

Gender-Role Conflict and Suicidal Behaviour in Adolescent Girls

Leora Pinhas, MD, FRCP¹, Harriet Weaver, MEd², Pier Bryden, MD, FRCP³, Nagi Ghabbour, MD, FRCP⁴, Brenda Toner, PhD⁵

Objective: This study examined whether gender-role conflict influenced the suicidal behaviour of adolescent girls.

Method: We designed a checklist and used it to perform a chart review.

Results: Gender-role conflict was associated with suicidal behaviour in 26.79% of the adolescent girls, and 2.68% of the adolescent boys, that we studied.

Conclusions: Gender-role conflict plays an important role in the suicidal behaviour of girls. At present, there is no published research examining the impact of gender-role conflict on suicidal adolescents.

Can J Psychiatry 2002;47:473–476).

Clinical Implications

- Clinicians should explore gender-role conflicts as potential contributors to risk in suicidal female adolescents.
- Our study also provides the opportunity for researchers to expand on its findings.

Limitations

- This was a chart review and cannot reveal such details as the most dangerous or predictive gender-role conflicts.
- Because ours was not a controlled study, we were unable to clarify whether nonsuicidal teens experience similar conflicts and whether they cope differently.
- A prospective study is required to explore these questions.

Key Words: *gender, suicide, adolescent, female*

The suicide rate in adolescents rose dramatically between 1960 and 1981 and stabilized in the 1990s (1). There is a significant difference in the prevalence of suicide attempts made by young women (10.1%), compared with young men (3.8%) (2). This finding suggests that female sex is a risk factor for suicide attempts (3,4). There are several reasons why adolescents exhibit suicidal behaviour. These include previous psychiatric disorders, such as major depression (2,5), and psychosocial stressors, such as difficulties with family, peers, school, or the law (6). However, these studies do not explain the differences described above.

Why are girls at greater risk for attempted suicide? Regardless of their ideological stance on development, most theorists agree that while growing up girls experience social, cultural,

and family pressures differently from boys. It should not be surprising, then, that their reasons for attempting suicide may also be different. In this study, we chose to focus on gender-role conflict as a potential psychosocial factor affecting girls' risk for attempted suicide.

Gender-role conflict is defined as psychological or social difficulty arising when individuals have internalized characteristics other than those traditionally ascribed to their sex (11). Girls and women are exposed to various expectations in relation to gender roles (12–14), many of them conflicting (15). Hill and Lynch theorize that gender roles intensify at puberty as a result of social pressures from peers and parents (16). Physical maturity may provoke parental fears about premature sexuality and result in restrictions to girls' behaviour.

Moreover, the earlier a girl develops a sexually mature appearance, the earlier she is met with confusing cultural messages regarding her sexuality (9).

In addition, during adolescence girls may be forced to choose between parents' traditional expectations and their own more contemporary ones (17). Many homes, representing various ethnic and religious backgrounds, define certain behaviours as appropriate or inappropriate for young, unmarried women; young women often experience these norms as quite limiting (18). The literature suggests that, regardless of cultural heritage, traditional roles for young women tend to be passive and relationship-oriented (12–14). Young women exposed during adolescence to contradictory societal and familial role expectations may find themselves with conflicting desires (12–14). This study was based on the hypothesis that girls displaying suicidal behaviour will express more gender-role conflict than boys exhibiting suicidal behaviour.

Method

Participants

We reviewed the medical charts of 112 patients between the ages of 11 and 18 years who were assessed consecutively for suicidal behaviour or ideation at the Hospital for Sick Children in Toronto. There were 80 girls and 32 boys in the sample, and the criterion for inclusion was suicidality. Because this hospital's crisis service is one of the few available to the community, the crisis team sees teens who range from having suicidal ideation to teens who have made serious attempts. Because of the hospital's visibility in the community, its crisis team attracts patients from all the city's ethnic groups, socioeconomic classes, and regions.

Procedure

We obtained approval from the ethics review boards of the Hospital for Sick Children and the University of Toronto. We undertook a chart review of assessments done by the hospital's multidisciplinary psychiatric crisis team wherein we reviewed the charts of any adolescent who had presented to emergency after attempting suicide or reporting suicidal ideation. We also reviewed the charts of several adolescents brought to the outpatient crisis clinic for suicidality.

We designed a checklist that included demographic information on the patients, as well as information on previous psychiatric diagnoses, family composition, family conflict, gender-role conflict, and risk-taking behaviours. In designing the checklist, we reviewed 20 randomly chosen charts of teens with suicidal behaviour to identify commonly charted topics and issues. We also identified relevant topics previously documented in the scientific literature on adolescent suicide. The final checklist consisted of 45 questions requiring "yes"

or "no" answers. We then used the checklist to review the charts in this study.

