



## ***Pain and Distress in Rural Ireland***

**A qualitative study of suicidal behaviour among men in rural areas**

### **Summary of Report**

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## Summary of Findings

### Background

- Suicide is a major public health problem and a leading cause of death worldwide (WHO, 2012). Men are generally three times more likely to complete suicide than women and rural populations are more at risk of suicide than urban communities.
- There is no single cause of suicide but mental health problems play an important part in its aetiology. Yet, the majority of people with mental illness do not complete suicide, and mental illness is not appreciably higher in rural areas. Social factors, particularly socio-economic circumstances and more secular attitudes towards suicide are other contributing elements. The reason why men are more vulnerable to suicide is sometimes explained in terms of their use of lethal methods but this does not fully explain the significant gender differential in suicide rates.
- The objective of this study was to explore male suicidal behaviour in a rural region of Ireland using a qualitative methodology and a gender, masculinity, framework. The aim was to identify aspects of rural living and masculinity practices which might impact on decisions to attempt suicide. This methodological approach was adopted to allow detailed examination of suicidal behaviour. Twenty-six men, consecutively sampled, were interviewed in detail following admission to a hospital or psychiatric unit. Nine participants came from remote rural areas, nine lived in town-lands and villages and eight came from rural towns. The age range was from 19 years to 75 years and the average age was 41 years.

### Key Findings

- Although there is much evidence to suggest that levels of satisfaction and quality of life remain high in the countryside generally, the findings of this study demonstrate that there are different rural experiences, some of which were challenging and dissatisfying to the subjects interviewed for this study.
- Background features to the suicidal actions studied included mental illness, economic difficulties and marital separation. The pathway to suicidal action can be understood in terms of gendered attitudes to mental distress and coping methods which prolonged and generally exacerbated difficulties.
- Lower socio economic groups were over represented in this sample and a lack of economic resources was importantly linked to suicidal decisions. Economic circumstances were related to low educational attainment, limited job opportunities, multiple job histories, marginal farming and dependency on social welfare payments. Half of the participants were currently unemployed and they came overwhelmingly from unskilled backgrounds. Only two men had a third level qualification. A lack of social resources or support was a contributory factor in that the majority were single (15) or separated (4) and they were also constrained by a dearth of recreational facilities as well as the absence of public transport.

- A high level of mental distress, particularly depression, was apparent in the sample. 80% of the participants had a history of contact with the health services for psychological problems and there was high usage of hospital services. Over two thirds had been admitted to a psychiatric hospital or unit at least once and one half had been admitted more than once. High levels of mental illness are indicated by other studies of rural health (Tay et al., 2004) and in the present study mental illness was particularly important because it was usually a chronic condition. Community level help and support was not widely available to these men and they found it difficult to access appropriate services. The main service options were the GP and the hospital. Treatment at the primary level was not generally considered useful as the participants viewed GPs as lacking the appropriate skills and or they worried about confidentiality when the GP lived in the same locality. These attitudes, and the unavailability of alternative assistance, led to over dependence on the hospital sector.
- Gendered attitudes to mental distress and help seeking were apparent in terms of participants' denial of problems and negative attitudes to help seeking. The men generally adhered to a traditional view of masculinity which included the projection of strength and stoicism in the face of distress. When they were unable to meet these expectations they felt emotionally vulnerable and frequently used alcohol in an attempt to cope and to conceal their distress. The extent of alcohol use is evidenced by the fact that nine men (one third of the sample) had a history of alcohol dependency. Alcohol misuse was therefore key to understanding the development and prolongation of problems as well as decisions to attempt suicide in that alcohol was frequently used in the action itself.
- Suicidal actions were explained by the social, economic and psychological constraints in the lives of the subjects interviewed and by the masculine discourses they adhered to, which reduced the possibility that they would identify problems and seek timely and appropriate assistance. Therefore, both rural factors (especially the lack of employment opportunities and the stigma attached to mental illness) and traditional, gendered, attitudes to health issues, as well as lack of support and treatment options, made the amelioration of difficulties unlikely in these cases. These elements, together with personal vulnerabilities, combined over time and increased in intensity to a point where a relatively minor issue could precipitate the suicidal action.
- Four farmers were represented in the sample. All operated small-holding drystock farms. The main agriculture specific factors implicated in suicidal behaviour among the subjects interviewed were stress and disillusionment with economically vulnerable farming systems and, in the context of changing agriculture, social, cultural and technological adaptation difficulties. Some of the factors explored above were also represented in the suicidal experiences of the farmers interviewed.

