Beautiful Destruction: Inscriptions of Self-Harm and Non-Fatal Suicidal Behaviour on ‘Good’ Women in Australia and Japan

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This thesis explores how the ideals and expectations attached to the female body in Australia and Japan affect women’s self-harm and suicidal behaviours. In the majority of cultural contexts, traditional ideas of sex (male/female) and gender (masculine/feminine) still affect the modern constructions of sex and gender and the ideals and expectations prescribed to them. All behaviours have the potential to be performed but the ideals and expectations prescribed to a male or female body can influence the behaviours performed by a ‘good’ man or woman. Consequently, at a foundational level, male suicides have been very differently conceptualised and perceived than female suicides. Depending on the performance, the self-harm and suicidal behaviours some women choose to inscribe upon their bodies can be read as ‘good’; they have complied with feminine ideals. However, since the time of Durkheim, it has been argued that women have been protected from suicide by their ‘inside’ social role and adherence to social ideals. Durkheim’s inside role constructed the female body in frames which evolved into the constructions of beauty, sexuality and marriage considered traditional today. It was implied that complying with the ideals of a ‘good’ woman — being a beautiful and sexually faithful wife — would protect a woman from suicide. Yet, this assumption may neither be relevant nor realistic to the lives of modern Australian and Japanese women. Further, ‘good’ women may still be vulnerable to performing harmful inscriptions upon their bodies.

This idea is dissected into two parts: the Perceived Experience and the Lived Experience. The Perceived Experience looks at the ideals and expectations of the ‘good’ woman from the outside and consists of a literature analysis of the female experience including research from various disciplines by male and female writers. It provides a foundation upon which the Lived Experience explores Australian and Japanese women’s experiences of their body and the harm inscribed in their own words. Eighty-eight women (62 from Australia and 26 from Japan) completed surveys concerning their perceptions and experiences of beauty, sexuality, marriage, self-harm and suicidal behaviours. In both countries, women were recruited from either a psychology clinic or from psychology student populations at a university. Each country sample was subsequently divided into two groups: suicidal and non-suicidal women, depending on their lived experiences.

Contrary to traditional thought, the women who performed both self-harm and suicidal acts were predominantly able to distinguish between the two behaviours. They were performed for different reasons, many using different methods. Further, the majority of women who
reported suicide attempts performed these behaviours with the intention to die. These women did not survive because they lacked the intent to die but because the female suicidal performance, which typically uses less-lethal methods, allows them to survive more readily than the male performance does men. In this way, non-suicidal women were found to share more common perspectives with other non-suicidal women, regardless of ethnicity; similarly, suicidal women appeared to share more common perspectives with other suicidal women, regardless of ethnicity.

Within the bounds of this thesis, it appeared that positive self-perception could be a significant protective factor against harmful inscription. The value a woman placed on her body could be so protective that it could bring a suicidal woman back from an attempt, even if the value she placed on herself was based in her role as a mother rather than her self. Women who interacted with the feminine ideals of beauty, sexuality and marriage tended to report more positive self-perception and, consequently, were less likely to report self-harm or suicidal behaviours. While rarely unqualified, these women tended to value their bodies. Suicidal women appeared particularly vulnerable in terms of unrealistic beauty and marriage ideals – they placed less value on a body they perceived to be unbeautiful and unloved. Non-suicidal women tended to express negative self-perception in terms of body dissatisfaction; suicidal women were more likely to demonstrate body hatred. Non-suicidal women may not have liked their body but they did not want to harm it; suicidal women ultimately desired to kill the body that caused them pain. Passive absorption of beauty, sexuality and marriage ideals had the potential to make women vulnerable to negative self-perception.
Declaration of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed: ________________________________

Date: _________________________________
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1. The Body is a Text, Self-Harm and Suicidal Behaviours are the Performance: An Introduction

The woman is perfected.
Her dead

Body wears the smile of accomplishment,
The illusion of a Greek necessity

Flows in the scrolls of her toga,
Her bare

Feet seem to be saying:
We have come so far, it is over….

‘Edge’, Sylvia Plath, 1963

In the early morning of 11th February 1963, Sylvia Plath killed herself. Written a few days before her death, ‘Edge’ was one of her last poems. It is arguably a feminine poem; a wail from a heart of darkness not so much evil – a more masculine conceptualisation – as despairing. ‘She’ has ‘come so far’ and can simply not go on. Implicit in the language is an ambivalence of the female body, even hatred. The first lines of the poem create “the dead woman as perfected – only in death, because it abolishes the object that is hated” (Oakley, 1992, p. 177; see also Gentry, 2006). A living female body has to contend with the physicality of being ‘good’ enough – whether ‘goodness’ is found in her beauty, sexuality or the state of her marriage. It seems that, tied to the construction of the female body as a ‘good’ woman, is the belief that death brings escape from the impossibility of these expectations and ideals.

Shneidman wrote that “amid dreams of happiness and achievement lurk our nightmares of self-destruction. Who is not mindful of the potential self-defeating elements within our own personality” (1996, p. 3)? Plath appeared well aware of her ‘self-defeating elements’ and, in 1963, she succumbed to them. Whether this was resistance and triumph over patriarchal attitudes has been the source of substantial debate (Ferrier, 1979). Would Plath have committed suicide in this way, for the reasons presumed, were she not female? It can be argued that she would not but this is impossible to know. Some have argued that her suicide seems almost predetermined (Hagstrom, 2009), that “the joy of death seems unique to Plath” (Gentry, 2006, p. 89). Regardless of the symbolism that can be read into her writing, especially ‘Edge’, this is an incredibly problematic argument. As Bassnet argues:
A failed suicide attempt at 21, when under enormous academic pressures, is not, after all, so unusual and certainly does not indicate a lasting desire to die. When she killed herself in 1963, ten years later, Sylvia Plath had been living under other kinds of enormous, untenable pressures and it seems far more likely that those pressures were the immediate cause of the depression that led her to take her own life, rather than any romantic notion of the inevitability of self-induced death. (1987/2005, p. 118)

Given that her suicide note and final journal entries were destroyed, her poetry in and of itself cannot be read as a ‘true’ suicidal journey (Hagstrom, 2009; Gentry, 2006; Bassnett, 1987/2005; Bedient, 1979; Ferrier, 1979). Regardless, it has proven easy to romanticise and mythologise the suicide of Sylvia Plath as feminist icon, tragic poet, a victim who “achieved suicide only through poor luck” (Ferrier, 1979, p. 208). Yet few other male writers have been treated as such tragic figures; nor wives of male suicides been as demonised as Plath’s husband, the poet Ted Hughes (Hagstrom, 2009; Bassnett, 1987/2005).

Traditionally, and at a foundational level, male suicides have been very differently conceptualised and perceived than female suicides (Canetto, 2008; Gentry, 2006; Jaworski, 2005, 2003; Canetto and Lester, 2002; Jaworski, 1999; Canetto and Lester, 1998; Canetto and Sakinofksy, 1998; Range and Leach, 1998; Canetto and Lester, 1995b; Kushner, 1993; Higonnet, 1985). In literature, as in life, there are suicidal acts which are considered masculine – Cato’s death has been perceived as an active and heroic choice (Edwards, 2005). In contrast, Plath’s suicide has been considered more feminine. She is neither active nor heroic:

Plath’s is a tragedy of weakness, of a fatal vulnerability to the sense of injury. If there is heroism here, it talks of putting a stake in the fat black heart of a vampire; it talks like a pouting child. We feel pity and even terror before such sensitivity, but it has nothing to teach us. It looks like an accident in the scheme of things, a senseless failure. (Bedient, 1979, p. 15)

This gendered perception is not limited to acts of suicide but all behaviours performed by the human body – behaviours can be either masculine or feminine depending on the nuances of the performance (Canetto, 2008; Gentry, 2006; Jaworski, 2003; Beck-Gernsheim et al., 2001; Butler, 1990). It is this idea which this thesis explores: how do the ideals and expectations attached to the female body in Australia and Japan affect women’s self-harm and suicidal behaviours?
In the majority of cultural contexts, traditional ideas of sex (male/female) and gender (masculine/feminine) still affect the modern constructions of sex and gender and the ideals and expectations prescribed to them (Laqueur, 1990). Female bodies are more than physical; they are “symbolic entities” (Steele, 2001, p. 165). Traditionally,

“mother”, “wife”, and “woman” served as a representation of a set of socially constructed behaviors attached to females that translated vaguely into an assortment of attributes that included passivity, frailty, modesty, patience, loyalty, acceptance, and self-renunciation. (Kushner, 1993, p. 468)

Durkheim argued that ‘good’ women who conformed to such ideals were traditionally protected from suicide (Durkheim, 1897/1952; see also Kushner, 1993). Durkheim’s ideals were conceptualised as an ‘inside’ role where a woman remained bound within the private and domestic domain of the family home; she took care of the husband and family (Lehmann, 1995, 1990; Durkheim, 1897/1952). In contrast, a man was allowed an ‘outside’ role in the public domain; while he led and supported the family, he was bound more closely to world outside the family home (Ibid.). The feminine ‘inside’ ideals constructed the female body in the frames of beauty, sexuality and marriage considered normal today. Within the ideals of beauty, sexuality and marriage, female bodies have become texts from which their ‘goodness’, or adherence to social ideals, can be read (Martin, 2007; Hesse-Biber et al., 2006; Frost, 2001; Cranny-Francis, 1995; Dolan, 1994; Nichter and Vuckovic, 1994; Meadow and Weiss, 1992; Timko et. al., 1987; Greer, 1970). The self-harm and suicidal behaviours some women choose to inscribe upon their bodies can also be read as ‘good’ or ‘adherent’ (Jaworski, 2005, 2003, 1999). In this way, the ways in which a woman’s body/text is read and understood by others can be tangibly informed by the woman herself (see Cranny-Francis, 1995).

Yet, is this still relevant to modern Australian society? Has this ever been relevant to Japanese society? Indeed, it may only be women who wanted to become, and then became, beautiful and sexually faithful wives who are protected. Women who passively absorb social ideals of beauty, sexuality and marriage, but who are then unable to fulfil them, may experience negative self-perception; the idea that they have failed. These feelings of inadequacy may not always be based on male expectations, but also expectations women place upon themselves and others; although the division between these two may be unknowable (Martin, 2007; Levy, 2005). Conversely, women who interact with these ideals, and decide what is relevant to them, may have more positive self-perception. Indeed, in some cases, deviation from social
norms may be protective. This thesis will dissect this idea into two parts: the Perceived Experience and the Lived Experience.

The Perceived Experience explores two broad questions:

- How are women’s bodies conceptualised and labelled in society?
- How is the harm women inscribe upon their bodies conceptualised and labelled in society?

Within this framework, the Perceived Experience will be conceptualised and examined as the social stereotypes that surround and construct the female body in Australia and Japan. Through their performed rituals, such as dieting, sexual intercourse and weddings, the intangible ideals and expectations of beauty, sexuality and marriage tangibly inscribe the female body. Even though differently idealised and performed, these all combine to create a ‘good’ woman in Australia and Japan.

Further, the ways in which female self-harm and suicidal behaviours have been perceived in Australian and Japanese societies will also be explored. Compared to male fatal suicidal behaviour, female self-harm and non-fatal suicidal behaviours are often not taken seriously or trivialised as attention-seeking (Canetto, 2009; Beautrais, 2006; Jaworski, 2005, 2003; Canetto & Sakinofsky, 1998; Canetto and Lester, 1995a). Certainly, in most societies, women die by suicide far less often than men. In Australia, the age-standardised male suicide rate is 13.9 and the age-standardised female rate 4.0 per 100,000 (ABS, 2007); in Japan, the male suicide rate is 35.8 and the female rate 13.7 per 100,000 (WHO, 2007). However, in both Australia and Japan, self-harm and non-fatal suicidal behaviours tend to be more common in women. Given their non-fatal nature, rates for these behaviours are arguably underestimated as women do not necessarily have to present to a hospital for treatment, they do not die from them and sometimes minor wounds are presented. However, it has been argued that when existing rates of suicidal behaviours (fatal and non-fatal) are calculated together, the gender difference tends to disappear (Canetto, 2008; Payne et. al., 2008; Canetto and Lester, 1995). It appears that men and women are equally self-destructive but are simply articulating their psychache in different ways. Indeed, the fact that female suicide in Japan is barely researched given its ‘small’ number, only slightly smaller than the male suicide rate in Australia, gives pause for thought. Surely not all these women are hysterical or seeking attention.

Consequently, recent research is beginning to further question the ‘numbers’: "Other worldviews and methodologies (e.g., feminist, qualitative, ethnographic) have increased the
breadth and depth of research” (Range and Leach, 1998, p. 24; see also Butler, 2001b). Indeed, the need to understand self-harm and non-fatal suicidal behaviours within specific cultural and gendered frameworks has started to be recognised. While women may share the same biological characteristics, gendered roles are subject to different perceptions and expectations dependent upon the socio-cultural environments surrounding them. Greater understanding of what these roles, perceptions and expectations actually mean for women in their everyday existence can lead to greater understanding as to why, and at what times, women inscribe their bodies with self-harm and non-fatal suicidal behaviours. However, the perceptions and expectations these women are responding to need to be identified. A cross-cultural comparison between Australia and Japan allows illumination as to what is dependent upon sex/biology and what is dependent upon gender/culture.

Feminist research has made great strides in furthering the understanding of the stresses connected to the female role and its links to self-harm and non-fatal suicidal behaviours. However, the bulk of this type of research is from a white, Western, middle-class perspective, even if it deconstructs the patriarchal view. While a white, Western, middle-class feminist approach may be relevant for Western countries, although certainly not for all the women of these countries, it may be of little relevance for women living in the non-Western world. The social expectations and realities of an Australian woman may be quite different from a Japanese woman. If daily life is so dissimilar, can the motives for any behaviour, let alone self-harm or non-fatal suicidal behaviour, be the same for women from different cultural backgrounds? Indeed, do these different women perform the same behaviours even within the same social context? Female self-harm and non-fatal suicidal behaviours may differ from male behaviours (Jaworski, 2010, 2007, 2003; Canetto, 2009, 2008; Canetto and Lester, 1998; Canetto and Sakinofsky, 1998); however, there is no exclusively ‘female’ self-destructive behaviour, just as none exists for men. Australian and Japanese women’s lived experience of self-harm and suicidal behaviours, and the ways in which they interact with the ideals and expectations of the ‘good’ woman, will be analysed in a later chapter.

The necessary question then becomes: why do men and women articulate their psychache differently? This thesis explores Butler’s theory of Gender Performativity (2001a, 1990) in terms of self-harm and suicidal behaviours. This theory postulates that gender is “an identity tenuously constituted in time, instituted in an exterior space through a stylized repetition of acts” (Butler, 1990, p.140; italics in original). Gender may be neither real nor stable but it becomes understood by the ways in which a body is perceived, the ways in which is inscribed. Within a patriarchal paradigm, masculine or feminine genders are performative through “a dramatic and contingent construction of meaning” (op. cit., 1990, p. 139). In this way,
masculinity and femininity are made plausible by the continual re-production of the same behaviours and their continual re-attachment to the same normalised understanding of how men and women act and perform. These masculine and feminine performances incorporate all forms of potential behaviours, good and bad, and this includes self-harm and suicidal behaviours (Jaworski, 2003). In this way, a feminine self-harm or suicidal performance may be inscribed differently to a masculine performance and for the achievement of different purposes (Jaworski, 2003; Canetto and Lester, 1995a). These gendered performances may differ depending upon their cultural context. In the West, harmful inscriptions performed by a ‘good’ woman tend to be constructed around a paradigm of survival; conversely, the male performance is constructed around a paradigm of death (Canetto, 2008; Jaworski, 2003; Canetto and Sakinofsky, 1998; Lester, 1996; Canetto and Lester, 1995a; Canetto, 1992-1993; Neuringer and Lettieri, 1982). By surviving, a woman may simply be conforming to feminine ideals and expectations. However, the Japanese gendered performance has not been so similarly constructed – death has often been the romanticised consequence (Pinguet, 1993).

Through dissecting gender, this thesis explores how harmful acts position the female body “between a psychic or lived interiority and a more sociopolitical exteriority that produces interiority through the inscription of the body’s outer surface” (Grosz, 1995, p. 33; italics in original). The interactions between the perceived experience of the female body and the lived experience of the female body can consequently be physically marked by a woman onto her body. As these marks are made, a female “body becomes a text, a system of signs to be deciphered, read, and read into. While social law is incarnate, “corporealized”, correlative, bodies are textualized, “read” by others as expressive of a subject’s psychic interior” (op. cit., 1995, pp. 34-35; italics in original). The tangible scars left by harmful acts become a way for a body to ‘speak’ its pain; all the more important if a woman cannot express her psychache in any other way.

Chapter 2 grounds the thesis by analysing female self-harm and suicidal behaviours from literature taken from a historical perspective and modern research. The two distinct performances of self-harm and non-fatal suicidal behaviour are defined and examined within the theoretical frames of Cultural Scripts and Gender Performativity. This chapter examines the complexities arising from the performance of behaviours normally considered deviant by a body that is situated outside the patriarchal paradigm. It will then contextualise female harmful performances within the constructs of beauty, sexuality and marriage. However, by doing so, it highlights the gaps which continue to exist in suicide research. The harmful consequences of the ideals attached to the female body, such as eating disorders, have been studied in terms of their association to self-harm and suicidal behaviours. However, this
research posits these harmful consequences as ‘existing’; it doesn’t explore their deeper roots into the everyday existence of women who perform these behaviours. The ways in which the intangible idealisations of a ‘good’ woman, through beauty, sexuality and marriage, can translate into tangible inscriptions onto the body has not yet been thoroughly explored.

It is this gap that the Perceived Experience section seeks to explore. The Perceived Experience takes the tangible form of three literature analysis chapters (Chapters 4, 5 and 6). These chapters examine the ways in which women’s bodies, and other harmful acts inscribed upon them, are conceptualised and labelled in society; these were contextualised within both historical and modern perspectives, academic and pop-cultural. These three chapters justify the need for greater investigation into the research questions above and provide a background into the social and cultural environments in which Australian and Japanese women live, absorb and interact. These chapters on beauty, sexuality and marriage each follow the same structure:

1. What is it?;
2. What does it mean?;
3. What does it look like? How does it act?; and,
4. How does the ideal inscribe the female body?

Indeed, conforming to ideals themselves can inscribe a woman’s’ body just as powerfully, just as tangibly, as self-harm or suicidal behaviours.

Similarly, the Lived Experience explores two broad questions:

- How do women conceptualise and label their bodies?
- How do women conceptualise and label the harm they inscribe upon their bodies?

Shneidman wrote that: "Suicide never stems from happiness - it happens because of the stark absence of it" (1996, p. 163). Given their tangible nature, the inscription of self-harm and suicidal behaviours should not be separated from the body upon which they are performed. Shneidman’s quote is particularly pertinent to the female lived experience because failure to conform to the ideals and expectations of being a ‘good’ woman may lead to negative self-perception. It follows that negative self-perception, when your body is your physical existence, may not allow for happiness. Negative self-perception may mean that a woman does not value her body and so may protect it less from harm; she may physically inscribe her body with dissatisfaction, hatred and pain. Research is beginning to show that women with
body hatred and negative self-perception may be vulnerable to self-destructive, self-harm and suicidal behaviours (Orbach et. al., 2006). A woman who loves her body will not scar it, make it bleed or kill it.

The Lived Experience examines how the ideals of a ‘good’ woman, framed within the Perceived Experience, affect a real woman’s self-perception of body and self. It investigates how Australian and Japanese women’s lived experiences of their bodies differ due to various constructs of beauty, sexuality and marriage in these countries. Were women who described the relationship with their bodies negatively more likely to have experienced suicidal ideation, self-harmed or attempted suicide (Orbach et. al., 2006)? Did lived experiences differ more between Australian and Japanese women, or between non-suicidal and suicidal women? Did women use self-harm and suicide attempts as tools to express and record their pain (Jaworski, 1999, Butler, 1990)?

The Lived Experience takes the tangible form of four survey analysis chapters (Chapters 7, 8, 9 and 10). These chapters examine the ways in which women conceptualise and label their bodies and the harmful acts they inscribe upon themselves. They make the Perceived Experience real; how women absorb and interact with the ideals and expectations of beauty, sexuality and marriage and their own experiences of self-harm and suicidal behaviours. These four chapters present and discuss the responses from surveys completed by 88 non-suicidal and suicidal women in Australia and Japan. In comparing between these different groups of women, it was possible to see whether there was more difference in self-perception and absorption/interaction between Australian and Japanese women, or between non-suicidal and suicidal women. The questions follow the literature in that women were given a voice to express how they perceived different stereotypes and how they made them feel. It questioned whether dissatisfaction or negative self-perception can make a woman vulnerable to suicide? Further, can a woman be dissatisfied but happy? Women were asked about the ideals they wanted to fulfil and whether an inability to fulfil them is taken seriously enough by some women to warrant physical harm – whether women are pushed to pay the ultimate tangible penalty for the ultimate social unrealities. Additionally, there has been much theoretical debate about intent; this survey asked women who attempted suicide what they intended, what they wanted and how they felt when they survived. Like the literature chapters, survey responses about self-harm and suicidal behaviours, beauty, sexuality and marriage have been analysed separately. Each chapter follows the structure of the questions within their relevant section of the survey (see Appendices Ai and Aii).
The final chapter of the thesis (Chapter 11) concludes the examination of the literature and survey analyses. While it does not generalise, it clarifies the wider implications of the ideals of the ‘good’ woman in both Australia and Japan which stem from the findings of this research.

The structure of the thesis is as follows:
1. Introduction;
2. Self-Harm and Suicidal Behaviours;
3. Methodology;
   Literature Analysis – The Perceived Experience
4. Beauty
5. Sexuality;
6. Marriage;
   Survey Analysis – The Lived Experience
7. Self-Harm and Suicidal Behaviours;
8. Beauty;
9. Sexuality;
10. Marriage;
11. Conclusion.

--- Summative Rationale of the Thesis

Historically, female suicidal behaviours have been defined and understood within the gaps of male suicidal behaviours; however, the harmful behaviours that women inscribe upon their physical bodies deserve to be understood within their own unique frames. Traditional presumptions around the meaning, intent and performance of female suicidal behaviours have lingered since the time of Durkheim. It is only recently that Durkheim’s work has begun to be dissected by researchers looking outside the gendered paradigm of risk and protective factors structured around masculine and feminine social roles. The need for a greater understanding of whether a Durkheimian feminine role has protected women from suicide underpins this thesis.

Consequently, the thesis will explore the Perceived and Lived Experiences of the female body by dissecting the icon of the ‘good’ woman. This icon was chosen as it enshrines the performances of beauty, sexuality and marriage as indicative and evidence of a woman’s ability to conform to the (presumed) protective nature of the traditional feminine. Currently, gaps exist in our knowledge and understanding of the ways in which the female body is
harmfully inscribed, in both tangible and intangible ways, by the process of conforming to socially-prescribed ideals of beauty, sexuality and marriage; even if these ideals are not uniformly prescribed in different cultures. Indeed, it has been shown that even harmful inscriptions can conform to the ‘good’ woman ideal.

Irrespective of ethnicity, women can face enormous struggles with balancing an idealised feminine role with one that practically works in their everyday world. Yet, limited research exists regarding the interaction and conflict between social and individual inscriptions that mark the female body as a text of her experience. This thesis aims to provide new insight into this struggle by analysing and comparing both the Perceived and Lived Experiences of women, as they navigate their way around the ‘good’ woman icon. Further, dissection of the ‘good’ woman icon within a cross-cultural framework, between Australia and Japan, allows for a deeper understanding of the ways in which gendered ideals impact upon women’s bodies in different contexts.

In this way, this thesis aims to open a new discourse around the Perceived and Lived Experiences of self-harm and non-fatal suicidal behaviours, framed through the ideals of beauty, sexuality and marriage as attached to the female body. There is still limited research which explores the female body as a site for both social and individual inscriptions within the frames of self-harm and non-fatal suicidal behaviours; how these are perceived, performed and experienced by women. As a result, it has been important to deconstruct ideas of intent traditionally attached to self-inflicted behaviours that lead to death and self-inflicted behaviours that do not lead to death. These presumptions of intent have also tended to be gendered; fatal male performances are perceived as ‘serious’ whereas non-fatal female performances are perceived as ‘manipulative’. This thesis has incorporated the voices of women throughout the Lived Experience section of the thesis in order to more faithfully represent their perceptions and experiences of suicide; this is not often addressed in suicide research. Further, the voices of women are also examined through the harmful inscriptions they have made upon their bodies. More than just the act of harm, this thesis aims to examine the struggles women associated with the harm itself; how they sought to find a voice and express their pain within and without their harmful performances.
2. The Body as a Text Performed: Female Self-Harm and Non-Fatal Suicidal Behaviours in Australia and Japan

By a mad miracle I go intact
Among the common rout
Thronging sidewalk, street,
And bickering shops;
Nobody blinks a lid, gapes,
Or cries that this raw flesh
Reeks of the butcher’s cleaver…
Even as my each mangled nerve-end
Trills its hurt out

‘Street Song’, Sylvia Plath, 1956

Suicide has traditionally been constructed as an act of deviance committed by people perceived to be ‘mad’, ‘bad’, ‘hysterical’ or ‘weak’ (Canetto, 2008; Shaw, 2002; Minois, 1999; Iga, 1986; Neuringer and Lettieri, 1982; Alvarez, 1973; Douglas, 1970, 1967). It is perceived easier to label suicides in this manner as it alleviates any social responsibility and places it all on the individual. As Minois writes:

Anyone who chooses death and its unknowns displays a total lack of confidence in the theories, ideologies, beliefs, plans, and promises of all leaders. In turn, these same leaders have no choice but to call the would-be suicide mad, thus refusing any responsibility for those who have killed themselves, as well as, and perhaps especially, any responsibility for the living. (1999, p. 115)

However, suicide is more than one single type of behaviour and is performed for myriad reasons. Suicidal behaviours do not always end in death and behaviours labelled as ‘suicidal’ are not always intended to end in death (Canetto, 2008; Bhugra, 2002; Canetto, 1997; Shneidman, 1996; Kushner, 1995; Rockett, 1993).

Non-fatal suicidal behaviour is often grouped together with self-harm and both behaviours are more commonly performed by women (Jaworski, 2010, 2005, 2003; Canetto, 2009, 2008; Matsumoto and Imamura, 2008; Payne et. al., 2008; Hartman McGilley, 2004; Matsumoto et.
al., 2004; McAllister, 2003; Shaw, 2002; Canetto and Lester, 1998; Canetto and Sakinofsky, 1998; Canetto, 1997; Canetto and Lester, 1995a; Neuringer and Lettieri, 1982). However, a person who self-harms can be different from someone who performs non-fatal suicidal behaviour as there is generally no explicit intention to die, although the performer may feel ambivalent about living (Klonsky and Muehlenkamp, 2007; Favaro et. al., 2004; Hodgson, 2004; Gratz, 2003; McAllister, 2003; Shaw, 2002).

This apparent lack of intention to die has been traditionally perceived to be a consequence of a lack in women generally; they lacked humanity (Lehmann, 1990, p. 167). Yet, Durkheim argued this protected women against suicide as:

> her sensibility is rudimentary rather than highly developed. As she lives outside of community existence more than man, she is less penetrated by it; society is less necessary to her because she is less impregnated with sociability. She has few needs in this direction and satisfies them easily. (1897/1952, p. 215; see also Kushner, 1993)

If women are so easily satisfied with life, it is understandable that they would lack a desire to die. Desires, even the desire to die, are available to men because they are human. Suicidal behaviour became uniquely masculine – only men could truly understand the vagaries of life to be affected so deeply (Jaworski, 2005, 2002, 1999; Lehmann, 1995, 1990; March, 1982; Durkheim, 1897/1952). Women were not perceived capable of interacting with society in the same manner (Kushner, 1995, 1993). The stresses of such social interaction put men at the mercy of societal forces beyond their control, whereas life within the domestic sphere was romanticised to be best suited to the female temperament with any dissatisfaction the fault of the woman (Maushart, 2001; Hassan, 1995; Hassan and Tan, 1992; Oakley, 1974). Consequently, male suicidal behaviour has traditionally been taken seriously because of its perceived link to social crises; female suicidal behaviour has been trivialised as deviance and weakness. Yet these constructed inside/protective—outside/risk gendered roles have only begun to be deconstructed (Butler, 2004, 1993; Jaworski, 2003, 1999; Kushner, 1993; Lehmann 1990). These constructions were based on two assumptions: 1) that women want to conform to the idealisation of the ‘good woman; and, 2) that conforming to the role of the ‘good’ woman protects women from suicide. This chapter, and others following, will dissect these assumptions.

The ideal of male dominance of the ‘outside’ realm and female restriction to the ‘inside’ realm is not merely limited to the West but is also relevant in Japanese society (Wakita, 2006;
Gender roles in Japan were segregated and conceptualised similarly to those in the West. Marriage has also traditionally provided the foundation of being a ‘good’ woman (Sato, 2003; Rosenberger, 2001; Jolivet, 1997; Fujimura-Fanselow and Kameda, 1995; Iwao, 1993). In Japan and Australia, the existence of the ‘good’ woman is perceived to not only create social stability, which protects men from suicide, but to protect the women who perform this role from suicide (Durkheim, 1897/1952).

Women who seek satisfaction away from traditional ‘inside’ roles occupy a dangerous space. These deviant/‘bad’ women may be more visible but, by no longer being ‘good’ women, they may no longer be women. Butler outlines the difficulties faced in a Durkheimian paradigm where gender is only understood through segregation as:

the question of how to create a world in which those who understand their gender and their desire to be nonnormative can live and thrive not only without the threat of violence from the outside, but without the pervasive sense of their own unreality, which can and has led to suicide, i.e., self-destructiveness and literal suicide. (2001a, p. 15)

Much of the literature suggests that the ‘good’ woman is not the definitive, segregated and protected creature Durkheim believed her to be, if that creature ever existed outside the male imagination. Rather, women who feel unable to fulfil the myriad expectations of a ‘good’ woman espoused by their community may be more likely to experience feelings of inadequacy with their bodies, leaving them vulnerable to self-harm or non-fatal suicidal behaviours. As Orbach writes:

Experiencing the body as a source of satisfaction and pleasure contributes to enhanced tendency for life preservation, increased attraction to life, and serves as a shield against self-destruction. By contrast, bodily dissatisfaction may increase suffering and intensify self-destructive attitudes. Moreover, bodily sensations, such as responsiveness to pain, can serve as a warning aimed to alert systems against bodily harm. Thus, absence of self-preservation attitudes, as well as presence of self-destructive attitudes, may be related to suicidal behavior. (2006, p. 136; see also Orbach, 2001)

However, it is not certain that women who interact with the social construct of the ‘good’ woman, and decide what is relevant to them, feel less inadequacy with their body and perform
less self-harm and non-fatal suicidal behaviour. These postulations will be further explored in the Lived Experience section of this thesis.

It must be noted that this thesis distinguishes between self-harm, the term used by the author throughout, and non-fatal suicidal behaviours – both of which will be defined in the Methodology chapter. To begin, this chapter will outline how self-harm and non-fatal suicidal behaviours have traditionally been defined and which specific acts and intentions are included. The historical perception of suicidal behaviours – self-harm only being a recent ‘discovery’— will be explored and the ways in which these ideas affected the social perception of female self-harm and suicidal behaviours analysed. Literature which links self-harm and suicidal behaviours with the social construction of the ‘good’ woman will also be dissected. This will involve analysing the relationship between social constructions and ideals of beauty, sexuality and marriage, both historical and modern, and female self-harm and suicidal behaviours. By doing so, this chapter will also highlight any gaps in current understanding which will be addressed in later chapters.

2.1: What is self-harm?

Menninger’s ground-breaking work on self-harm (1938) opened up a new area of research. However, research has not been conducted regularly since this time (Shaw, 2002); nor have terms been used consistently. ‘Self-harm’, ‘self-injury’, ‘self-mutilation’ and ‘parasuicide’ have been used to describe the same set of behaviours (Gratz, 2003; Brown et. al., 2002, Hjelmeland et. al., 2002); different behaviours are grouped under the same term (Ahmed et. al., 2007; Gratz, 2003; McAllister, 2003). Indeed, when intent is uncertain, severe self-harm and non-fatal suicidal behaviours can appear similar in appearance.

Self-harm has been defined in many ways. Put simply, self-harm is the “direct and deliberate destruction or alteration of body tissue (e.g. skin cutting or burning, head banging, hair pulling)” (De Leo and Krysinska, 2008a, p. 267). However, self-harm requires an element of social deviance where the behaviour is “the deliberate, non-life-threatening, self effected bodily harm or disfigurement of a socially unacceptable nature” (Walsh and Rosen, 1988, p. 10). Self-harm is also not limited to one type of behaviour. Favaro et. al. further divides self-harm into categories as:

those behaviors that involve the deliberate infliction of physical harm to one’s own body without the intent to die…[and]…may be considered “direct”, such as skin
cutting or severe nail biting, while other types of self-aggressive behaviors are “indirect” (e.g., alcoholism, or heavy smoking…). (2004, p. 31)

However, literal definitions of self-harm do not incorporate motives behind the behaviour. Walsh defines self-harm as “intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress” (2006, p. 4). The majority of those who self-harm fall into this low-lethality category.

In both Australia and Japan, many studies have shown that self-harm is not only traditionally perceived to be a feminine behaviour but is also predominantly performed by women (De Leo and Krysinska, 2008a; Matsumoto and Imamura, 2008; Matsumoto et. al., 2004; Hartman McGilley, 2004; McAllister, 2003; Hjelmeland et. al., 2002; Paul et. al., 2002; Shaw, 2002; Pattison and Kahan, 1983). However, this stereotype may not be as infallible as previously thought as some reports indicate a less clear gender distinction (Andover et. al. 2010; Heath et. al., 2008; Klonsky and Muehlenkamp, 2007; Kahan and Pattison, 1984). Accordingly, gendered assumptions on the type of woman who self-harms may not be accurate. Indeed, in both Japan and the West, many of the women who self-harm have been reported as being functioning, high-achieving and attractive, although this is not always the case (Walsh, 2006; Matsumoto et. al., 2004; Shaw, 2002).

There are other characteristics which individuals who self-harm also tend to share. Substance abuse (Matsumoto and Imamura, 2008; Favaro et. al., 2004; Favazza and Conterio, 1989; Pattison and Kahan, 1983; Fox, 2004), depression and borderline personality disorder (Andover et. al., 2010; Klonsky and Muehlenkamp, 2007; Gladstone et. al., 2004; Fox and Hawton, 2004; Brown et. al., 2002; Favazza and Conterio, 1989) and unhappy family situations (Lesniak, 2010; Fox and Hawton, 2004; Gratz, 2003; Favazza and Conterio, 1989; Pattison and Kahan, 1983) are all commonly found in those who self-harm. However, sexual trauma (Matsumoto et. al., 2009; Klonsky and Muehlenkamp, 2007; Gladstone et. al., 2004; Matsumoto et. al., 2004; Nasser, 2004; Gratz, 2003; McAllister, 2003; Shaw, 2002; Strong, 1998; Favazza, 1996) and eating disorders (Klonsky and Muehlenkamp, 2007; Walsh, 2006; Favaro et. al., 2004; Matsumoto et. al., 2004; Sansone and Levitt, 2004; Paul et. al., 2002; Frost, 2001; Strong, 1998; Hewitt, 1997; Favazza and Conterio, 1989) are especially relevant to female self-harm for their impact upon the female body and will be examined in greater detail later in the chapter.