Since gender-role conflict has not commonly been associated with suicidality, it is not directly inquired about as a risk factor during assessment. We therefore instructed the reviewers to look at the details of the crises associated with the teens' suicide attempts and to register any crisis related to conflict based on gender roles. Guidelines for identifying gender-role conflict included conflict over role expectations between an adolescent and her parents, her peers, her school, or the culture at large, as well as conflicting gender-role expectations within the teen herself arising from these influences. Gender-role conflicts emerged in socialization, in sexual activity, and when girls were valued differently from boys.

Conflicts related to socialization were described when teenagers, because of their sex, experienced the imposition of their parents' traditional values. These girls fought restrictive parentally prescribed roles with hostility or by withdrawing while at home and quietly pursuing their own desires when away from their parent(s). Gender-role conflicts regarding sexual activity arose when girls were not permitted to date. Conflicts related to differential evaluations based on sex occurred when girls felt that boys' interests were taken more seriously.

Two raters independently reviewed 100% of the chart histories while completing the checklist. The 2 raters agreed in 87% of the cases. Where the raters disagreed, a third reviewer made the final decision.

Results

There were 80 (71.4%) girls in the study, with a mean age of 15 years (SD 1.37). Boys numbered 32 (28.6%), with a mean age of 14.8 years (SD 1.13). The ethnicity of the adolescents was not listed in 50% of the cases. Ethnicities listed were North American or Western European, South or Central American, Eastern European, Middle Eastern, African, Southeast Asian, and other, which included teens of mixed origins. There were no differences found based on ethnicity.

However, gender-role conflict was reported in 33 (29%) cases, and when we performed a chi-square analysis, we found a significant difference based on sex. Gender-role conflict was reported in 30 girls and in only 3 boys (see Table 1).

Discussion

Suicidal girls report gender-role conflict at greater rates than do boys. This suggests that gender-role conflict is an important factor associated with significant distress in girls' lives. Adolescence is a time when girls take on new gender-specific roles. Developmentally, adolescence is a time for exploration

Table 1 Chi-square analysis of gender-role conflict and sex

	Gender-role conflict		No gender-role conflict	
	<i>n</i>	%	<i>n</i>	%
Female	30	26.79	50	44.62
Male	3	2.68	29	25.89

Pearson $\chi^2 = 8.70$, *df* 1, *P* = 0.0032
Kruskal-Wallis test = 8.62, *df*: 1, *P* = 0.0033

and individuation (19,20), and yet our data suggest that for some girls it is a time when options constrict (17,21,22).

This was a chart review. Given the lack of previous research on gender-role conflicts as a potential risk factor for suicidal behaviour in teens, the assessors did not focus on these issues when the charts were written. We were therefore surprised that our raters were able to find clear documentation of multiple incidences of gender-role conflict. Nevertheless, it is likely that the charts underdocument gender-role conflict in this population.

Many of us believe that our society provides girls and boys with the same options for self-determination. These suicidal adolescent girls are contradicting this assumption. Many of them feel limited by, and conflicted about, their gender roles. Clinicians need to be aware of these issues. Such awareness could lead to treatment that acknowledges the girls' struggle and that incorporates ways for girls to negotiate with their families for more freedom and flexibility.

Girls are encouraged by society to identify themselves through relationships (8). In fighting for self-determination, girls may risk the very relationships through which they identify themselves. Our data suggest that girls who present with suicidal behaviour experience gender-role conflict at greater rates than do boys. This chart review further suggests that gender-role conflict is a variable worth exploring in relation to adolescent suicidal behaviour.

Acknowledgements

The authors thank Noreen Stuckless for statistical advice, the Hospital for Sick Children Crisis Program for sharing charts, and Marcie Rothstein for transferring chart data.

References

- Hawton K. Suicide and attempted suicide among adolescents. Beverly Hills (CA): Sage Publications; 1986.
- Andrews JA, Lewinsohn PM. Suicidal attempts among older adolescents; prevalence and co-occurrence with psychiatric disorders. *J Am Acad Child Adolesc Psychiatry* 1992;32:655–62.

