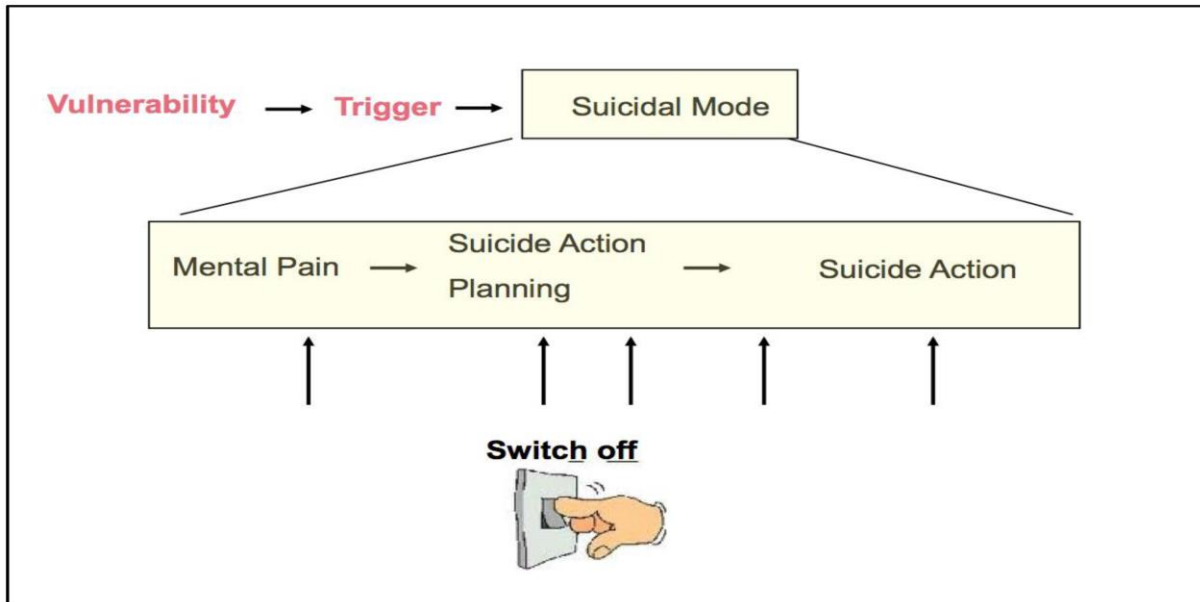
The Swiss researchers (Michel et al., 2017) studied a new action theoretical model in the development of highly effective therapy for individuals who attempt suicide called ASSIP – Attempted Suicide Short Intervention Program (see Figure 3).

26-28 February, 2021

Amsterdam, Netherlands

This therapy is based on some key elements, namely, narrative interviewing, psychoeducation, safety planning and regular letters over 24 months.

Figure 3 – The ASSIP model (Attempted Suicide Short Intervention Program)



(source: <https://www.mdpi.com/1660-4601/14/3/243/htm> )

This new model in suicide attempt illustrates in a visual way how safety strategies can switch off the suicidal mode at various stages in the development of it. Suicide is not a rational act and the mechanisms each individual has leading them to psychological pain and suicide behaviour are their own narrative (vulnerability factors) generating automatic thoughts and emotions that need to be identified.

Orbach (2001) suggests being empathetic with the suicidal wish by assuming the suicidal person's perspective and trying to see how this person has reached a dead end. The therapist needs to empathize with the patient's pain experience to such a point that can see why suicide is the only alternative available. Western psychiatric approaches lack this perspective. The same as African healers try to identify the possible causes and understand suicidal individuals (Bantjes & Swartz, 2017), modern therapists should try and interpret this “tower of Babel syndrome” (Michel et al., 2017) from a more humanistic approach.

## 5 The psychological stressors of gender role

Gender differences in youth suicidal behaviour have been mostly explained predominantly by epidemiologic evidence, difference in methods, intent, ascertainment, psychopathology and cultural acceptability (Beautrais, 2002). However, careful examination suggests that this issue is much more complex than that. Gender differences – in power, responsibilities, and dimensions of the self – shape men's and women's experiences and reactions under stress, which have implications for mental health.

Suicidality can be understood as a highly individual phenomenon, with a strong biographical background. This is why the biographies of the female writers in this study have been closely studied. The presence of some stressors challenging the social valued roles of the times may have become especially destructive for their mental well-being. Those personal struggles (see Table 2) can be considered life stressors or vulnerability factors that become high risk factors for suicide behaviour.

People often die by suicide when they just feel totally overwhelmed. Some people who attempt suicide mean to die and some are not completely sure they want to die. Therefore, coping with suicidal thoughts in the young population needs to become a social concern, it is all about saving lives.

Although there are different factors at play in every single case, excessive stress is the most well-known of them all. “We have to be mindful that stress is a risk factor for suicidal behaviour” (Action Alliance for Suicide Prevention, <https://sprc.org/organizations/action-alliance>). Women are more likely than men to say their stress levels have risen in the last decade, quite often in the role of taking care of others and juggling work and family life while managing other life stressors. Women may also be facing challenging societal pressures that put them at risk for suicide, including harassment or being paid less than men. According to the Centers for Disease Control and Prevention ([cdc.org](http://cdc.org)) “worries relating to work, money, and housing can all contribute to suicide risk”

The risk factors in the lives of the three female writers in the research show a variety of stressors that may have triggered suicidal behaviour and can be easily identified: disruptive families, exile, loneliness, lack of social recognition, unreciprocated love not socially approved, etc.