Further, self-harm is performed for different reasons than non-fatal suicidal behaviour. A woman who self-harms may intend to hurt herself but she does not intend to die (Andover et.
al., 2010; Lesniak, 2010; De Leo and Krysinska, 2008a; Klonsky and Muehlenkamp, 2007; Walsh, 2006; Hodgson, 2004; Gratz, 2003; Paul et. al., 2002; Kahan and Pattison, 1984; Durkheim, 1897/1952). De Leo and Krysinska (2008a) argue against categorising self-harm as a suicidal behaviour as “its defining feature is a lack of any suicidal intent. Instead, such behaviors might aim at reducing distress and anxiety, communicating anger and self-abhorrence, or coping with dissociation and traumatic memories” (p. 267). Favazza differentiates between the motives of people who attempt suicide, people who self-harm, and the very acts themselves: “suicide is an act of escape, but self-mutilation is a morbid act of regeneration. A person who attempts suicide seeks to end all feelings, but a person who self-mutilates seeks to feel better” (1996, p. 271).

In this way, self-harm may not be constructed as a tool of destruction but one that can, in a perverse way, protect a woman from suicide (Lesniak, 2010). Nasser describes self-harm as “not the pursuit of death, but a defiance of it” (2004, p. 19). However, the fact that self-harm is by its very nature a harmful activity means that it is not completely protective against suicidal behaviour and there are women who self-harm who will attempt or complete suicide (Hodgson, 2004). Yet, women who self-harm are able to clearly “separate the feelings and mentalities associated with suicidal intent and those associated with cutting” (op. cit., p. 164).

Indeed, self-harm is seen by many who perform it as their coping strategy against intensely negative feelings and situations, a way to vent emotional pain when the individual has no other way to do so (Holm and Severinsson, 2010; Lesniak, 2010; Motz, 2010; De Leo and Krysinska, 2008a; Klonsky and Muehlenkamp, 2007; Hartman McGilley, 2004; Hodgson, 2004; Matsumoto et. al., 2004; Nasser, 2004; Gratz, 2003; McAllister, 2003; Brown et. al., 2002; Strong, 1998; Favazza, 1996; Favazza and Conterio 1989). It has been argued that “good enough mental health requires a good enough level of emotional competency and articulacy” (Adshead, 2010, p. 71). Those who cannot verbally express their emotions may need to vent them physically. Self-harming behaviour has been described "as a coping strategy to manage painful feelings, powerlessness, intrusive memories and compulsions to repeat the trauma" (McAllister, 2003, p. 181); a way “to self-medicate by virtue of the dissociative, transcendent qualities inherent in self-injurious behavior” (Hartman McGilley, 2004, p. 78). No matter the catalyst of the self-harm, “individuals who cannot deal with the world begin to cut in order to cope with their emotions and relieve stress” (Hodgson, 2004, p. 171). This can become a vicious cycle though. If a woman finds relief from trauma through physically harming her body, she may not find another way to communicate her distress (Lesniak, 2010; Nasser, 2004; Shaw, 2002). Not only does the cause of the self-harm remain unresolved but the self-harm becomes an additional problem, especially if a woman feels
ashamed. Thus, “since the relief is short-lived and the underlying psychopathology is unchanged, subjects turn to self-mutilation again and again as troublesome symptoms re-emerge” (Favazza and Conterio, 1989, p. 288). In this way, self-harm can become an addiction (Favazza, 1996). These ideas will be further analysed in the Lived Experience.

While self-harm can be framed in terms of body hatred (Lesniak, 2010), it can also be framed around a woman’s dissociation with her own body – her body may inspire feelings of worthlessness or powerlessness (Hartman McGilley, 2004; Jaworski, 2003; McAllister, 2003; Shaw, 2002; Strong, 1998; Walsh and Rosen, 1988). A woman with an eating disorder, who has suffered sexual trauma, or both, may find that by harming her body it becomes a kind of battleground where the person acts out this struggle with the self - a self who is unique, personal and subjective and a self who is a social subject, moulded and constrained by beliefs and practices which have been embedded by society. (McAllister, 2003, p. 182)

The female self, made tangible by her physical body, becomes both the enemy and the source of release. Thus, as a woman learns that self-harm can be used to vent negative emotions and regain control over her body, self-harm also becomes the tool used to inscribe her ownership (Lesniak, 2010; Hodgson, 2004; Nasser, 2004; Jaworski, 2003; McAllister, 2003; Shaw, 2002; Walsh and Rosen, 1988). Cultural and social norms and ideals dictate how a woman’s body must look and what it must do. This means that a woman’s physical body can be her only asset, its value dependent upon her conformity to, or deviation from, the cultural and social norms and ideals around her. Yet it can also become a text expressing violent emotion or ambivalence. Just as a thin or pregnant female body expresses beauty or fertility, girls and women….come to grasp that what will bring attention to their experiences of violation is the destruction of their bodies in ways that simultaneously re-enact their experiences and transgress cultural norms. Self-injury is a brilliant maneuver in the sense that girls and women turn the cultural and relational objectification of their bodies on its head. In one powerful act, they replicate what has been done to them by objectifying their own bodies. In so doing they appropriate the relational and cultural methods through which they have been violated. (Shaw, 2002, p. 207-208)

Self-harm gives objectified women the power to violate the object itself – their body. In this way, self-harm has at times been constructed as more taboo than suicide itself (Hodgson, 2004; Gratz, 2003; McAllister, 2003; Shaw, 2002).
Self-harm’s taboo is complex but centres on two ideas. The first is the assumption that most people will avoid pain whenever possible as “people are taught to act in a way that fits with societal norms; one such norm is that we should try to avoid incurring injuries, which by implication means that self-injury is not considered "normative”"(Hodgson, 2004, p. 170; see also Morgan, 2002). Yet women who self-harm seek pain and injury purposefully. This breach of such fundamentally normative behaviour “often arouses intense negative reactions in others” (Gratz, 2003, p. 192) which means the person may go to great lengths to hide the performance. This in turn hinders help-seeking or the chance for treatment. Some may find the existence of self-harm so abhorrent that even when tangible proof is presented, such as a scar, it is easier to believe more improbable excuses. Hodgson’s interviews with female self-harmers illustrated that

when discovered, some attempt to change the subject, while others used cover stories ranging from "my cat scratched me" to "I went on safari and was attacked by a tiger". Often these cover stories were believable because they mentioned activities or interactions that could feasibly result in an injury, like playing with a cat or working in the yard. Some cover stories weren't as believable, however, or clearly didn't match the pattern or severity of the injury. Despite these discrepancies, participants commented that their cover stories were frequently believed, sometimes to their dismay. (2004, p. 174)

Compounded by the non-fatal nature of self-harm, this concealment means that women can self-harm for many years (Wegscheider Hyman, 1999; Pattison and Kahan, 1983). In this way, a deviant behaviour eventually becomes normalised. The use of a deviant behaviour as a coping strategy for past trauma is also perceived as weakness – other people would simply ‘get over it’. McAllister writes that self-harm is taboo because: “Society expects people to recover from past trauma and to get on with their life. Ongoing trauma, memories of trauma and inconsolable sadness are generally invalidated” (2003, p. 182).

The second reason for self-harm’s taboo nature is the idea of that the harm ends neither in beautification nor male sexual gratification:

What is remarkable is that it is culturally tolerable for women's bodies to be objectified and destroyed if it is inflicted by others, and when it is in the service of western beauty ideals and men's sexual gratification. What is not culturally tolerable is for women to objectify and destroy their own bodies in ways that do not serve
western aesthetics…. To wear the scars of self-injury, however, is to make oneself ugly in this culture and to violate sacred beauty standards for women. (Shaw, 2002, p. 206)

The female body becomes the tangible display of the female experience and this differs from the male experience and display (Jaworski, 2003; Shaw, 2002). It is accepted, indeed almost expected, that the female body is a site of socially-sanctioned violence enacted as cosmetic procedures, dieting or sexual practices (Bartky, 2003; Jaworski, 2003; Butler, 2001a). In this way, women become the sum of value of their body parts and the value is determined by others. Yet, when a woman expresses herself through harmful inscriptions performed on her body, she places that body outside the male realm and becomes something other than a ‘good’/‘real’ woman (Butler, 1990). This will be further analysed later in the chapter.

2.2: What is non-fatal suicidal behaviour?

Like self-harm, more women perform non-fatal suicidal behaviour and less-violent methods tend to be used (Jaworski, 2010; Canetto, 2009, 2008; Hassan, 2006; Orbach et. al., 2006; Jaworski, 2005, 2003; Kerkhof, 2000; Canetto, 1995; Kushner, 1995; Neuringer and Lettieri, 1982; compare Nordentoft and Branner, 2009). However, unlike self-harm, non-fatal suicidal behaviour injures a person’s body with the intent to die. Yet defining non-fatal behaviour is problematic. Its definition is, by necessity, rooted in the definition of suicide itself; however, its non-fatal outcome implies some connection to a self-harm performance. In this section, the ways in which suicide has been defined will be examined as a foundation for better understanding how non-fatal suicidal behaviour is perceived.

Suicide has been defined largely within a Western paradigm, initially conceptualised through a Judeo-Christian framework which tended to focus on immorality (De Leo et. al., 2004a, 2004b; Minois, 1999; Alvarez, 1973). The stigma historically attached to suicide has continued to affect how it is defined. A definition must be flexible enough to accommodate the individual experience within a social context (Douglas, 1967). Suicide is behaviour with the potential to occur in any cultural context, so the definition needs to be cross-culturally valid to ensure that the same behaviour is being examined (Jaworski, 2010, 2003, 2002; Canetto, 2008; Canetto and Lester, 1998; Kushner, 1985). Yet it must also balance cultural beliefs about death itself and the idea that suicide can be seen as indicative of enormous social dysfunction (Jaworski, 2003; Minois, 1999; Douglas, 1970, 1967). Consequently, definitions of ‘suicide’ have struggled with problems of including contradictory behaviours and
outcomes such as unintended death or unintended survival (De Leo et. al., 2004a, 2004b; Jaworski, 2003). Further, the death of a family member by suicide was perceived to indicate unhappiness and dissatisfaction with home life, which arguably led to female suicide being under-reported (Canetto, 1995; Douglas, 1970, 1967).

With the publication of *Le Suicide* (1897/1952), Durkheim placed suicide within a sociological framework and defined suicide as “*all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result*” (1897/1952, p. 44; italics in original). Durkheim saw a suicidal act as an indication of a person’s interaction, or lack thereof, with society. His further division of suicide types (anomic, egoistic, altruistic or fatalistic) has been relevant when studying honour and ritual suicide in Japan (Iga, 1986). Durkheim’s definition implied that the act need not be aggressive or violent to constitute suicide if the intention and conclusion was death of the performer.

More recently, suicide has become deeply entrenched in psychiatric and psychological disciplines that place the behaviour within the subject’s individual experience and reactions. This is best encapsulated by Shneidman’s definition of suicide:

> In the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution. (1985, p. 203)

Shneidman’s definition is interesting in that it incorporates rationale behind the decision to suicide; he places the performance within an individual’s own perception of ‘solution’ (see also Baechler, 1980). While Shneidman contextualises the definition as Western, it can be relevant to the Japanese experience.

However, within the Australian context, the Australian Bureau of Statistics (ABS) defines suicide

> as the deliberate taking of one’s life. To be classified as a suicide, a death must be recognised as being due to other than natural causes. It must also be established by coronial enquiry that the death resulted from a deliberate act of the deceased with the intention of ending his or her own life. (2005)

The perception of suicide as a ‘deliberate’ act where death was intended has also constructed it as an ‘active’, rather than ‘passive’, behaviour (Jaworski, 2010; Orbach et. al., 2006;
Jaworski, 2005, 2003; Osgood and Eisenhandler, 1995; Durkheim, 1897/1952). Death needs to be caused by the person deliberately doing something, rather than by omitting to do something. However, this distinction has become forced. For example, Osgood and Eisenhandler (1995) describe how elderly women in a nursing home stopped eating or taking vital medication after deciding they wanted to die. The non-violent nature of these actions labelled them passive, not active. These women died as they intended but their deaths were not classed as suicide because the effects were not immediate. In this way, some female suicidal behaviour might be under-reported.

Furthermore, definitions of suicide have also been constrained by the implication that death must result immediately, or within a very short period of time of the fatal action. Kushner (1989) illustrated this constraint with the example of a drug overdose that did not kill the woman outright but where death occurred afterwards from pneumonia a few days later, which would have not occurred but for the overdose. Her cause of death was then classed under pneumonia, rather than suicide.

The WHO SUPRE-MISS Study endeavoured to solve this definitional quandary. Its definition sought to incorporate all potential suicide deaths within cross-cultural contexts across various research fields without being limited by violence of action or mode of death (De Leo et. al., 2004b). In this way, a more accurate and universal portrait of suicide could be taken, its behaviours more deeply understood, and prevention strategies created that were effective and relevant to different cultural and social contexts. The WHO SUPRE-MISS Study defined suicide as “an act with a fatal outcome which the deceased, knowing or expecting a potentially fatal outcome, has initiated and carried out with the purpose of bringing about wanted changes” (op. cit., p. 33). Thus, suicide is behaviour that intentionally ends in the death of an individual where an individual’s desire distinguishes this from an accidental death.

This definition constructs suicidal behaviour within an individual framework. However, an individual’s actions are inextricably linked to the social and cultural contexts in which they are performed. People act and behave in particular ways for particular reasons, even if they are unaware of outside influences. Suicide, however it is defined, is a behaviour that is continually informed and shaped by society and culture (Jaworski, 2002; Canetto and Lester, 1998; Canetto, 1997; Shneidman, 1996; Kushner, 1985).

However, no definition fully resolves the practical problem that any uncertainty with the deceased’s intent cannot be further clarified. Indicators, such as notes, which communicate an
intention to take one’s life make suicide appear beyond reasonable doubt but are not always present (De Leo et. al., 2007; Jaworski, 2003; Minois, 1999; Rockett, 1993; Alvarez, 1973). Even when notes are left, deaths may still not be seen as intentional. Indeed, Alvarez questions whether Sylvia Plath intended to die as her note asked for a doctor to be called (1973, p. 36; see also Hagstrom, 2009). Yet, understanding intent, as in the mind of the individual, may be difficult within the frames of the suicide’s physicality, as death of a body. Suicide research has been constructed around the individual and the body:

The individual is assumed to be the origin of the intention to die, a referent point for the activities of a largely disembodied mind filled with agency. While the naming of suicide requires a body, that body also appears as ontologically secure. It is a neutral and self-evident biological absent presence that yields the evidence of suicide. Yet despite the necessity of the body, it is as if suicide transcends the body. Put simply, suicide is all in the mind. (Jaworski, 2010, p. 51)

Intention can still be difficult to ascertain when a person survives a suicide attempt. The individual may have survived to explain their actions but their non-fatal performance has traditionally been conceptualised as a ‘failure’ and not been taken seriously (Jaworski, 2005, 2003; Kushner, 1985). This perverse conceptualisation implies that individuals who survive a suicidal act (usually women, in Western, English-language countries) attempted and failed to kill themselves, and that people who die from suicidal behavior (usually men, in Western, English-language countries) intended such death…. These terms reflect and reinforce an association of femininity with failure (even though failure in this case means survival), and an association of masculinity with success (even though success in this case means death). (Canetto and Lester, 1998, p. 166)

The masculinised language describing female self-harm and non-fatal suicidal behaviour can trivialise the experience of women (Jaworski, 2003). The construction of non-fatal suicidal behaviour as an ‘attempt’ or a ‘failure’ implies both a lack of intention to die and that the behaviour was a ‘cry for help’ or manipulative (Canetto, 2009, 1997; Lester, 1996; Kushner, 1985). Yet, studies have shown that the motives behind female self-harm and non-fatal suicidal behaviour can be very serious and the intentions of the behaviours very different (Canetto, 2008; Klonsky and Muehlenkamp, 2007; Nasser, 2004; Hodgson, 2004; Gratz, 2003; Shaw, 2002; Canetto and Lester, 1998; Canetto, 1997; Kushner, 1995; Neuringer and Lettieri, 1982).
However, while the women themselves may be able to differentiate between their behaviours, official definitions of self-harm and non-fatal suicidal behaviour can be difficult to distinguish. The WHO SUPRE-MISS Study defines non-fatal suicidal behaviour as:

An act with non-fatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desired via the actual or expected physical consequences. (Platt, 1992)

Thus, gaining a deeper understanding of female self-harm and non-fatal suicidal behaviour seems to require asking the women themselves.

However, this has not traditionally been done in suicide research. Suicidal behaviour continues to occupy a strange place within research where it is still curiously and ambivalently positioned in terms of gender. On the one hand, suicide is represented as a gender-neutral tragedy afflicting social groups in a series of cultural conditions. On the other hand, suicide is represented as a highly gendered activity with, for instance, methods of suicide being typified as masculine and feminine, the former being described as aggressive, the latter as passive. (Jaworski, 2003, p. 137)

Yet, research has shown that men and women, informed by time, cultural environments and social expectations, do have different desires, motives and feelings when considering and performing suicidal behaviours (Canetto, 2009, 2008; Jaworski, 2005, 2003; Andriolo, 1998; Canetto and Lester, 1998; Canetto and Sakinofsky, 1998; Canetto, 1997; Neuringer and Lettieri, 1982; Douglas, 1967; Durkheim, 1897/1952). In Western countries, suicides have tended to be construed as feminine when they have been linked with love, rejection or loss of chastity (Jaworski, 2010; Canetto, 2008; Minois, 1999; Canetto and Lester, 1998; Kushner, 1993; Canetto, 1992-1993; MacDonald and Murphy, 1990; Anderson, 1987; Kushner, 1985; Breed, 1967). In Japan, both men and women feature in stories of shinju (love suicide) with unrequited, impossible and rejected love (Robertson, 1999; Screech, 1999; Pinguet, 1993; Iga, 1986; Benedict, 1946). Traditionally, heterosexual love suicides tended to be heavily romanticised in Japan (Robertson, 1999; Pinguet, 1993; Iga, 1986); in England, the suicides
of girls who had been robbed of their chastity were romanticised (MacDonald and Murphy, 1990; Anderson, 1987).

Further, the ways in which a particular society constructs the feminine role affects which suicidal behaviours are constructed as feminine. A predominant part of the feminine role is to take care of and nurture the family in both Japan (Rosenberger, 2001, 1995; Iwao, 1993; Mouer, 1984) and the West (Maushart, 2001; Kushner, 1993; MacSween, 1993; Ehrenreich and English, 1979; Greer, 1970). This role has been traditionally perceived to make fatal suicidal behaviour less palatable for women in the West (Hawton, 2000; Maris, 2000a, 2000b; Kushner, 1993; Hassan, 1995; Neuringer and Lettieri, 1982; Douglas, 1967; Durkheim, 1897/1952). Subsequently, non-fatal suicidal behaviour becomes a way to vent negative emotion without leaving the family:

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\text{a woman’s sense of meaning and value (sense of self, self-esteem) is derived from a mutuality of care and responsibility in relationships. A woman’s vulnerability to suicide, therefore, increases when her opportunity for growth within relationships is perceived as blocked or distorted…. Suicidal behavior, then, represents a desperate plea for engagement under conditions of threat to that connection. The relatively low suicide rate among women is understandable in this context, as a woman would typically find it more difficult to abandon those perceived as needing her and would be more attuned to and concerned for how others would be affected by her death. (Maris, 2000b, p. 153)}
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As will be discussed further in the chapter, the role of ‘nurturing mother’ does not universally protect a woman from suicidal behaviour in Japan (Rosenberger, 2001; Jolivet, 1997; Ohinata, 1995; Iwao, 1993; Pinguet, 1993; Yoshimatsu, 1992; Bryant, 1990; Iga, 1986).

Female self-harm and non-fatal suicidal behaviours cannot be considered without first taking into consideration how women have been traditionally placed within the perceptions and constructions of self-harm and suicide in Japan and the West. Who has previously conducted research (gender, ethnicity, discipline) also affects the ways in which self-harm and suicidal behaviours in general, and female self-harm and suicidal behaviours specifically, have been understood.
2.3: Perceptions and attitudes of the female performance of self-harm and non-fatal suicidal behaviours

Within different cultural and social frameworks, there remains a long-held perception that women’s suicidal behavior is a ploy for attention, a manipulation, a cry for help…. Even when women die as a result of the suicidal act, it is often assumed that the death was unintended, that it was an accident due to poor planning or unforeseen circumstances. Women are expected to fail at suicide, so even when they ‘succeed’ at killing themselves, their death is often coded as failure. (Canetto and Lester, 1998, p. 174)

However, when the reasons behind the performance of self-harm and suicidal behaviours are examined and deconstructed, they are not trivial but rather the only behaviours acceptable for women (Canetto, 2009, 2008; Jaworski, 2005, 2003; Andriolo, 1998; Canetto and Lester, 1998; Canetto and Sakinofsky, 1998; Canetto, 1997; Lester, 1996; Clifton and Lee, 1995; Canetto and Lester, 1995a; Neuringer and Lettieri, 1982). In a patriarchal society, men are more likely to own and control their bodies – what happens to their body is their choice to make (Hesse-Biber, 2007; Jaworski, 2005, 2003; Wooley, 1994; Butler, 1990; Lehmann, 1990; March, 1982). Women are less likely to own their bodies and have less control over what is done to it so the decision to suicide may be more difficult. Kushner argues that:

self-destruction must be preceded by a sense that a “self” exists. To the extent that some women have internalized those patriarchal values that have defined women’s role as “selflessness”, we would expect self-destruction not to be a behaviour easily selected by women. (1995, p. 27)


certain meanings about gender are linked to the way femininities and masculinities are articulated and that these meanings somehow translate the way individuals view the violence that becomes inscribed upon their bodies…. Suicide is produced as
gendered because the inscriptions are already interpreted through gender. (2003, p. 143)

Male and female suicidal behaviours are different because the normalised behaviours, roles and expectations of masculinity and femininity are different; ‘good’ men perform different acts to ‘good’ women. Jaworski (2003) and Canetto and Sakinofsky (1998) explore the Gender Paradox of suicidal behaviours where male behaviour is violent, female behaviour is non-violent; male behaviour is aggressive, female behaviour is passive; male behaviour is lethal, female behaviour is non-lethal. These different behaviours lead to different outcomes. More women perform self-harm and non-fatal suicidal behaviour because the normalised behaviours prescribed to them tend to be non-violent, passive and non-lethal. Consequently, the use of a non-violent method does not necessarily translate into less intention to die (Nordentoft and Branner, 2008; Denning et al., 2000).

However, the Gender Paradox does not go far enough in explaining why these behaviours and outcomes tend to be so different. The Gender Paradox appears in most countries; a noticeable exception being China, where rural women have a higher suicide rate than rural men (Lee and Kleinman, 2000; Phillips et al., 1999; Canetto and Sakinofsky, 1998). Therefore, female suicidal behaviours are not different to male suicidal behaviours simply because female behaviours are universal. Women are not the same in every society simply because of their sex; rather women are constructed to be different and opposite to men. Canetto and Sakinofsky believe “that women and men will tend to adopt the self-destructive behaviors that are congruent with the gender scripts of their cultures” (1998, p. 17). In this way, female suicide norms exist because there are opposite male suicide norms (Jaworski, 2010, 2007).

The Gender Paradox of suicidal behaviours needs to be read with Cultural Scripts Theory (Canetto, 2009; Canetto and Lester, 1998; Canetto and Sakinofsky, 1998; Canetto, 1997). Cultural Scripts Theory seeks to understand the “tacit “rules” that tell us how to be a person among other persons – that is, how to think, how to feel, how to want (and how to act upon our wants), how to seek or impart knowledge, and, perhaps most importantly, how to speak to other people” (Wierzbicka, 1993, p. 221). Cultural Scripts links how an individual perceives and articulates an experience to how they act upon it – how a woman perceives her femininity will affect how she performs a suicidal behaviour. Consequently, Cultural Scripts Theory can explain why in some localities and during particular periods, women and men use different methods while at other times and places they do not, and why the mortality rates from the same method vary by gender…. In addition, the cultural scripts theory
can address the gender differences in reporting behaviours. Finally, the cultural scripts theory can account for the gender paradox of suicidal behavior, as well as for exceptions to the gender paradox recorded around the world. (Canetto and Sakinofsky, 1998, p. 19)

Gender is interpreted differently within distinct cultures so a specific suicidal performance will depend upon the unique cultural environment experienced by the individual (Canetto, 2009; Canetto and Lester, 1998; Canetto and Sakinofsky 1998; Canetto, 1997). Australian women have learnt the performance of good femininity within a culture steeped in a Western, traditionally English, paradigm. Japanese women have learnt their performance within a different cultural paradigm. There are some cultural similarities and these will be explained in subsequent chapters. Subsequently, the type of self-harm and non-fatal suicidal behaviours performed will depend upon with which ‘good’ woman construction the women are interacting.

However, women do not perform any behaviour unbidden. Cultural Scripts Theory may explain why behaviours differ among women from different cultures. Yet, it does not explain how some behaviours become ‘scripted’ as feminine while others become ‘scripted’ as masculine within these cultures. Butler contextualises gender as a dynamic construct where the ideals, expectations and behaviours of a culture inform the ideals, expectations and behaviours of a gender (Payne et. al., 2008; Jaworski, 2003; Beck-Gernsheim et. al., 2001; Butler, 1993, 1990). Butler’s theory of Gender Performativity sees gender as the social and cultural performance of sex. Gender becomes a set of behaviours learnt from birth – the way in which a child learns to behave not only depends upon its biological sex but also its cultural environment (Butler, 2004, 2001a, 1993, 1990). Thus, boys learn to perform a set of behaviours that are masculine; girls learn a set of behaviours that are feminine. These sets of behaviours are reproduced, reinforced and socially normalised until people don’t realise they are performing at all. As Butler writes: “gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, a natural sort of being” (1990, p. 33). Women are perceived to be feminine when they act in a recognisably feminine way; the performance itself makes the unreal real. It consequently becomes ludicrous that a man or woman could act in any other way (Jaworski, 2010; Butler, 1993); “reality is itself produced as an effect of the performance” (Butler, 2001a, p. 14). Further, culture can influence Gender Performativity as the set of behaviours recognised as feminine in one culture may be different from another. However, the performances of gendered behaviours in every country will clearly distinguish masculine from feminine.
These gendered performances eventually become the normal way in which men and women live and interact with each other. These social norms hold sway over embodied life and provide coercive criteria for normal “men” and “women”. And in this sense, we see that norms are what govern “intelligible” life, “real” men and “real” women, and that when we defy these norms, it is unclear whether we are still living, or ought to be; whether our lives are valuable, or can be made to be; whether our genders are real, or can ever be regarded as such. (Butler, 2001a, p. 3)

Those who do not perform their normalised, gendered behaviours may not be considered ‘good’ people whose lives are valued. However, even deviant behaviours, such as suicide, have their norms (Douglas, 1970). Since Durkheim, ‘normal’ suicidal behaviour has become lethal, violent and aggressive (Canetto, 2008; Payne et. al., 2008; Jaworski, 2003; Canetto and Lester, 1998, 1995a; Kushner, 1995, 1989; Douglas, 1970, 1967; Durkheim, 1897/1952). However, lethal, violent and aggressive suicide tends to leave a disfigured corpse which is not feminine – women who die disfigured, who leave a mess, have not died in a ‘good’ feminine manner (Stack and Wasserman, 2009; Jaworski, 2003; Shaw, 2002; Canetto and Lester, 1998, 1995; Kushner, 1995; Canetto, 1992-1993; Kushner, 1989, 1985; Douglas, 1967). These norms may also partially explain why the male suicidal performance is more likely to be fatal. Canetto argues that “when a method that is culturally acceptable for one group is also a more immediately fatal method, the suicide mortality for that group is higher, independent of intent” (2008, p. 260; see also Payne et. al., 2008). By using less disfiguring methods, female self-harm and suicidal behaviours can become invisible and trivialised.

Further, female and male self-harm and suicidal performances are intended for different purposes. Femininity teaches girls that they can be vulnerable and emotional; masculinity teaches boys to be strong and brave. Feminine suicidal behaviours can be used to change a woman’s circumstances; masculine suicidal behaviours are used to kill the man (Canetto, 2008; Jaworski, 2003; Canetto, 1998; Lester, 1996; Canetto, 1995, 1992-1993). Indeed, Neuringer and Lettieri wrote:

Men are expected to be strong, stolid, and not to publicly express their weaknesses. Women have covert approval to declare and display their perturbations and suicidal “display” is one of these socially sanctioned emotional outlets for disturbed women.
In our society, dramatic and “hysterical” gestures and emotional displays are more acceptable in women than men. (1982, p. 22)

Female self-harm and suicidal behaviours are not mere manipulation but rather a socially acceptable way to vent negative feelings. The behaviours within a normalised female suicidal performance reinforces the acceptance of the female body as the site of violent inscription (Walsh, 2006; Nasser, 2004; Bartky, 2003; Jaworski, 2003; Weitz, 2003a, 2003b; Shaw, 2002; Butler, 2001a, 2001b; Frost, 2001; Strong, 1998; Hewitt, 1997; Allison, 1996 Favazza, 1996; Fujimura-Fanselow, 1995). This argument will be further analysed in subsequent chapters.

Self-harm and non-fatal suicidal behaviours can become the tools women use to physically inscribe their bodies with dissatisfaction, hatred and pain (Orbach et. al., 2006; Jaworski, 2003). As these behaviours are not the only way women can inscribe their bodies, it is necessary to understand the circumstances in which women do choose these forms of inscription. Jaworski writes that

Suicide has a performative representation; a set of repeated bodily acts. These produce the effect of an internalised intent: the ‘choice’ to commit suicide…. Across the surfaces of the suicided body, suicide-as-gendered is produced, marked by the choice of techniques, in tandem with reasons for the ‘choice’. Something is interpreted as male or female, masculine or feminine, shaping what then counts as violent or less violent, active or passive. This something might have something to do with what a person might deem as ‘appropriate’ as a result of having lived in particular cultural and social contexts. (2010, p. 52)

Self-destruction allowed women power within their ‘inside’ spheres where they could reclaim their bodies. A woman could gain power in death she could not begin to imagine in life; a dead body no longer had to be ‘good’. Zamperini writes that: “By undoing her body, she undoes the gender construction that places her in an inferior position, and thus she is able to fulfil those desires which cultural constraints would not let her realize in life” (2001, pp. 92-93). Consequently, the way that suicide was inscribed upon the female body made certain that the body became visible and was reclaimed by the woman. However, the death needed to be not only recognised as suicide but also as feminine and acceptable. Lucrece’s declaration before her husband and father (van Hooff, 2000), the note left by Sylvia Plath (Alvarez, 1973), and the bodies they both left behind were meant to demonstrate that, while their deaths were suicide, their actions were feminine. Indeed,
without these rituals, suicide cannot be named as performative because it is the specific gestures that produce self-death. It is through these acts that suicide is inscribed upon the body, whether on its surface through wounds, punctures, or markings, or perhaps through notes, legal verdicts, psychological reports and/or the narratives of others…. the body of one who commits suicide is a site of gendered inscriptions. (Jaworski, 2003, p. 142)

One of the reasons why female suicide is less easily classified is its non-violent and passive nature; a violently inscribed body can be more easily recognised as suicide (Canetto and Lester, 1995a). The violent inscriptions left by self-harm are also problematic because there is no intent to die (Walsh, 2006; Shaw, 2002; Favazza, 1996). Coupled with an intention to die, violence screams to be taken seriously, whereas the alternative is seen simply to whimper:

Passive methods such as drug overdoses lack a certain amount of bodily ‘mess’ because they do not openly dismember the body. It is the lack of visible violence that is most likely to be seen as passive and non-aggressive, as seeking attention in order to manipulate, to cry out for help with something other than suicide in mind. This is in stark contrast to active methods such as guns, with their use seen as decisive, violent, aggressive and masculine. Intentions to die are serious because the outcomes are most likely to be final and deadly. Such methods do not lack bodily disfigurement: what is displayed on the surfaces of the body is likely to be messy and horrifying, no longer contained but open and leaky. (Jaworski, 2010, pp. 55-56)

However, Jaworski (2010) does question the attention-seeking nature of such messy deaths; more activity is required from other people in the form of cleaning and re-figuring the body. Yet, inscriptions that mark self-harm and suicidal performances as female can be perceived and recognised as the behaviours of women trying to reclaim control of their bodies. These actions will depend on their cultural and social environments, their time and place, as “through this act of self-inscription on body and text, women (re)produce the ethical values of female virtue and the social values of order and integrity in moments when their bodies threaten to become abject” (Fong, 2001, p. 108). Self-harm and suicidal behaviours may be the anchor some women require to not lose themselves when the ‘good’ woman ideals they are required to fulfil only lead to expectations they cannot hope to achieve.
This thesis does not intend to claim that the mere existence of unrealistic beauty ideals directly causes women to self-harm or attempt suicide, nor have any previous studies made such a claim. This would trivialise the real suffering experienced by women – their psychache (Shneidman, 1996) – in two ways. First, this claim would imply female self-harm and non-fatal suicidal behaviours to be simple and one-dimensional. Second, it would reduce the pressure women feel to conform to beauty ideals as something vacuous and meaningless that any intelligent women could ignore. Neither is the case, given that studies have indicated that “women’s attitudes toward their body can have a strong impact on their mental health” (Muehlenkamp et. al., 2005, p. 30; see Lamis et. al., 2010). Subsequently, what this thesis does claim, and what is increasingly discovered in research conducted internationally, is that feelings of body dissatisfaction and body hatred are commonly found in women with histories of self-harm and non-fatal suicidal behaviours (Cook et. al., 2007; Orbach et. al., 2006; Rodriguez-Cano, 2006; Stein, 2003; compare Lamis et. al., 2010). Indeed, it can be argued that self-harming and non-fatal suicidal behaviours are more likely to occur in women who do not care about or like their body, objectify it and feel no sense of ownership or control over it (Gilbert et. al., 2010; Cook, et. al., 2007; Orbach et. al., 2006; Rodriguez-Cano, 2006; Orbach, 2001; Orbach et. al., 2001; Ripa di Meana, 1999). Wooley talks of female patients who inscribe their bodies to illustrate that their body hatred registers, silently, voicelessly, in isolation, the hostility that our patriarchal culture feels for women. One of the participants in our program hated her body so much she cut the word "fat" on her abdomen - literally, scarlet letters of shame. (1994, p. 18)

--- Body hatred and self-objectification

When a woman has so objectified her body, these behaviours tend not to be perceived as harmful and self-destructive by the individual – they may simply become a response to her subjective environment. Indeed, Orbach et al. found that a skewed perception of the body can make even normal signals and responses abnormal and threatening as individuals with suicidal tendencies are less attuned to their bodies, but when they become aware of bodily signals, they tend to interpret them in more negative ways than do nonsuicidal individuals. It is possible that these negative interpretations are a
result of the generally lower sensitivity to and association with the body; that is, the lower sensitivity renders rarer the awareness toward bodily signals, then, when the individual is made aware of such signals, they seem to be more dangerous than they would have seemed had they been commonplace. (2006, p. 150; see also Orbach, 2001)

A woman’s lower sensitivity and lack of awareness is related to the construct of self-objectification found in the representation of beauty ideals and the development of eating disorders, discussed in a subsequent chapter. A high level of self-objectification leaves women vulnerable to body dissatisfaction and body hatred. Orbach et. al. has linked this to the type of coping strategies chosen in times of crisis where

a positive body self can mobilize self-preservative mechanisms in the form of self-protection, body danger avoidance, body soothing, and care. In contrast, in the face of mounting stress, a negative bodily self may contribute to physical carelessness, self-neglect, exposure to danger, and active self-destruction. (2006, p. 150)

Physical carelessness or self-neglect could be as simple as eating or sleeping less, with the potential to be easily rectified; active self-destruction is a more serious matter, less simple to solve.