- Dubow EF, Kausch DF, Bloom MC, Reed J, Bush E. Correlates of suicidal ideation and attempts in a community sample of junior high and high school students. *J Clin Child Psychol* 1989;18:158–66.
- Withers LE, Kaplan DW. Adolescents who attempt suicide: a retrospective clinical chart review of hospitalised patients. *Professional Psychology: Research and Practice* 1987;18:391–3.
- Shaffer D, Garland A, Gould M, Fisher P, Trautman P. Preventing teenage suicide: a critical review. *J Am Acad Child Adolesc Psychiatry* 1988;27:675–87.
- Hoberman HM, Garfinkel BD. Completed suicide in children and adolescents. *J Am Acad Child Adolesc Psychiatry* 1988;27:689–95.
- Bem SL. The lenses of gender: transforming the debate on sexual inequality. New Haven: Yale University Press; 1993.
- Gilligan C. In a different voice. Cambridge (MA): Harvard University Press; 1982.
- Lips H. Sex and gender. an introduction. Mountain View (CA): Mayfield; 1988.
- Pipher M. Reviving Ophelia, saving the selves of adolescent girls. New York: Ballantine Books; 1994.
- Chusmir LH, Koberg CS. Gender identity and sex role conflict among working women and men. *J Psychol* 1988;122:567–75.
- Ghaffarian S. The acculturation of Iranians in the United States. *J Soc Psychol* 1987;127:565–71.
- Merrill J, Owens J, Wynne S, Whittington R. Asian suicides. *Br J Psychiatry* 1990;156:748–9.
- O'Guinn T, Imperia G, MacAdams E. acculturation and perceived family decision-making input among Mexican American Wives. *Journal of Cross-Cultural Psychology* 1987;18:78–93.
- Jasper K, Brown C. Consuming passions. Toronto: Second Story Press; 1993.
- Hill JP, Lynch ME. The intensification of gender-related role expectations during early adolescence. In: Brooks-Gunn J, Petersen AC, editors. *Girls at puberty*. New York: Plenum Press; 1983. p 201–28.
- Razin AM, O'Dowd MA, Nathan A, Rodriguez I, Goldfield A, Martin C, and others. Suicidal behaviour among inner-city Hispanic adolescent females. *General Hospital Psychiatry* 1991;13:45–58.
- Rotheram-Borus MJ, Piacentini J, Miller S, Graae F, Castro-Blanco D. Brief cognitive-behavioral treatment for adolescent suicide attempters and their families. *J Am Acad Child Adolesc Psychiatry* 1994;33:508–17.
- Ghali SE. Cultural sensitivity and the Puerto Rican client. *Social Casework* 1977;58:459–66.
- Erikson E. *Childhood and society*. New York: WW Norton and Company; 1963.
- Faludi S. *The backlash*. New York: Crown Publishers; 1992.
- De Lisi R, Soundranayagam L. The conceptual structure of sex role stereotypes in college students. *Sex Roles* 1990;23:593–611.

Manuscript received November 1999, revised, and accepted March 2002.

¹ Formerly, Director, Eating Disorder Program, York County Hospital, Newmarket, Ontario; Psychiatric Fellow, Department of Child and Adolescent Psychiatry and Women's Mental Health Program, Department of Psychiatry, University of Toronto, Centre for Addiction and Mental Health, Toronto, Ontario; now, Psychiatric Director, Eating Disorder Program, Hospital for Sick Children, Toronto, Ontario; Director, Eating Disorder Program, Southlake Regional Health Centre, Newmarket, Ontario.

² Formerly, Research Assistant, Women's Mental Health Program, Department of Psychiatry, University of Toronto, Centre for Addiction and Mental Health, Toronto, Ontario; now, Therapist, Dialectical Behavior Therapy Program and Eating and Substance Use Program, Centre for Addiction and Mental Health, Toronto, Ontario.

³ Formerly, Psychiatric Fellow, Women's Mental Health Program, Department of Psychiatry, University of Toronto, Centre for Addiction and Mental Health, Toronto, Ontario; now, Staff Psychiatrist, Eating Disorder Program, Hospital for Sick Children, Toronto, Ontario.

⁴ Formerly, Director, Emergency Crisis Services, Department of Psychiatry, Hospital for Sick Children, Toronto, Ontario; Lecturer, Department of Psychiatry, University of Toronto, Toronto, Ontario; now, Medical Director, Child and Adolescent Mental Health Program, St Joseph's Health Centre, Toronto, Ontario; Lecturer, Department of Psychiatry, University of Toronto, Toronto, Ontario.

⁵ Head, Women's Mental Health Program, Department of Psychiatry, University of Toronto, Centre for Addiction and Mental Health, Toronto, Ontario; Professor, University of Toronto, Toronto, Ontario.

Address for correspondence: Dr L Pinhas, Women's Mental Health Research Program, Centre for Addiction and Mental Health, 6th Floor; 250 College Street; Toronto, ON M5T 1R8
e-mail: Harriet_Weaver@camh.net

Résumé : Conflit sexe-rôle et comportement suicidaire chez les adolescentes

Objectif : Cette étude examine si le conflit entre sexe et rôle influence le comportement suicidaire des adolescentes.

Méthode : Nous avons mis au point une liste de vérification et l'avons utilisée pour effectuer une étude de dossiers.

Résultats : Le conflit sexe-rôle était associé au comportement suicidaire chez 26,79 % des adolescentes et chez 2,68 % des adolescents que nous avons observés.

Conclusions : Le conflit sexe-rôle joue un rôle important dans le comportement suicidaire des filles. À l'heure actuelle, aucune étude n'a été publiée sur l'effet du conflit sexe-rôle sur le suicide des adolescentes.