## Implications

- In terms of prevention the main implications of this study relate to practices pursued by men which are detrimental to their health, the cultural acceptance of alcohol, the stigma that still attaches to mental illness and the non-availability of support and services for mental distress. These findings imply the targeting of particular groups (i.e. in this case rural men) to publicise these issues as well as providing support and services.
- Initial support might be provided at local level in the context of existing sporting and farming organisations which would also help to address the issue of stigma.
- At health service level improved access and wider choice is required in relation to mental distress to avoid recourse to hospitals.
- The issue of alcohol requires attention in that there is a connection between alcohol and suicidal behaviour at every point from national consumption levels to the individual who is more likely to move towards suicide when alcohol is involved.
- Finally, and most problematically, there is a need to address the issue of equality and social inclusion due to the strong link between socio-economic grouping and suicidal behaviour.

## **Introduction**

Suicide is a major global health problem and a leading cause of death especially among men (WHO, 2012). The suicide rate in Ireland has increased significantly since the 1970s and this rise in suicide is mainly due to an increase in male rates which are now approximately three times that of female suicide rates in this country (NOSP, 2011). The age pattern of suicide also changed from the mid-20<sup>th</sup> century in Ireland and elsewhere in that suicide become more prevalent among younger, rather than older, people (WHO, 2012). Urban rural differences are also evident with higher suicide rates in rural areas of Ireland as in other countries and rates tend to escalate with levels of rural remoteness (Platt et al 2007; NSRF, 2011; Alston, 2012).

Durkheim (2006) believed that rural communities were more integrated than urban societies and therefore less at risk of suicide. He also suggested that societal change can give rise to anomie which is conducive to suicide. The social and economic transformations experienced in rural Ireland over the last three decades have been profound. Farm life and practices have been markedly changed by EU membership and there are significantly less farms than in the 1960s. Values, including religious beliefs and participation, have similarly changed (Inglis, 2007). These social and economic changes have frequently been linked to rising suicide rates in Ireland but this association is largely unproven (Cleary and Brannick, 2007). The aim of this study was to investigate how rurality and gender might be implicated in male suicidal behaviour in Ireland. Another focus was to explore the position and practices of men in rural society and how this might be linked to suicidal behaviour. Analysis of men's health behaviour has shown how particular men's practices can be detrimental to their health and may lead to suicide (Courtenay, 2000; Cleary, 2005, 2012).

## **Methodology and Ethical Issues**

The methodological approach in this study was qualitative, based on a framework developed by Douglas (1970) which aims for detail and understanding rather than representativeness in relation to a phenomenon. In broad based surveys it is difficult to examine infrequently occurring behaviour as well as explore sensitive issues which require a more private interview environment. As Douglas (1970) pointed out, broad based surveys cannot decipher the meaning/s an individual attaches to the behaviour and understanding this is important at the individual and societal level as suicide is a form of cultural communication in that it provides clues about what is problematic in a society.

The population base for the study was composed of three rural counties which had a higher than average suicide rate compared to other areas in Ireland. The sample was based on men (over the age of eighteen years) who were admitted to the study hospitals for a suicide attempt or serious self-harming episode over a period of 17 months. All four hospitals which covered this catchment area participated in the study and three of these hospitals had A&E departments. Potential interviewees were initially approached by clinical and nursing staff and told about the study. Twenty-six men, who fulfilled the criteria in terms of age, agreed to be interviewed. Eleven men refused to participate in the study and four additional men were eliminated due to language difficulties or because of safety issues on the advice of medical staff. Data were collected using in-depth interviews and interview sessions lasted, on average, approximately one hour but some lasted considerably longer (range 25 minutes to 3 hours). The interview schedule was open ended, using a small number of specific questions and prompts to elicit information, following a format developed by Cleary (2005, 2012) in similar research. Interviews were audio recorded (with the participants' consent) and subsequently transcribed. The data were then thematically analysed and developed into categories (rural, masculinities, suicidal behaviour) and these formed the basis of chapters in the report. The study team were guided in relation to the methodology by the Stakeholders' Group. The Stakeholders' Group was set up by Teagasc at the start of the study and members were drawn from relevant rural and health organisations.