Further, research has shown the body dissatisfaction and body hatred caused by self-objectification to be predictive factors in the self-harming and suicidal behaviours of women; however, body dissatisfaction and body hatred are not directly linked to self-harming and suicidal behaviours (Lamis et. al., 2010; Mercurio, 2008; Rodriguez-Cano, 2006; Muehlenkamp et. al., 2005). Rather, studies have increasingly shown a direct link between female self-harm and suicidal behaviours and the depression arising from body dissatisfaction and body hatred. Muehlenkamp et. al. found that “self-objectification directly contributed to the development of negative body regard, which influenced depressive symptomology, which affected self-harm” (2005, p. 29-30). This was confirmed in two subsequent studies. A study conducted in Spain found that a high level of body dissatisfaction and depression predicted whether adolescents had previously attempted suicide (Rodriguez-Cano, 2006). Most recently, Lamis et. al. reported that “the body image-suicide proneness link was significantly mediated by depression and its direct effect on suicide proneness” (2010, p. 124). Yet, any depression felt is not only about the body itself, whether a woman feels beautiful in a subjective and intangible sense, but about the objective and tangible rewards such beauty brings to life, discussed in a following chapter. Body satisfaction, body love and a lack of
self-objectification is “associated with aspects of well-being such as the degree to which one feels satisfied with one’s life as a whole” (Mercurio, 2008, p. 464). It has been argued that self-objectification is a necessary requirement for a woman to experience body dissatisfaction and body hatred; women who are satisfied with their bodies and their lives do not tend to experience depression and self-destructive behaviours arising from self-objectification (Orbach et. al., 2006; Sinton and Birch, 2006).

Research has also begun to indicate that a person’s self-perception of their weight has a greater affect on their wellbeing than their actual weight (Dave and Rashad, 2009; Cook et. al., 2007; Whetstone et. al., 2007; Eaton et. al., 2005; Posavac and Posavac, 2002; Tiggemann, 1994). The media’s predominant message is one of ‘thin beauty’ but this is simply one of many complex and dichotomous messages. Some women claim to be increasingly aware of the unreality of the images presented to them – that no one is as beautiful as visually portrayed in the media – but this does not seem to lessen the negative impact of the images (Donaghue and Smith, 2008; Harper and Tiggeman, 2008; Tiggeman, 2006). Indeed, women who are already depressed "are more likely to internalize messages pertaining to self-evaluations, such as those related to appearance, and/or are more likely to internalize and incorporate such appearance messages into self-evaluations" (Sinton and Birch, 2006, p. 173).

The ability to ‘see’ these objectified and unrealistic beauty ideals may be far easier to conceptualise theoretically than realistically (Sinton and Birch, 2006; Tiggeman and Kuring, 2004). The media’s portrayal of beauty ideals can be so saturating and invasive that a girl “may not need to place a heightened value or importance on appearance in order to engage in negative appearance evaluations” (Sinton and Birch, 2006, p. 172). When studying data from the 2007 Youth Risk Behavior Surveillance System (YRBSS), information collected every two years from a representative sample of American schoolchildren from Grade 9 to Grade 12, Dave and Rashad (2009) found that a higher percentage of girls (37.5%) thought they were overweight than the percentage of girls (23%) whose BMI actually indicated this (see also Whetstone et. al., 2007).

However, the link between weight perception and risk of suicidal behaviour is not unique to women. While females continue to be more vulnerable to this type of factor, studies on adolescents have found that males are also affected (Dave and Rashad, 2009; Whetstone et. al., 2007; Eaton et. al., 2005). Dave and Rashad found that:
“any perception of being overweight positively impacts the probability of attempting suicide for female adolescents, and the probability of suicide injury for male adolescents. Perception of being very overweight significantly impacts all suicidal behaviors for both genders” (2009, p. 1688).

This reinforced previous studies where “perceiving oneself to be overweight was significantly related to suicidal thoughts and actions for both boys and girls when controlling for personal and family characteristics” (Whetstone et. al., 2007, p. 63). However, students did not necessarily have to perceive themselves to be ‘overweight’ or ‘obese’ to be more vulnerable to suicidal behaviours, just not ‘right’. Eaton et. al. discovered:

Suicide ideation was more likely even among students whose perceptions of body size deviated only slightly from “about the right weight”. We found suicide ideation was more likely among students who perceived themselves as anything other than about the right weight. (2005, p. 517)

In a study of female students, perceiving oneself to not be the ‘right’ weight was linked to disordered eating and subsequent suicidal behaviours:

Suicidal thoughts, suicide planning, and being at risk of depression were significantly more common among those who saw themselves as not the right weight (ie, either underweight or overweight)…. Significant associations were found between disordered eating behaviour and suicidal thoughts, suicide attempts, high risk of depression, and ever having had vaginal intercourse. (Cook et. al., 2007, p. 682)

Conforming to perceived beauty ideals may not necessarily lead to happiness. There have also been studies which indicate that women who have had breast implants have a higher vulnerability to suicide than women from the general population (Lipworth and McLaughlin, 2010; Figueroa-Haas, 2009; Lipworth et. al., 2007; McLaughlin et. al. 2004); although this link has not been found in every study (Figueroa-Haas, 2007; Sarwer et. al., 2007). As well as having implants, the women who suicided tended to have mental illness and substance abuse problems (Lipworth and McLaughlin, 2010; Lipworth et. al., 2007). However, it remains unclear whether these problems existed prior to the surgery or were exacerbated by the surgery. Yet, research indicates increased wellbeing for women after breast reduction surgery (Woodman and Radzyminska, 2009).
--- Eating disorders

Self-objectification, body dissatisfaction and body hatred have been most palpably found in women suffering from eating disorders. It has been argued that an eating disorder is just as much a self-harming behaviour as cutting the skin (Favaro, 2004) and just as indicative an inscription of control (Klonsky and Muehlenkamp, 2007; Favaro, 2004; Hartman McGilley, 2004; Hodgson, 2004; Nasser, 2004; McAllister, 2003; Shaw, 2002; Levens, 1994). While ‘anorexia’, ‘bulimia’ and ‘eating disorder’ are modern labels, negative inscriptions claiming control or ownership upon the female body in the form of anorexic symptoms have been documented for centuries (Ripa di Meana, 1999; Perlick, 1994; MacSween, 1993; Robertson, 1992; Brumberg, 1988; Bell, 1985). Further, Lawrence documents the ritualised behaviour patterns of anorexia and its effectiveness as a coping strategy for women:

> If you try to ignore the thoughts or to resist the compulsive actions which they drive you to, you experience enormous internal conflict the pressure of which can only be relieved by falling back on the rituals and giving in to the obsessive thoughts.... One of the central difficulties about the set of symptoms we call anorexia is that they really do their job properly. (1984, p. 23)

The ritualisation of this behaviour and its use as a coping strategy is very similar to what has been documented among women who self-harm in the more traditional sense (Klonsky and Muehlenkamp, 2007; Hartman McGilley, 2004; Hodgson, 2004; Matsumoto et. al., 2004; Nasser, 2004; Gratz, 2003; Jaworski, 2003; McAllister, 2003; Brown, 2002; Shaw, 2002; Strong, 1998; Favazza, 1996; Favazza and Conterio, 1989; Walsh and Rosen, 1988).

Not only can eating disorders be classified as a type of self-harm, but ‘traditional’ self-harm and suicidal behaviours are also commonly found in women with eating disorders (Fischer and le Grange, 2007; Klonsky and Muehlenkamp, 2007; Sansone and Levitt, 2004; Frost, 2001; Hewitt, 1997; Strong, 1998). However, the type of behaviours performed, and their severity, depends upon the type of eating disorder suffered by the woman. While they are both categorised under the umbrella of ‘eating disorder’, anorexia nervosa and bulimia nervosa are two very different psychiatric illnesses with different behaviours and effects upon the body. It must be noted that, while other eating disorders are classified in the DSM-IV, research has predominantly focused on anorexia and bulimia.

Favazza and Conterio found that 61% of their self-harming subjects currently had or had had in the past, an eating disorder; bulimia was the most common (1989, p. 287). A more recent
A study of 376 female patients with eating disorders found that 34.6% had self-harmed in the past, “inflict[ing] superficial and moderately severe injury on themselves by cutting, hitting, and scratching” (Paul et. al., 2002, p. 410). In Japan, Matsumoto et al. (2004) found self-harm to be one of the behaviours exhibited with multi-impulsive bulimia. Favaro et. al. sees the occurrence of self-harm and eating disorders “as being linked to body dissatisfaction, asceticism, or a pervading sense of ineffectiveness which often implies and element of self-punishment (e.g., self-starvation, other body mortification practices such as self-flagellation)” (2004, p. 32); a position supported by other research (Walsh, 2006; Frost, 2001; Strong, 1998). At a more extreme level, and similar to women who have been sexually abused, Favazza and Conterio found that many women who self-harmed hated the ‘female-ness’ of their bodies, particularly their breasts, vagina and menstruation (1989, p. 285-286).

Death is a very real outcome among anorexic women. They are more likely to die than women suffering from any other psychiatric disorder (Pompili et. al., 2006; Sullivan, 2002). While death can result from the physical complications of self-starvation, anorexic women also have a high risk of suicide when compared to other women (Franko and Keel, 2006; Franko et. al., 2004; Pompili et. al., 2006; Sullivan, 1995). Stein et. al. (2003) found that anorexic women demonstrated repulsion to life and a subsequent attraction to death, which could arguably leave them vulnerable to self-destructive tendencies. They argue that if anorexia is a form of women asserting control over their bodies then

the loss of control over their failing bodies may become a source of such painful self-states that lead to devitalization and loss of any sense of pleasure. The emergence of self-destructive tendencies among AN [anorexic] patients at that time may not merely reflect a wish to annihilate the body, but also to regain a new sense of pleasure by controlling their whole existence, emotional as well as physical. (Stein, 2003, p. 23)

However, suicide performed by anorexic women may also display repressed femininity. A Danish study found that, of the 18 anorexic women who died by suicide, 10 chose violent means (Moller-Madsen, 1996). This is contrary to the idea that women tend to choose less-violent methods of suicide. In contrast, women suffering from bulimia nervosa are less likely to die from either complications arising from their disorder or from suicide (Keel et. al., 2003; Keel and Mitchell, 1997). However, the number of suicide deaths from either disorder varies from study to study (Pompili et. al., 2006) and, given the different natures of the disorders, it is argued that comparisons are hard to make (Franko and Keel, 2006).
While bulimic women may be less likely to die by suicide, studies indicate that suicide attempts are common (Fischer and le Grange, 2007; Franko and Keel, 2006). Once again, these numbers vary from study to study. Bulik et. al. (1999) found that, while the numbers of women who had attempted suicide were similar, the bulimic group indicated less intent to die than the anorexic group. However, this study also found that women who had both an eating disorder and a history of non-fatal suicidal behaviour also displayed “high persistence (a tendency to continue behavior that is no longer rewarded), low self-directedness (little initiation by the self), and high self-transcendence (tendency to rise above immediate needs)” (Bulik et al., 1999 in Franko and Keel, 2006, p. 778). This acceptance of denial, repression and suffering could indicate how little a woman considers her body her own, how objectified she is and how much body hatred she feels.

A later study found that

among those suffering from bulimia nervosa, the prevalence of suicide attempts varied from a low 23% among outpatients, to 39% among inpatients, to 54% among those with comorbid alcohol abuse…. the frequency of suicide attempts among outpatients with anorexia nervosa is 16%. (Sansone and Levitt, 2002, p. 210)

This study also examined the effect of personality traits on the suicidal behaviour of eating disordered women. This study suggested that the higher levels of suicidal behaviours among bulimic women could be attributed to their higher levels of impulsivity, whereas anorexic women showed higher inhibition (Ibid.). In contrast, an 8-year follow-up study of Japanese anorexia sufferers who had died found that “the deceased patients had shown more impulsive behaviors such as suicide attempts, shoplifting and/or alcohol abuse” (Tanaka et. al., 2001, p. 394), although not all these women had died by suicide.

However, studies also indicate that the presence of an eating disorder alone may not be the only reason for the performance of suicidal behaviours. Sansone and Levitt argue that “early histories of abuse and the presence of dissociative defenses, as well as highly chaotic family environments, lack of sufficient parental support, and extensive psychosocial stressors, may also confer significant risk” (2002, p. 210-211). Studies conducted in both Western countries and Japan have found that the presence of other mental illnesses and alcohol abuse increases the risk of suicidal behaviours in eating disordered women and that these are especially prevalent in bulimic women (Fischer and le Grange, 2007; Anderson et. al., 2002; Corcos et. al., 2002; Yamaguchi et. al., 2000; Bulik et. al., 1999; Favaro and Santonastaso, 1997). Sexual abuse is also a common factor found in eating-disordered women with a history of suicidal
behaviours (Klonsky and Muehlenkamp, 2007; McAllister, 2003; Shaw, 2002; Yamaguchi et. al., 2000; Strong, 1998; Favazza, 1996; Favaro and Santonastaso, 1997).

As with suicidal behaviours, rates of self-harm among women with eating disorders also differ. The number of women who self-harm are similar among both anorexia and bulimia sufferers; although one study found that women with bulimia were more likely to self-harm (Fischer and le Grange, 2007). It can be difficult to ascertain the severity of the self-harm performed or whether the women consider the behaviour to be self-harming or suicidal (Paul et. al., 2002; Sansone and Levitt, 2002). However, Paul et. al. found that much of the self-harm was superficial and used as a coping strategy:

Patients rated the following functions of self-injurious behavior as most important: to reduce anger, to punish themselves, to reduce tension, to feel bodily instead of emotional pain, and to end uncomfortable feelings. Ninety of the patients (69.2%) stated that they would feel better immediately after injuring themselves. (2002, p. 410)

2.5: How are self-harm and non-fatal suicidal behaviour affected by ideals and expectations of sexuality?

Deviant sexual behaviour has traditionally been linked to suicidal behaviour. ‘Good’ sexual behaviour occurred within marriage with the intent to fall pregnant – procreational; ‘deviant’ sexual behaviour occurred outside marriage for pleasure – recreational. However, recreational sex was linked to madness and, subsequently, suicide as the physical pleasures of sex were seen to destroy the mind, leaving people more vulnerable to self-destruction (Masaryk, 1881/1970). Women were constructed as moral gatekeepers, analysed in a subsequent chapter, who ensured that civilisation did not fall to debauchery. In the moralising, and romanticised, tales of suicide and sex, it was not ‘good’ women who suicided – it was ‘bad’ women who deviated from social norms and sought redemption. However, ‘good’ women could still be susceptible to suicide if they were defiled.

Suicide to cleanse oneself of sin and shame was historically valorised in women who had lost their ‘goodness’ – often conceptualised as sex outside marriage with little distinction made between consensual sex and rape (Minois, 1999; Screech, 1999; Kushner, 1995; Pinguet, 1993; MacDonald and Murphy, 1990; Anderson, 1987; Kushner, 1985; Masaryk, 1881/1970; Faber, 1967). Suicide was a reaction both archaic in its conception and cross-cultural in its...
application – stories of Western and Japanese women choosing death before living without virtue were retold by writers across centuries. A ‘good’ woman was pure and purity was linked to virginity, chastity and fidelity. A loss of purity, outside the sanctity of marriage and especially by force, stained the woman. An impure life was one many women thought not worth living and the idea of dying to regain some sense of honour was heavily romanticised (Minois, 1999; Pinguet, 1993; MacDonald and Murphy, 1990; Anderson, 1987; Iga, 1986; Kushner, 1985; Faber, 1967). No matter how poetic, the moral undercurrents of such tales were unmistakable and unforgiving. Some women were praised for their death, such as the Roman woman Lucrece (Pridemore and McArthur, 2009; Harris, 2008; Minois, 1999; Faber, 1967), whose actions continued to be held as the standard for real women in Victorian England (further examined later in this chapter). The impeccable Lucrece is raped and “destroys herself after being doubly reified as a sexual object…. She calls upon family and friends to hear her story and know her in her difference” (Higgonet, 1985, pp. 109-110). Lucrece believed that to continue living would give undeserved absolution to lesser women and so chose suicide. In this way, the decision to suicide also gave a woman control over her death. It further proved that any deviation from goodness was not of her choosing – that she had adhered to the ideal of the ‘good’ woman as best she could. Lucrece’s lifeless body was proof enough that rape had occurred; it may not have been avenged if she’d lived.

While examples of sexuality and suicide abound in Japanese and Western histories, the stain of sexual deviancy can still propel a woman to suicide. In 2009, a 13 year-old American girl killed herself after enduring months of vicious gossip when topless photos she’d ‘sexted’ to a boy were sent around her school (Inbar, 2009; Meacham, 2009). ‘Sexting’ is a colloquialism for sending messages and/or images containing sexual content via text message. In early 2010, another American teenager hung herself due to the bullying she faced after two short relationships with popular boys (Bazelon, 2010).

--- Stain of violation and dishonour

The way society perceived a person who suicided to cleanse violation or dishonour depended on their class, their sex, and the circumstances of their disgrace….. women could either redeem their honour - as Lucretia had - or they could like men escape their disgrace, gaining a measure of posthumous revenge on the rakes who had betrayed them. (MacDonald and Murphy, 1990, pp. 275-276)
In this way, motives for suicides began to be delineated between “she died for love and he for glory” (Canetto, 1992-1993). The male suicide was often constructed as active – a ‘bad’ man sought forgiveness for a terrible deed through death using a violent and lethal method (Anderson, 1987, Kushner, 1985). Conversely, the female suicide was often constructed as passive. Her “suicide by drowning was shown as the reluctant last resort of the seduced and abandoned (and therefore starving and despairing)” (Anderson, 1987, p. 196). A girl who was ‘seduced and abandoned’ was not alone in her sin but she was alone in her death.

Famously, it was these types of sexual female suicides that were often romanticised in newspaper reports of Victorian and Edwardian England (Kushner, 1995; MacDonald and Murphy, 1990; Anderson, 1987; Kushner, 1985). The reports painted images of desperate girls about to throw themselves into a swirling river in a rain-swept night, abandoned by their (upper-class) lover who had left them nothing but an unwanted pregnancy (MacDonald and Murphy, 1990; Anderson, 1987; Kushner, 1985). No matter how true, these stories were intended to inflame the passions and sympathies of working-class readers – the girls were figures of deep sympathy, the men cast as deviant villains (MacDonald and Murphy, 1990). However, it was social perception of the girl that mattered, not the reality of the situation. A girl who drowned herself may have received great public sympathy but, while alive, ‘bad’ women were often condemned for their ‘immorality’, especially widows who sought male company or remarriage (Minois, 1999; Grimshaw and Fahey, 1985).

As discussed previously in the chapter, female suicide to cleanse oneself of the violation of rape was condoned in early Judeo-Christian culture where the Catholic church went "so far as to canonize a couple of women who preferred to kill themselves than be defiled by lustful and disrespectful men" (Faber, 1967, p. 36). Given the church’s stance on suicide normally, this seems to imply that female bodies were only valuable when they were ‘pure’. Like the story of Lucrece, women who killed themselves after rape were constructed as ‘good’ women despite the shame they had endured (Minois, 1999). While the crime itself was physically committed upon the female body, examined in a later chapter, rape was traditionally viewed as a legal loss for the husband – “If woman is taken to be a commodity, rape means total devaluation: reified, then stolen, she has no essence left to justify her continuing existence” (Higgonet, 1985, p. 109). Suicide regained control of this now-uncontrolled female body, cleansed its sin, and restored honour to the man.

In Japan, suicides to defend and reclaim one’s honour were often condoned and valorised, particularly among samurai, leaders and warriors (Pingueut, 1993, Iga, 1986, Seward, 1967, Benedict, 1946). Honour and reputation (giri) were more important than life itself where "giri
to one's name is the duty to keep one's reputation unspotted.... Giri to one's name also demands acts which remove a slur or an insult; the slur darkens one's good name and should be got rid of" (Benedict, 1946, p. 145). Suicide was not the only way in which to cleanse such a stain but, in the form of hara-kiri (discussed previously), it was a ritualised and spiritual performance (Pinguet, 1993, Iga, 1986, Seward, 1967, Benedict, 1946).

Female suicide after rape was conceptualised similarly. Similar to Western thought, rape stole the female body away from her male owner; suicide restored it. Further, there were famous woman, like Lucrece, who encapsulated this ‘good’ woman – one example being the wife of Enya Takasada who suicided after being raped by her husband’s political rival (Screech, 1999, p. 105)

--- Sexual abuse, assault and rape

Abuse during childhood has long been seen to leave some people vulnerable to self-harm behaviours in later life (Matsumoto et. al., 2009; Klonsky and Muehlenkamp, 2007; McAllister, 2003; Shaw, 2002; Strong, 1998; Favazza, 1996). Indeed, “the voice of self-cut skin is…said to be a very specific language for indicating childhood trauma” (Nasser, 2004, p. 20). Yet the kind of abuse experienced, and its link to self-harm, is dependent upon gender and culture. Favazza and Conterio found that 62% of the 240 women they surveyed had experienced abuse (physical, sexual, or both) during their childhood (1989, p. 285). However, males were excluded from this study. Compared to a female who doesn’t self-harm, studies have shown “that deliberate self-harm is significantly more common among women with a history of childhood sexual abuse” (Gladstone et. al., 2004, p. 1417). Female adolescents with a history of sexual abuse were also found to be vulnerable to suicidal behaviours in a study of delinquent adolescents in Japan (Matsumoto et. al., 2009). Further, childhood physical abuse, rather than sexual abuse, may also be a factor in a self-harmer’s history in Japan (Matsumoto et. al., 2004). The motives of self-harm, and the sites upon which it is inscribed, are affected by a history of sexual abuse – self-harm can be motivated by body hatred or a need to control or punish the body with the breasts or genitals often being targeted (Smith et. al., 1998; Hewitt, 1997).

Female suicidal behaviours, specifically suicidal ideation and suicide attempts, have also been connected to experiences of childhood sexual abuse and adult sexual victimisation (Olshen et. al., 2007; Nelson et. al., 2002; Ullman and Brecklin, 2002; Stepakoff, 1998; Shrier et. al., 1998). In a study of university students, Stepakoff (1998) found that survivors of childhood sexual abuse and adult sexual victimisation both reported suicidal acts but only the adult
victims reported current suicidal ideation and hopelessness. Further, adult rape victims reported ‘more suicidal acts’ than those who experienced other coercive sexual acts (op. cit., 1998, pp. 120-121). It has been argued that the physical force and penetration of rape, as opposed to other types of sexual victimisation, appears to increase the risk of suicidal behaviour (Nelson et. al., 2002; Stepakoff, 1998). Additionally, women who had experienced multiple sexual assaults tended to be more vulnerable to suicidal behaviour (Ullman and Brecklin, 2002; Stepakoff, 1998; Shrier et.al. 1998). It seems that the experience of sexual abuse and assault can lessen a woman’s resilience to suicide as she may perceive fewer reasons to live and have less effective coping strategies; once again, this was more significant among rape victims (Segal, 2009).

The ambiguities connected with consent and the constructions of rape, examined in detail in a subsequent chapter, are connected to the feelings of control a woman has over her body (Gavey, 2005, Tolman, 2002, Xenos and Smith, 2001, Phillips, 2000). Gavey (2005), Tolman (2002) and Phillips (2000) all interviewed girls who described being coerced into having sex, even if they did not call it ‘rape’, and who often felt ashamed, confused and frightened after the experience. Further, like the women illustrated in Victorian newspapers, they found themselves out of their depth when it came to consequences of unprotected sex. Gavey interviewed one girl who was:

Too young to obtain oral contraception herself, her boyfriend refused to responsibly use condoms, and so she was regularly having unprotected sexual intercourse:…..

_Marilyn:_ I was really frightened of getting pregnant all the time, every, every month I would just lie in bed petrified with fear about what I was going to do. I used to think if I got pregnant, I would commit suicide, and I knew how to do it. I used to write, I actually wrote a letter to [name of national women’s magazine] pretending to be a young mother worried about my children eating poison, around the house, and said “which ones should be locked up?,,” so I could find out what would kill you. And that was what I would do, that is what I thought I would do” (2005, p. 138).

The shame felt after a sexual assault is also strongly felt in Japan. Similar to Western women, there is often reluctance to name an experience as ‘rape’ or to go to the police (Burns, 2004, Dussich, 2001). This reluctance is also linked to suicidal behaviours where “rather than report a sexual assault and reveal that they were associated with such taboo behavior, many victims would rather suffer in silence or in some cases even commit suicide” (Dussich, 2001, p. 281). Suicidal behaviour reinscribes control onto the body, provides a way for women to cope with
the consequences of the rape and to escape any negative social connotations placed on the rape victim.

2.6: How are self-harm and non-fatal suicidal behaviour affected by ideals and expectations of marriage?

With its link to the domestic realm, marriage was traditionally believed to protect women from suicidal urges more than men. Although some argued that women were better able to withstand negative life experiences (Kushner, 1993), others perceived women without a male companion to be the most vulnerable to suicide (Canetto, 1998, Higonnet, 1985, Kushner, 1985). As will be analysed throughout the next chapters, women were more commonly constructed as the weaker sex; it was men who were perceived as strong enough to live in the outside realm (Lehmann, 1990; Kushner, 1993, 1985).

This gender-segregation was reflected in the cultural scripts written for suicide. As discussed previously, men were perceived to make an active choice when choosing to die. Their suicidal script are fallen hero stories. They appeal for empathy, and even respect for the fallen hero. The suicide is construed as a way to restore the lost power and dignity. Accounts of men's suicides rarely portray them as ambivalent about their suicidal behavior. Finally, in men's suicide stories, emotional and relationship problems may be mentioned, but are typically treated as secondary to the fallen hero plot. (Canetto and Lester, 1998, p. 178)

Husbands could be heroes in death; wives could only ever be heroic protecting their virtue. Trapped within the domestic sphere, coddled in the assumption that they were innately protected, female suicide was "constructed as an immature and foolish response to a situation with which most normal adults could cope" (op. cit., 1998, p. 174). Certainly women could not be ‘fallen heroes’ if they could not survive simple obstacles. Female suicidal behaviours became trivialised as weakness; male behaviours inextricably entwined with issues of grave importance.

In this way, female suicides were linked to the fragility of love – and the madness it could inspire (Pinguet, 1999, Minois, 1993, MacDonald and Murphy, 1990, Anderson, 1987). People, more particularly ‘good’ women, would suicide because they could not be with the
one they loved, to protect their beloved, to avoid re/marriage, to escape an unhappy marriage or when marriage ended, whether by death or abandonment. However, the fallacy of this assumption is beginning to be demonstrated. Canetto and Lester found that

U.S. adult women and men who killed themselves did not differ in the love and achievement motives that they reported in their suicide notes. Romantic problems were more often mentioned than school or work problems in both women's and men's notes. (2002, pp. 757-576)

Further, a recent Australian investigation on suicidal behaviours during marital and de facto separation found that men were most vulnerable in the acute phase of the separation and more likely to experience substance abuse, depression and suicidal behaviours (Ide et. al., 2010; Kolves et. al., 2009; see also Cantor and Slater, 1995). This will be more deeply examined in the following sections.

As will be discussed in a subsequent chapter, men and women experience marriage differently (Maushart, 2001; Bernard, 1973; Durkheim, 1897/1952). In analysing these contradictions, it becomes apparent that these different experiences can influence how marital status may affect an individual’s risk of or protection from self-harm and suicidal behaviours. Marriage in and of itself does not prevent suicide; neither does it necessarily exacerbate suicide risk. What needs to be more closely examined is why "the effects of marriage are diametrically opposite for women and men. Specifically, marriage attenuates male suicide rates while it exacerbates female suicide rates" (Lehmann, 1995, pp. 915-916). How do the expectations and ideals of marriage create such potential risk in some women, but not all, yet seem to protect all men?

--- Marriage is dangerous for women and divorce is dangerous for men

The relationship between female self-harm and suicidal behaviours and marriage is a complicated one. Durkheim (1897/1952) claimed that marriage protected women from suicidal impulses and more recent studies have reaffirmed that marriage can be a strong protective factor for both men and women (Kolves et. al., 2009; Hassan, 2006; Maushart, 2001; Hawton, 2000; Canetto and Sakinofsky, 1998; Cantor and Slater, 1995; Hassan, 1995; Lehmann, 1995; Kushner, 1993; Bucca et. al., 1994; Hulten, 1992; Kreitman, 1988; Lester, 1987).

However, Durkheim revealed that the social harmony apparently created by familial stability and gender segregation protected men, not women (Jaworski, 1999; Lehmann, 1995, 1991,
Lehmann writes that Durkheim discovered marriage, by providing sexual regulation, prevents sexual anomie and therefore prevents anomic suicide. Conversely, divorce, by disrupting sexual regulation, causes sexual anomie and therefore causes anomic suicide. The problem Durkheim encounters is that this pattern is only true of men. The suicide rates of women indicate an entirely different - in fact, an opposite - pattern. Among women, marriage is associated with increased suicide rates, whereas divorce is associated with decreased suicide rates. (1990, pp. 177-178)

Thus, while men benefited from their bound sexuality, "women's sexuality is natural and physical rather than social and mental, and it is therefore regulated - limited and satisfied - biologically.... For women, marriage represents unnecessary regulation. More important, it constitutes excessive regulation for them" (Lehmann, 1995, p. 917). In this way, marriage was potentially so harmful to women that the only way to prevent suicide was to allow escape. Separation and divorce may be detrimental to men but less dangerous for women; this gendered dichotomy has been reinforced in other research (Kolves et. al., 2009; Payne et. al., 2008; Jaworski, 2003; Maushart, 2001; Cantor and Slater, 1995; Lehmann, 1995, 1990; Kreitman, 1988; Lester, 1987; Masaryk, 1881/1970).

‘Inside’ roles have also not protected Japanese women from self-harm and suicidal behaviours. While female suicidal behaviours in Japan have received little research attention, the high expectations demanded of Japanese wives and mothers has led to feelings of isolation, worthlessness, stress and identity conflict (Yoshimasu et. al., 2006; Rosenberger, 2001; Jolivet, 1997; Pinguet, 1993; Bryant, 1990; Iga, 1986).

In light of these contradictions, Durkheim’s claim that marriage is universally protective against suicide needs to be dissected within Western and Japanese social paradigms. Marriage has been conceptualised as the foundation of a ‘good’ society for so long that it may be difficult to imagine, or behave, otherwise (Ashikari, 2003a; Rosenberger, 2001; Kushner, 1993; Pinguet, 1993; Chandler, 1991; Lehmann, 1990; Sydie, 1987; Grimshaw and Fahey, 1985). Traditionally in Western culture, “marital breakdown was the most dangerous kind of social fission that could occur, and marital problems naturally ranked high among the motives observers attributed to suicides” (MacDonald and Murphy, 1990, pp. 261-262). After *Le Suicide*, Durkheim wrote *Divorce by Mutual Consent*. In this, he admitted there were some benefits gained by divorce but these were easily outweighed by the benefits of marriage:
Divorce might be in the individual interest, but indissoluble marriage is in the social interest, and the social interest always takes precedence. Marriage prevents individual suicides because it moralizes and socializes individuals. By limiting their desires, it provides satisfaction. By attaching them to each other and to the community, it attaches them to life. (Lehmann, 1990, p. 179)

Consequently, this placement of marriage as a social construct, and divorce as an individual one, has affected the way in which marital dysfunction is perceived. Society has tended to presume that the fault of any unhappiness within marriage lies with the individual and not the institution; although this is beginning to change (Maushart, 2001; Spender, 1994a; Chandler, 1991; Oakley, 1974; Greer, 1970).

Indeed, as analysed in a later chapter, marriage was constructed as a duty for both men and women in Australia and Japan. Being a wife was a job – and not a very good one (Maushart, 1997, Oakley, 1974). Feminist researchers and writers have claimed that marriage does not protect women as "stress, and depression can be the outcome for anyone who has a lowly paid, menial, and poorly regarded job - and wives were no exception" (Spender, 1994a, p. 38). Within a traditional marital paradigm, where wives were chattels belonging to the family, there was some obligation on the part of the husband:

In return for their subordination, women expected to be treated with respect and affection. At the very least, husband were supposed to fulfil the role of patriarch responsibly. A man who brutalized his wife and squandered the family's resources not only imperilled her life; he also degraded her socially by ruining the family's standing and its reputation with its neighbours. Being married to such a man was sufficient explanation for suicidal feelings and actions. (MacDonald and Murphy, 1990, p. 263)

The suicides of such women were perceived to be understandable. Just as newspaper reports of Victorian and Edwardian England told of the young girls who suicided after being abandoned by their lovers – discussed in the previous section – so too were there “wives who were mistreated or scorned by their husbands, such as Katherine Wells, whose husband had run through her dowry and had brought discredit and shame to the family, and who was tempted to kill herself every time she saw a knife” (Minois, 1999, p. 113).

However, as illustrated earlier in this chapter, when Durkheim is more closely studied it becomes apparent that his research was masculine-focused (Jaworski, 2003, Lehmann, 1995,
Lehmann, 1990). Durkheim’s gender-segregation of roles distinguishes between who is most at risk, and from what, and who should be protected. Durkheim’s findings were polarised:

marriage prevents, and divorce causes, anomic suicide in men. Marriage causes, and divorce prevents, fatalistic suicide in women. Given his own discovery, given the conflict of interest dividing men and women over marriage and divorce, Durkheim is forced to make a choice.... Durkheim decides to support indissoluble marriage and the interests of men. He decides to attack divorce, anomie, anomic suicide, male suicide - and the interests of women. (Lehmann, 1990. p. 178)

Durkheim made a theoretical choice about gender that has come to have very real consequences for women. As Jaworski writes:

Although Durkheim acknowledges that marriage does not positively contribute towards women's suicide rates, he nevertheless concludes that something must be sacrificed for the good of society. In this case, men benefit from being married rather than divorced, hence women's needs are put aside, given that men are highly civilized social and moral beings as opposed to the rudimentary and biological passions of women and their bodies. (2003, p. 137)

Further, the reasons for getting married can impact on the future suicidal behaviours of women. Haight and Hendrix (1998) interviewed both suicidal and non-suicidal women about their lives. They found that non-suicidal women tended to marry because they wanted to, for whatever reason. On the other hand, suicidal women had made early, often unsuitable, marriages in order to escape from a dysfunctional family. The family was unable to provide the love and sustenance so that these female children could grow to strong womanhood. These women also had very poor role models.... they looked for ways to leave the home, and in those years the only way to do it was through marriage. Thus, many of them became involved in early marriages. The marriages occurred while they were still children themselves and resulted in more unhappy family situations. (Haight and Hendrix, 1998, p. 279)

It was not necessarily the marriage itself that made these women suicidal but the unhappiness surrounding their choice and its consequences.
Yet, divorce does not universally protect women, nor does it put them all at risk. Indeed, it may not be divorce itself which is protective but the ability for women to reclaim control of their bodies. Historically, divorce or abandonment could be a death sentence for women in England and Australia, especially as remarriage was often greeted with social disapproval (Minois, 1999). The loss of all income, imminent poverty and the threat of losing one’s children made suicide seem the better option (MacDonald and Murphy, 1990; Jones, 1985). In these cases, it seems that choosing suicide was a way in which women could inscribe their bodies with a sense of control and reclamation. Suicide was an active choice and allowed them some dignity; starvation constructed them as a passive victim. When divorce is a valid choice, and does not necessarily lead a woman to starvation, suicide may be less likely to be chosen. Durkheim found this to be true where he conceptualised it as ‘sexual fatalism’ – the inability of a woman to escape the regulatory bonds of marriage:

> Sexual fatalism accounts for the higher rates of suicide among women in regions where divorce is prohibited as well as higher rates among married women. Since fatalism is restricted to primitives and women, Durkheim finds it uninteresting and relegates it to a footnote. (Lehmann, 1995, p. 918)

Similarly, in Japan, marriage has been constructed as protective for men and women (Stack, 1992, Iga, 1986). As will be examined in a later chapter, the quality of life for a Japanese woman after divorce may not be acceptable (Fuess, 2004; Rosenberger, 2001; Jolivet, 1997; Allison, 1996, 1994; Iwao, 1993; Iga, 1986). Subsequently,

> the more likely alternative for ordinary Japanese women who believed they have failed in building a happy family is to resign themselves to the situation. Therefore, for a majority of Japanese women, it is imperative to hold onto one’s husband. In order to do so, the wife is required to be tolerant of her husband’s defects, including unfaithfulness. When she is not tolerant, she may be pushed to suicide. (Iga, 1986, p. 58)

Marriage may prove to be a protective factor for women in Japan. Yet it is arguable that marriage itself does not prevent women from taking their life; rather it is the life outside of marriage that causes women to contemplate suicide. As will be argued in a later chapter, female wages in Japan are not enough to provide for a single woman, let alone a single mother (Rosenberger, 2001; Jolivet, 1997; Allison, 1996, 1994; Iwao, 1993). In this context, the financial problems associated with divorce mean that a mother may not be able to take
care of her children. Many Japanese women consider this unacceptable; some would rather die (Iga, 1986).