Gender differences are largely caused by factors rather than gender. There are certain social practices such as economic inequality or the glass ceiling that have become associated with gender but whose associations can be altered. Suicide cannot be understood without understanding how gender shapes it, and without explicit attention to the manner in which prevailing claims privilege some interpretations and experiences of suicide above others (Jaworski, 2014). Anatomy is not necessarily gender but the understanding of the differences between the genders is a distinction that can help understand more fully in-depth the occurrence of suicide behaviour. A complexity of social forces may converge to push men and women toward different psychological profiles. The more we understand these forces and their origins and consequences, the more reasons and power we will gather to achieve the social priority of suicide prevention.

## 5 Conclusions

Clear similarities can be traced and identified in the lives and writing output of the three women writers studied in this research regarding their high profile academic background, tabooed sexual orientation, a constant fear of social disapproval, a sense of incompleteness, the inner dialogue around different voices of the individual, among others.

Contrary to the *Werther effect* phenomenon, following Goethe's novel *The Sorrows of Young Werther* (1774) – which can be described as suicide contagion in suggestible people

because of the absence of protective factors – knowing the risk factors and recognizing the way suicide operates can help prevent it. Talking about suicide and presenting suicide alternatives to psychological crises can help vulnerable people prevent from committing it. This has been described as *the Papageno effect*, named after the character Papageno in the 18<sup>th</sup> century opera *The Magic Flute* (1791). He was considering suicide until some other characters presented him different ways to overcome his problems.

Suicides are preventable. Suicide prevention programmes in public health systems should incorporate women's specific strategies, particularly in the field of life stressors. Women are more vulnerable to the impact of loneliness and to attempt suicide. Yet female suicidal distress is often not taken seriously. Effective suicide prevention interventions may consist of early identification, training young people in their life skills, emotional management and effective follow-up.

A more humanized approach to suicide study is needed, taking into consideration all life stressors in women's lives that may trigger the suicidal mode.

### Acknowledgments

This paper is dedicated to the memory of my youngest and beloved sister Maria Jesús and to the kind help from the members of the APSU (Asociación para la prevención y apoyo afectados/-as por suicidio) and the AVTBP (Asociación valenciana del trastorno bipolar), both associations work for a mentally healthier society free from suicide in the Valencian Community, Spain.

### References

- Bantjes, J., & Swartz, L. (2017). The cultural turn in critical suicidology: What can we claim and what do we know? *Death studies*, 41(8), 512-520.
- Beautrais, A. L. (2002). Gender issues in youth suicidal behaviour. *Emergence medicine*, 14(1), 35-42.
- Canetto, S.S. (2008). Women and suicidal behavior: a cultural analysis. *American Journal of Orthopsychiatry*, 78(2), 259-266.
- Canetto, S.S., & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life-Threatening Behavior*, 28(1), 1-23.
- Fleischmann, A., & De Leo, D. (2014). The World Health Organization's report on suicide: A fundamental step in worldwide suicide prevention. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 35(5), 289-291.
- Jaworski, K. (2014). *The gender of suicide: Knowledge production, theory and suicidology*. Ashgate Publishing, Ltd.

- Klonsky, E. David; May, Alexis M.; Saffer, Boaz Y. (2016). Suicide, Suicide Attempts, and Suicidal Ideation. *Annual Review of Clinical Psychology*. 12 (1): 307–330
- Lever, E. (May 9, 2016). When the Woman Writes the Poem Herself: On Alejandra Pizarnik, Retrieved from <https://www.wordswithoutborders.org/dispatches/article/when-the-woman-writes-the-poem-herself-on-alejandra-pizarnik-emily-lever> [online resource]
- Levy, A. (1884). *A Minor Poet, and Other Verse*. Retrieved from <https://www.gutenberg.org/files/57022/57022-h/57022-h.htm>
- Marsh, I. (2016). Critiquing contemporary suicidology. *Critical suicidology: Transforming suicide research and prevention for the 21st century*, 15-30.
- McKay, K., Milner, A., & Maple, M. (2014). Women and suicide: beyond the gender paradox. *International Journal of Culture and Mental Health*, 7(2), 168-178.
- Michel, K., Valach, L., & Gysin-Maillart, A. (2017). A novel therapy for people who attempt suicide and why we need new models of suicide. *International journal of environmental research and public health*, 14(3), 243.
- Mishara, B.L., & Weisstub, D.N. (2016). The legal status of suicide: A global review. *International Journal of Law and Psychiatry* (44), 54-74.
- Orbach, I. Therapeutic empathy with the suicidal wish: Principles of therapy with suicidal individuals. *Am. J. Psychother.* 2001, 55, 166–184
- Pullen, C. (2000) *Amy Levy: her life, her poetry and the era of the new woman*. (PhD thesis), Kingston University, uk.bl.ethos.323562. Retrieved from <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.323562>
- Rezapur-Shahkolai F, Khezeli M, Hazavehei SM, Ariapooran S, Soltanian AR, Ahmadi A. (2020). The effects of suicidal ideation and constructs of theory of planned behavior on suicidal intention in women: a structural equation modeling approach. *BMC Psychiatry*. 2020, 1-8.
- Ritchie, H., Roser, M. & Ortiz-Ospina, E. (2015) “Suicide” Published online at ourworldindata.org. Retrieved from <https://ourworldindata.org/suicide> [online resource]
- Schumacher, H. (18th March 2019). Why more men than women die from suicide. Retrieved from <https://www.bbc.com/future/article/20190313-why-more-men-kill-themselves-than-women> [online resource]
- White, J. (2017). What can critical suicidology do? *Death Studies*, 41(8), 472-480.
- Whittington-Egan, Richard. “Amy Levy: A Tragic Victorian Novelist.” *Contemporary Review*, 280 (2002) 40-45.
- World Health Organization. (2014). Preventing suicide: A global imperative. World Health Organization.