Prior to the study a detailed protocol relating to ethical issues was developed based on signed agreements with the UCD Ethics Committee and the ethical committees of the participating hospitals. Signed consent was obtained from each participant prior to the interview and participating hospitals agreed to provide follow up care if this was required by interviewees. Confidential data relating to the study was held in a secure environment in University College Dublin and destroyed following completion of the study.

### **Rural lives and experiences**

The idea of a single, homogenous, rurality has persisted in the literature although, as various authors have suggested, this perspective fails to recognise the diversity and changing nature of social and economic rural conditions (Philo et al., 2003). A related idea, that rural dwellers share common values and that life is more intimate and harmonious is similarly

problematic as is the idea that rural and urban life are opposites – in reality they frequently overlap (Commins, 2004; Wallwork and Dixon, 2004). These approaches to rural life have downplayed the prevalence of negative features. Although levels of satisfaction and quality of life remain high in the countryside compared to urban areas (see Brereton et. al., 2011), there is evidence in this study of different rural lives and experiences and of tensions and vulnerabilities in the Irish countryside. Rural change is likely to have exacerbated these conditions (Ní Laoire, 2002; Commins, 2004).

The exploration of the rural context revealed difficult economic circumstances for the participants, such as struggling to survive on small farms and, for non-farmers, trying to find stable and meaningful employment when there were few job opportunities. The majority of the non-farming participants were unemployed and unable to find work due to endemic underemployment in the rural areas in which they lived. Farmers were finding it difficult to manage financially and to cope with increasingly vulnerable farming systems and the escalating pace of change and regulation. It was clear that this was challenging for their masculine identities, as Ní Laoire (2001; 2005) has suggested. The economic recession was a contributing factor in that construction and building work, which had previously provided work for non-farmers and supplementary work for farmers, was no longer available. Yet, many of the economic and related problems – such as lack of infrastructure - pre-dated the recession. Socio-economic circumstances and educational attainment intersected as the participants tended to have lower educational levels, compared to the rest of the population, and almost all came from unskilled or small-scale farming backgrounds. At the economic level therefore there were considerable constraints operating for the majority of these men and in this way they represented a relatively disadvantaged group.

Significant economic and social disadvantages have long been identified in rural Ireland and these variations continue into the present day in relation to educational and other forms of capital (Smyth, 1999; McGrath, 2001; Morrissey and O'Donoghue, 2011). These inequalities may have been less visible in rural Ireland as emigration was widely used by the disadvantaged in the past. Those who have fewer educational and other resources are more restricted and, as implied in Ni Laoire's (2005) work, economic change is likely to have the greatest impact on those who are already struggling. With educational qualifications and viable commuting circumstances one is more likely to find work. With low educational attainment and dependency on (often a non-existent) public transport system one's choices are limited.

In social terms, the subjects interviewed for this study were generally single, either never married or separated, and this was identified as a contributory factor to their social and psychological isolation. Interviewees spoke about the dearth of recreational facilities in villages and towns and how previously accessible sports, such as Gaelic football, were less so now with increasing professionalisation. As there were few or irregular transport systems outside towns there was little opportunity for those in remote rural areas to access recreational facilities further afield. Lack of transport was therefore significant for both accessing job and recreational opportunities. It appeared that traditional close knit social relations, which might have provided protection from loneliness and isolation, were no longer the norm. Yet, while some interviewees spoke nostalgically of closer relations in the past others commented that close social relations implied visibility and scrutiny. This environment, they suggested, had negative consequences for those experiencing difficulties such as mental illness which they implied was stigmatising in their communities. Overall, therefore, both economic and social aspects of rurality contributed to a restrictive environment for these men.