--- Oya-ko shinju (mother-child suicide)

In Japan, it is presumed that with marriage comes motherhood; it is also presumed that this is desired and ideal (Rosenberger, 2001; Jolivet, 1997; Allison, 1996; Iwao, 1993). It appears that motherhood is part of being a ‘good’ Japanese wife, a ‘good’ Japanese woman. Indeed, a ‘good’ Japanese mother/wife/woman is constructed as: "...a person who expresses devotion toward children; one who is affectionate, self-sacrificing, and, in ignoring herself, spends as much time as possible with her children; and one who is esteemed" (Ohinata, 1995, p. 208). In line with the traditional ideals of the Kyoiku-Mama (education mama), women are expected to do everything for their child to ensure its success and happiness; a child’s failure means the mother has failed (Allison, 1996, 1994; Iwao, 1993). These are high standards and have led to reports of enormous stress among mothers who feel they cannot hope to fulfil all these obligations (Rosenberger, 2001, Jolivet, 1997). Rosenberger (2001) and Jolivet (1997) both spoke about mothers who formed groups, some more formal than others, to try and cope with the stress. Rosenberger quotes a young mother she interviewed who confided:

“...secretly some young mothers around here get together and drink sake during the day in one of the mother's apartments. The kids play. We were discussing the incident where the mother killed her child - threw it out the window. She had a neurosis, but we said, "We understand!" Especially if you are a mother who can't say much.” (2001, p. 229)

The secrecy indicated by the informant, where these women may not be able to tell their husband or family about their pain, may mean a mother may struggle alone.

Within the cultural presumption of blissful motherhood, the existence of oya-ko shinju is interesting. Oya-ko shinju occurs when a mother kills her children during her own suicide. While not unique to Japanese culture (see the Greek myth of Medea), the historical and cultural context in which oya-ko shinju is placed is interesting. Indeed, its written meaning belies its action. Bryant writes that, while it involves the murder of children and suicide of a mother,

parent-child suicide (aya-ko shinju) is so linguistically and conceptually different from infanticide (kogoroshi) that the characters with which oya-ko shinju is written
do not contain any reference to death or killing. Literally translated, the term is composed of two sets of characters: "parent-child" and "center of the heart".... On the other hand, the words for suicide (jisatsu, literally "self kill"), infanticide (kogoroshi, literally "child kill"), and homicide (satsugai, literally "kill injury") all contain the Chinese character for "kill" (satsu). (1990, p. 4)

In this way, oya-ko shinju is not death; rather, a representation of love. This conceptualisation is deeply connected to the traditional Japanese ideal that a mother and child are the same body; the child’s life is her own (Rosenberger, 2001; Pinguet, 1993; Yoshimatsu, 1992, Bryant, 1990; Iga, 1967). This essentially gives a mother the right to take her child’s life as she takes her own; she is performing an act of love on one body. Self-perception becomes an even more complex phenomenon when two physical bodies are inscribed with the emotional pain of one person:

She thinks death would be better for him than separation. She has no doubt that he would satisfy her choice if he were already able to voice his own opinion. And she knows that in death she can count on a sympathetic public opinion: they may not approve of her deed, but they will understand it. It will never occur to her that the child might have a separate existence. (Pinguet, 1993, pp. 48-49)

The understanding, if not acceptance, traditionally accorded to Japanese mothers who perform oya-ko shinju does not tend to be found in Western society. Sylvia Plath protected her children from the gas fumes the morning she died and it is doubtful her death would be framed in the same romanticised manner if they had died too (compare the murder/suicide committed by Assia Wevill: Hagstrom, 2009). However, in Japan, the love between a mother and child and the responsibilities each has to the other are considered so great that it is considered reprehensible to leave one's children behind. When asked how a mother could knowingly and willingly subject her child to the physical pain of death, respondents in Japan pointed to the far greater pain of being left behind in a society where few will take on the responsibilities of caring for another's child.... it is more merciful to kill children than to leave them in the cruel world without parental protection. The mother who commits suicide without taking her child with her is blamed as an oni no ya na hito ("demon-like" person). (Bryant, 1990, p. 23)

Oya-ko shinju became constructed as a ‘good’ female suicide; although not ideal, she fulfilled her obligations until the end of her life. Indeed, the romanticisation of such suicides means
that a mother suffering mental illness may not be treated as urgently as she needs. These deaths may be conceptualised to be in ‘the centre of the heart’ but “…psychiatric disturbances of the mother have been found in most of the cases” (Yoshimatsu, 1992, p. 36-37). These are deaths that may be prevented.

Further, other research has indicated that women who passively conform to the ideals of the ‘good’ Japanese woman may be more vulnerable to these harmful inscriptions. Bryant reports that “Japanese mothers who work outside the home are much less likely to commit maternal infanticide/suicide. It is also significant that mothers have much greater daily contact with their children than do fathers, and mothers who work outside the home have far fewer opportunities to interact consistently with them” (1990, p. 9). Interaction outside the home, whether it is through work or a social group, may allow a woman to vent her anxieties.

2.7: Conclusion

This chapter has sought to examine the ways in which self-harm and non-fatal suicidal behaviours have been defined and conceptualised within the frames of the female experience. The ways in which these behaviours have been perceived has depended upon time and place – and the gender of the body upon which they were performed. Male performances have tended to be far more heroically constructed than female performances. Further, the perceived passive nature of female behaviours has tended to frame them as trivial in comparison to the perceived active nature of male behaviours; however, this active/passive division seems problematic in the debate surrounding method use and intent. This debate will be further deconstructed within the Lived Experience section of the thesis (Chapters 7, 8, 9 and 10) which analyses how women described their own intentions at the time of their harmful performances.

This chapter has also analysed the existing literature which has linked self-harm and suicidal behaviours to the ideals and expectations of beauty, sexuality and marriage surrounding the female body. Some associations, such as eating disorders, were more modern in nature; others continued on from a more historic basis, such as suicide due to sexual assault and rape. Yet there remains a lack of context in which these ideals and expectations have traditionally been placed in suicide research. Where do eating disorders fit into ideals of beauty when the result is so unbeautiful? Why does the idea of ‘sexual taint’ still leave some women vulnerable to suicide? Why has it been so important for marriage to be seen as a protective factor? The chapters contained within the Perceived Experience of this thesis (Chapters 4, 5 and 6) will
ground these ideals within their social and cultural contexts, both historic and modern. By gaining a deeper understanding of the ideals and expectations attached to the female body, it is believed that a deeper understanding of how and why they can affect women so tangibly will be gained.

However, the following Methodology chapter will describe how the data for the two separate parts of this thesis were collected and analysed. This will provide greater understanding as to how the thesis hypotheses and research questions were constructed and investigated.
3. How the Text was Constructed: Methodology

Have you any notion how many books are written about women in the course of one year?

Woolf, 1928/1945, p. 28

As discussed in the previous chapter, the inscription of self-harm and suicidal behaviours may be differently performed depending upon time and place, gender and culture. Yet, the traditional study of suicide “appears to take its own processes of analysis for granted, treating knowledge as self-evident and neutral” (Jaworski, 2007). Understanding of the female body, and the subsequent understanding of female self-harm and suicidal behaviour, has been gleaned from the gaps and differences of the male experience – ‘woman’ has become what ‘man’ is not (Butler, 2004, 1993, 1990). This chapter aims to explain the ways in which this particular study of the female body, and its study of female self-harm and suicidal behaviour, has been examined through different analyses of both literature and survey responses. It looks at how the ‘good’ woman has been defined within the physical bounds of her body; self-harm and non-fatal suicidal behaviour are also defined. Further, this chapter explores the division of this thesis into two parts (the Perceived Experience and the Lived Experience) and how the methodological approach has been adapted for both. Finally, the dilemma of ‘authentic voice’ is discussed and limitations of the thesis explained and justified.

3.1: Who is the ‘good’ woman?

In line with the traditional construction of the female body in terms of its physicality (analysed in later chapters), this thesis has taken three of the most universal aspects of the female body as its foundation – beauty, sexuality and marriage. These aspects were chosen for three reasons, notwithstanding the fact that all are potent and idealised cultural icons in Australia and Japan. First, these interlinked ideals have the potential to inscribe the female body in both tangible and intangible ways. Second, these ideals have been attached to the female body throughout history in both Western and non-Western cultures, even if they have been conceptualised differently, Third, these ideals have all been framed in terms of ‘goodness’ where a woman was judged on her conformity. These issues will all be examined in subsequent chapters.
In this way, the scope of the thesis has been constructed in terms of the social construction of the ‘good’ woman, the ‘good’ female body. This is not employed as a static construct but rather deconstructed as a dynamic entity – one that may have been more unreal than real — even if these ideals can inscribe women’s bodies in a real way. Yet, who is this ‘good’ woman? Much like the ‘perfect girl’ described by Martin (2007), the ‘good’ woman investigated in this thesis is one whose body conforms to the ideals of beauty, sexuality and marriage set by society. In Australia and Japan, a woman’s ‘goodness’ can be read through the way her body adheres to these ideals – whether she is perceived to be beautiful, whether she is sexual in a socially prescribed way, whether she is married. The ‘good’ woman’s body becomes a text of these achievements that can appear to be effortless; her adherence, or her attempts at adherence, reinforces the social ideals. The performance of self-harm and suicidal behaviour can also fit into this structured adherence to goodness, especially in the framework of the motives and methods of a particular performance. This was explored in the previous chapter.

As discussed in the introduction, this thesis analyses how the ideals of the ‘good’ woman are inscribed upon the female body in two ways:

1. The Perceived Experience: the literature analysis on the ideals and expectations of beauty, sexuality, marriage, self-harm and suicidal behaviours; and,
2. The Lived Experience: the analysis of the questionnaire completed by 88 women in their own words.

3.2: The Perceived Experience

The Perceived Experience refers to the analysis of the literature surrounding the social perception of the female body, self-harm and suicidal behaviours. The ways in which the ideals of feminine beauty, sexuality and marriage are constructed have changed throughout history in Australia and Japan. This is also true for the perceptions and implications of female self-harm and suicidal behaviours. The following literature analysis brings together a wide variety of historical and modern sources from several disciplinary fields. Some pop-academic literature was also included. Written to be accessible to a wide audience, the pop-academic references included indicate to the ideals and artefacts most influential to ‘normal’ women in Australia and Japan. Pop-academic books such as ‘The Female Eunuch’ (Greer, 1970) and ‘The Beauty Myth’ (Wolf, 1990) were chosen because these raised public debate about the various aspects of a ‘good’ woman. Further, Western pop-culture influences countries like
Japan as well; it was considered useful to investigate the different cultures of Australia and Japan, as well as a shared one. When examining the historical constructions of the Australian and Japanese ‘good’ woman, it was obvious that Japan has a wealth of historical literature. However, Australia is a relatively ‘new’ country so the bulk of its historical sources came from Greece and Rome (that ‘founded’ Western culture) and England (the country that colonised Australia and provided its modern cultural framework). This literature on the changing experiences of the female body, as inscribed by beauty, sexuality and marriage ideals, are examined in the Perceived Experience.

As will be examined in the following chapters, literature on feminine ideals and expectations has increasingly investigated the idea of ‘normalised dissatisfaction’: where it is becoming increasingly common for women, regardless of how they look, to be dissatisfied with their bodies and never feel ‘beautiful’, ‘good’ or ‘worthwhile’ (Martin, 2007). Body is perceived to be inextricably linked to self – body dissatisfaction can create negative self-perception and negative self-perception may mean a woman is dissatisfied with her body regardless of how beautiful others perceive it. However, without protective factors, body dissatisfaction can turn into body hatred. Research is beginning to show that women with body hatred and negative self-perception may be vulnerable to self-harm and suicidal behaviours (Orbach et. al., 2006). Women may physically inscribe their bodies with dissatisfaction, hatred and pain.

3.3: The Lived Experience

The Lived Experience refers to the analysis of the survey responses of women’s own experiences of the female body, self-harm and suicidal behaviours. To the author's knowledge, there have been no cross-cultural studies comparing the Perceived and Lived Experiences of the inscription of feminine ideals and self-harm and suicidal behaviours on the female body in Australia and Japan. Consequently, this research undertook an exploratory approach.

While dissecting the perceptions and stereotypes of female self-harm and suicidal behaviours, it became evident that definitions were needed which strongly distinguished between these two different performances. As was discussed in the previous chapter, there has been debate on issues including severity of harm to the body and the intention of the person performing the harm. While similarities exist, the following definitions were created for use within this thesis and based on De Leo et. al. (2004b), Favaro et. al. (2004), and Favazza (1996). The survey questions on self-harm and suicidal behaviours were framed around these definitions.
Self-harm is constructed as behaviour that is:

- self-inflicted upon the body;
- causes some type of physical harm to the body;
- deliberate (i.e., the person is aware that they are performing an act that will cause some type of physical harm to the body);
- not suicidal (i.e., the person performing the harmful behaviour has no intention to die); and,
- centred upon the person’s perception of the value, worth and purpose of their physical body.

Non-fatal suicidal behaviour is constructed as behaviour that:

- is self-inflicted upon the body;
- causes physical harm to the body which could end in death;
- is conscious (i.e., the person is aware that they are performing an act that may cause fatal physical harm to the body);
- is performed with the intention to die;
- is centred upon the person’s perception that death brings recognition or a solution to problems; and,
- has not ended with the death of the performer.

Both types of behaviours have the potential to cause severe harm to the performer; this is examined in the survey analysis. However, the intent is very different, and the vast majority of women from the sample who performed both behaviours clearly distinguished them. Lying in murkier waters between self-harm and non-fatal suicidal behaviour are ‘attention-seeking’ harmful acts. These are harmful behaviours are performed with no intention to die but in order to gain attention, sympathy or change; traditionally, this is how female suicidal behaviour has been constructed, regardless of evidence to the contrary (Jaworski, 2003; Canetto and Lester, 1998). As was examined in the previous chapter, intent remains problematic as a perceived experience compared to a lived experience. This is a problem the survey analysis, through its examination of lived experiences, seeks to resolve.
--- Instrument

A questionnaire was used to gather information. While predominantly a quantitative tool, this
survey was used within this qualitative methodology. Women were predominantly asked
open-ended questions and it was felt that, given the sensitive nature of the subject matter, an
entirely anonymous tool would be most appropriate for participants. Excluding demographic
information, the survey covered four topic areas: beauty, sexuality, marriage and, self-harm
and suicidal behaviours. The sections on beauty, sexuality and marriage were open to
everyone. Each section included 5 Likert statements (ranked 1, Definitely Agree, to 5,
Definitely Disagree) and 3-5 open-ended questions. The Likert statements reflected more
extreme stereotypes and sought a strong reaction from women. The open-ended questions,
with three lines available for answers, sought women’s feelings and perceptions of different
ideals or experiences.

In the survey, self-harm and suicidal behaviours were divided into five sections:

1. Perceptions of suicidal behaviours (open to everyone);
2. Suicide in the social circle (open to those who lived the experience);
3. Suicidal ideation (open to those who lived the experience);
4. Self-harm (open to those who lived the experience); and,
5. Suicide attempts (open to those who lived the experience).

The section on perceptions of suicide was constructed in the same way as the sections on
beauty, sexuality and marriage; there were five Likert statements and 3 open-ended questions.
However, the questions in the remaining sections were either ‘yes/no’ questions or open-
ended questions; only women who had lived that particular experience were asked to answer.
The section on self-harm also included some questions on women’s feelings towards their
body and behaviours such as missing meals. These questions were included to add a practical
dimension to the questions asked in the beauty section — how a woman perceived and treated
a body she may or may not have valued. Questions on suicidal ideation were included to see
whether it was a common experience; suicidal thoughts may have just been a way to vent
emotion as a coping strategy.

--- Participants

The Australian respondents were recruited from two places: a psychology clinic attached to a
university and first-year psychology students. The Japanese women were recruited from
similar locations in Tokyo, although Japanese university students were post-graduates. In Australia, the survey was distributed by the staff at the psychology clinic to their female patients who agreed to participate. Given the potential vulnerability of these women and the nature of the survey, participation was entirely voluntary and anonymous. The psychology students were recruited through a university research system. While all first-year students had to participate in a certain number of studies, all students could actively choose their desired studies. In this way, participation was entirely voluntary; further, it remained anonymous as there was no system to record their student number. In Japan, the survey was distributed by the Director of a research centre who had access to be both potential clinical and student participants. In the clinic setting, the survey was distributed similarly to Australia; in the university setting, the survey was distributed in various under-graduate and post-graduate classes and returned at a later date. The survey was translated by a native Japanese speaker in Australia and checked by a Japanese colleague in Tokyo. The women in Japan and the Australian women recruited from the clinic all used a paper version of the survey; the Australian students used an electronic version.

--- Sample

Ethical clearance to conduct the research (see Appendix J) was gained in 2008. From late 2008 to early 2009, 88 surveys were completed and returned. Sixty-two Australian (47 students and 15 clinical) and 26 Japanese (21 students and 5 clinical) women returned surveys. The Australian women ranged in age from 18-61 years; the Japanese women from 22-44 years. There was a variety of marital and educational statuses but not many were mothers. Mental illness was reported by all women recruited from the clinics, including Borderline Personality Disorder, Anxiety, Alcohol Dependency, Depression and Dissociative Disorder; however, some of the students also reported treatment for mental illness. Dissociative Disorder was only reported by Japanese women.

All 88 women were categorised as either non-suicidal or suicidal. Women were labelled ‘suicidal’ if they reported past/continuing suicidal ideation, self-harm or suicide attempts; in this labelling process, intent was not the important issue but rather the harmful behaviour. Among the Australian women, 30 were non-suicidal (did not report any of these behaviours) and 32 were suicidal (reported one or more of these behaviours); 15 were recruited from the clinic and 17 were students. Among the Japanese women, 15 were non-suicidal and 11 were suicidal; five were recruited from the clinic and seven were students.
It was important to see how women themselves conceptualised their feelings, illnesses and behaviours – the language they used, the inconsistencies, and the dichotomies they balanced. Some Japanese women reported that they had not answered a survey such as this before; many of their answers to the open-ended questions were shorter than the Australian ones. In contrast, some Australian women so interacted with the questions, they wrote all over the pages, using arrows to indicate the directions of their answers. As much as possible, the answers from the surveys will be replicated exactly as they appeared. Handwriting will not be shown but will still be described if the answer was written in a specific way, such as all capitals. However, spelling mistakes in the Australian responses will be fixed for the ease of the reader; such changes will be indicated with the use of square brackets. This is not relevant with the Japanese responses but all these answers were checked through by a native Japanese speaker and the author. However, there appeared to be no difference in hiragana and kanji\textsuperscript{1} usage by the Japanese women.

To hide their true identities, every woman was given a code: letters and a number. The number represents their chronological entry into the data system and is not terribly important; the letters represent whether the women is Australian or Japanese, non-suicidal or suicidal. Consequently:

- AS – Australian suicidal;
- ANS – Australian non-suicidal;
- JS – Japanese suicidal;
- JNS – Japanese non-suicidal.

All the responses to the Likert questions were entered in SPSS16 and counted. The numbers were too small to undertake any real statistical analysis. All the responses to the open-ended questions were entered into NVivo7 by late 2009 and later transferred to NVivo8 in early 2010. Each open-ended question in the survey became a node under which all the responses were coded into themes. Each theme was then analysed by the ways in which language was used and the ways in which women constructed their answers.

\textsuperscript{1} Hiragana is one form of the Japanese written syllabary. Kanji are the Chinese characters used in Japanese language writing.
3.4: Authentic voices

Awareness of the backgrounds and biases one automatically brings to any research factors into the analysis of the Perceived Experience (the literature). My social norms are the ones espoused by Australian culture so I first need to be able to look outside them before I can begin my analysis. This was the reasoning behind the historical contextualisation in the literature analysis chapters. I felt that it was vital to understand how the ideals and expectations of the ‘good’ woman grew into existence before analysing how women absorbed and interacted with them. Additionally, suicide research has traditionally been bound within a strict framework of white, male and Western science (Range and Leach, 1998). This needs to be deconstructed in order to understand how women, especially those situated outside a white, Western paradigm, absorb and interact with the ideals and expectations of self-harm and suicidal behaviours. This was powerfully expressed by Jaworski:

I want to suggest that perhaps one way of addressing the scientific tradition of suicidology is not only to interrogate the relevant interpretive processes and practices it brings to knowing suicide, but also to recognise that knowledge is shaped by contexts, which are imbued by gender, race, sexuality and geography. Recognising that knowledge is shaped by the contexts of its production is, I think, vital for challenging the masculinist subject paradigm informing suicidology’s gendering of suicide. This paradigm depends on the presupposition that knowledge is neutral and objective, and rests outside of culture, history, time, gender, race, sexuality, and the material body. This is despite that fact that the very idea of knowledge as neutral and objective itself relies on having developed in a given context, that shapes it as such. (2007, p. 73)

The nature of qualitative analysis in suicide research requires the difficult balance of examining other people’s voices without appropriating or exploiting them. As a white, female, heterosexual researcher, with her own lived experiences of the female body and harmful inscriptions, how do I separate myself from the research to ensure that the authentic voices of my participants are heard? Jaworski dissected this problem in an honest and rigorous manner:

At the same time, remaining aware of my own situatedness must come with the recognition that despite my own experiences, what I research is feasible through something which is outside of me, although this “outside” and “me” are not necessarily ontologically divorced from one another. Instead, they are interdependent.
Importantly, what is outside should not be treated as peripheral, but as something which is of equal importance to what the dissertation argues, and to how I, as the researcher, proceed, not as a disembodied subject but as someone who remains interconnected with the context from which I speak. Being critical about my own reflexivity is precisely what makes speaking on behalf of others possible. (2007, p. 71)

When analysing the surveys, I always strived to maintain the women’s authentic voices and to continually ground their responses into their own experience, rather than perceiving them through my own. This kept their voice honest and intact and their stories were kept alive. More than my other previous research, I found that how I felt about myself and my body became a bias of which to be aware. In her work, Martin (2007) indicates that few women can research body image and self-perception with complete objectivity – analysis needs to be undertaken with full awareness of one’s own feelings and the ability to recognise when personal issues can potentially blur the participants’ voices.

3.5: Limitations

This thesis does not purport to be able to generalise about the lived experiences of all Australian and Japanese women in terms of beauty, sexuality, marriage, self-harm and suicidal behaviours. Its scope is contained to examining how the female body was experienced by women who performed harmful inscriptions and those who did not within a bound Australian and Japanese context. For this reason, the role of mental illness will also not be deeply analysed but will be discussed when relevant to the lived experience of a specific woman.

This project also relies on women self-reporting their perceptions, thoughts and behaviours which can be problematic (Shibley Hyde, 1976). Women may hide details they consider embarrassing or irrelevant. Further, the use of an anonymous survey meant that no further description or elaboration could be sought on the answers provided. However, as discussed above, it was intended that the anonymous nature of the survey allowed women to feel safe. Further, many questions are constructed to focus on both social perceptions and the women’s own perceptions of the same issues. It is assumed that by being able to talk about their own feelings in relation to what they see as society’s position, the women will feel more able to express themselves. They will be able to express any ‘undesirable’ perceptions within the framework of social perception and use it to compare against their own ideals.
3.6: Conclusion

This chapter has situated this thesis within a gap of knowledge that still exists in suicide research – a study of the female body, and self-harm and suicidal behaviours, within a framework that deconstructs the cultural ideals and expectations traditionally inscribed upon the ‘good’ woman. It has sought to define the ‘good’ woman, self-harm and non-fatal suicidal behaviour as dynamic experiences, rather than static constructs. The ways in which these experiences can inscribe the female body will be examined within the two parts of the thesis: deconstructed from a societal perspective in the Perceived Experience and analysed from an individual perspective in the Lived Experience.

The following section (Chapters 4, 5 and 6) marks the beginning of the Perceived Experience section of the thesis in which literature will be analysed. The next chapter examines historic and modern social perceptions of self-harm and suicidal behaviours, in general and specifically the female experience, in Australia and Japan.
4. The Body as a Text of Perfection: Beauty Ideals in Australia and Japan

If, as Aristotle said, we...could see right through things, even the body of Alcibiades, so fair on the surface, would look thoroughly ugly once we had seen the bowels inside. Your own nature doesn't make you beautiful. It is due to the weak eyesight of the people who see you.

Boethius (c.475-525) in Synnott, 1989, p. 619

Boethius was right. When purely contextualised within its crude physical and biological framework, the human body becomes more a marvel of mechanics than a thing of beauty. However, as discussed in a previous chapter, female bodies have been more strongly contextualised within the physical realm than male bodies (Hesse-Biber, 2007; Weitz, 2003a; Synnott, 1993; Laqueur, 1990; Durkheim, 1897/1952). From the day of her birth, a woman’s physical appearance has been used as a superficial measure of her worth (Martin, 2007; Ashikari, 2003a, 2003b; Jutel, 2001; Rothblum, 1994; Seid, 1994; Wooley, 1994; Meadow and Weiss, 1992; Synnott, 1990, 1989; Greer, 1970). This has meant that “women have always defined themselves in terms of an external ideal” (Meadow and Weiss, 1992, p. 96). The earliest recorded philosophers and story tellers linked beauty to goodness, ugliness to wickedness (Hesse-Biber, 2007; Baker-Sperry and Grauerholz, 2003; Seid, 1994; Wolf, 1990; Synnott, 1990, 1989; Lawrence, 1984; Greer, 1970).

However, a definition of beauty has been neither truly universal nor timeless. It has often been perceived that beauty brings with it a good nature, love, success and happiness (Hesse-Biber, 2007; Hesse-Biber et. al., 2006; Spencer, 2006; Tiggemann, 2006; Paxton, 2000; Sanders et. al., 2000; Tebbel, 2000; Meadow and Weiss, 1992; Synnott, 1989). All are harder to reach for those women who are not judged to be beautiful (Frost, 2001, Rothblum, 1994; Seid, 1994; Lawrence, 1984). Different treatment can begin at an early age as “research suggests that the social consequences of looking good begin as early as infancy. As they enter school, less attractive youngsters are likely to be blamed and punished more often than attractive children” (Hesse-Biber, 2007, p. 111); a mother may feel a stronger bond if she thinks her baby is cute (Elder et. al. 1985). Positive perceptions of beautiful people continue into adulthood and will be discussed further in the chapter.
The social perception of female beauty has obvious and tangible effects on female wellbeing. The consequences of negative judgements, to be perceived unbeautiful, can even become destructive. Indeed, research has indicated that basic attitudes about life and death are interwoven with feelings about and attitudes toward the body, and with bodily experiences. Enjoyment in life is strongly linked to positive feelings about the body and vice versa; lack of enjoyment is strongly associated with a negatively-balanced relationship and lack of comfort with the body. (Orbach et. al., 2006, p. 149; see also Orbach et. al., 2001; Grosz, 1994)

Feeling beautiful can be vital in shaping a woman’s enjoyment of her body and her connectedness with society in two ways. First, a woman’s perception of her own body, whether she regards herself as beautiful, shapes how she interacts within society; second, how she is perceived by others, whether she ‘is’ beautiful, shapes how she is allowed to interact within society (Hesse-Biber, 2007; Bordo, 1993; Wolf, 1990; Greer, 1970). Satisfaction does not need to be objective, the woman need not be beautiful in any conventional sense; she merely needs to be subjectively satisfied with how she looks. Yet, satisfaction may be increasingly difficult to find. Recent research on women’s perceptions of their own bodies has often concluded that dissatisfaction is becoming normalised as ideals increasingly narrow and homogenise (Martin, 2007; Dohnt and Tiggemann, 2006); examined later in the chapter. The ideals expected of women may be neither realistic nor relevant but they are expected nonetheless.

As examined in a previous chapter, beauty ideals have been linked to female self-harm and suicidal behaviours in terms of self-objectification and eating disorders. However, the ways in which beauty ideals have been constructed in Australia and Japan need to be analysed in order to understand how intangible ideals create such tangible and harmful outcomes. This chapter examines how beauty has been defined in Australia and Japan, from past to present, looking at how cultural scripts have affected different interpretations. Different conceptualisations and representations will be dissected. The ways in which the current ideal of thin beauty is inscribed upon women’s bodies will be analysed at the conclusion of this chapter. However, it should be noted that the majority of the literature comes from a Western paradigm; consequently, there remains a need to be mindful of what can be presumed of those women positioned in non-Western cultures. For these reasons, there are few clear answers. Women tend to be neither passive victims within a patriarchal construct nor warriors in a feminist battle. They exist in a world where bodily dissatisfaction is neither trivial nor only a symptom of mental illness; beauty ideals muddle what is both surreal triviality and life-or-death vitality.
4.1: What is beauty?

Beauty is an odd beast. It is conceptualised with both inner and outer qualities. The outer body can be obviously beautiful, or obviously unbeautiful. Ideals of outer beauty may have appeared inflexible but are subject to social and individual preferences. Inner beauty has at times been more difficult to discern. Debate on the opposing and complementary virtues of inner and outer beauty continues, and will be discussed later in the chapter. Debate even continues over whether beauty is universal – if beauty is in the eye of the beholder, it becomes the ultimate subjectivity. Beauty becomes not only culturally-subjective but dependent upon time and place (Naini et. al., 2006; Eco, 2004; Synnott, 1992, 1990).

Consequently, there seems to be no ‘beauty’ per se, but rather a varied collection of sums that form a whole – as an inner or outer quality, as the body or the face. Beauty becomes simply one identity, among many others, that women possess, depending upon time and place (Grosz and Probyn, 1995; Grosz, 1994). It becomes obvious that “constructions of female beauty are indeed intricately embedded in the complex interaction between gender, globalization, nationalism, and class status” (Darling-Wolf, 2004, p. 328).

Beauty’s conceptualisation has a very different experience and identity in Japan. When perceptions of beauty are so subjective, not only does a different cultural gaze have to be dissected but the relationships between tradition and modernity and the consequences of globalisation need to be understood. During the immense social change of the Meiji Period, beauty ideals became a noticeable signpost for Japan’s bold move into the unknown: “As Western cultural texts invaded the Japanese market, so did Westernized ideals of female attractiveness” (Darling-Wolf, 2004, p. 329). Yet beauty ideals remained grounded in tradition where a Japanese woman’s physical appearance represents how she interprets and interacts with her ‘Japanese-ness’: "being feminine in contemporary Japan means being a Japanese woman, rather than simply being a woman" (Ashikari, 2003a, p. 55). Her beauty must be recognisable as embodying Japanese femininity, however that is defined at the time.

Indeed, there is no universal understanding of beauty. What a person recognises as beautiful depends upon myriad individual factors, culture merely being one. Regardless of how beauty is constructed, to be recognised as beautiful can have important impacts on a woman’s life and how she is perceived in society.
4.2: What does beauty mean?

Just as beauty is defined differently in Japan and the West, so it is constructed differently – what beauty is seen to be necessarily affects what it is perceived to mean. A judgement on whether a woman is beautiful may be made in an instant as "people…. are more likely to form impressions based on looks than on more substantive qualities that become evident when people become acquainted" (Sherrow, 2001, p. 57). A body can be restrained and somewhat hidden to positively affect this first impression (Steele, 2001) but this is not always possible. However, the face is literally open to judgement. A woman’s face becomes

the principal determinant in the perception of our individual beauty or ugliness, and all that these perceptions imply for self-esteem and life-chances. The face indeed symbolizes the Self, and signifies many different facets of the Self. More than any other part of the body, we identify the face as me or you. (Synnott, 1989, p. 607; see also Naini et. al., 2006 and Giddens, 1992)

A woman’s face is the first point of evaluation – proof whether she has complied with the beauty ideals of her time and place.

In this way, the social perception of a woman’s face, and her body, become her identity. She is imbued with the characteristics implied by her beauty. However, the characteristics implied are not only culturally dependent but ultimately subjective – broad social ideals are affected by, and affect, individual ideals which may be increasingly specific.

--- Beauty is good

True beauty was argued to transcend the physical female body and connect inner and outer qualities; these intangible ideals were believed to withstand the tests of time and distance (Eco, 2004; Synnott, 1992). Physical beauty became equated with "Good and Love, and with happiness, wisdom and truth and knowledge…. Conversely, ugliness equates with the opposite qualities in another table of opposites: evil, ignorance, lies and hate, unhappiness, waste and destruction" (Synnott, 1993, p. 79). In this way, ‘beautiful’ women became ‘good’ women. Indeed, fairytales like ‘Cinderella’, which has both Western and Japanese versions, were originally designed as morality tales where beautiful girls were primarily good and hard-working (Baker-Sperry and Grauerholz, 2003; Mulhern, 1985). While fairytales included some beautiful and wicked women, outer beauty was generally believed to reflect inner morality; an evil beauty was a dangerous anomaly (Norton, 1995). These ideals, and all their
later incarnations such as physiogynomy, have led to negative perceptions of the disabled and disfigured (Eco, 2004; Norton, 1995; Synnott, 1989).

In Japan, a beautiful face was linked to goodness in a slightly different way. A woman’s appearance reflected her compliance with, and loyalty to, the State – something that became vitally important during the Westernisation of the Meiji period (Ashikari, 2003a, 2003b). It became desirable for women to adhere to a very ‘Japanese’ beauty structure of white makeup, bound hair and kimono, even though white face powder had traditionally only been used by the wealthy. White powder was by no means a new tool but, in the wake of Westernisation, what it represented came to mean more than the women themselves (Ashikari, 2003a). Japanese culture was seen to have been saved by women’s beautiful faces.

Once again, beauty becomes more than mere physical appearance. A Japanese woman’s compliance to beauty ideals can represent her compliance to the patriarchal social order. A woman’s makeup provides tangible evidence of temperament, or their willingness to conform, which is evident when a woman chooses to wear no makeup. This 

\begin{displayquote}
gives the impression, regardless of her intentions, that she does not appreciate the values of traditional feminine virtues and that she is challenging not only social norms in general but also the gender ideology. On the other hand, if a woman presents a "feminine" made-up white face, this means she is being polite and respectful toward the people she meets, especially the men. (Ashikari, 2003b, p. 13; italics in original)
\end{displayquote}

Unlike a man, a woman’s character remains firmly rooted in her physical body and so is easily read (Hesse-Biber, 2007). Compliance with beauty ideals, when others perceive her to be beautiful, demonstrates that she is ‘good’ and will preserve the nation’s culture. Moreover, it can be argued that the goodness attributed to a woman’s beauty transforms her into a ‘person’, even if she does not become truly ‘human’.

--- Beauty may hide evil

However, the link from beauty to goodness, ugliness to evil, is not always so linear. Literature and myth have long illustrated that a beautiful person can become ugly if they decide to follow an evil path: "the face may misrepresent the self, and the body disguise the soul" (Synnott, 1990, p. 60; italics in original). This school of thought believed a beautiful face could hide rot beneath and, since women were so closely tied to beauty, it was subsequently
believed that women were more easily persuaded to an evil path than men (Wooley, 1994; Alvarez, 1973). Eve’s temptation was an early example, examined in a later chapter.