Changing values were indicated by findings relating to religion and the family. Religion formed a very peripheral part of these men's narratives and their suicidal decisions despite the wide age span. This appears to confirm the emergence of a more secular moral discourse which is an important background factor in terms of suicide. There was also evidence of changing values related to the family - the sample included a number of men whose marriages had ended. These economic and social developments might appear to support Durkheim's idea that declining integration underpins higher rates of suicide in the rural. Yet, Durkheim's thesis that rural communities have lower suicide rates has not been true for almost a century and may never, in fact, have been a general feature of rural areas (Baudelot and Establet, 2008). Moreover, suicide rates are higher in rural areas of Ireland where Durkheim's indicators of integration such as religious participation and family integrity are more strongly adhered to compared to urban areas of Ireland and Europe (Hornsby-Smith and Whelan, 1994; Fahey, Hayes, and Sinnott, 2005).

### **Masculinities, wellbeing and health behaviours**

Rural men tend to be strongly connected to traditional models of masculinity, as this study and other work has shown (Alston, 2012; Courtenay, 2006). The type of masculinity performed by the men in this study required physical and emotional strength, maintaining

and providing for a family, and heterosexuality. The subjects judged their own behaviour in terms of this normative form of masculinity and frequently considered themselves lacking when they failed to live up to its expectations. Within these codes of rural masculinity many of the men felt themselves to be failures. Behaviour was also scrutinised by peers and others and this made it more likely that the subjects would conform. Thus, when they were distressed, they tended to conceal their distress and allow the problem to develop and or to self-medicate with alcohol. The kind of masculinity they practiced, therefore, was frequently detrimental to their health. As their narratives demonstrate, it was the way in which they defined and dealt with their difficulties, rather than the difficulties themselves, which led to the suicidal behaviour. This masculine environment worked against the identification and disclosure of problems as well as efforts to seek assistance to deal with difficulties – a feature which is common among men who attempt suicide (see Cleary, 2012). Although the age range was wide (nineteen to seventy-five years) each had a life story in which the normative form of masculinity and the rural environment in which they lived intersected to prevent them living personally meaningful, rewarding, lives. Being homosexual, for example, was difficult and was usually concealed over many years for both personal and social reasons. Within this milieu, issues became problems and problems festered over time without appropriate and adequate attention. The only refuge from distress in the rural environments of the subjects studied was generally the pub and the only socially acceptable coping mechanism was drinking alcohol. Yet, as Alston (2012) and Cleary (2012) have shown in studies of Australian rural men and Irish urban men respectively, practices of alcohol use generally led to a deterioration of subjects' problems. In this study, drinking alcohol was identified as both a gendered practice as well as embedded in the rural, pub drinking, culture. The pressure to be part of the drinking culture was immense as there were few alternative opportunities for socialising in villages and towns. Misuse of alcohol is an example of how rigid adherence to a traditional form of masculinity locks men into performances that make the development of problems more likely and then limits the likelihood of them seeking support. This is an important explanatory pathway for male suicide (Canetto and Cleary, 2012).

There were also issues arising from the subjects' personal biographies. The prevalence of abuse, both physical and psychological, in the men's upbringing produced further challenges relating to emotional resilience. An abusive parent had a very negative impact on wellbeing whether the abuser was the mother or father. Other participants had experienced loss and separation at a young age (for example via forced emigration at a very young age) and the effects of this were neither recognised by significant adults nor indeed by the men

themselves until later in their lives. More generally it is possible to see in these men's stories that practices and situations long taken for granted in Irish society had painful repercussions for individuals. In this study, traditional accounts of the emigrant, connected to masculine discourses of strength and resilience, are transformed into narratives of loneliness and enduring, but suppressed, emotional pain. Tales of rural living, in which the farmer's contentment is underpinned by a spiritual connection to his land (Macken-Walsh, 2011), are interposed with narratives of unhappiness and desperation. Younger voices provide evidence that educational and economic capital are not equally accessed by everyone. In this way, the rural is intersected by class and other forms of capital, including emotional capital, and there is unequal access to wellbeing and treatment. Anthropological research from the 1960s and 1970s (see Brody, 1974; Scheper-Hughes, 2001) attests to long standing themes of emotional suppression and an underworld of unhappiness and depression in rural Ireland. The present study is further testament to the existence of these undercurrents and differences in rural society.