Yet a beautiful woman can be forgiven almost any bad behaviour; an ugly one almost nothing (Martin, 2007; Synnott, 1993; Meadow and Weiss, 1992; Synnott, 1990; Wolf, 1990; Synnott, 1989; Greer, 1970). An American study on male students’ reactions to coercive sexual advances found surprisingly, a substantial number of men also viewed an advance by a good looking woman who threatened harm or held a knife as a positive sexual opportunity. Written opinions from these men suggested that they viewed these actions as seductive, not dangerous. One wrote, “It would be an arousing and exciting change of pace to have the woman initiate sexual activity in an aggressive fashion such as this. If this was a genuine situation, I would go with the flow unless I felt a real danger and really feared for my well being.”.... Without the veil of beauty, the woman was perceived as dangerous, not seductive. (Struckman-Johnson and Struckman-Johnson, 1994, p. 401-402)

Consequently, the men perceived a highly aggressive action committed by an attractive woman to display sexual empowerment with the implication of future sexual enjoyment; the same action committed by an unattractive woman was perceived to display mental instability and held little positive connotation. A beautiful face meant that the benefit of the doubt was given far more readily. However, the continuing debate over Myra Hindley’s famous photo – that a beautiful woman could commit such horrific crimes (Birch, 1993) – illustrates that not every woman is forgiven.

The idea that a beautiful female face masks danger is not limited to a Western paradigm. In late 1970s Japan, the urban myth of The Slit-Mouthed Woman appeared. According to one Japanese text,

this woman with a white mask and long hair would come from behind and tap you on the shoulder. When you turned to look, she would ask, “Am I beautiful?” [Watashi kirei?] If you said, “Yes, you’re beautiful,” she would say “Even like this?” [Kore demo?] and remove the mask and threaten you. Or if you said, “You’re not beautiful,” she would come chasing after you. (Saito 1992, 90 in Foster, 2007, p. 701; translation of Japanese source is author of article, italics in original)
The Slit-Mouthed Woman initially appeared to be very beautiful and only became frightening when her ugly visage was revealed. This sudden shift from desire to revulsion illustrated how much people relied on beauty to judge character and the danger inherent in a wrong decision. When compliance to the right sort of Japanese face advertises a woman’s adherence to traditional cultural values (Ashikari, 2005, 2003a, 2003b), beauty becomes a tool of trust. The Slit-Mouthed Woman abused this trust and

arouses people’s terror because she works powerfully on their tacit understanding with regard to how much effort women must expend on their own ‘beauty’, how much they are controlled by it, as well as how difficult it is for a woman who is not considered beautiful to live in this world. (Komatsu 1986, 232 in Foster, 2007, p. 712; translator of Japanese source is author of article)

It was argued that people would never have gone near the woman if her unbeautiful nature was immediately apparent.

--- Beauty brings success, happiness and love

Not only are beautiful women more likely to be presumed good but they may also be rewarded with success, especially in the forms of love and happiness (Martin, 2007; Hesse-Biber et. al., 2006; Paxton, 2000; Seid, 1994; Lawrence, 1984). From an early age, girls begin to learn that they should be beautiful to ensure they won’t be alone (Hesse-Biber, 2007; Forbes et. al., 2006; Sanders et. al., 2000; Synnott, 1993).

Within the patriarchal paradigms of both Australia and Japan, a woman’s quality of life has often depended upon the quality of the men in her life. While she may not have been able to choose her father, the way she looked could increase the pool of men from which her husband was chosen. A woman who was beautiful, and who was presumed to embody all the characteristics that accompanied such beauty, was considered a more desirable mate and thus more likely to obtain a better husband than a woman who was not beautiful (Hesse-Biber et. al., 2006). Rather than a historical relic, this way of thinking is constantly reprised in a vast majority of female-targeted popular-culture; this was demonstrated by Bridget Jones (Fielding, 2001) and is deconstructed by the American website http://www.glossedover.com. Academics may debate whether ‘beauty is universal’ or if ‘popular-culture is meaningless’ but popular-culture threatens real women that they will never be loved and must do anything to avoid this fate – no matter the cost or the danger. As Meadow and Weiss write:
Our bodies are a reflection of how we are evaluated by men, of marriage marketability…. underlying the obsession with the body beautiful is the fact that if we do not "shape up", we risk loss of male approval and may ultimately end up alone. And being alone and unloved is the most basic fear women have. (1992, p. 96-97)

Yet social ideals may not necessarily match individual ideals. Regardless of popular-culture, happiness and loneliness are not solely determined by appearance.

Beauty is a very powerful weapon; those who wield it are rewarded, those who cannot face discrimination (Sanders et. al., 2000). Children who are considered beautiful tend to have more positive educational experiences (Hesse-Biber, 2007) and a higher likelihood of acceptance at good universities (Canning and Mayer, 1967, 1966). Further, Crandall found that beauty was also linked to better access to financial aid while studying at university (1991). Beautiful people with a good education are also more likely to have higher salaries and greater social mobility (Rothblum, 1994; Synnott, 1993, 1989).

Many of these studies did not focus so much on the person’s beautiful face but on their beautiful body. They especially focussed on thin and fat bodies; thin being beautiful and fat being unbeautiful, analysed later in the chapter. The notion of beauty granting rewards to those who possess it is especially harnessed within the ideal of thinness – body size is constructed as something women can control and discipline (Tebbel, 2000; Rothblum, 1994; Seid, 1994). Controlled and disciplined women are rewarded with success, love and happiness because they are perceived to have done something to deserve it (Hesse-Biber, 2007; Martin, 2007; Meadow and Weiss, 1992). Following this logic, only thin girls can grow up into ‘good’ women; girls who don’t become thin are ‘bad’ and end up alone/lonely because they had neither the willpower nor the discipline to be ‘good’. While a relationship with a beautiful woman may make a man feel successful (Martin, 2007), it may be rash to assume that every man’s vision of beauty is the same one aspired to by so many women (Hesse-Biber, 2007; Meadow and Weiss, 1992). Yet, this convoluted argument verges on the religious. Resurrection is illustrated in every before-and-after photo from a diet clinic, every weight-loss and cosmetic surgery reality programme extolling the mantra that thinness brings happiness simply unattainable when fat. Examples of such success do not even have to be taken from real life. Tiggeman found that soap operas “present the more complex cultural script that links thinness and attractiveness to happiness, desirability, and status. Thus they reinforce the importance of appearance and implicitly encourage viewers to equate attractiveness with self-worth in both others and in themselves” (2006, p. 534). Girls are not only taught to judge others based on their appearance but to hold themselves to the same standard.
Judging a person’s happiness is as subjective as judging their beauty. However, it is perhaps more difficult to be fat in current Western society. One study on patients after gastric-binding surgery found that they not only perceived their lives to be happier but “the number of gainfully employed, as well as the number living in a partnership, both increased (Nickel et. al., 2005, p. 117).

--- Beautiful women are perfect

If being beautiful means that a woman is good, successful, happy and loved, then it is little wonder that literature has traditionally constructed these women as perfect. These Superwomen are beautiful because of their ability to not only balance masculine and feminine roles but excel at both (Dolan, 1994; Timko et. al., 1987). Beautifully styled, with a baby under one arm and a laptop under the other, the Superwoman has become an inescapable cultural icon where traditional ideals supposedly transform into feminist slogans. As wife and mother, she conforms to feminine ideals but is not trapped within the ‘inside/feminine’ world. As the ultimate successful woman, the Superwoman is often stereotyped as thin which reflects both beauty and achievement. Her slimness reflects hard work, self-discipline, and symbolizes her accomplishment. Through her perfect body, she announces that she can have it all: look like a woman and succeed like a man. Thinness is the outward manifestation of perfection. Being thin means that she is both desirable and accomplished. (Meadow and Weiss., 1992, p. 99)

Thinness allows a woman to be in the ‘outside’ world with men because she does not look like an ‘inside’ woman.

Indeed, the idea of the body as a text for this perfect beauty has become so normalised that popular culture rarely questions whether it is actually achievable; a woman may simply assume she’s the only ‘imperfect’ one (Hesse-Biber, 2007; Martin, 2007; Frost, 2001; Nichter and Vuckovic, 1994; Meadow and Weiss, 1992). However Superwomen are constructed, and however unrealistic they may be, thinness has become a potent symbol of their beautiful perfection. Women will often follow any guidelines in order to be so positively perceived "and seek at least to control their own bodies believing if that one thing was perfect the rest would follow" (Dolan, 1994, p. 6). The majority of women’s magazines are filled with pages on beauty, diet, exercise, even surgery. Yet, chasing the Superwoman ideal has been linked to
eating disorders as women try to succeed in and control every area of life (Weeda-Mannak, 1994; Timko et. al., 1987). This will be further analysed later in the chapter.

Not all beauty ideals presume perfection to be embodied in the hard-working Superwoman. Indeed, perfect beauty was traditionally only seen in women who did not work at all (Hesse-Biber, 2007; Rothblum, 1994; Seid, 1994; Synnott, 1989). Work outside the home could potentially ravage feminine beauty. This was indicated in colonial Australia which “emphasised the effect of bush work on women's physical appearance. No longer soft and 'womanly', they grew 'hard', 'bronzed' and 'gaunt'” (Lake, 1985, p. 178-179). Working ‘outside’ was equally devastating to feminine beauty in Japan as women took roles beyond what was traditionally accepted (Ashikari, 2003a).

4.3: What does beauty look like?

Being perceived to be beautiful is important. It identifies whether a woman conforms to social ideals, and indicates both her worth and attractiveness as a partner. However, the way beauty is represented is dependent upon time, place and the person making the judgement. What a beautiful woman looks like has changed throughout history and is differently perceived in different cultural contexts. The types of beauty represented across time and place have often indicated how women themselves were perceived in social contexts – in some cases literally dictating what they could do.

--- Youth and kawaii are beautiful

Youth has been idealised as beautiful in the West and Japan. The beautiful fairytale princesses who won the hearts of handsome princes and lived happily-ever-after were all young (Baker-Sperry and Grauerholz, 2003); their fairness was directly linked to their youth. The old women in fairytales, good or evil, are never beautiful. In Western tradition, youthful beauty was innocent, inexperienced and sexually pliable; the ability to fight back made older women less beautiful (Wolf, 1990).

This idea is also found in Japan where youthful beauty is most obviously represented in the kawaii phenomenon (Kinsella, 1995). By looking cute and innocent, these women can deny their age and present themselves as perennial girls. Being kawaii “conjures up images of vulnerability, innocence, dependence, submissiveness, a lack of sophistication, and childish playfulness. A child is seldom regarded as an intellectual equal or a formidable opponent”
(Ginsberg, 2000, p. 271). Looking youthful is akin to a battle where constant vigilance is needed from an early age as

by strict cultural standards, the flawless skin and firm muscle tone that define attractiveness are thought to begin fading by age 28 or 29. By age 30, most women and some men have begun to actively defend against the onslaught of age. (Ginsberg, 2000, p. 271)

Further, a survey was conducted in 1984 on Japanese women’s ‘worries and anxieties’. Every group of women, regardless of their age or marital and employment statuses, listed “Whether as you grow older you will be able to retain your appeal as a woman” or “Whether you can grow old without losing your attractiveness as a person” as one of their top three ‘anxieties as a woman’ (Fujiwara and Carvell, 1984). While “woman” is very different from “person”, the fear implied in these statements is strong.

The fear of no longer being perceived as beautiful the older one gets is also found in Australia. Conforming to youthful beauty ideals can be even more unrealistic for older women but this does little to change their aspirations. Donaghue and Smith found

that the harshest self-judgements and largest self-other discrepancies occur among women in their 40s and 50s may suggest that at this age many women still aspire to the mainstream standards of beauty and are yet to shift their comparison away from these increasingly unattainable ideals, even though others may have changed the criteria against which evaluations of them are made (2008, p. 880).

--- Thin is beautiful

As examined throughout, ideals of beauty are not constant. In times when thinness implied poverty and starvation, a female body with noticeable and distinct breasts, waist and hips was linked to wealth (Maine and Kelly, 2005; Furnham et. al., 1998; Dolan, 1994; Furnham and Baguma, 1994; Rothblum, 1994; Weeda-Mannak, 1994). The form of beauty corsets helped create in the 18th- and 19th-centuries was one of concealment. Women had to conform to the hourglass ideal but this was not expected without tangible assistance (Steele, 2001; Wooley, 1994). Yet as fashion changed,

the corset did not so much disappear as become internalized through diet, exercise, and plastic surgery - known euphemistically as "body sculpting". As the twentieth
century drew to a close, it seemed that the hard body had definitively replaced the boned corset. (Steele, 2001, p. 143)

A woman’s entire and unadulterated body can now be closely scrutinised by others who not only judge for thinness but thinness without visible aid; this presumes women are naturally and ordinarily thin and, therefore, naturally and ordinarily beautiful. This thinness is a Western ideal grown out of, and dependent upon, a booming economy as "only in such a social situation where over-consumption is possible, or even too easy, can slimming become seen as a luxury and a desirable activity" (Dolan, 1994, p. 4; see also Giddens, 1992).

Now, images of impossibly thin beauty so saturate both Western and Japanese media that it is likely that women experience an elevation in state self-objectification several times a day. It is not hard to imagine women scrutinizing aspects of their physical appearance from a third-person perspective when casually flicking through fashion magazines in a doctor’s surgery, driving past billboards on the way to work, or browsing through CDs in a music store. (Harper and Tiggemann, 2008, p. 655)

This constant objectification has quickly entrenched the ideal of thin beauty where "the preferred body shape in the West is slim, and even borderline anorexic shapes are not regarded unfavorably" (Furnham et. al., 1998, p. 312). In line with this, it has been argued that body dissatisfaction is becoming increasingly normalised, where women may presume they are never thin enough (Day and Keys, 2008; Hesse-Biber, 2007; Martin, 2007; Dohnt and Tiggemann, 2006; Hesse-Biber et. al., 2006; Sinton and Birch, 2006; Tiggemann, 2006; Murnen et. al., 2003; Frost, 2001; Waller and Shaw, 1994). Body dissatisfaction may be especially exacerbated given that obesity levels in Australia are rising whereas women in the media appear to be getting smaller (Dittmar and Howard, 2004).

The foundation for dissatisfaction can be set at an early age. A study which interviewed 128 South Australian primary school girls aged 5-8 years, mainly from upper- and middle-class families, found that "six years of age was again identified as the likely age of onset for the desire for thinness" (Dohnt and Tiggemann, 2006, p. 148). The desire and dissatisfaction of a six-year-old girl may not be exactly the same as the desire and dissatisfaction felt by a woman but it is arguably an ominous portent for the future. Women do not have to be clinically obese to feel dissatisfied; even women with a low weight can be unhappy with their bodies (Kaloger, 2003). Women also tend to judge themselves to be heavier than they are, whereas men judge their weight more accurately (Hesse-Biber, 2007). Further, women tend to find
slimmer body shapes more attractive, regardless of their own size (Furnham et. al., 1998). Given this self-perception, the majority of women want to lose weight in order to remedy any body dissatisfaction, no matter how much they weigh (Furnham et. al., 2002).

Dissatisfaction with one’s weight and the desire for thinness is not limited to Western culture. Similar to Australia, thinness is also idealised in Japan (Clammer, 1995) and desired by girls as young as primary school age, regardless of their weight (Kaneko et. al., 1999) However, thinness takes on an exact nature in Japan represented by the beautiful weight of 40 kilograms regardless of height, bone structure, or muscle definition…. For many women, the ever-elusive 40 kilograms symbolizes success, accomplishment, happiness, and satisfaction that is forever around the corner. This unrealistic body weight can be both physically dangerous for some and psychologically crippling for others. (Ginsberg, 2000, p. 275)

Japanese thin beauty is conceptualised slightly differently. It is not enough to be thin alone; ““balance” as it is referred to in Japanese, in which the upper and lower body fit together, is the key to a “nice body” (a borrowed English term)” (op. cit., 2000, p. 271).

--- Models are beautiful

Models have been the most obvious manifestation of thin beauty in the media as they are taller and thinner than the average woman (Gaskill and Sanders, 2000) At least as far as the media is concerned, a model’s entire identity is based on a beautiful face and body. In this way, models can be perceived as beautiful body parts, rather than a whole body/person, and so become more easily dehumanised. However, this may not be enough to ensure a woman will be perceived as beautiful – or will perceive herself to be beautiful. In its S/S 2010 edition, which centred on body image, the controversial magazine LOVE presented nude photographs of eight top models alongside quotes of their own perceptions about their bodies – some of which were resoundingly negative. While they may not believe themselves to be beautiful, models have been blamed for perpetuating an unrealistic beauty ideal (Day and Keys, 2008; Hesse-Biber, 2007; Martin, 2007; Dohnt and Tiggemann, 2006; Hesse-Biber et. al., 2006; Tiggemann, 2006; Kalodner, 2003; Driscoll, 2002; Frost, 2001; Gaskill and Sanders, 2000; Teebel, 2000; Thompson and Heinberg, 1999; Wolf, 1990). However unreal this may be, it cannot be doubted that "devotion to beauty starts early these days, with little girls encouraged to begin their life-long affair with fashion and makeup as soon as they can sit upright in front of a television or thumb through a teen magazine" (Tebbel, 2000, p. 5). While magazines and
television lead to different levels of internalisation (Tiggemann, 2003), little girls may not be taught that the images are not real. Indeed, LOVE’s photographic spread includes a credit for the ‘retoucher’. Models are ‘unrealities’ who "blur the boundaries between a fictionalized ideal and reality…. Photographic techniques such as airbrushing, soft-focus cameras, composite figures, editing, and filters may blur the realistic nature of media images even further” (Thompson and Heinberg, 1999, pp. 340-341). However, it is these images which are presented as ideal and expected beauty. These images are constructed to be what women are meant to conform to yet "in reality she has no chance at all of achieving what she is unlikely to recognise as a clever optical illusion” (Frost, 2001, p. 40-41).

Nevertheless, it is the models’ thinness which allows these women to be visible in society (Driscoll, 2002). The visibility of the images alone may not be harmful; harm comes when women internalise these images as a comparative ideal when, in reality, they are often dangerous and impossible. A study which examined how adult women perceived thin models in advertising found that “average thin-ideal internalization leads to significantly greater body-focused anxiety after viewing thin models than after viewing average-size or no models. This detrimental effect then increases in strength with stronger internalization” (Dittmar and Howard, 2004, p. 788; see also Tiggemann, 2003). Harper and Tiggemann’s study illustrated “that magazine advertisements featuring a thin, attractive model produce greater state self-objectification than control advertisements” (2008, p. 655), where the advertisement did not feature any models.

Yet these unreal bodies are the only ones in the mainstream public arena that women see naked; internet pornography offers myriad images of ‘real’ naked women but these are neither acceptable nor accessible for mainstream public consumption (McKee et. al., 2008):

However, despite this lack of access to “normal” people look naked, there is no shortage of images in magazines, on billboards, and on television of near-naked embodiments of the cultural ideals for male and female bodies. Thus when making judgements about their own bodies, people may compare themselves to these idealised images, and even if these images are recognised as being idealised, in the absence of alternative images, they may define the standard against which people evaluate their own body size. (Donaghue and Smith, 2008, p. 879-880)

Consequently, the only female bodies women can compare themselves to on an everyday basis are bodies that do not exist in reality. However, Japanese society offers one normalised situation in which real women can see the naked bodies of other real women – public baths.
4.4: How do beauty ideals inscribe the female body?

Female and male bodies are not only perceived, and reacted to, as biological opposites but as very different social constructs where biological necessity and social perceptions construct what men and women can physically do, and what they are permitted to do, with their bodies (Grosz, 1994). A feminine/female body demonstrates that a woman is conforming to social ideals and this is more strictly regulated than a masculine/male body in terms of weight: “women are expected to manage [diet and body size] even more stringently than men. Similarly, as long as control of appetite and body weight is regarded as virtuous, women must exercise this control more than men” (Seid, 1994, p. 11).

However, this is beginning to change with the current focus on obesity; fat is unwanted on any body. Yet, the ‘goodness’ of a female body continues to be more closely tied to its physical appearance. In order for the outside world to identify them as a ‘good’ woman, women need to conform to “a ‘normal’ – in other words highly prescriptive – mode of being…. for women: that they must be *attractive* is an extraordinary enduring and pervasive idea” (Frost, 2001, p. 27).

The normalisation of the importance of beauty puts women in a difficult position. Beauty is dynamic and subjective – to be constantly perceived as beautiful and desirable is akin to reaching the end of the rainbow. As difficult as this is, to be perceived as unbeautiful and undesirable is even worse. Beauty ideals are so narrowly defined that more women will fail than succeed as "definitions of female deviance are, in fact, so extensive that virtually every woman becomes a perceived offender of some kind" (Schur, 1983, p. 37). Yet this does not stop the Sisyphus-like cycle where women constantly toil to be perceived as beautiful (Martin, 2007; Maine and Kelly, 2005; Rothblum, 1994; Wolf, 1990; Schur, 1983). In turn, this can affect a woman’s relationship with her body and consequently her own sense of satisfaction and self-esteem. The physical female body is constructed into a text by which a woman is read. However the body is read, she is not necessarily a passive doll as

no person lives his or her own body as a functional instrument or a means to an end. Its value is never simply or solely functional, for it has a (libidinal) value in itself. The subject is capable of suicide, of anorexia (which may in some cases amount to the same thing), because the body is *meaningful*, has significance. (Grosz, 1994, p. 32; italics in original)
The female body can interact with society and how it is perceived. Even negative inscriptions and performances are vital to understand because it may be all a woman can give of her body.

--- Beauty ideals are a form of social control

As examined previously, women have been socially constructed as the opposite and negative of men. In this way, a woman’s perceived physical smallness, and her often necessary dependence upon men, constructs her as an object; a woman is a body, not a person. The female body, and its beauty, becomes valued for the status it can bring, not for what the woman thinks or does herself (Hesse-Biber, 2007; Synnott, 1989). If the female body is an object, then women cannot stray from their inside realm.

Traditionally, an ‘inside’ woman was considered to have the time and, through her husband or family, the money to conform to beauty ideals. However, Australian and Japanese women are no longer solely confined inside. Yet, the active conformation to beauty ideals continues. On the whole, Australian and Japanese women spend significantly more time and money on their face and body than men (Baker-Sperry and Grauerholz, 2003; Tebbel, 2000; Jolivet, 1997; Meadow and Weiss, 1992; Wolf, 1990). The social change that has happened in both Japan and Australia in the past century, where a woman’s future is no longer fatalistically bound to the men in her life, is little reflected in the beauty ideals prescribed in each country.

This may be the point. The social upheaval caused by women moving to the outside/male domain has been well dissected (Beck-Gernsheim et. al., 2001; Maushart, 2001; Wooley, 1994; Hassan and Tan, 1992; Butler, 1990; Wolf, 1990; Greer, 1970), even by Durkheim (Lehmann, 1990). Changes to the inside female role create cracks in patriarchy’s gender segregation framework; beauty becomes "political and a contributing factor in the oppression of women" (Synnott, 1990, p. 66; italics in original). Consequently, the emphasis placed on actively conforming to beauty ideals within Australian and Japanese cultures "becomes an effective measure of gendered social control, self-imposed, yet congruent with the ideological and financial dictates of patriarchal capitalism” (Hesse-Biber et. al., 2006, p. 214). Women are made too busy trying to turn their real bodies into an unreality that they have no time to enforce social upheaval (Fredrickson and Roberts, 1997; Synnott, 1990; Wolf, 1990); they are led to believe the beauty ideals to which they are conforming are empowering rather than a ‘gilt cage’ (Greer, 1970, p. 63). Wolf has emphasised that beauty ideals are not about beauty at all; they are “always actually prescribing behavior” (Wolf, 1990, p. 14; italics in original). The consequences of these behaviours are inscriptions which may mark the body but control and reclaim nothing at all.
--- Beauty ideals moralise food and emphasise diets

Participation in the endless quest for beauty requires adherence to stringent rules. Following rules ensure neither conformity nor success but pretence must be made that women are at least trying – and, given the vast number of women on diets at any one time, many women are doing more than fabricating pretence (Hesse-Biber, 2007; Martin, 2007). Indeed, a woman does not have to be obese, or even overweight, to diet. A study of 1133 female high school students in Nova Scotia found that a significant percentage of them were trying to lose weight, regardless of their actual weight:

Nearly 90% of those who saw themselves as overweight were trying to lose weight. Among those who saw themselves as the right weight, 51% were trying to lose weight. Among those who saw themselves as underweight, 19% were trying to lose weight. (Cook et. al., 2007, pp. 681-682)

These girls felt it necessary to maintain constant vigilance against becoming fat, and therefore, unbeautiful. Even when these girls saw themselves as ‘underweight’, this still did not appear to be ‘thin’ or ‘good’ enough.

Food is now full of hidden meaning, and the meaning is dependent upon the thinness of the woman and what she is eating (Meadow and Weiss, 1992; Robertson, 1992; Lawrence, 1984). Different foods have been labelled ‘good’ or ‘bad’ (Hesse-Biber et. al., 2006; Tebbel, 2000; Robertson, 1992) with the necessity of eating shrouded in a "series of 'shoulds' and 'oughts', which had the effect of making it more a penance than a pleasure" (Lawrence, 1984, p. 31).

Consequently, the penitent regimes dictated by diets provide the necessary deterrents to keep the body under control if a woman is tempted to consume (Day and Keys, 2008; Hesse-Biber, 2007; Hesse-Biber et. al., 2006; Maine and Kelly, 2005; Dolan, 1994; Seid, 1994; Meadow and Weiss, 1992; Robertson, 1992). Diets become the front-line defence in the battle to be beautiful and the war has spread even to male bodies; “the body becomes one's enemy, an alien being bent on thwarting the disciplinary project” (Bartky, 2003, p. 28). Dietary control over a recalcitrant body has been deemed so necessary that even pregnant women regulate weight gain (Van den Broucke et. al., 1997). Yet, diets may inscribe the body with thinness, making a female body beautiful, but “this search for control through dieting is fated. Diets inevitably fail and the dieter will not always conquer her hunger, instead she will experience even greater loss of control" (Dolan, 1994, p. 6). She may never become as beautiful as she
hoped, may never be satisfied. It seems to be a slippery slope from seeking control through diets to disordered eating and eating disorders.

Dieting in Japan typically enforces even stricter control over the female body. Rather than enforcing eating regimes where the woman chooses ‘good’ food over ‘bad’, Japanese diets tend to allow very little eating at all (Ginsberg, 2000). In Japan, dieting is constructed as “skipping meals, eating exclusively one type of food, or drinking one type of beverage – such as eating only eggs or apples or drinking only kinoko (a type of seaweed) milkshakes – and cutting out all sugar and snacks” (Ginsberg, 2000, p. 275). Dieting to such obsessive extremes has not always been necessary in Japan. As evidenced in other non-Western nations, "the impact of the McDonald's culture on the traditional Japanese style of eating has been recognized, with beef burgers beginning to replace boiled rice and fish” (Nasser, 1997, p. 54). This has not only led to health problems like obesity but also an increased fixation on weight, which some researchers have linked to the emergence of eating disorders, discussed below.

Dieting as a form of denial strongly ties to the modern ideal of thin beauty. It is assumed that a woman who conforms to her dietary regimes also conforms to the ideals of a ‘good’ woman where “we believe the myth that a woman who looks good is good, because she has the moral fiber to keep herself up” (Maine and Kelly, 2005, p. 36). A ‘good’ woman’s desire for and denial of food has also been linked to her desire for and denial of sex. This will be further discussed in the next chapter.

--- Beauty ideals lead to disordered eating and eating disorders

In societies which praise and reward thin beauty

is it any wonder that eating disorders have replaced hysteria as the pathologies of our age? Is it any wonder that such disorders mostly affect women, particularly young women? For diet connects physical appearance, self-identity and sexuality in the context of social changes with which individuals struggle to cope. Emaciated bodies today no longer bear witness to ecstatic devotion, but to the intensity of this secular battle. (Giddens, 1992, pp. 31-32)

Indeed, an anorexic woman "described her feelings about food to 'being in a state of continual civil war” (Lawrence, 1984, p. 19).
Disordered eating, characterised by a wide range of behaviours such as dieting and missing meals, is becoming increasingly normalised behaviour in the West and Japan; eating disorders such as anorexia nervosa and bulimia nervosa, which can incorporate all the behaviours of disordered eating, remain psychologically diagnosed and abnormal behaviours (Day and Keys, 2008; Martin, 2007; Hesse-Biber et. al., 2006; Thompson and Heinberg, 1999; Nasser, 1997; Dolan, 1994; Mukai et. al., 1994; Perlick and Silverstein, 1994; Robertson, 1992; Pike and Rodin, 1991; Lawrence, 1984). Eating disorders were once uncommon in Japan but the number of cases has started to increase in recent years (Pike and Mizushima, 2005; Pike and Borovoy, 2004; Kaneko et. al., 1999; Nasser, 1997; Mukai et. al., 1994). However, despite their pathological classification, and the obvious and detrimental effects they have upon a female body, eating disorders were long trivialised, akin to the hysteria apparently suffered by women in the 1800s (Dolan, 1994; Perlick and Silverstein, 1994).

Yet early studies of anorexia found intellectual women who felt trapped by the limitations of feminine ideals and saw their talents ignored because of their sex (Perlick and Silverstein, 1994). These women so resented their female body that they positively perceived the physical inscriptions left by anorexia, such as amenorrhea, which helped quell its femaleness (Pike and Borovoy, 2004; Brumberg, 1997; Grosz, 1994; Perlick and Silverstein, 1994). Anorexia became a “protest at the social meaning of the female body” (Grosz, 1994, p. 40). They hoped to no longer be mere women if they lost obviously feminine body fat, especially breasts and hips, and obviously feminine functions, such as menstruation (Driscoll, 2002; Bordo, 1993). By repressing their biological urges, they were neither woman nor man but a demonstration of control and discipline over a physical body.

The development of eating disorders in Japanese women can be analysed within a similar framework. Weight anxiety can be present but it is not the overarching factor (Pike and Mizushima, 2005, Pike and Borovoy, 2004). Rather, what is important is the inscription left by the eating disorder. Anorexia can be an individual protest against change where weight loss is “associated with wanting to conform to contemporary social norms of appearance” (Pike and Borovoy, 2004, p. 518). However, in Japan, eating disorders have less to do with ideals of beauty and more with restricting the biological maturation of the female body’s functions – remaining a girl, rather than becoming a woman (Pike and Mizushima, 2005, Pike and Borovoy, 2004; Stein et. al., 2003). Delaying womanhood may allow girls to avoid some social necessities but this is not always possible. Further, a woman trapped within a social construct, such as marriage, may use anorexia as a means to lose her self. As Pike and Borovoy write, anorexia is
a private way of opting out without having to publicly acknowledge the problems in her marriage. This thinking about marriage is a commonly held view by women in Japan where discussions about marriage often focus on how to adapt to an unchanging social construct rather than on how to effect change on an interpersonal or social level. (2004, p. 522)

Seeking, much less enacting, change would make a woman’s dissatisfaction visible; it would mean acknowledgement of perceived failure in her feminine role. Anorexia not only makes a woman less physically visible but also allows her ‘success’ to remain unchallenged.

On the other hand, eating disorders can indicate a hyper, rather than a repressed, femininity. This is a complex idea. A beautiful woman does not tend to be perceived as masculine (Tiggemann and Kuring, 2004). As women try to adhere to ‘good’ feminine beauty ideals, they may be vulnerable to developing eating disorders (Timko et. al., 1987). Anorexia nervosa has also been linked to the Superwoman ideal (examined previously) since the 1970s. Research conducted by Mara Selvini Palazzoli (1974)

linked the expression of anorexia nervosa to the new, often contradictory roles for women in modern society. She emphasised that the cultural and social changes such as the admission of women into traditional male preserves such as education and professional careers while previously confined to the role of housewife and mother, tend to aggravate the inner conflicts of women. (Weeda-Mannak, 1994, p. 18)

This is not necessarily the case in Japan (Pike and Mizushima, 2005). Women exhibiting anorexic behaviours may not articulate their performance as being ‘good’; rather their anorexic behaviours may be the consequence of trying to be ‘good’ women. These women do not perceive themselves as a self; rather they are self-objectified and see themselves as objects to be judged and valued by others (Harper and Tiggemann, 2008; Mercurio and Landry, 2008; Peterson et. al., 2008; Muehlenkamp et. al., 2005; Tiggemann and Kuring, 2004; Noll and Fredrickson, 1998). These women practice a “self-denying mentality” (Wolf, 1990, p. 189).

As Weeda-Mannak writes:

- Girls have been traditionally taught that fulfilling other people's needs is more important than rewarding their own desires. They have been encouraged to deny and suppress their own inner needs and, as a consequence, have not been able to develop an authentic sense of entitlement for their desires…. The unfamiliarity with one's own inner sensations, as well as preoccupation with other people's needs, results in a sense
of self that has become dependent upon the approval of those to whom they must defer (1994, p. 17).

This approval may never be assured regardless of how much a woman is objectified. The vigilance necessary to ensure others perceive a body to be both beautiful and ‘good’ mean that “recurring feelings of body shame and anxiety cannot readily be overcome, since the societally prescribed thin ideal of beauty is virtually impossible for most women to achieve” (Tiggemann and Kuring, 2004, p. 300).

Yet the media is not the only judge of a woman’s beauty. The influence of parents, partners and peers have an enormous impact on a women’s perception of her beauty, especially a mother’s dieting patterns and how she perceives her daughter’s weight (Day and Keys, 2008; Hesse-Biber, 2007; Martin, 2007; Peterson et. al., 2007; Dohnt and Tiggemann, 2006; Sinton and Birch, 2006; Tiggemann, 2006; Pike and Borovoy, 2004; Kalodner, 2003; Paxton, 2000; Nasser, 1997; Van den Broucke et. al., 1997; Mukai et. al., 1994; Pike and Rodin, 1991; Chernin, 1985). However, negative body-talk can become ritualised among adolescent females to sound modest and gain positive reinforcement (Nichter and Vuckovic, 1994). This can be a dangerous game as positive reinforcement may not always be forthcoming – only girls who are not obviously fat can play (Ibid.). The combination of chasing an impossible ideal and being constantly reliant upon the opinion of others can leave women vulnerable. Indeed, “self-objectification leads to self-surveillance, which in turn leads to increased body shame and appearance anxiety, which result in both greater disordered eating and more depressed mood” (Tiggemann and Kuring, 2004, pp. 306-307).

Even being perceived to be beautiful does not necessarily protect women from body shame, appearance anxiety or self-objectification. Shame and anxiety instead become rooted in the fear of losing one’s beauty:

some women who self-objectify might in fact be satisfied with their weight and appearance (despite their preoccupation with appearance) and thus do not experience body shame. These women may nonetheless engage in disordered eating as a way to maintain their satisfaction. In this sense, restricted and disordered eating may be fuelled by the anticipation or dread of the negative consequences of body shame. (Noll and Fredrickson, 1998, p. 625)

In this way, women may use eating disorders as a way to exert control over their body (Day and Keys, 2008; Peterson et. al., 2008; Hesse-Biber et. al., 2006; Maine and Kelly, 2005;
Frost, 2001; Nasser, 1997; Calum and Slade, 1994; Dolan, 1994; Grosz, 1994; Weeda-Mannak, 1994; Bordo, 1993; Meades, 1993; Meadow and Weiss, 1992; Pike and Rodin, 1991; Wolf, 1990; Lawrence, 1984). An eating disorder may allow women to reclaim their body and self.

As a form of reclamation, Lawrence found that anorexic "women seemed to endure, even seek out physical sensations like cold and hunger simply so that they could overcome them. The important thing was the sense of power and control which this overcoming brought with it" (1984, p. 20). Anorexic behaviours became a protective strategy utilised by some women suffering other trauma. Maintaining the balance between food obsession and rejection meant that women did not have to deal with darker demons; once they were ‘good’, their problems would be solved. A woman does not have to be suffering from a pathological mental illness to believe this. As Lawrence writes:

> the temptation to try and solve real world problems by changing our physical selves is one which most women have probably encountered in themselves.... The feeling that your anorexia protects you is a terribly legitimate one. It does. Although it might at times be a terribly painful and distressing state of mind and body, it feels as though you are safe inside. (1984, p. 21; italics in original)

In both Japan and the West, the construction of eating disorders as a form of control is found in women with low levels of family harmony (Pike and Rodin, 1991, Chernin, 1985). Women who have suffered non-consensual sexual trauma such as sexual assault, rape or childhood sexual abuse are particularly vulnerable (Favaro et. al., 2004; Matsumoto et. al., 2004; Paul et. al., 2002; Calum and Slade, 1994; Wooley, 1994). This relationship has been less examined in Japan than in the West. However, within the context of sexual trauma, women use eating disorders as a form of bodily control differently. The desire for food becomes linked to the desire for sex (Martin, 2007; Calum and Slade, 1994; Meadow and Weiss, 1992; Wolf, 1990). A woman then ensures that the trauma will not be repeated by rejecting food and consequently rejecting sex, a concept that will be further analysed in the next chapter. Calum and Slade write that:

> Some women reported a desire to alter their body shape in order to avoid further sexual approaches. Others talked about their feelings of guilt, disgust, and self hatred and said that their binge eating and vomiting in some sense formed a punishment for what they had experienced. Some of these women clearly thought that they had
brought the abuse upon themselves. Others talked of parallels between their appetite for food and their appetite for sex. (1994, p. 102)

These tangible inscriptions left by eating disorders are often intended to make the female body unbeautiful and undesirable. This lack of beauty and desirability can either make the woman’s body visible, ensuring it is rejected for sexual purposes (Calum and Slade, 1994), or invisible, ensuring that it is hidden from the sexual desires of others (Pike and Borovoy, 2004; Ripa di Meana, 1999). In this way, anorexia distances a woman from her own body as she resists its biological needs and protects it from any further trauma. Whether through cultural construction or the aftermath of trauma, she objectifies her body. As such, her body is not something valuable so is less affected by the negative inscriptions left by an eating disorder.

4.5: Conclusion

This chapter has examined how ideals of beauty in Australia and Japan have been constructed so as to potentially leave harmful inscriptions on the female body. The ways in which beauty has been defined in the Australia and Japan have been examined in terms of how past ideas have influenced present ideals. Ideas of inner and outer beauty have consequently affected what beauty has come to meant – goodness, hidden evil, success and perfection. These meanings have become attached to different physical attributes such as youth, thinness and models. These ideals have subsequently been inscribed upon women’s bodies as social control, food morality, disordered eating and eating disorders. This chapter did not aim to directly link a quest for thinness to female suicidal behaviour; rather it sought to analyse how intangible ideals could become inscribed as tangible harm of any kind. The value placed upon the female body in terms of physical beauty affects the way a woman treats her body – what she expects it to do and what she does to it. The less value she places on her body, the more harmful inscriptions she may perform. This will be more deeply examined in the Lived Experience section of the thesis.

The next chapter takes the same analytical approach looking at the ways in which sexuality ideals have been inscribed onto the female body. Similar to this chapter, the ways in which ‘good’ sexuality has been defined, what adherence to and deviance from ‘goodness’ has meant for women and how these different behaviours act will all be examined.
The implication that there is a statistically ideal fuck which will always result in satisfaction if the right procedures are followed is depressing and misleading... dull sex for dull people. The sexual personality is basically anti-authoritarian.

Greer, 1970, p. 49

Historically, female anatomy and functions were named only within the margins of the male body. Without a name, the sexed female body was less visible and valuable than a male body (Jaworski, 2010; Butler, 2004, 2001a). Within a patriarchal paradigm, ‘she’ did not exist without a ‘he’; within a sexualised patriarchal paradigm, ‘her’ desire was constructed within ‘his’ action. Language has long made female sex and sexuality belong to, and be facilitated by, men and the male body (Laqueur, 1990). The relationship between sex (man/woman) and gender (masculine/feminine), even the conceptualisations of the penis and vagina, has changed over time and place as many of these labels are socially constructed (Braun and Wilkinson, 2005; Connell, 2000; Siann, 1994). Sex and sexuality have become complicated culturally- and socially-constructed phenomena where “we are dealing less with a discourse on sex than with a multiplicity of discourses produced by a whole series of mechanisms operating in different institutions” (Foucault, 1978, p. 33). Sexuality is an unreal reality – a construction simply real to us at this moment in time where it is necessary "to unsettle the stability of our own constructions of sexual difference by exposing the props of another view and by showing that the differences that make a difference are historically determined" (Laqueur, 1990, p. 69). We need to understand how sexuality, especially female sexuality, has been historically constructed in Australia and Japan in order to understand the present.

The ideals of female sexuality are mixed. Contradictory messages exist as to the levels of ownership and control women have over their sexed bodies. Discourses of submission and lack of control exist alongside discourses of empowerment and choice. This is especially evident within the discourses of chastity, sexual assault and rape within different Australian and Japanese patriarchal paradigms where how a woman perceives and values her body becomes paramount (Gavey, 2005; Tolman, 2002; Burns, 2000; Phillips, 2000; Jackson, 1995; Dworkin, 1994; Assiter, 1989; Dworkin, 1981; Greer, 1970). Sexuality ideals veer between girls who passively absorb a cultural script of sexuality without understanding it and women who actively interact with these ideals and adjust their behaviour depending upon
their interpretation. The contradiction over ownership and control spills into how sexuality is inscribed upon female bodies; as identity through desire and repression, reclamation and control as a consequence of violation.

As examined in a previous chapter, sexuality ideals have been linked to female self-harm and suicidal behaviours in terms of violation and dishonour, sexual abuse and assault; who owns the sexed female body and who can decide what is done to it. However, the ways in which sexuality ideals have been constructed in Australia and Japan need to be analysed in order to understand how intangible ideals create such tangible and harmful outcomes. This chapter examines how sexuality has been defined in Australia and Japan, from past to present, looking at how cultural scripts have affected different interpretations. It has been argued that Western society has become increasingly sexualised but women may not understand what their sexual body means or how it affects their lives (Martin, 2007; Driscoll, 2002; Tolman, 2002; Phillips, 2000). Female sexuality is constructed somewhat differently in Japan (Rosenberger, 2001; Screech, 1999; Allison, 1996, 1994; Iwao, 1993). This chapter dissects the ways in which ‘good’ and ‘bad’ sexualities have been framed within a language of safety. The desire for and denial of sex comes from these strict bounds and will be compared with the female desire for and denial of food. Female sexuality is allowed within certain ‘safe’ and ‘good’ parameters such as long-term, monogamous, heterosexual relationships (Tolman, 2002); sex is predominantly expected within these parameters (Gavey, 2005). From ancient times onward, ‘good’ and ‘safe’ sexual behaviours have been more flexibly practiced when people have ostensibly conformed to socially-accepted gender roles. Sexuality ideals have been strictly, and harshly, enforced when people have publicly and openly deviated from their gender scripts. The final section of this chapter analyses how sexuality ideals may be harmfully inscribed onto women’s bodies in terms of social control, commodification of the female body and rape. As found in the previous chapter, there are few clear answers. The balance required to be perceived as ‘good’ is difficult to maintain and the consequences can be fatal.

5.1: What is sexuality?

Sexuality ideals cannot be separated from the constructions of sex and gender. It was not until the 17th-century that distinctions between male and female sex were properly made in the West (Laqueur, 1990) but this occurred earlier in Japan (Screech, 1999; Laqueur, 1990). Further, it not until the 1970s that feminist theory deconstructed sex and gender where “sex was the biological fact, the difference between the male and female human animal. Gender
was the social fact, the difference between masculine and feminine roles, or men’s and women’s personalities” (Connell, 2000, p. 451). However, social facts are dependent upon the societies that construct them. Subsequently, while sex (biology/anatomy) may remain the same between different countries, gender (roles/characteristics) does not. Sex may be real but gender has become such an unreal reality that people “are already accustomed to thinking that there are deep natural differences between women and men…. To a certain extent, any functioning member of a Western society must share these polarized categories, and experience life through them” (op. cit., 2000, p. 449-450).

Additionally, the distinction between sexuality and fertility is blurred as "sex was a means of access both to the life of the body and the life of the species" (Foucault, 1978, p. 146). However, the importance of male and female bodies in reproduction was long debated in Western thought. While there was no argument that women became pregnant and gave birth, arguments were constructed around who gave the baby real life: “women may have provided the body of the child but men provided the soul” (Laqueur, 1990, p. 30). A soul was the necessary requirement for a child’s acceptance into heaven (Hesse-Biber, 2007; Laqueur, 1990). However, a woman’s physical nature allowed their bodies, their selves, to be constructed as the primary caregivers for children. Sociobiologists argued that women

‘invest' more biological matter in an egg than men do in sperm and thus naturally immerse themselves in chastity and childcare; men, on the other hand, seek to impregnate as many women as possible, without being trapped into childcare and sexual faithfulness. (MacSween, 1993, p. 148)

The construction of ‘woman as caregiver’ created contradictory sexual female bodies. A distinction was made between women for sex and women for reproduction in both Western and Japanese societies (Martin, 2007; Frost, 2001; Rosenberger, 2001; Screech, 1999; Allison, 1996, 1994; Wooley, 1994; Iwao, 1993; MacSween, 1993; Pinguet, 1993; Giddens, 1992; Chandler, 1991; Laqueur, 1990; Grimeshaw and Fahey, 1985; Behlmer, 1979; Foucault, 1978; Greer, 1970). This distinction became linked to morality where “being a 'good' woman or girl, has a sexual resonance, which is perhaps even more noticeable in the idea of 'bad' girls” (Frost, 2001, p. 110; see also Tolman, 2002; Burns, 2000). ‘Good’ women were faithful, chaste and, eventually, mothers; their experience of the sexual body bound in procreation, their sexuality permissible if it led to pregnancy. Yet these women can become invisible/undesirable as their goodness conforms to the patriarchal ideals of Japanese and Western cultures. The woman who disregards these sexual norms becomes visible/desirable
because of her nonconformity. Oakley argued "the bad woman is the non-mother desired because she is sexual" (1974, p. 197).

Western and Japanese male desire for these ‘bad’ women is long noted. ‘Bad’ women had sex with more than one man, presumably fulfilling the male desire to impregnate as many women as possible (Jackson, 1995; MacSween, 1993). Social ideals may have valorised faithful and chaste women but unfaithful, unchaste women were a necessary accessory to male sexuality:

 distinction [is made] between procreative sexuality (conducted at home, with a spouse, in the context of family, and with an association more female than male) and recreative sexuality (conducted away from home, apart from responsibilities, and with an association more male than female). (Allison, 1996, pp. 45-46)

It was also assumed that women who had sex recreationally enjoyed having sex, although the amount of pleasure afforded to these women is debatable (Gavey, 2005; Tolman, 2002; Burns, 2000; Allison, 1996, 1994). By being desirable bodies, and allowing their bodies to be used sexually, these women allowed men to achieve both procreative and recreational sexual goals. However, as a consequence, these women placed themselves outside of orthodox society (Rosenberger, 2001; Screech, 1999; Iwao, 1993). While sexual ideals have changed in both Australia and Japan, discussed later in the chapter, the perception of women who have sex in exchange for material benefit has changed very little. These women may be desired by men but it is constructed as a physical rather than intellectual desire. Men have sex with these women; they do not protect or love them.

However, distinguishing between ‘good’ and ‘bad’ women has not been the only source of contest. With the emergence of feminism in the 18th century, the biological construction of the male and female bodies became a battleground upon which social responsibilities and capabilities were dictated (Laqueur, 1990). The physical female body, constructed in terms of predominantly internal genitalia and the ability to become pregnant, was perceived to validate the feminine inside role.

How female sexuality and the female body are scientifically understood in contemporary Japan and Australia has changed dramatically since the time of Aristotle and early shunga (traditional Japanese printed erotica). However, the social constructions of female sexuality and the female body in Japan and Australia have not changed so greatly. Stereotypes of female sexuality, analysed later in the chapter, continue to draw from traditional views of weakness and impurity.
5.2: What does sexuality mean?

Meanings of female sexuality are fundamentally rooted in the female body. Meanings have traditionally been framed by the consensual/non-consensual-acceptable/deviant acts that a male body can physically inscribe onto a female body and how that female body is perceived by both men and women within Japanese and Australian societies. These acts and perceptions have the potential to be inscribed upon both male and female bodies but in different ways. Allison writes that “encoded…is a formulation of sexuality that, as recreative, is for males but not females, is inscribed on female but not on male bodies, and inscribes males but not females in positions of voyeur and consumer” (1996, p. 48). Within this context, while both men and women may have sex, only men are permitted enjoy it; women who enjoy sex are deviant. These competing behaviours and perceptions continue to influence how female sexuality is perceived in Japanese and Australian society and what female sexuality means in the continuation of the ‘good’ woman ideal.

--- Sexuality values social perception -- not social reality

In both Japan and Australia, ‘good’ female sexuality continues to be grounded in how society perceives the female body. Its social construction as a purely physical entity created the image of women unbound by social convention and morality. All women were perceived to be potential threats to male integrity – frightening, dangerous, even evil (Martin, 2007; Cannold, 2005; Allison, 1996; Wooley, 1994; MacSween, 1993; Synnott, 1993; Chandler, 1991; Miles, 1991; Greer, 1970).

Traditionally, unconstrained female sexuality was a deeply disturbing phenomenon. In Japan, “men who are weakened by a female's love, body, or sexuality are threatened, literally, by being engulfed” (Allison, 1996, p. 68). In the West, male bodies were not engulfed but "drain[ed of their] masculine active energies. Women's uncurbed appetites, as well as masturbation, could keep men from production, success and wealth” (MacSween, 1993, p. 146). Indeed, the female body informed female sexuality; women engulfed and drained, threatened and frightened, because they possessed a female body, not a male one. Western theologians and philosophers imagined nightmarish female bodies: “prostitutes, for example, epitomized the penetrable body, the body shaped by lust, the permeable body that produces juices and smells” (Miles, 1991, pp. 152-153). Not all women were prostitutes, nor were they constructed as such. However, all women possessed a female body and even virgins could be threatening. “Constant vigilance was required, primarily by women, but also by the fathers
and husbands responsible for them” (op. cit., 1991, p. 152) to ensure ‘good’ girls grew into ‘good’ women.

Women were originally constructed as dangerous sexual predators tempting men from holier pursuits (Frost, 2001; Wooley, 1994; MacSween, 1993; Synnott, 1993; Chandler, 1991; Miles, 1991). A woman’s only protection was the ‘good’ reputation they gained by proving their chastity – asexual and unavailable until marriage provided a socially acceptable form of sexuality (Martin, 2007; Frost, 2001; Wooley, 1994; Giddens, 1992; Chandler, 1991; Miles, 1991). The importance of maintaining a ‘good’ reputation continues throughout a woman’s life as long as she remains single (Chandler, 1991).

However, it is only female sexuality that is bound and constrained by asexuality and fidelity. Giddens writes that, while “the social reputation of the girls rested upon their ability to resist, or contain, sexual advances, that of the boys depended upon the sexual conquests they could achieve” (1992, p. 9). This permissible male sexuality needed women who did not always resist sexual advances; if discovered, women were held culpable. Indeed, it was not until sociobiological theories of ‘genetic self-interest’ appeared that the stereotype of the female sexual predator somewhat abated (MacSween, 1993). However, the social importance placed on a girl’s reputation remained.

This sexual double standard was compounded by Victorian beliefs. The procreational couple “imposed itself as model, enforced the norm, safeguarded the truth, and reserved the right to speak while retaining the principle of secrecy” (Foucault, 1978, p.3). Active male sexuality remained within the public domain, even if more discretion was needed than before. However, maintaining a ‘good’ reputation for women became an act of balance; women were ‘bad’/sexual in private and ‘good’/asexual in public (Lowy, 2007; Gavey, 2005; Tolman, 2002; Burns, 2000; Allison, 1996; Meadow and Weiss, 1992; Chandler, 1991).

Subsequently, the pretence of keeping socially prescribed roles became more important than the roles themselves – as long as men and women acted like they were conforming to social expectations then it was assumed they were conforming. This was especially pertinent in the very act of sex itself. Within strict Victorian heterosexuality, masculine men penetrated, feminine women were penetrated. As Wooley writes:

In the rituals of heterosexuality - one of the most important requirements of patriarchy - the vagina was better suited to play the role of "opposite" to the penis…..
The vagina-penis opposition must have seemed more "natural", because men and women were "opposites", and so should their genitals be. (1994, p. 28)

Women who were perceived to be masculine and men who were perceived to be feminine were considered deviant. Even more deviant were men who were penetrated during sexual acts and women who penetrated. They "were thus unnatural not because they violated natural heterosexuality but because they played out - literally embodied - radical, culturally unacceptable reversals of power and prestige" (Laqueur, 1990, p. 53).

Japanese sexual norms also required that masculine men penetrate and feminine women be penetrated. Traditionally, there was language for, and imagery of, both heterosexual and homosexual male sexuality in *shunga* but none for lesbian sexual activities (Screech, 1999). Its invisibility within a medium that literally explored every other aspect of sexuality seems to hint at an unspoken unacceptability. Indeed, lesbian sexuality was sensationalised in the 1900s. The media demonised masculine lesbians as the antithesis of the ‘Good Wife, Wise Mother’ icon of the Meiji Period (Robertson, 1999). Regardless of sexuality, any woman who defied the conventions of ‘Good Wife, Wise Mother’ during this period was demonised, especially if they drank alcohol or had recreational sex (Lowy, 2007).

--- Women desire and deny sex and food

As discussed in the previous chapter, the desire for and the denial of food has become intertwined with feminine beauty and sexuality ideals. The relationship between food and beauty is one of restriction and maintenance. However, the relationship between food and sex is one of shared necessity where “eating and copulation are two of the most basic human functions. Both are necessary for existence of human beings and perpetuation of the species” (Meadow and Weiss, 1992, p. 102).

Yet, it seems that the very biological necessity of sex and food make these complex social constructions. The pleasures afforded by the consumption of food and sex were well established from early Graeco-Roman culture (Laqueur, 1990). In contrast, both Christianity and Buddhism lauded a person who demonstrated denial and self-control in their consumption of food and sex as ‘good’ (Martin, 2007; MacSween, 1993; Meadow and Weiss, 1992; Miles, 1991; Laqueur, 1990; Bell, 1985; Lawrence, 1984).

However, the most complex and dichotomous social constructions around the consumption and denial of food and sex has surrounded the archetype of the wife. Meadow and Weiss
(1992) write that the wife-as-cook was valorised in 1950s American society; she was culinary, not sexual. On the other hand, the sexually desirable women of this time were not expected to provide food. Australian society was little different in the 1950s (Kiernander, 2005; Lees and Senyard, 1987). More recently, the roles have become more diluted and wives have been required to possess both culinary and sexual abilities (Maushart, 2001); both the mummies and the food they prepare have to be yummy. As women who cook food have become increasingly sexual, food and sex have become similarly desirable and similarly sinful (Martin, 2007). In contrast, Japanese wives make food for their families, resulting in incredibly detailed obento (lunch) boxes where love can be directly translated into food presentation (Allison, 1996). Sexually desirable women are part of another world entirely (Screech, 1999; Allison, 1994).

Enjoyment of food and sex has been delineated along gendered lines. In both Australia and Japan, men can indulge their hunger for food and sex, whereas women must satisfy their desires more discretely (Martin, 2007; Frost, 2001; Burns, 2000; Screech, 1999; Allison, 1996, 1994; Wooley, 1994; MacSween, 1993; Meadow and Weiss, 1992; Laqueur, 1990; Foucault, 1978; Greer, 1970). ‘Good’ women "learn to repress their appetites: both the genital and oral. To get married, a young girl learns that she has to remain slim and to carefully spoon out her sexual behaviors” (Meadow and Weiss, 1992, p. 104). Traditionally few social restrictions have been attached to male behaviours in comparison to female behaviours with fewer penalties for male deviance (Martin, 2007). Recently in Australia, restraint and control of desire is becoming just as necessary for men as it has been for women. Sex scandals concerning the NRL (National Rugby League) have become so public that education programs have been put in place with the chief executive David Gallop apologising for all unacceptable behaviours (Walter and Jackson, 2009).

Research into sexual trauma and eating disorders has also found a connection between the denial of food and the denial of sex (Van den Broucke et. al., 1997; Calum and Slade, 1994). Victims of sexual abuse or assault, especially in childhood, often seek to restrict their food intake as a way of regaining control of their body or altering it so it is no longer the same body (Calum and Slade, 1994). This was examined in a previous chapter.

--- Sex is dangerous

As necessary as sex is to the propagation of the human race, it has also been constructed as a dangerous activity if not done within strict moral guidelines. These dangers can be both physical and tangible (assault or pregnancy) or social and intangible (threat to reputation).
While men are vulnerable to some of the dangers created by sexual activity, women are vulnerable to every danger and social punishment meted out. Tolman writes: “any girl who has sex is, in the end, vulnerable to others “passing judgement” on her” (2002, p. 123).

In both Japan and the West, gendered sexuality in both Japan and the West has created an expectation whereby ‘good’ women are perceived to be safe from danger -- only ‘bad’ girls suffer as a result of sexual activity (Gavey, 2005; Tolman, 2002; Burns, 2000; Phillips, 2000; Jackson, 1995; Allison, 1994; Chandler, 1991). Yet historically, death in childbirth was so common that even procreational sex could threaten the life of ‘good’ women (Giddens, 1992). Subsequently, all female sexual desire becomes tainted. Girls must learn to repress their urges so they remain ‘good’ and ‘safe’. Indeed, women are expected to do more than restrain themselves – they are also meant “to protect themselves from these volatile urges over which men have little control and thus if a woman fails to do so then she may well be blameworthy to the extent that she was negligent” (Burns, 2000, p. 226).

Men may have been theoretically capable of chastity but it was women who were made to be their gatekeepers in every practical sense (Wooley, 1994; MacSween, 1993; Chandler, 1991; Laqueur, 1990). The requirements deemed necessary for women to be considered ‘good’ were much graver than those asked of men. Early female saints often lived lives of extreme repression; in a life filled by starvation and flagellation, sexual repression appeared almost inconsequential (Wooley, 1994). Unlike men, it seemed women had to deny even procreational sex to be considered truly ‘good’.

Modern Western society no longer requires such extreme sexual denial from its ‘good’ women. However, the behaviours required for a woman to prove her goodness are a subtle interplay, both difficult for women to balance and easy for men to misinterpret. Women must neither appear promiscuous nor prudish but need to indicate that, given the right circumstances, they are sexually available (Martin, 2007; Tolman, 2002; Frost, 2001; Phillips, 2000; Jackson, 1995). In interviews conducted with 31 American junior-high-school students, Tolman found that sexually active girls “try to manage the circumstances in which they experience sexual feelings to mitigate danger and to create space for their desire on their own terms, while keeping it obscured from others” (2002, p. 134). Essentially, these girls had to hide the fact that they were having, and sometimes enjoying, sex. Tolman found that this constant vigilance could lessen their sexual enjoyment as they worried about loss of reputation, pregnancy and other dangers. Girls struggled with a passive and confused sexual desire where "the notion is that 'good girls' say no, though the gendering of girls generally as eager to please, compliant, helpful, and prepared to put others before themselves, creates lived
contradictions with the assertiveness and resistance that 'no' requires " (Frost, 2001, p. 124). Subsequently, girls have to balance wanting to say 'yes' and being required to say ‘no’. This has led to the perception “that women need some degree of persuasion before they will engage in sexual activity, but that once their inhibitions have been overcome or their sense of propriety demonstrated, they will respond” (Jackson, 1995, p. 20). This dichotomy has led to problems with consent in rape cases, discussed later in the chapter.

What sexual consequences are so dangerous to warrant such repression and care? Pregnancy, rape and sexually transmitted infections (STIs) are most commonly listed in the West (Phillips, 2000). A link between sex and pain has also been made as it can be difficult for men to tell the difference between female faces expressing pain or pleasure (Wolf, 1990). Any sexual behaviour can put women in danger. Tolman found that “it is not only the experience but the constant threat and not always conscious fear of various forms of sexual violation, including sexual harassment, rape, and unwanted sexual attention, that constitute a constant, low-grade trauma for girls and women” (2002, p. 52; see also Gavey, 2005).

In Japan, danger has been commonly constructed as either a threat to men or to society as a whole. During the Edo period, shunga became heavily regulated and prostitutes segregated from the rest of the community out of "the fear that sex might overtake life, and that the erotic behaviour of male and female prostitutes, as depicted in ukiyo-e, might infect normal people" (Screech, 1999, p. 53).

Paradoxically, in Western literature, sex was constructed as dangerous for women where "unrestrained indulgence was thought to lead to illness, barrenness, disgust, and deformity of issue" (Greer, 1970, p. 238). While too much ejaculation could be dangerous (Laqueur, 1990), the belief that a lack of ejaculation can be physically harmful still lingers today (Gavey, 2005, Tolman, 2002, Hite, 1981a). Consequently, it was the act of controlling one’s sexual desires which was honoured, not simply the omission of sexual activity. People needed to be physically capable of having sex to attain ‘goodness’: "impotence, far from being paradigmatically innocent, could be construed, even more than erection, as the sign of the soul's alienation from God" (Laqueur, 1990, p. 60). A person who chose not to have sex was ‘good’; a person who was incapable of having sex was suspicious.
5.3: How does sexuality act?

The meanings of sex and sexuality are contradictory yet intertwined – sex is pleasurable and dangerous, perception matters more than reality. Given its myriad meanings, how sexuality is manifested becomes socially and culturally subjective. Sexuality is recognised differently in Japan and Australia and has changed throughout history, especially the distinction between ‘good’/ ‘normal’ – ‘bad’ / ‘deviant’. Sex may be an act usually performed in private but social expectations and perceptions affect what happens behind closed doors.

The ways in which ‘normal’ and ‘deviant’ sexualities have been distinguished affect how sexual women are constructed and perceived within different social and cultural frameworks. In establishing the norms of ‘good’ and ‘deviant’ sexualities, constructions have veered between a focus on how the male body reacts to the actions of the female body and the passive acceptance of male actions upon a female body. Similar to the meanings of sexuality in Japan and the West, the norms of sexuality are intertwined and contradictory. This is exacerbated by the fact that, unlike theoretical meanings of sexuality, male and female actions cannot be separated within the act of sex itself.

--- Sexual double standards still exist

Sexual women may be consumed by the male gaze but they are not generally respected; women perceived to be ‘good’ / chaste are respected. In both Australian and Japanese societies, chastity has been linked to goodness and a woman’s suitability to become a wife and mother (Martin, 2007; Driscoll, 2002; Frost, 2001; Rosenberger, 2001; Allison, 1994; Wooley, 1994; Iwao, 1993; MacSween, 1993; Synnott, 1993; Giddens, 1992; Meadow and Weiss, 1992; Chandler, 1991; Laqueur, 1990; MacDonald and Murphy, 1990; Iga, 1986; Jones, 1985; Greer, 1970). While the price of female goodness seems necessarily to be the rejection of sex, it has not been so clear-cut for men. Some early Christians proclaimed sex to be just as detrimental for men as it was for women (Wooley, 1994; Laqueur, 1990). However, ‘good’ men can have sex before marriage (Martin, 2007; Frost, 2001; Meadow and Weiss, 1992; Chandler, 1991; Laqueur, 1990; Jones, 1985; Greer, 1970) and have affairs or concubines when married (Yoshizumi, 1995; Iwao, 1993; Iga, 1986). The double standard is obvious in the English slang used to describe sexually active women and men. ‘Slut’ is used for women, comes from the word ‘slattern’ and implies a foul, loose and dirty nature (Partridge, 1942/2008, p. 311); ‘stud’ is used for men and implies virility, attractiveness and sexual competence.
This double standard seems to arise from the patriarchal construction where daughters belonged to the father until such time that they married and then became a chattel belonging to the husband’s family (Young, 2003; Driscoll, 2002; Jolivet, 1997; Spender, 1994a; MacSween, 1993; Pinguet, 1993; Hane, 1982; Greer, 1970; Benedict, 1946). A ‘good’ wife’s role was to provide sons whose lineage could not be doubted. Proving maternity was a relatively simple task, especially when there was a witness to the birth; paternity was only ensured when a woman’s chastity was socially perceived to be completely untainted (Jones, 1985; Greer, 1970). It was not enough that a woman was faithful if the rest of her community did not believe her chaste. The double standards applied to male and female sexuality, where men have been permitted greater sexual freedoms than women, spring from the seemingly deep-seated fear that a man’s children are not his own.

A girl’s interaction with the social environment in which she finds herself becomes an important determinant in the type of woman she will become: "adult women have a bit more gray area to play in, but when you are an adolescent, things are still painfully and artificially black and white" (Martin, 2007, p. 101). In her study on the sexuality of teenage girls, Tolman found that some girls understood the implications of the sexual double standard; they had enough ‘voice’ to disagree with the stereotype but continued to play along with it. Tolman writes:

At the level of their own embodied experience, the girls who utilize this strategy resist the societal suggestion that their sexual feelings are immoral, not normal, or just too dangerous to have. Yet, while they can identify and reject the social denial and denigration of female adolescent sexual desire, they continue to orchestrate their behavior and appearance out of their concern about the repercussions they know can result if others find out they are desiring girls. These girls take great pains to obfuscate their actual sexual feelings, reacting to and acting upon them but making certain that their secret is safe. (2002, p. 135)

Girls who passively absorb this sexual double standard are less able to see that it is a socially constructed unreality. They begin to shape their sexuality within the narrow confines of patriarchal culture, using the negative labels of ‘bad’ and ‘slut’ without understanding how sexual ideals have been constructed throughout history. It is this confusion which continues to keep ownership and control of one’s body out of reach for many women. Girls learn not to value their sexual body. Further, this confusion can also make girls vulnerable to sexual assault, even rape, as they try to balance this new idea of sexual allowance.
5.4: How do sexuality ideals inscribe the female body?

Traditionally, female sexuality has been constructed as submissive and passive to male sexuality so "feminine desire responds to something outside of itself, while masculine desire comes from within and satisfies itself through the responsive female environment" (MacSween, 1993, p. 191). Consequently, traditional sexual ideals in Australia and Japan grant men the control and ownership of, and the right to inscribe, the sexual female body. However, as has been discussed previously, women are still held accountable for any male desire of the female body. It is this clash of presumptions that make the male construction and determination of female sexuality so dangerous for both sexes. As Jackson writes:

If men regard women as somehow less than human, believing the while in their own superiority and are trapped in the assumption of the irresistibility of their sexual urges, it is only to be expected that an explosive alliance between sex and violence should exist within our culture and find its outlet in rape. (1995, p. 25)

As will be discussed in this section, the control, reclamation and inscription of the female body in terms of its sexuality is a constant battle between men seeking to conquer the female body and women defending their physical territory.

--- Sexual ideals are a form of social control

Since Eve and Pandora were reconstructed as inherently evil, the desirable female body has consequently been constructed as inherently dangerous (Miles, 1991). These two stories highlight that a woman can expel humans from paradise or bring evil into the world – mistakes made by men in such mythological stories tend not to be so unfixable. While there have been conflicting arguments, a woman has often been represented as unable to resist temptation or restrain her desire once aroused. In order to quash this danger, society has sought to control a woman’s sexuality.

Sex was not always so heavily regulated in the West. As Foucault writes, before the 17th-century,

sexual practices had little need of secrecy; words were said without undue reticence, and things were done without too much concealment; one had a tolerant familiarity with the illicit.... It was a time of direct gestures, shameless discourse, and open transgressions, when anatomies were shown and intermingled at will. (1978, p. 3)
At the same time, a similar sexual tolerance was found in Japan (Screech, 1999).

Yet, as the language of sex became more gender-segregated, sex itself became more delineated between 'good'/'normal'-'bad'/'deviant'. This was especially the case when sex was constructed within a medico-legal framework. The language of sex became entrenched in moralistic ideals of denial and repression with any behaviour that fell outside strict boundaries punished (Giddens, 1992; Laqueur, 1990; Foucault, 1978). Visible signs of dangerous female sexuality were "immediately crushed - treated as the pathological origin of hysteria" (Giddens, 1992, pp. 21-22). From this diagnosis came the belief that repressing a woman’s sexual urges could cure almost any ailment, especially when a woman did not conform to stereotypically feminine behaviours or was otherwise considered mentally ill. For these reasons, bilateral ovariectomies and clitoridectomy were performed in the late-1800s (Laqueur, 1990).

However, female sexuality was also strictly controlled within marriage. As it was necessary for pregnancy, marital relations were the only form of sex permitted for women (Foucault, 1978). If a married woman had trouble falling pregnant then her whole sexual life was open to question; she was often presumed to be at fault (Maushart, 1997; Laqueur, 1990). Female sexuality may have been constructed as dangerous, and women may have been taught to not be visibly sexual, yet they were blamed when having sex did not lead to the outcomes society expected (Martin, 2007; Young, 2003; Wooley, 1994; MacSween, 1993; Miles, 1991; Laqueur, 1990; Oakley, 1974; Greer, 1970). It appears almost impossible for a sexed female body to be ‘good’; a woman will be betrayed by her body, whether through her own actions or ones performed by men.

In Japan, a woman’s containment of her sexuality is made even more severe. As demonstrated in the proceedings from rape cases and illustrated in *ero manga*, almost any sexual violation is nullified with any hint of sexual deviance in her background, examined more fully later. A woman who wants to become a wife and mother must necessarily be perceived as asexual – the characteristics which make her desirable as a wife and mother are incompatible with the characteristics which make her sexually desirable (Screech, 1999; Allison, 1994).

--- Sexual ideals commodify the female body

Female sexuality may be constructed as a negative and dangerous force but it is also constructed as an asset. Social mores may have intended that a woman’s goodness and virtue
be the only influences in a man’s choice of bride. However, given the procreational importance of sex within marriage, it seems likely that a woman’s desirability would have positively affected her marital options. It may have been phrased in terms of ‘beauty’ rather than ‘sexual desirability’, as discussed in the previous chapter, but being ‘desirable’ was a positive asset for a woman to possess (Hesse-Biber, 2007; Martin, 2007; Forbes et. al., 2006; Ashikari, 2003a; Baker-Sperry and Grauerholz, 2003; Driscoll, 2002; Rosenberger, 2001; Paxton, 2000; Rothblum, 1994; Seid, 1994; Synnott, 1993, 1989). In this way, sexual desirability became

a way of earning the love, support and protection of a man…. the woman’s sexuality assumes the status of a commodity. It is not simply that she is regarded as a sexual object to be acted upon, but that she objectifies her own sexuality in utilizing it as an object of barter. She attempts to extract the highest price possible, marriage, while the man is hoping for a bargain. (Jackson, 1995, p. 22)

Since a wife did not choose her husband, his sexual desirability was not as necessary – a woman simply learnt to live with what she was given.