### **Suicidal behaviour, support and treatment**

Suicidal behaviour presented in diverse ways and there was a spectrum of action from consistent self-harming, with little obvious intent to complete suicide, to near-fatal attempts. The various forms of suicidal behaviour were evident in all age groups which is unusual in that repeated suicidal behaviour is atypical in older men. There were a number of contexts from which the suicidal behaviour emerged. The prevalence of mental illness, especially depression, was high in the group as was alcoholism and depression was particularly important because it was usually a chronic condition extending over some years. Just over 80% (21 men) had a history of service contact for psychological problems and approximately one third of the participants (9 men) had a record of alcohol dependency. Over two thirds (69%) of the participants had already been hospitalised in psychiatric units or hospitals and 50% had had more than one admission. This level of mental illness is high but supports other studies of rural health (Tay et al., 2004) as well as figures for hospitalisation (Daly and Walsh, 2011). Three men had sought assistance at primary care/GP level for previous suicidal behaviour but the majority had been hospitalised which implies a very high use of specialist mental health services (Daly and Walsh, 2011).

Economic difficulties, especially trying to find employment and survive economically on small farms, were important in terms of the decision to attempt suicide and so also was the loneliness and loss of identity following a marital breakup. In the men's narratives relating to their suicidal behaviour, there were strong themes of constraint and narrowing options. They felt they were 'stuck' and were affected in different ways by these constraints. Many of the younger men had become demoralised by the lack of a job and viewed their future prospects as bleak. Older farmers framed themselves as marginalised and even useless in terms of both masculine and rural norms. The implications of marital breakup for older men were often devastating as these relationships had provided both emotional intimacy and a recognisable social identity. The psychological fallout from these difficulties was not addressed early for the reasons discussed above but there were also practical obstacles relating to help-seeking. Community level help and support for emotional distress was not widely available to these men and what was available was not necessarily the most appropriate. The most accessible source of assistance, the GP, was not consulted about mental difficulties as he/she was not considered knowledgeable in relation to psychological problems. The GP was viewed as a source of medication and little else. This attitude may be related to the scarcity of GP services in some rural areas where demand is much higher than supply (Morrissey et al. 2008). In the absence of counselling and other forms of therapy, problems which were often long-standing were unlikely to be addressed with medication alone.

## **Conclusions**

In this study rural attitudes and constraints, economic disadvantage and personal biography combined to create vulnerability to suicide. The pathway to suicidal action was facilitated by the way the subjects viewed and dealt with their problems and particularly their tendency to self-medicate with alcohol. In their personal stories it is possible to see these issues interacting and building to a point where a relatively minor issue could precipitate the action. The familiarity of suicidal behaviour in their environment, and decreasing relevance of the religious prohibition on suicide, were also important. Greater knowledge of, and more secular attitudes to, suicide can result in this behaviour becoming an option when an individual is in psychological pain and feeling desperate. Suicidal action as a release from emotional pain and hopelessness was a consistent theme in this study and is reflected in related literature (see Shneidman, 1985). The reason this group of men moved beyond the problem-solving stage relates to the clustering of problematic issues, which they viewed as

insoluble, in their lives. Some of the economic and social challenges in their lives would be difficult to address and their narratives suggest that mental illness was a stigmatising identity in rural Ireland and one that was difficult to shake off. It is possible to escape this environment by out migrating but these participants were less mobile than others due to a lack of economic, educational and emotional capital. When psychological problems developed these participants tended to take one of two pathways both of which led to hospitalisation. The first route involved suppression and concealment of problems, generally using alcohol, and this process continued until a crisis and suicide attempt occurred after which they were generally hospitalised. The second way was to access GP services, but as these were described as inadequate by the participants, this route generally also led to hospitalisation. Due to the lack of alternative, community support and mental health services, the hospital was the most likely service to be used. The fact that demand for community psychiatric services is much higher than supply in some rural areas of Ireland is supported by other work (Tay et al., 2004; Morrissey et al., 2010). In this way the lack of mental health support and local cultural attitudes played a role in decisions relating to suicidal behaviour.

### **Implications for prevention and services**

In terms of prevention the main implications of this study relate to practices pursued by men which are detrimental to their health, the ready availability and cultural acceptance of alcohol, the need to address the importance of mental wellbeing and the stigma of mental illness. Suicide is a relatively rare event and the task is to intervene effectively with limited resources. Different levels of support and care are required as well as the targeting of rural men specifically to publicise and address these issues. Local support might be supplied initially by existing rural, sporting and other groups. At another level, improved access to, and wider choice of, mental health services is required to avoid recourse to hospital. More generally, and more problematically, there is a need to address the issue of social inclusion as the Scottish campaign to reduce suicide has had to do (Platt et al, 2007). The issue of alcohol deserves special mention in this country. There is a connection between alcohol and suicidal behaviour at every level – at the level of national consumption (see Walsh and Walsh, 2011) and at the level of the individual who is more likely to move towards suicide if he uses alcohol to cope. The place of alcohol in our culture and more specifically in relation to men's health and wellbeing needs to be addressed.

## References

- Alston, M. (2012) 'Rural male suicide in Australia.' *Social Science & Medicine*, 74 (4):515-522.
- Baudelot, C. and Establet, R. (2008) *Suicide: the hidden side of modernity*. Cambridge, Polity
- Brereton, F., Bullock, C., Clinch, J.P. and Scott, M. (2011) 'Rural change and individual well-being.' *European Urban and Regional Studies*, 18 (2):203-227.
- Brody, H. (1974) *Inishkillane Change & Decline in the West of Ireland*. Middlesex: Pelican Books. Original publication 1973.
- Canetto, S.S. and Cleary, A. (2012) 'Editorial: Men, masculinities and suicidal behaviour.' *Social Science & Medicine*, 74 (4):1-5.
- Cleary, A. (2005) 'Death rather than disclosure: Struggling to be a real man.' *Irish Journal of Sociology*, 14 (2):155-176.
- Cleary, A. (2012) 'Suicidal action, emotional expression, and the performance of masculinities.' *Social Science & Medicine*, 74 (4):498-505.
- Cleary, A. and Brannick, T. (2007) 'Suicide and changing values and beliefs in Ireland.' *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 28 (2):82-88.
- Commins, P. (2004) 'Poverty and social exclusion in rural areas: characteristics, processes and research issues.' *Sociologia Ruralis*, 44 (1):60-75.
- Courtenay, W.H. (2000) 'Constructions of masculinity and their influence on men's well-being: a theory of gender and health.' In: *Social Science & Medicine*, 50 (10):1385-1401.
- Courtenay, W. H. (2006) 'Rural Men's Health: Situating Risk in the Negotiation of Masculinity.' In: Campbell, H. et al. eds. *Country Boys: Masculinity and Rural Life*. University Park: The Pennsylvania State University Press.
- Daly, A. and Walsh, D. (2011) '*Health Research Board Statistics Series 15: Activities of Irish Psychiatric Units and Hospitals 2010*.' Dublin: Health Research Board.
- Douglas, J.D. (1970). *The Social Meanings of Suicide*. Princeton: Princeton University Press. (paperback). Original edition 1967.
- Durkheim, Emile. (2006) *On Suicide*. London: Penguin Books. Original publication: 1897.
- Fahey, T., Hayes, B.C., and Sinnott, R. (2005) *Conflict and Consensus – a study of values and attitudes in the Republic of Ireland and Northern Ireland*. Dublin: IPA.
- Hornsby-Smith, M.P. and Whelan, C.T. (1994) 'Religious and Moral Values' in: Whelan, C.T. (ed.) *Values and Social Change in Ireland*. Dublin: Gill and Macmillan.
- Inglis, T. (2007) 'Catholic Identity in Contemporary Ireland: Belief and Belonging to Tradition.' *Journal of Contemporary Religion*, 22 (2):205-220.
- Macken-Walsh, A (2011) Partnership and Subsidiarity? Exploring the Socio-Cultural Context of Irish Farmers' Non-Participation in Contemporary Rural Development, *Rural Society Journal*, Vol. 21, No.1, ISSN 1037-1656
- McGrath, B. (2001) "A problem of resources': defining rural youth encounters in education, work & housing.' *Journal of Rural Studies*, 17 (4):481-495.
- Morrissey, K., Clarke, G., Ballas, D., Hynes, S. and O'Donoghue, C. (2008) 'Examining access to GP services in rural Ireland using microsimulation analysis.' *Area*, 40 (3):354-364.
- Morrissey, K., Hynes, S., Clarke, G. and O'Donoghue, C. (2010) 'Examining the factors associated with depression at the small area level in Ireland using spatial microsimulation techniques.' *Irish Geography*, 43 (1):1-22.
- Morrissey, K. and O'Donoghue, C. (2011) 'The spatial distribution of labour force participation and market earnings at the sub-national level in Ireland.' *Review of Economic Analysis*, 3:80-101.
- Ní Laoire, C. (2001) 'A matter of life and death? Men, masculinities and staying 'behind' in rural Ireland.' *Sociologia Ruralis*, 41 (2):220-236.
- Ní Laoire, C. (2002) 'Young farmers, masculinities and change in rural Ireland.' *Irish Geography*, 35 (1):16-27.