Yet, this commodification of female sexuality has not extinguished its danger. Women live in a society where “sexual images are all around us, and pornography is accessible at a touch of a button, but any teenage girl who wants to protect her reputation must exercise absolute restraint, wait for a committed relationship to explore her sexuality, and keep quiet about masturbation” (Martin, 2007, p. 110). In Australia, this dichotomy has been most recently played out in the sex scandals involving rugby league players (Cunningham, 2009; Meade, 2009; Walter and Jackson, 2009). The sexual histories of the women who came forward with claims of assault were closely scrutinised. The debates as to whether assault and rape occurred placed the women involved in a vulnerable position; their motives were questioned but not those of the men accused. Some women have been painted as predators targeting footballers specifically with their sexuality as bait. There is no doubt that such women exist but this is certainly not indicative of all women. Both men and women are taught that female sexuality can be used as a commodity to gain a desired consequence, whether it is a marriage proposal or sex with a famous footballer. However, men and women are not taught how to distinguish between the use of female sexuality as bait and the existence of female sexuality as a consequence of simply being female. Further, the perception that female sexuality can be a commodity to ‘buy’ social rewards or validation may make women vulnerable to sexual assault and rape. Jackson writes that “if something may be bought and sold, it can also be stolen; what can be given can also be taken by force” (1995, p. 22).
In ‘The Female Eunuch’, Greer wrote that the increasing permissiveness of sexuality may not mean increasing sexual freedom for women:

> Sex for many has become a sorry business, a mechanical release involving neither discovery nor triumph, stressing human isolation more dishearteningly than ever before. The orgies feared by the Puritans have not materialized on every street corner, although more girls permit more (joyless) liberties than they might have done before. (1970, pp. 50-51)

The more sexualised society becomes, the seemingly more vulnerable the female body becomes to objectification. There is little female empowerment or ownership within this framework, rather the bonds that patriarchal society have over the female body are strengthened. Sexual female bodies may be constructed as desirable and strong when presented in the media but the sexual female body embodied by a teenage girl is far less certain (Gavey, 2005; Tolman, 2002). When sexual uncertainty is combined with uncertain perceptions of beauty, it can become a destructive combination. Indeed, "studies show that the more dissatisfied a teenage girl is with her body, the less in control she feels in sexual relationships. Girls with body-image issues are less likely to use condoms, fearing "abandonment as a result of negotiating condom use”" (Martin, 2007, pp. 106-107). These findings strengthen the belief that entrenched ideals of feminine sexuality can harm the women who seek to passively conform to them. Sexual behaviours can not only lead to pregnancy and disease but, as discussed in a previous chapter, can also affect the wellbeing of the girl long after the sexual experience has occurred.

--- Rape as male inscription on female sexuality

Sexual double standards and ideals of the female sexual goodness are never so confused when the issue of rape is considered. All behaviours follow a cultural script and the behaviours performed when initiating a sexual experience are no exception. It is stereotypically presumed that men will desire sex but this stereotype in and of itself does not lead to sexual assault or rape. However, the danger occurs when this is combined with the stereotypical presumption that women will conceal their sexual desire in order to be perceived as ‘good’ – that women will initially say ‘no’ but eventually say ‘yes’ (Hite, 1981a; see also Hite, 1981b). The idea of ‘no meaning yes’ is also found in the construction of rape in Japan (Burns, 2000). A sexual setting is subsequently created where a belief pervades that “she says no but means yes
because she wants to be taken against her will…she wants it, because she is a woman, no matter what it is, because she is a woman” (Dworkin, 1994, p. 523).

Indeed, one of the reasons rape can be so problematic to define is that the norms upon which a male rapist bases his sexual desires may be little different to any man who intends to have sex with a woman. As Jackson writes:

Sexual desire is not aroused through a simple stimulus-response mechanism but through the attribution of sexual meanings to specific stimuli and desire alone will not produce sexual behaviour unless the actor is able to define the situation as one in which such conduct is appropriate. The same scripts which motivate ‘normal’ sexual behaviour also provide a potential vocabulary of motives for the rapist. It is a mistake to assume that those who engage in acts perceived as deviant necessarily subscribe to a morality at variance with that of non-deviant members of society, or that their motives for engaging in deviant acts are qualitatively different from those that govern conformist behaviour. (1995, p. 18)

In Japan, there is a cultural script for when rape is recognised and when it is not. Recognition becomes dependent upon whether the female accuser is perceived to be telling the truth. Judges perceive that

the primary markers of truth are: the strong physical resistance of the woman…; the purity of the woman, primarily assessed in terms of sexual inexperience; evidence of significant shock and distress; promptness in reporting the sexual attack; and a consistent, comprehensive and clear description of events before, during and after the sexual assault…. The primary markers of blameworthiness used to evaluate women’s credibility and worthiness of legal protection are: consenting to go to the site where the offence took place; consuming alcohol; previous sexual experience; and provocative behaviour, language and clothing. (Burns, 2000, p. 227)

However, there is some confusion between the cultural script for rape and the cultural script for consensual sex. ‘Normal’ consensual sex has been seen in some judgements to involve some degree of ‘force’ (op. cit., 2000, p. 198). Therefore, rape cannot be distinguished in this way. The woman needs to prove that she fought against the attacker in a violent and physical manner – behaviour not usually considered feminine.
Consequently, sexual consent is embodied in the woman having control and ownership of her body within the sexual experience; a lack of consent places that control and ownership in the hands of the male. The rape physically inscribes that male domination upon the female body. While rape appears to be more readily identified when a woman has physical injuries resulting from the attack (Martin, 2007; Tolman, 2002; Burns, 2000; Laqueur, 1990; Greer, 1970), it does not always lead to visible scars. Further, in both the Australian and Japanese legal systems, it is the female body that is scrutinised and examined, not the male body. The woman once again loses control of her body as it becomes the centre of evidence where she must tell a story about a sexual encounter, providing graphic details of which body parts were where and when. The story has resonances with narratives designed to sexually titillate and give pleasure, those found in soft-porn, romance novels and tabloid newspaper stories. She must tell the story in person, her body exposed to the imaginative exercise of others who attempt to reconstruct the sexual scenario. Her body becomes necessarily and unavoidably sexualised as it ‘brings the story to life’. (Burns, 2000, p. 232)

In the Western construction of rape, there is still debate as to when and how consent can be taken away if a woman initially agrees. Martin found that "much of the rape that goes on in the privacy of dorm rooms is initially mutual and playful and leads into something confusing and painful - a direct result of our lack of practice communicating about and understanding the complexities of sex” (2007, p. 112). Greer (1970), Tolman (2002) and Gavey (2005) have made similar discoveries where, the more uncertain girls are over the value of their body and the control they perceive themselves to have in any sexual decision-making, the more vulnerable they are to coercion, sexual assault and rape. The potent combination of sexual permissiveness and passivity have led some feminists to argue that while morally conservative prohibitions against sex before marriage would have been oppressive and unwelcome for many women in many situations, the erasure of these restrictions at the same time removed socially acceptable ways for women to avoid sex in situations where it was not desired. (Gavey, 2005, p. 139)

Indeed, the nature of sexual consent and the differences between ‘good’ girls, ‘bad’ decisions and rape made headlines when the Matthew Johns group sex scandal erupted in May 2009 (Meade, 2009).
Thus recent scandal only highlights the extent to which the recognition of rape and the idea of consent continue to be shrouded in confusion. These issues hark back to 19th-century Australia where rape was at times referred to as ‘seduction’; it was simply rougher in nature than usual (Grimshaw and Fahey, 1985, p. 95). This type of ‘seduction’ implied that men could take who they desired and do what they wanted. However, as girls grow up in a social environment of sexual double standards, discussed previously, the line between consent and coercion becomes increasingly blurred. Even distinguishing between coercion and force is difficult. Tolman (2002) interviewed two girls who, unable to voice their sexual desires, had experiences which indicate how easily they became vulnerable. One girl talked about faking pleasure during painful sexual activity so the boy would stop. Tolman writes that “it is ironic that to get a boy to stop hurting her in a failed attempt to provide her with pleasure, rather than asking him to stop or do it differently, she covers up her displeasure with pretend pleasure, which, she says, did not cause her to get “hurt”” (2002, p. 106). The patriarchal cultural script remained intact. Being a ‘good’ girl, protecting the boy’s feelings and not showing her own sexuality, did not protect her from an uncomfortable sexual experience, even if it was not rape. The other girl talked about losing her virginity without her consent. However, she did not consider it rape and placed the blame on herself because:

she “never stopped him from doing anything”, as if saying no were not sufficient to hold him accountable for refusal to comply with her stated wishes. Her story suggests that she felt she had no right or reason to expect that he should, would, or could respond to her admittedly uncharacteristic attempt at agency on her own behalf. Her belief that girls are ultimately responsible for boys’ sexual behavior stands in the way of her questioning why this boy behaved as though she had not said no; instead she tries to explain what happened in a way that would make sense of his behavior. (Tolman, 2002, pp. 63-64)

This girl’s behaviour adheres to the perception that women who do not actively deny consent are not raped (Gavey, 2005; MacSween, 1993; Hite, 1981a; Morrison, 1980); she did not fight back and was not physically injured, so she was at fault. Both stories illustrate the fact that women may be too uncertain about their own desires, whether they are ‘good’/’normal’ in the first place, to be able to then know what they do not want and what they consider ‘bad’/’deviant’. Girls are conditioned to be the more submissive partner in a sexual experience and this passivity often results in women participating in sexual acts against their will. They are supposed to control the pace at which the encounter proceeds, but they are
supposed to do so gently. Being conditioned to please, to bolster up a man’s ego, to 
refrain from hurting him, a woman’s gentle protestations are no match for a 
determined male with distorted ideas of his own sexuality and sexual capabilities. In 
some instances women may be too confused or embarrassed to know how to react. 
(Jackson, 1995, p. 21)

In this way, a woman may indeed be raped, just like Tolman’s interviewee. The man may not 
realise non-consensual sex occurred as the woman seeks to reconstruct events in a positive 
light.

Women who are sexually passive and submissive are also idealised in Japan. This is 
connected with the kawaii beauty ideal, described previously. Kawaii girls are sexualised by 
the male gaze and feature prominently in pornography. Illustrated as sexual innocents, 
worldly men can encourage them to become less innocent – or the girls are simply unable to 
fight back if more ‘encouragement’ is needed. Kawaii girls are constructed as easy to 
manipulate: “by accentuating a woman’s sexual innocence, lesser intelligence, and social 
ineptitude, she poses little threat to the dominance and virility of aging men” (Ginsberg, 2000, 
p. 271).

However, this passive sexuality raises problems with consent, similar to Australia. Rape cases 
in both Japan and Australia have both constructed the validity of a woman’s consent in terms 
of value; yet when the value of the female body is dependent upon its chastity only a chaste 
woman can validly argue that consent was not given (Duncan, 1994; Morrison, 1980). In 
Japanese rape trials, “the rape of a virgin is considered particularly harmful and more serious 
than the rape of a sexually experienced woman, conforming to the opinion that the principle 
to be protected by rape law is female chastity rather than women’s sexual autonomy” (Burns, 
2000, p. 230). Chastity is directly linked to believability. So constructed, a woman who has 
had sex outside of marriage is not perceived to be valuable because her body is not owned by 
a man. During a rape trial, she becomes “a mythologised Other who consents now because 
she consented previously though with others, who consents as a temptress, the whore, the 
non-virginal woman” (Duncan, 1994, p. 18). Indeed, in Japanese rape trials, the consent of a 
sexually-active woman is almost void as she is perceived as “less likely to be discriminating 
in terms of the men she has sex with, that she will more readily consent to sex with any man 
and, that because this behaviour defies social convention she is more likely to lie about it” 
(Burns, 2000, p. 253). In this way, the raped woman is placed outside society, because she 
was not good, and her body is perceived as tainted (Morrison, 1980).
Indeed, consent seems to be presumed in Japan where “active sexual desire is a positive sign of healthy masculinity and therefore it is understandable, if not expected, of men to attempt to have sex with a woman particularly if she is regarded as provocative or an easy target” (Burns, 2000, p. 217). It is women who must protect themselves and, if they do not consent, must follow the socially accepted structure of non-consent – violent and physical resistance (op. cit., 2000). However, chastity and ‘goodness’ are seen to be the best prevention of rape – certainly the rapist is more likely to be found guilty and punished (Ibid.).

Japanese *ero manga* (erotic comics) also holds the sexual female body responsible for rape. Stories where rape occurs demonstrate that women who do not comply with the ideals of sexual goodness often deserve to be raped. When a woman voices her sexual desires, she emasculates the male who is then "driven to lash out aggressively toward the woman in acts that will return her, often brutally, to her place.... they are reinstated as females, passive and immobile, by the male" (Allison, 1996, p. 67). The stories of *ero manga* seem to follow the legal construct that “the male subject [has] the power to disregard a woman’s lack of consent if she does not physically fight back. Women are not constructed as freely consenting subjects…. A woman’s consent is therefore meaningless” (Burns, 2000, p. 175). If she fights, it is more reason for the man to reclaim control over her. Indeed, rape occurs in these comics as a way to teach the victim that they will enjoy being a ‘good woman’. This construction of a male-controlled and owned raped female body adds power to the argument that, “if sexuality was not bound up with power and aggression, rape would not be possible” (Jackson, 1995, p. 19). Further, in some of the rape scenarios, the raped girls are illustrated “not only unperturbed by their experience but even grateful for the ecstasy accorded them by their rapist” (Funabashi, 1995, p. 257; see also Burns, 2000, p. 199).

The fantasies pictured in a Japanese medium may also relevant to real Australian men. In The Hite Report on Male Sexuality, some Australian men admitted they fantasised about rape to punish women who denied them sex, teach them a lesson or to obtain a seemingly unattainable beauty (1981a, pp. 712-717; see also Burt, 1998). In the same report, some men who had raped women justified themselves by saying the woman deserved it because they ‘teased’ them or really did enjoy the sexual experience by the end (op. cit., 1981, pp. 722-723; see also Burt, 1998; Morrison, 1980). However, these thoughts were by no means found in the majority of men.

From these perspectives, a female body that is perceived to be sexual and uncontrolled is also perceived to be at risk for rape – a female body that is perceived to be controlled through chastity or virginity does not face this same risk (Martin, 2007; Tolman, 2002). Sexual assault
and rape thus become something a woman could have prevented if she had been ‘good’ enough and so women tend to blame their body and seek to regain control of it (Martin, 2007). It is these cases where reclamation of the female body can turn into negative behaviours such as eating disorders and self-harming behaviours, discussed in previous chapters.

5.5: Conclusion

This chapter has examined how ideals of sexuality in Australia and Japan have been constructed so as to potentially leave harmful inscriptions on the female body. The definitions of sexuality in Australia and Japan have been examined in terms of how past ideas have influenced present ideals. The ways in which ‘good’ sexuality ideals have been articulated in terms of ‘safety’, and ‘bad’ sexuality in terms of ‘danger’, have been analysed. While sex within marriage was permitted, even this fidelity could not protect a woman from all sexual dangers. The final section examined the difficulties women face in protecting their bodies from commodification and rape where ideas of consent remain uncertain. Harmful inscriptions can occur when girls absorb the sexuality ideals that surround them without understanding their sexual desires or their right to control of their body.

The next chapter takes the same analytical approach looking at the ways in which marriage ideals have been inscribed onto the female body. Similar to this chapter, the ways in which ‘good’ marriage has been defined, what adherence to and deviance from ‘goodness’ has meant for women and how these different behaviours act will all be examined.
6. The Body as a Text of Desirability: Marriage Ideals in Australia and Japan

In his *Shikido okagami* ('The Great Mirror of the Way of Love', 1678), Kizan prescribed the various tokens (*shinja*) which lovers could give or ask of each other. He sets them out in five stages: you could, in that order, tattoo a part of your body, cut off a lock of hair, deliver a written oath of eternal fidelity, pull off a fingernail, and finally cut off a finger.

Pinguet, 1993, p. 165

As examined in the previous chapter, although connected, gender is more difficult to ascertain than sex. Social roles have evolved as the social perceptions of men and women have changed. In this way, “the sexual division of labor is the social expression of natural sexual difference. More important, it serves an essential sociobiological purpose: it unites women and men in organic solidarity within conjugal society” (Lehmann, 1995, p. 921). In order for such unification to occur, more is needed than gender segregation. As an unreality, gender needs to be legitimised “with the production and reproduction of ‘symbolic universes’” (Jenkins, 1996, pp. 129-130). Subsequently, gender is made real and legitimised by the ‘symbolic universe’ of marriage.

Marriage consequently became a normalised performance. People were expected to marry, people expected that they would marry and the marital universe subsequently created a set of social perceptions and expectations that people were meant to follow before and after marriage. In order to properly legitimise gender and regulate sexuality, the performance of certain behaviours needed to be recognised as ‘marriage’. In this way, marriage became more than a ‘symbolic universe’. It had tangible markers

in a material sense: in the sexual, domestic, and economic practices of cohabitation, in common property, in the physical presence in the social world of married couples, in specific places which one has to attend and specific rituals - whether secular or religious - which one has to perform there in order to be married, in the ring and the ring finger, etc. (Jenkins, 1996, p. 131)

Subsequently, marriage needs to be understood “as a social rather than biologically based phenomenon” (Sydie, 1987, p. 21).
Durkheim saw marriage as the universal solution to the problems caused by errant sexuality. He believed that “the primary function of marriage, which supercedes its integrative function, is the regulation of sexual desire. A factor that contributes to the solution of the problem, to sexual regulation, is the indissolubility of marriage” (Lehmann, 1990, pp. 176-177). However, Australian and Japanese people appear to be delaying the regulation of their sexual desire; the average age of first marriage in both countries is increasing for men and women. Further, not every couple is choosing to legitimise their sexual regulation through the material performance of marriage; they ‘act’ married, following the traditional ideals of commitment, but without the tangible markers of ritual and jewellery (Jenkins, 1996).

As examined in a previous chapter, marriage ideals have been linked to female self-harm and suicidal behaviours; marriage is undoubtedly protective for men but this is less certain for women. It is clear that the ways in which marriage ideals have been constructed in Australia and Japan need to be analysed in order to understand how intangible ideals create such tangible and harmful outcomes. This chapter examines how marriage has been defined in Australia and Japan and how cultural scripts have affected different interpretations. The different Australian and Japanese social constructions of the female body affect what is legally and socially recognised as marriage and the values consequently placed upon married and unmarried female bodies. The ways in which the meanings and significance of marriage have changed will also be examined. This chapter also analyses how marriage acts, especially considering that its meanings may not be faithfully translated to its performance. The final section of this chapter examines how marriage ideals may be harmfully inscribed onto women’s bodies in terms of ownership and control. The literature illustrates a clear division between the proponents of marriage and its detractors (also found in the survey responses examined in the Lived Experience).

6.1: What is marriage?

Historically, marriage in Australia was a sacred union which needed to be blessed by the church and God himself (Mullins, 1997). As Australian society secularised, religious rituals became less necessary. A marriage is now recognised when both the husband and wife sign a legal document proclaiming their intention. However, while the Marriage Act was created in 1961, ‘marriage’ itself remained undefined. It was not until 2004 that a definition of marriage was included under s5(1): “marriage, means the union of a man and a woman to the exclusion of all others, voluntarily entered into for life”.
In Japan, wealthy men were traditionally allowed both wives and concubines (Murray and Kimura, 2006, Yoshizumi, 1995). A formal ritual of marriage was not uniformly performed until the 16th-century when “new laws required families to register with a local Buddhist temple” (Murray and Kimura, 2006, p. 292) which tended to place more emphasis on family than marriage. It was not until the enactment of the *Meiji Civil Code* in 1898, and the creation of the *ie* (house) structure, that marriage required legal recognition (op. cit., 2006). However, women were originally subservient to men in all inheritance and property matters (Yoshizumi, 1995); when inheritance laws changed, women were also able to divorce their husband for adultery (Fuess, 2004, Yoshizumi, 1995). Articles 731-737 of the *Japanese Civil Code* now regulate marriage but offer no legal definition.

However, changing legal and religious requirements did little to affect the ways in which the female body was viewed within the institution of marriage. In both Australia and Japan, wives were expected to fulfil the needs of their husbands (Ashikari, 2003a, 2003b; Maushart, 2001; Rosenberger, 2001; Bittman and Pixley, 1997; Allison, 1996; Yoshizumi, 1995; Allison, 1994; Iwao, 1993; Chandler, 1991; Grimshaw and Fahey, 1985; Mouer, 1984). It was believed that "the qualities of a good wife and mother are qualities desirable in all women and central to definitions of the feminine. These qualities are not only seen as desirable, but natural.... Womanhood ties women to marriage and to men" (Chandler, 1991, p. 42).

Nevertheless, marriage didn’t necessarily tie a good wife to a good man. Anecdotes of good wives who attempted suicide because of an abusive husband abound in historical narratives (Minois, 1999; MacDonald and Murphy, 1990), examined in a previous chapter. Further, no matter the quality of the husband or the capability of the wife, traditional marriage frames the wife as subservient to the husband – it is he who dictates the realm in which she exists (Weitz, 2003a; Driscoll, 2002; Jaworski, 2002; Maushart, 2001; Rosenberger, 2001; Jaworski, 1999; Lehmann, 1995; Allison, 1994; Iwao, 1993; Chandler, 1991; Sydie, 1987; Grimshaw and Fahey, 1985; Ehrenreich and English, 1979; Oakley, 1974; Greer, 1970). Grimshaw and Fahey examined the 19th-century Australian construction of marriage in which male and female spheres were clearly defined. They found that gender segregation of labour "easily became the exercise of naked power. It was this explicit rule of wife by husband which the promulgators of the 'separate spheres' ideology had sought to obviate by decreeing that each sex could 'rule' his or her own sphere" (1985, p. 183). The different values placed upon male and female ‘spheres’ meant that the labour exerted was also valued differently.

Yet marriage was not entirely mercenary, nor did it always subjugate the wife. Love was idealised but whether marriage and love were compatible was uncertain (Pinguet, 1993;
Greer, 1970). Too much love was seen to be dangerous for civilisation; indeed, the story of original sin in Genesis was perceived by many theologians to be a warning that men “must not love too much, or permit themselves to enjoy sexual and social relationships of mutuality and interdependence” (Miles, 1991, p. 115).

In Japan, the 17th-century *Shikido okagami* ultimately advised that love demanded self-harm and disfigurement (Pinguet, 1993); love could inspire even samurai to unsheathe their swords and become defenceless (Screech, 1999). These dangers opposed Confucian ideals:

There is room for friendship in the Confucian moral order, benevolence is a universal requirement, and sex for reproduction is allowed - but love, that fertile source of trouble, danger and misery, is out of the question.... Love, for Confucius and his followers, was the worst kind of egoism, a shared selfishness; and to crown all, it was fatal to happiness in any case. (Pinguet, 1993, p. 155)

Love may have promised happiness but delivered vulnerability, disfigurement and chaos. These accounts only mentioned women as the ‘cause’ of the affliction.

Now, Western theorists not only question the role and importance of love within marriage but also the role and importance of marriage within love. Marriage has often been constructed as the lesser of the two; some scholars argue marriage sullies the purity of love (Giddens, 1992, Greer, 1970).

Similarly, love doesn’t need tangible markers in Japanese culture:

There is an unspoken belief among Japanese in general that putting deep feelings into words somehow lowers or spoils their value and that understanding attained without words is more precious than that attained through precise articulation. (Iwao, 1993, p. 98)

This understanding is not gained before marriage but comes later and with patience. Love and marriage have tended to be strongly separated in Japan. Dangerous or not, love was heavily romanticised in literature and other popular culture (Screech, 1999; Pinguet, 1993). Marriage was not romanticised; it was a social duty necessary to ensure the continuation of the family (Rosenberger, 2001; Iwao, 1993; Pinguet, 1993; Hane, 1982). While scholars did not deny that love existed in some marriages, it was rarely intended. Traditionally marriage was viewed as
a long-term arrangement that entails (ideally) permanence, commitment, and (whether they like it or not) a great deal of unexciting day-to-day toil…. Japanese consider themselves quite lucky if love and marriage turn out to coincide. There is also a belief, inculcated by the older generation of women, that once two people start living together in marriage, love will grow between them. (Iwao, 1993, p. 61)

While the younger generations in Japan are beginning to place more importance on a love-marriage, “most Japanese, young people included, seem content if marriage and home provide creature comforts and close bonds” (op. cit., 1993, p. 73).

6.2: What does marriage mean?

Marriages for love can have very different meanings to marriages of convenience or status. Further, as labour and sex have become somewhat less gender-segregated in Australia and Japan, the meaning of marriage has also changed. This has been particularly evident in how women perceive the importance of marriage, its impact on their happiness and the meaning of being ‘unmarried’.

--- Marriage means fulfilling your social duty

In times of social upheaval, marriage is often perceived as the first step in social reconstruction. It was believed that "the juridical regulation of marriage was essential to organic solidarity (Sydie, 1987, p. 21). It is not marriage itself that is important in this context but the idea of family. It is assumed that once a couple is married, children are the next logical step. Indeed, "the family' is a symbol of social order and any loosening of its patterns of dependence and responsibility fuel anxiety about social disintegration" (Chandler, 1991, p. 38). Consequently, if the family is the lynchpin of social solidity then the type of family created must be carefully regulated. In both Australia and Japan, the ‘good’ family has been a husband and wife and their, preferably biological, children (Cannold, 2005; Ashikari, 2003a; Jolivet, 1997; Maushart, 1997; Allison, 1996; Ohinata, 1995; Mackay, 1993; Pinguet, 1993; Chandler, 1991; Lehmann, 1990); in Japan, the extended family may also live together (Jolivet, 1997; Hane, 1982).

A strong family was deemed necessary during the modernisation of the Meiji period in Japan (Ashikari, 2003a). Changes in marriage laws, which allowed people to choose who they
married, were only accepted on the basis that family still remained the foundation of society. Traditionally, it was believed that “marriage has nothing to do with the contentment of husband and wife, and everything to do with the perpetuation and prosperity of the family line” (Pinguet, 1993, p. 155). A person may have been able to choose who they married but they could not alter what was expected as “marriage continued to be centered around reproduction and the mother's nurturance and education of children for Japan” (Rosenberger, 2001, p. 53).

In modern Japan, marriage and family are no less complicated. Japanese women may enjoy their freedom but they were looking for a modern compromise: neither expressing individuality to an extreme, nor gaining maturity solely through caring for others. Women who stayed single also risked losing their carefully guarded freedom to the long-term care of aging and sickly parents. (Rosenberger, 2001, p. 224)

Further, given the disparate pay rates in Japan, few women can afford to look after themselves and their parents on their salary alone. Therefore, Japanese women may debate the importance of marriage, and delay it for as long as possible, but there is little doubt that they must marry in order to fulfil their obligations to their parents (Rosenberger, 2001; Jolivet, 1997; Kinsella, 1995; Rosenberger, 1995; Mouer, 1984). It can be difficult to fully appreciate the depth of these responsibilities outside the context of the Japanese parent-child cultural paradigm. Further, as Japanese popular culture Westernises, the debate becomes more culturally polarised between individualistic ideals and familial bonds. Single life can be Westernised, carefree and individual (Rosenberger, 2001, Jolivet, 1997, Kinsella, 1995) but the "pressures to care for parents in old age relate to deep emotional relationships as well as obligations; they are not so easily brushed aside as magazine images pretend" (Rosenberger, 1995, p. 166). A girl must grow up and be a woman.

Yet, while a strong family is tied to the mythology of a civilised Australia (Grimshaw et. al., 1985), the ‘traditional family’ ideal has begun to weaken. While the Howard Australian government attempted to enshrine traditional nuclear family values, it cannot be ignored that the unit recognised as a ‘family’ is changing to include de facto and same-sex relationships, single parents, adopted children from overseas, foster children, stepchildren, and others (Dux and Simic, 2008). These families are challenging both the ‘family’ norm but also the idea that society will disintegrate without the traditional family. This is especially relevant given the
debate surrounding the unmarried status of the current Australian Prime Minister, Julia Gillard (Arndt, 2010).

--- Marriage means that you are grown-up and normal

While marriage may arguably bring more social obligations in Japan than Australia, both cultures have constructed marriage as evidence of a girl’s blossoming into womanhood. In the West, first menstruation initially announced marital availability, linking the symbolic with the tangible (Lee, 2003; Maushart, 2001; Greer, 1970). However, the legal age for marriage has been raised from this biological event. In Australia, the Marriage Act (1961) gives the legal age as 18 years for both men and women, although they can marry at 16 years with parental consent; the Japanese Civil Code (1896) allows marriage for men at 18 years and women at 16 years (Article 731). The laws surrounding marriage in both countries highlight its importance – the foundation of society must be made correctly.

Neither Australian nor Japanese law require a wedding in order for a marriage to be legal. However, "in a traditional setting…the transition from dutiful daughter to dutiful wife constitutes a definite step up in the status hierarchy. Hence the importance of the wedding as a universally acknowledged female rite of passage" (Maushart, 2001, p. 79). Dressed in white and hidden by a veil until the vows are completed, a woman is escorted from one owner to the next, from father to husband, A girl becomes a bride and the bride becomes a woman who traditionally changed her name and her life (Driscoll, 2002; Maushart, 2001). Becoming a husband does not make a boy a man, although becoming a father may; his life changes in different ways but his name does not change at all (Chandler, 1991).

The wedding ritual in Japan preaches the same message where “donning the ‘bridal appearance’ (hanayome sugata) is considered and promoted as the climax of a Japanese woman’s life” (Goldstein-Gidoni, 1997, p. 108). Many modern Japanese women not only wear traditional kimono but also a white Westernised wedding dress. As a ‘new’ marital artefact, the white wedding dress is not connected to traditional ideals of age; however, ‘older’ brides may change the way they wear a wedding kimono (op. cit., 1997). It must be pointed out that one of the ‘old’ brides interviewed by Goldstein-Gidoni was 26 years old – still younger than the average age of first marriage in Australia.

In these ways, Australian and Japanese societies reinforce the assumption that marriage is normal and necessary. Single women are paraded in popular culture as predatory, alone and lonely; they are frivolous, not ‘grown-up’ (Maushart, 2001; Rosenberger, 2001; Jolivet, 1997;
Unwed women tend to be socially-constructed in two ways (see Greer, 1970). The first is as passive victim, the woman who missed her chance but wants to marry; she is pitied as she tries to rectify her loneliness. The second is as abnormal if a woman proves to be the architect of her single status; a woman who doesn’t want to get married is treated with disdain and uncertainty, especially if she has no partner at all.

--- Marriage means the husband protects the wife

Marriage not only changed a woman’s life. It was believed to cure hysteria and other ‘feminine’ ailments (Greer, 1970) as women fulfilled their gendered role of wife/mother. Indeed, so entrenched was this belief that "the bourgeoisie constructed a romantic vision of home and family life, a refuge from the harsh outside world, a haven for domestic virtue and female sensibility and a proper place for women" (Chandler, 1991, p. 49). No one living in such bliss could possibly be unhappy or unhealthy.

However, marriage was perceived to save a woman’s life in a far more mercenary way. The gendered segregation of labour meant men earned a wage; women confined inside had no such opportunity. Marriage was a social contract in which "money or the promise of 'security' - whether that means protection from brute force, or simply the goods and services whose exchange value money represents - has always and everywhere bought men love, or at least purchased their progeny" (Maushart, 2001, p. 12). Indeed, these constructions of security and purchase became legally justified in the Australian Royal Commission on Child Endowment and Family Allowances where it was argued that “men had the right to be paid for their work, but the wage should be sufficient to meet their ‘need’ of a wife, for she was necessary to ‘look after him’” (Lake, 2004, p. 39; see also Spender, 1994a). The construction of the ‘male provider’ became a foundation upon which a ‘good’ marriage was traditionally built; it was a ‘man’s right’ to earn enough money to take care of a wife (Lake, 2004). Economic norms were socially constructed – the less women earned, the more they had to rely on someone else and, once they were married, the more insignificant the wife’s work and income were perceived (Kiernander, 2005; Lake, 2004; Kirkby, 2003; Spender, 1994b; Chandler, 1991). In this way, women’s "economic vulnerability is both a cause and consequence of their dependence on men" (Chandler, 1991, p. 40) but there was traditionally little choice.

While history provides numerous anecdotes of husbands who did not provide for their wife (Minois 1999; MacDonald and Murphy, 1990), examined in a previous chapter, not all husbands in this situation were villainous. The harsh reality of farming in the Australian outback did not allow for the unadulterated continuation of gender-segregated ideals.
(Grimshaw and Fahey, 1985). Following the ‘male provider’ ideal, "women expected to be freed from farm production - though they often weren't - and they expected men to maintain them, and they often couldn't.... The settlers themselves became painfully aware of their shortcomings as breadwinners" (op. cit., 1985, p. 184). By living on the land, these men were conforming to one aspect of the masculine ideal but failing in another. Yet this also indicated that being a ‘good’ woman did not provide infallible protection within a patriarchal society; she could not protect herself because she could not own or control her body.

These ideas carry on into modern Australian society where women commonly work outside the home. Even in a post-feminist era, the value of women’s work outside the home continues to be heatedly debated (Dux and Simic, 2008). While women tend not to earn as much money as men, the ability to earn an income gives them an option not previously available. A woman can leave an unhappy marriage because she is not reliant upon her husband’s income for survival, examined in greater detail later (Lake, 2004; Maushart, 2001; Mackay, 1993; Chandler, 1991; Grimshaw and Fahey, 1985; Jones, 1985).

Even today, Japanese women often do not have this option. Women not only earn far less than men but they often do not earn enough to take care of themselves, let alone children and parents (Rosenberger, 2001; Jolivet, 1997; Allison, 1996, 1994). They may have no choice but to remain married. When Allison interviewed Japanese mothers, they told her that without a paycheck equivalent to that of their husbands, their life choices remained limited (divorce wasn’t a possibility, for example, because financial independence would be so difficult) and their social status lacked the weight of that of a wage earner, particularly one who could support (rather than merely supplement) a household. (1996, p. xix)

The way in which female employment opportunities are structured in Japan means that the husband is firmly placed as the family’s financial provider. ‘Outside’ may no longer be exclusively male but ‘inside’ remains the sole responsibility of the wife. Financial contribution is deemed to be enough from the man.

--- Marriage means happiness -- every girl wants to get married

Durkheim believed that “happiness is the result of individuals' realization of their nature” (Sydie, 1987, p. 24-25). Subsequently, ‘good’ women who conformed to their domestic, nurturing natures and became wives and mothers were happy. Indeed, the myth that a perfect
relationship can only be had by ‘good’ women continues; women may see their lack of ‘goodness’ as the cause of an unhappy marriage (Maushart, 2001, Greer, 1970). Yet, as discussed in a previous chapter, marriage does not necessarily lead to happiness for women; happiness depends upon the individual marriage (Masaryk, 1881/1970).

In Japan, there is still a presumption that marriage will make a ‘good’ woman happy; “marriage is thought to make a man stable and well balanced and bring happiness to women” (Jolivet, 1997, p. 38). However, a woman’s happiness tends to be constructed around the children who are expected to follow marriage (Rosenberger, 2001). Indeed, it can be difficult to distinguish whether marriage or motherhood is more strongly linked to happiness.

However, marital happiness in Japan has never been the equivalent of Western marital ‘bliss’. As considered previously, love and marriage were considered to be two very distinct ideals. Love may be recognised as an important factor in marriage but this has been a slow change (Rosenberger, 2001). From a Western context, marriage may bring ‘contentment’, rather than happiness, to a Japanese woman. It is the acceptance of an imperfect relationship which is very different to the myths espoused in the West. Even in contemporary society, “most Japanese men and women are convinced and resigned to the belief that romance ends with marriage, and especially after the birth of children; as a result, much of the joy and magic of a relationship tends to be lost once a family is begun” (Iwao, 1993, p. 73).

Yet the fear of being left unmarried and unhappy continues to play out in Western popular culture (Cannold, 2005). It was recently suggested that Australia was experiencing a ‘Man Drought’ (Salt, 2008). Using 2006 census data, Salt revealed that “the number of women aged 30-something in Australia (1,502,000) now outnumber men in this age group (1,493,000) by 9000” (2008, p. 10). Arguably, this is not a significant difference and his ‘filtration’ system was somewhat controversial and superficial (Dux and Simic, 2008). Similarly, in traditional Japan, "a young woman's goal in life was to get married and anything that might endanger her prospects was "lamentable"" (Iwao, 1993, p. 35). Anything that does not fall neatly within the marriage paradigm, such as education or career, tends often to be labelled a ‘distraction’. In both Australian and Japanese cultures, the presumption continues that once the allure of these ‘distractions’ wear off, a ‘good’ woman will get married.

--- Marriage traps women so should be delayed for as long as possible

In part, the increasing age of first marriage, and decreasing family size, has been attributed to women’s changing roles in Australian society (Maushart, 1997; Mackay, 1993). Some
commentators have suggested that ‘outside’ roles have distracted women from their ‘inside’ role of wife/mother (Dux and Simic 2008; Cannold, 2005; Maushart, 2001, 1997).