- Ní Laoire, C. (2005) "You're not a man at all!": masculinity, responsibility, and staying behind on the land in contemporary Ireland.' *Irish Journal of Sociology*, 14 (2):94-114.
- NOSP. (2011) *National Office for Suicide Prevention Annual Report 2010*. Dublin: HSE Health Service Executive.
- NSRF. (2011) National Suicide Research Foundation. *National Registry of Deliberate Self Harm Annual Report 2010*. Cork: National Suicide Research Foundation.
- Philo, C., Parr, H. and Burns, N. (2003) 'Rural madness: a geographical reading and critique of the rural mental health literature.' *Journal of Rural Studies*, 19 (3):259-281.
- Platt, S., Boyle, P., Crombie, I., Feng, Z. and Exeter, D. (2007) The Epidemiology of Suicide in Scotland 1989-2004: An examination of temporal trends and risk factors at national and local level. Scottish Executive Social Research 20007.
- Scheper-Hughes, N. (2001) *Saints, Scholars, and Schizophrenics Mental Illness in Rural Ireland Twentieth Anniversary Edition: Updated and expanded*. Berkeley: University of California Press. Original publication 1977.
- Shneidman, E. (1985) *Definition of Suicide*. Northvale: Jason Aronson Inc.
- Smyth, E. (1999) 'Educational Inequalities among School Leavers in Ireland 1979-1994.' *The Economic and Social Review*, 30 (3):267-284.
- Tay, J.B., Kelleher, C.C., Hope, A., Barry, M., Nic Gabhainn, S. And Sixsmith, J. (2004) 'Influence of sociodemographic and neighbourhood factors on self rated health and quality of life in rural communities: findings from the Agriproject in the Republic of Ireland.' *Journal of Epidemiology and Community Health*, 58 (11):904-911.
- Wallwork, J. and Dixon, J.A. (2004) 'Foxes, green fields and Britishness: On the rhetorical construction of place and national identity.' *British Journal of Social Psychology*, 43 (1):21-39.
- Walsh, B. and Walsh, D. (2011) 'Suicide in Ireland: The Influence of Alcohol and Unemployment.' *The Economic and Social Review*, 42 (1):27-47.
- WHO. (2012) 'Mental Health - Suicide Prevention (SUPRE): World Health Organisation: [http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/)