There has also been a substantial increase in the age of first marriage and a decline in fertility attributed to women’s changing roles in Japan (Retherford et. al., 2001; Raymo, 1998; Jolivet, 1997; Retherford et. al., 1996). Similar to Australia, women are perceived selfishly do whatever they wish and make unreasonable demands on men. There is a general consensus that, today, men are hard done by and humiliated by manipulative, choosy, cute young women. (Kinsella, 1995, p. 249)

It is not difficult to see why young women may feel more ‘choosy’ about marriage. Within reason, a young single woman is permitted some frivolity (Jolivet, 1997). Once married, the social role of a young woman was possibly more oppressive than that of a young company man.... Maturity and marriage threatened to separate her from these privileges, and very likely to shunt her off to a small apartment in a remote and unattractive suburb, with only her devotion to her children and their school books to occupy her. (Kinsella, 1995, p. 244)

Subsequently, marriage is not an institution in which to rush headlong. A husband needs to be carefully chosen as marriage means far more than a ring.

While marriage may still remain the ‘good’ choice, it "is no longer considered to be an absolute necessity, as was the case not so long ago when women had no other alternative and when families were trying to find a husband for their daughters as quickly as possible so that there would be one mouth fewer to feed" (Jolivet, 1997, p. 147). Some women may try to delay marriage until they have achieved certain goals but "society is suspicious if men and women are not married by the time they reach the age considered to be propitious: 28 for a man, 25 for a woman" (op. cit., 1997, p. 38; see also Rosenberger, 2001, p. 16). In Japan, the perception of a single person older than marriageable age depended on gender. Women were often pitted or disparaged as *urenokori* (unsold merchandise) or *to ga tatsu* (overripe fruit).... A man who remained single past his mid-thirties was considered not quite fully adult (*ichininmae*) and was presumed to be eccentric in some way, although men seem to have been spared being thought cold or unattractive (indeed, sometimes a
man's inability to settle down was attributed to his being *too* attractive). (Iwao, 1993, p. 60)

In Japan, marriage is so intrinsically linked to femininity that delaying marriage meant women “had to resist a whole history that had evaluated womanhood in terms of "good wife, wise mother” (Rosenberger, 2001, p. 222). The media never lets women forget their potential financial vulnerability later in life if they do not marry (Iwao, 1993).

6.3: How does marriage act?

Given the different meanings accorded to marriage, it is little wonder that Australian and Japanese marriages can look very different. Further, individual marriages in each country can look very different to each other. However, marriage remains a social institution and the ways in which it is performed are heavily influenced by social ideals and expectations. Marriage needs to be easily recognisable as it is perceived to provide the foundation upon which a ‘good’ family and society are built. Therefore, in order to be recognised as ‘married’, there are some characteristics and behaviours which must be performed, which can be different in Australian and Japanese marriages.

However, acting like a married couple alone may not be enough. In Australia, women in *de facto* relationships have only been considered akin to ‘married’ since the 1990s. Even now their inclusion is problematic. It is still assumed that women in *de facto* relationships are ‘waiting’ for marriage and it is necessary to preface these relationships with the word ‘committed’ in order to differentiate this more serious relationship from other frivolous couplings. These language distinctions are not considered necessary for marriage; commitment is presumed, if not necessarily a reality.

--- A married couple is a unit

The traditional married unit in Australia has been the nuclear family. This family may be based in the home but its influence is not confined to the inside world exclusively. As Chandler writes: “the ideology of ‘the family’ constitutes it as a private and separate world and one that is the province of women... Although marriage and the family are the epitome of the personal, familistic values penetrate deeply into wider society” (1991, p. 39).
However idealised, this traditional family unit is decreasing in number and the structure of the family itself changing (ABS, 2008a; AIHW, 2005; ABS, 2003a, 2003b; AIHW, 2001). People may perceive their roles within the family differently but the ‘family’ has been traditionally seen as the first source of comfort and support. However, Mackay (1993) argues that as being a ‘parent’ to children is a more stably defined role than the more gendered position of ‘wife’; a woman can still be a ‘mother’ without being a ‘wife’.

Japanese marriages are even more intrinsically linked to home and family. Traditionally, the Japanese family has not been nuclear as elderly parents lived with their children (Rosenberger, 2001, 1995; Yoshizumi, 1995; Iwao, 1993). However, this tradition is beginning to change as couples may no longer have the space, time or money to care for their parents (Traphagan, 2004; Rosenberger, 2001; Jolivet, 1997; Rockett and Smith, 1993).

Japanese families, whether nuclear or not, are also not confined exclusively to the inside world. In Japan, people "do not stake all their expectations on marriage; they look to friends, relatives, parents, co-workers, bar hostesses, and others to fulfil their various needs for sharing, moral support, and enjoyment" (Iwao, 1993, p. 73). A stable family life is considered essential to a person’s wellbeing but husbands or wives do not necessarily play an essential role in the emotional caretaking of the other. The segregation of male and female lives is very strong (Yoshizumi, 1995). When Allison interviewed wives and mothers in Japan, she found that many women were resigned to the fact that they would not be their husband’s main confidante and he would not be theirs: “This lack of companionship in their marriage did not threaten it…. Rather, their marital pattern now conformed to the norm: husband and wife leading separate lives and achieving social camaraderie with others” (1994, p. 105).

--- Wives look after their family

One of the more seemingly universal marital stereotypes is that of the female caregiver. In Australia and Japan, wives have been perceived to provide everything including, but in no way limited to, food preparation, cleaning, laundry, childcare and emotional support (Maushart, 2001, 1997; Allison, 1994; Spender, 1994b; Lake, 1985; Mouer, 1984; Ehrenreich and English, 1979; Oakley, 1974; Bernard, 1973). In rural Australia, where there has always been less infrastructure and fewer services, wife-work has been a valuable commodity:

women’s usefulness as unpaid farm workers in addition to their customary services as sexual partners, nursemaids, cooks and cleaners, often led to a situation in which settlers developed a debilitating dependence on their wives.... When David
McLellan's wife walked out he became, in the inspector's word, 'decidedly mental' and committed suicide. (Lake, 1985, p. 180)

Not all wives could walk out on their husbands. In Australia, wives traditionally found themselves in a very insecure financial position without their husbands (Spender, 1994; Greer, 1970). Arguably, conforming to the ideal of the ‘good’ wife, who took care of her husband’s every need within the domestic sphere, may have provided some protection; women may have faced starvation if they were abandoned but so too did men if they did not replace a wife immediately. The stereotype of the female caregiver seems to have weathered the storm of social change. In Australia, where there has been substantial public debate between women on the division of ‘care’, Maushart has taken the argument further:

It may not be going too far to say that wifework became a useful strategy for cultivating a learned helplessness in males that mimicked the innate helplessness of breeding females. The resulting balance of interdependencies created a symbiosis powerful enough to bind a couple for life. (2001, p. 47)

While it may save a woman from potential starvation, it may be questionable as to whether becoming entrenched within the domestic sphere makes her happy. The Sisyphus-like repetition of housework has been linked to depression and a lack of wellbeing in women (Maushart, 2001; Greer, 1999; Spender, 1994b; Greer, 1970; Douglas, 1967).

Yet, as more modern marriages are studied, the division of labour seems to have little changed (Dux and Simic, 2008; Maushart, 2001; Tichenor, 1999; Risman and Johnson-Sumerford, 1998; Steil, 1997; Blaisure, 1995; West and Zimmerman, 1987). Tichenor (1999) interviewed 30 couples comparing the differences between couples who maintained a traditional division of labour and those where the woman was either more educated or earned a higher salary than the husband. She found that even in ‘status-reversal’ couples, “women do not have the same kind of veto power that men seem to have…. For these couples, veto power seems to have little to do with income, status, or even expertise. It has everything to do with gender” (1999, p. 646). The husband is able to make decisions alone but not the wife. Further, the wives in ‘status-reversal’ couples often need to ensure that their superior status is not apparently obvious, either to their husbands or their community (Maushart, 2001; Tichenor, 1999; Steil, 1997). It became obvious in Tichenor’s study that women in non-traditional roles performed a certain amount of subterfuge to ensure their husbands felt superior despite their lower education/income (1999). Implicit in this was the idea that the wife should earn less than her husband and subsequently be more dependent.
In Japan, the situation is no less bleak for wives. Like Australia, Iwao argues that in traditional Japan, "when women's legal status was very weak and they could be easily divorced, one way they protected themselves was to ensure that their husbands could not lead healthy, decent lives without them" (1993, p. 90). It is now simply presumed that a housewife will "manage the house, raise the children, take care of the husband. But even when these jobs can be handled with a margin of time to spare, leaving the house can be interpreted as selfish or inappropriate" (Allison, 1994, pp. 110-111). The work expected of a housewife is underappreciated when accomplished and negatively judged when incomplete.

It is also presumed that housewives are happy taking care of their family and home. On one hand, the problems associated with ‘status-reversal’ couples do not appear to be as prevalent in Japan as male and female roles have tended to prove more resistant to change. While the husband may be considered superior, a woman’s compliance with traditional roles grants her some compensation. Japanese wives often hold economic ‘veto power’ where “she controls family finances and provides the husband with an allowance” (Murray and Kimura, 2006, p. 301; see also Iwao, 1993). Unlike the wives Tichenor interviewed, a Japanese wife’s income was viewed as hers to spend, rather than pay bills (Jolivet, 1997). On the other hand, while the work undertaken by Japanese housewives may look essentially the same as that done by their Australian counterparts, it can differ in the details. Both women ostensibly make lunches for their children but the Japanese obento (lunch box) also represents a tangible display of maternal capability and devotion (Allison, 1996). An unbeautiful obento reflects poorly on the mother. Subsequently, considerable time and effort is put into this one task – devotion that is expected for all domestic tasks (Ibid.). Consequently, and again similar to Australia, the never-ending cycle of housework has also been linked to depression, decreased wellbeing in women, even infanticide and suicide, examined in a previous chapter (Rosenberger, 2001; Jolivet, 1997; Bryant, 1990).

--- A ‘good’ woman stays married forever

Everlasting love, where two people cohabit peacefully and happily until the end of their days, is a beautiful construct. This construct is so entwined with Australian social ideals that

it connotes normality and inevitability, assuming that all women will marry, will desire and if possible have children inside marriage, will not become separated, divorced or remarried, and will not become widows until their children have grown up and left home. (Chandler, 1991, p. 53)
In both Australian and Japanese societies, marriage has been linked to social stability. With this foundational role in Australian and Japanese social order, any threat of marital destruction has bleak implications for society. Durkheim argued a strong association between social disharmony and suicidal behaviours where divorce destroys women's domestic sanctuary - marriage and family - and thereby disintegrates and devalues women's social position and women themselves. One way or another, one way and another, Durkheim establishes a harmony of interests, linking women's best interests, their genuine welfare, with the welfare of men, the patriarchal family, and society itself. (Lehmann, 1990, p. 181)

Marriage had to be encouraged and divorce obstructed, even if this prioritised the needs of men over women. In Australia, this is demonstrated by the amount of time needed to declare one’s marital intentions – marriage requires notice of one month and one day; divorce requires at least one year of separation.

However, whether the ideal marriage happens as often as so many people seem to believe is another issue. In Australia, there were 109,300 marriages registered and 52,400 divorces granted in 2005 (ABS, 2008b, pp. 211-214). However, these numbers do not allow us to see how many marriages end in divorce – this was last calculated in 2001 with “13 divorces per 1000 married men or women” (op. cit., 2008b, p. 214).

Marriage is not necessarily a successful institution (Maushart, 2001; Spender, 1994; Chandler, 1991; Lehmann, 1990; Bernard, 1973; Greer, 1970). Yet, its failings are almost always blindly assumed not to be applicable to one’s own marriage (Maushart, 2001). These ideals and expectations mean that individuals are blamed when the mechanics of marriage breakdown. Within the traditional marital performance, the concept of ‘staying married’ was taken for granted. It was presumed that a marriage lasted until death, although this was not always in the best interests of individuals. Women accepted that marriage would be a mixture of good and bad.... the expectation of leading a life according to that kind of pattern was so strongly created among today's grandmothers when they were young that most of them conformed to the pattern without giving the alternatives much thought. (Mackay, 1993, pp. 66-67)
In this context, with little to no recourse for divorce, marriage was not romanticised. Yet now with the possibility of divorce, marriage seems to be idealised once again (Maushart, 2001). This perpetuates the stereotype that a woman’s sense of self…is organized around being able to make and maintain relationships. We define our worth in relation to others more than men do. We measure our self-esteem within the context of relationships and judge ourselves in terms of our ability to care. (Meadow and Weiss, 1992, p. 135)

Consequently, a successful marriage is indicative of a ‘good’ woman.

As examined earlier, the social regulations implicit in marriage could sanctify sex whereas “divorce introduces anarchy into sexuality, thereby destroying domestic society and nullifying its main function” (Lehmann, 1990, p. 177). Marriage made sex safe; divorce made it dangerous again. Despite these dangers, there is a "widespread belief that easier divorce has reduced the level of unhappiness associated with unsatisfactory marriages" (Mackay, 1993, p. 59). However, just as men and women experience different marriages (Bernard, 1973), so they experience different divorces. In Australia, women may lose a husband and, potentially, financial security but "she will remain the homemaker in every sense of that term. For a man,… it is the loss of home - family, hot meals, clean underwear, ironed shirts, a tidy house, routine, structure, a social identity and a reason to go to work every morning" (Maushart, 2001, p. 230). The links between divorce and suicide were analysed in a previous chapter.

In Japan, the picture is somewhat different. With its strong links to social instability, divorce can still attach a stigma to those whose marriages fail (Rosenberger, 2001); women may have been allowed to divorce but this choice did not promise a happy future. Until the 1870s, “husbands separated from their wives at will, whereas wives neither could refuse such divorce requests nor possessed the right or ability to initiate divorce on their own” (Fuess, 2004, p. 19). The *Meiji Civil Code 1898* allowed women to divorce their husbands; however, once divorced the woman was left to depend upon her family for support, which was not always provided (Fuess, 2004; Rosenberger, 2001; Iwao, 1993). Further, while a man could remarry immediately, a woman had to wait six months “to assure the paternity of children born after the end of a marriage” (Fuess, 2004, p. 116). The *New Civil Code 1948* attempted to rectify these double standards and also “eradicated any need for parental consent in divorce, because at marriage, an individual also obtained legal maturity…. divorce was now considered the concern exclusively of the married couple” (Fuess, 2004, p. 147). The six-month delay before remarriage stands.
The modern Japanese government may have “supported freedom of choice in marriage, but it wanted stable marriages, not marriages that were subject to whims of passion and romance” (Rosenberger, 2001, p. 53). However, this governmental desire does not consider the quality of the marriage. Choosing to marry has not traditionally been associated with love in Japan, discussed previously, but neither is the decision to stay married. While some women may talk to Western researchers of divorce, of dissatisfaction with their marriage, of irritation with their husbands, of dreams of different lives, and of fantasies about other men…. not a single one of these women was actually contemplating divorce, and the reason given was never romantic or moral but always financial: they couldn't cope without their husband's income. (Allison, 1994, pp. 107-108)

Difficulties associated with divorce may lead to women staying in unhappy marriages: “even when a wife is neglected by a husband who engages in extra-marital affairs, she is not expected to rebel. She does not usually seek divorce” (Iga, 1986, p. 58). Divorce is still not very common in Japan. Yet, it is not just younger women who are divorcing but older ones who have complied with the social mores of marriage and been ‘good’ women. In Japanese society, it seems that a strong male-gendered role lasts only until retirement; ‘inside’, men have little role at all. Iwao writes that:

A relatively common pattern is for the wife to wait until the children are grown and her husband has retired from his company, a point at which he receives a large lump sum in severance pay; she then asks for half and a separation. Another juncture at which older women ask for divorce is after the marriage of the last child, which often comes while a woman is still in her early fifties. With women looking at an average lifespan of nearly 82, some are not anxious to endure further decades of cohabitation with a mate who they find difficulty communicating and sharing. The once "healthy and absent" spouse now litters the pathways of her busy life and hardly knows how to relax in the long days in his own home. (1993, pp. 114-115)

### 6.4: How do marriage ideals inscribe the female body?

As examined throughout this chapter, marriage is a performance; its behaviours ritualised so married people can be recognised and differentiated from unmarried people (Maushart, 2001;
Jenkins, 1996; Sydie, 1987). Within a patriarchal society, marriage has traditionally placed women in subordinate social and sexual roles (Lehmann, 1995, 1990). In this way, marriage inscribes the female body with male ownership – evidenced by tangible artefacts and intangible beliefs.

The female body itself was a possession capable of being owned by a man; marriage passed this chattel from father to husband so a husband legally owned his wife (Weitz, 2003a; Young, 2003; Driscoll, 2002; Jaworski, 1999; MacSween, 1993). She was required to submit to his needs and cater to his desires. In this way, the female body was inscribed as ‘wife’ and control claimed by the husband and his family. In colonial Australian history, marriage allowed men to control the previously uncontrollable: "Marriage was seen by the government as the most efficient method of controlling female convicts" (Atkinson, 1985, p. 21). The duties of a wife, discussed previously, would arguably make a woman too busy to return to a life of crime. Alternatively, it may have been assumed the husband would discipline an unruly wife into submission.

Ownership was constructed a little differently in Japan. Similar to Chinese customs, a daughter left her family and home to become a wife in her husband’s home. The performance of marriage subsequently gave ownership of a wife to her husband’s family. More specifically, a wife’s body belonged to her mother-in-law; her body existed to produce sons to continue the family line. Cruel mothers-in-law were infamous in their treatment of daughters-in-law: “If the young wife was not blessed with a son, the situation could become intolerable: she was reminded that marriage laid on her the supreme responsibility of carrying on the family name which had become hers” (Pinguet, 1993, pp. 46-47). She was required to tolerate any treatment meted out to her, however brutal, and was expected to comply with every request (Jolivet, 1997; Pinguet, 1993; Hane, 1982; Benedict, 1946).

Marriage also brought the husband financial ownership of his wife in the form of a dowry from the woman’s family; the higher the dowry offered, the higher the quality and quantity of potential suitors. Although rare now, dowries have been used in many countries throughout the world. As examined in previous chapters, beauty and sexuality ideals commodified the female body in intangible ways; a dowry constructed the female body as a tangible commodity, able to be bought and sold. The female body became “a kind of money - an evaluation of property and wealth and an extension of reproductive and familial labour into the world.... evaluating status and wealth or representing the continuity of reproductive and domestic labor” (Driscoll, 2002, p. 109). A woman’s conformation to beauty and sexuality ideals, analysed previously, affected the price attached to her body. Further, the dowry also
had powerful meaning when a wife was rejected – the wife and her dowry were sent back implying that neither had any value (Pinguet, 1993).

Beauty and fertility were not the only feminine virtues desired in a wife. Entwined with a woman’s possession of beauty and fertility was her chastity (Norton, 1995; Wooley, 1994). The husband owned his wife’s body and subsequently sought to claim ‘virgin territory’ – he wanted no one to have owned it prior to him and no one to own it afterwards. A girl was not only expected to be a virgin on her marriage but it was constructed as 'a 'gift' that she should bring to her husband. Added to this was a semi-mystical notion that in 'losing' her virginity,... a maid was made complete and fulfilled" (Spender, 1994a, p. 20). Marriage, more specifically her wedding night, was believed to turn a girl into a woman. These ideals still linger as the current Australian Opposition leader, Tony Abbott, recently advised girls to consider their virginity a ‘gift’ (Drape, 2010). Male virginity did not appear to be so highly prized. Indeed, men may have required female fidelity in marriage but they rarely promised their own. In Australian and Japanese male popular culture, especially ‘lad’ magazines and ero-manga, the woman must simply be perceived as ‘theirs’, whether they are legally or religiously bound or not.

A woman did not only lose ownership and control of her body when she married, she also lost her identity. She lost her own name. In Judeo-Christian cultures, this began with “the naming of Eve by Adam [which], Luther says, indicates Adam’s power over her” (Miles, 1991, p. 107). Women assumed their husband’s name just as they assumed his mastery in the house. Even now, debate continues over whether women should change their name when they marry with arguments ranging from feminist standpoints to ideals of family unity (Hanson, 2009). In Japan, there has been much less debate. A woman continues to take her husband’s name on marriage.

The performance of marriage, and the subsequent behaviours associated with being a wife, is dependent upon culture, time and place. Inscriptions may not necessarily be understood outside a specific cultural framework. Driscoll writes that positive and negative performances, required by different societies to be recognised as a ‘wife’, “all locate a nexus of sexuality and gender in bridal culture as a site for articulating the normative process of defining desirable womanhood, a process that can maintain symbolic force even when contradicted by other cultural changes” (2002, pp. 189-190). Yet some brutal performances, such as clitoridectomy, were not perceived to be entirely negative; rather, they were accepted as necessary to transform into ‘good’ women. In other societies and cultures,
relative to husbands, wives may be weak. But relative to daughters, they are powerful adults, capable of establishing their own domestic dominions. To this extent, being 'given' in marriage has bestowed on women enormous social capital. And it continues to do so, even in our own putatively post-feminist world. (Maushart, 2001, p. 79)

It cannot be forgotten that in many countries, including Australia, there continue to be many social advantages to being married. However, vigilance remains necessary to ensure that the ways in which goodness is inscribed upon the female body do not write a text that demeans and violates it in order to simply claim male ownership and control, even if normalised within a particular culture.

Nevertheless, traditional performances and inscriptions of marriage do not remain in a cultural vacuum. The 'wife as chattel' stereotype is not as relevant in modern Japanese or Australian societies as before and, in Australia, has been largely dismantled since the 1970s. As analysed throughout this chapter, social changes in Australia and Japan have not only affected the ways in which marriage is performed and inscribed but also how it is perceived within society. It is this dichotomy that has brought about confusion as to what marriage means in modern Australian and Japanese societies and how it continues to inscribe the female body. However, this dichotomy has also given women the opportunity to reclaim their bodies within the institution of marriage. In Japan, participation in the labour force has allowed access into new areas of life for women, claiming their bodies as their own in consumption, leisure, and sexual activities.... Young women were living the questions surrounding Japan's incorporation of individuality - seen as global and modern - and the maintenance, or perhaps rejuvenation, of compassion, respect, and group life - seen as representing the unique high qualities of Japanese self. (Rosenberger, 2001, p. 185)

These girls were able to reclaim their bodies from the wealth of social expectation traditionally bestowed upon females of marriageable age as they were not yet wives or mothers. Their youth was an advantage as this lack of expectation gave them freedom to explore options outside the traditional paradigm; although reintegration back into society, in order to become a wife and mother, may not be easy. Indeed, reclamation does not always take the form of such bold actions. In Australia, reclamation has also come in the form of debates on retaining one’s maiden name, issues of career and housework (Hanson, 2009; Dux and Simic, 2008; Maushart, 2001). In some ways, it is the debate that is vital. Debate allows the presumption of male ownership of the female body, and all the social implications which
follow, to be dissected in a public arena. However, a woman’s reclamation of her body may not always last after she marries, especially in Japan; nor does reclamation ensure happiness (Maushart, 2001; Rosenberger, 2001; Jolivet, 1997; Spender, 1994a; Iwao, 1993; Oakley, 1992; Chandler, 1991; Oakley, 1974; Bernard, 1973). Not every woman wants to get married but if she is able to own her body – to control what is done to her body and what her body does — the choices she makes are more valid.

6.5: Conclusion

This chapter has examined how ideals of marriage in Australia and Japan have been constructed so as to potentially leave harmful inscriptions on the female body. The different definitions of marriage in Australia and Japan have been examined in terms of how past ideas have influenced present ideals. The ways in which ‘good’ marriage ideals have been articulated in terms of protection have been analysed. In both Australia and Japan, there have been many contradictions, especially within the context of caregiving which seems to be a female-gendered role. The final section examined the difficulties wives face in protecting their bodies from being owned and controlled by their husbands. The performance of marriage creates very tangible inscriptions of ownership upon the female body. It has been argued that the very act of being married necessarily inscribes a woman’s body, although not all inscriptions are themselves negative.

The following chapter marks the beginning of the Lived Experience of this thesis. As discussed in the Methodology, the analysis of the survey responses received from 88 women in Australia and Japan will be presented. The next chapter covers the sections of the survey which asked women about their previous experiences of self-harm and suicidal behaviours, including suicidal ideation and suicide within their social group. These questions were not always relevant to every woman. However, the women who answered these questions provided a rich illustration as to their thoughts about their bodies and their reasoning behind the harmful inscriptions they performed.
7. Self-Harm and Suicidal Behaviours Performed on the Body: Answers and Implications from the Survey

A woman I knew just drowned herself
The well was deep and muddy
She was just shaking off futility
or punishing somebody….
It seems we all live so close to that line
and so far from satisfaction


The previous literature analysis on self-harm and suicidal behaviours examined the Perceived Experience of these behaviours, which can be very different to the Lived Experience. Throughout this thesis, the relationship women have with feminine ideals has been examined; it has been argued that ‘good’ feminine behaviours can also incorporate ‘good’ self-harm and suicidal behaviours (Jaworski, 2010, 2004). However, not all women perform these behaviours and those that do may not necessarily enact ‘good’ performances.

Body dissatisfaction, body hatred and negative self-perception have been discussed within the Perceived Experience. The following chapters seek to better understand body dissatisfaction, body hatred and negative self-perception within a Lived Experience. As demonstrated in the Perceived Experience, ‘good’ women are not necessarily protected from suicidal performances; a situation also found in the Lived Experience. This chapter seeks to provide illumination as to whether women who perceive and describe their bodies negatively are more likely to have self-harmed, contemplated or attempted suicide. It will also examine what protects women who have negative self-perception from performing harmful inscriptions upon their body. Further, it seeks to determine whether women differentiated self-harm from attempted suicide, and intent from attention. For these reasons, women were given the opportunity to conceptualise their feelings, illnesses and behaviours. Analysing the language women used – the ways in which inconsistencies and dichotomies were balanced – allowed their Lived Experience to be better understood, at least within the narrow frames of this research.
As previously explained in the Methodology, women’s answers will be replicated as they appeared but spelling will be fixed and changes indicated with square brackets. If the answer was written in a specific way, such as all capitals, this will be mentioned. The Japanese answers have been translated. It must be noted that participants interacted with the questionnaire differently. Japanese women had not answered questions such as these before and tended to give shorter answers. Australian women were more used to these types of questions; many gave very detailed responses with some writing all over the pages. Throughout the following chapters, the women are identified by their codes: letters and a number. The letters represent whether the women is Australian or Japanese, non-suicidal or suicidal; the number simply represents their chronological entry into the data system. Consequently:

- AS – Australian suicidal;
- ANS – Australian non-suicidal;
- JS – Japanese suicidal;
- JNS – Japanese non-suicidal.

See Methodology and Appendix E for further details.

7.1: Which women were suicidal?

As discussed in the Methodology, 88 questionnaires (62 Australian and 26 Japanese) were examined. Thirty-two Australian women were categorised as suicidal – they reported past or continuing suicidal ideation, self-harm and/or suicide attempts. Fifteen of these women were recruited from a clinic; 17 were from the student sample. Eleven Japanese women were categorised as suicidal. Five were recruited from a clinic and six were from the student sample. While many of the women categorised as suicidal also reported mental illness, this was not always the case. Twelve Australian and four Japanese suicidal women did not report any mental illness; however, five women (four Australian and one Japanese) reported mental illness without suicidal behaviour (see Appendix B). It should also be noted that women who sought help from a clinic tended to perform more severe behaviours.

Compared to Japanese women, more Australian women reported more self-harm and suicidal behaviours (see Appendix C). However, there were similarities between Australian and Japanese suicidal women. All the Australian women who attempted suicide reported self-harm and ideation; all but one of the Japanese women who attempted suicide reported self-
harm and ideation. However, four women (three Australian and one Japanese) who reported self-harm did not report suicidal thoughts. Self-harm was more commonly reported by Australian student participants but suicidal ideation was more commonly reported by Japanese student participants (see Appendix B).

### 7.2: How did women perceive suicide?

Section E of the questionnaire covered “your perception of suicide”. This section was intended to see how perceptions of suicide differed between women of different cultures with different lived experiences.

--- Is suicide understandable?

“I can never understand suicide. It seems to be so unpredictable. How could you not notice that the one that you love is unhappy[?] However, I can sort of understand why people would never notice how unhappy a suicidal person is. We live in this big world, this distant world, kind of taboo on depression and mental illness. I know my friends and I don't talk about depression. I would never tell my friends that I hate my body, or I thought I was fat, or thought about food 24/7. They wouldn't understand, but more importantly I would be so embarrassed to divulge that information.....”

(AS21)

Suicide has been subject to enormous stigma, especially in the West. ‘Do you think there are situations where suicide is understandable?’ sought to examine whether suicide was perceived to be a potentially rational choice or simply placed within the negative language of stereotype. Fifty-seven women (37 Australian and 20 Japanese) believed that there were situations where suicide was understandable; 18 women (14 Australian and four Japanese) did not think suicide was ever understandable; and, 12 women (ten Australian and two Japanese) were uncertain. There appeared to be a different level of understanding between non-suicidal and suicidal women; the suicidal women, especially those who had attempted, reported on a more personal level, which is examined throughout.

However, women who thought suicide could be understandable tended not think it was ever acceptable. Twenty-two women (18 Australian and four Japanese, 11 non-suicidal and 11 suicidal) responded in this way. None of these women had ever attempted suicide. Answers included words like ‘justified’, ‘regrettable’ and ‘right’. These women empathised with a
person’s Lived Experience but not their inscription. It appeared that, while feelings which could make a woman feel suicidal were acknowledged as valid, these feelings should not lead to the actual performance of suicide. This was best articulated by AS32 who wrote: “Understandable certainly. But I’d struggle to justify suicide. The difference is a difference between a theoretical, and a reality”.

Thoughts of suicide appeared to be differentiated from acts of suicide; thoughts could be treated and problems solved, whereas acts were final. Some Australian women, none of whom had attempted suicide, felt that a person should always be able to seek and find help:

“[there] are always people out [there] that are wanting and willing to help people get through issues. Suicide is never the correct answer to solve problems, to those people is just seems like the simplest” (ANS09);
“I think all people should seek help to deal with their problems, and not take their own life. I don't think there are any situations that suicide is understandable if they have had correct treatment” (ANS20).

Consequently, suicide was the result of inadequate help-seeking; these answers implied that a person who suicided may not have done enough to help themselves. However, these women did not articulate the type of help practically accessible to suicidal people; rather, they assumed that help was “always” available and “correct”. This assumption was questioned by three Australian women who had attempted suicide where help had been neither available nor adequate. They indicated that not all problems could be solved; suicide was the result of not being able to resist the action:

“Where all other avenues of help have failed if [someone’s] life is so tortured that Death is the only relief…” (AS04);
“…when people try for a long time as hard as they can and they wear out fighting the desire” (AS08).

The feeling that suicide was the final behaviour also became bound to the idea of loneliness or hopelessness. Some women tried “to think from the person's point of view” (ANS03). In these situations, understandable suicide was conceptualised in terms of unbearable suffering as “people who commit suicide must suffer a great deal of pain and [whatever] else to actually do it” (AS17). Unbearable emotional pain tended to be framed within ideas of loneliness and social dislocation. Suicidal women sympathised with others who they felt were reacting to shared feelings, with some explaining how emotional pain could also become physical pain:
“…When you have nobody to talk to, this pain starts to form in your stomach, eating you up inside and really soon it’s just so difficult that it hurts to live…” (AS21);
“…when there are children or adults who feel like they have no where to turn, being lonely and depressed can be sooo overwhelming, and emotions can physically hurt some one…” (AS23)

The physical symptoms reported by these women may be caused by high levels of anxiety or depression. AS23’s response also alludes to the idea that a person may physically harm themselves to stop feeling lonely or depressed. Such harmful inscriptions may include alcohol abuse, eating disorders, self-harm or suicide. Within this study, women who had attempted suicide in the past perceived the act of suicide to be understandable within the frames of pain, trauma and hopelessness. AS19 referenced her own suicide attempts in her response:

“…I have attempted and contemplated suicide on a few occasions so I can definitely understand why some people would become so desperate. I am glad I was unsuccessful, but sometimes life really did feel like it wasn't worth living.”

Consistent with the controversy surrounding physician-assisted suicide, some Australian women (three non-suicidal and six suicidal) thought suicide was understandable when the person was suffering from an illness. Interestingly, illness was delineated between physical illness (one non-suicidal and five suicidal) and mental illness (two non-suicidal and one suicidal). The women who talked about physical illness may have had euthanasia in mind as they used the phrases “terminal” (ANS14 and AS03), “untreatable” (ANS17), and “…painful, debilitating” (AS13). Although less common here, this finding reinforces previous research which indicated people felt suicide was more sympathetic or acceptable in the context of an ‘incurable physical illness’ (Dahlen and Canetto, 2002, p. 110). However, ANS17 still did not think suicide was “right” in these circumstances. Quality of life was a strong sentiment in these responses as there appeared to be the assumption that illness alone was not enough – a person had to be in constant and unbearable pain.

Similarly, women who wrote about mental illness restricted it to the more severe diagnoses which significantly impacted on quality of life:

“…People who suffer from [severe] depression or manic depression I can see how they would see it as their only way out of the misery. I know people who have been diagnosed with depression and I’ve seen the way they view life…” (ANS10)
There appeared to be more empathy in answers concerned with mental illness as they could see the “horrible things” (ANS23) connected with it; however, there remains a taboo on mental illness not associated with physical illness. This was expressed by AS21 (see above) who argued that the taboo on mental health prevented people from seeking help – and potentially made them more vulnerable to suicide. She gave an example of friends who would talk about everything else except their negative self-perceptions and feelings of depression. In this way, women can be emotionally disconnected while still maintaining strong social connections. This lack of outlet may lead some women to be more vulnerable to disordered eating (analysed in a subsequent chapter) and consequent harmful inscriptions on their body.

The taboo and stigma connected to suicide was indicated in responses which blamed the person for their suicidal performance. Nine Australian responses indicated that suicide was neither understandable nor acceptable in light of the pain it inflicted on others. These women framed people who suicided as ‘selfish’ or ‘cowardly’ as “it is some people can just not cope” (AS26). The non-suicidal women differed in their reasoning to the suicidal women. Non-suicidal women contextualised the act of suicide outside their Lived Experience – “it’s the easy option out” (ANS08). Suicidal women contextualised suicide in terms of pain and hopelessness: “…I understand why some people see it as the easy way out, but it is not acceptable to inflict that pain on the people who love you” (AS31).

Finally, some women reported that their personal experience of suicide affected their judgement as to whether it could be understandable. An Australian woman who had never attempted suicide, or experienced the depression she perceived necessary for such an action, wrote: “I honestly don’t think I deserve an opinion, [it’s]…never gone through my head and [I’m] not sure what does for someone to think like that…” (ANS14). In contrast, an Australian woman who had attempted suicide twice believed that it “…wouldn't be understandable to anyone who hasn't been there” (AS01). There is an implication here that suicide is not understandable outside of a Lived Experience.

--- A mother who kills her children when she suicides

“I know of a family/mother who did this. She committed suicide and killed her children. In such a case, a sense of selfishness is obvious however, in her mind, what she was doing was fair because she felt the kids could be better looked after in heaven than they would be if she left them behind. She saw it as a selfish act to leave them behind.” (AS30)
Oya-ko shinju, examined in a previous chapter, was traditionally considered an acceptable suicidal performance in Japan. However, this performance has never been condoned in the same way in Western countries. This is evidenced in the reactions to the suicides of two women connected to Ted Hughes. Sylvia Plath’s suicide has, in part, been romanticised because she protected her children. In contrast, Assia Wevill’s murder of her daughter prior to her own death has been strongly denounced (Hagstrom, 2009).

‘How do you feel when you hear about a mother who kills her children when she commits suicide?’ was included in the survey to see whether Australian and Japanese women reacted differently to this particular murder/suicide performance. Answers seemed polarised: some women tried to understand; others categorically condemned; none condoned. Three Australian women (ANS05, AS08 and AS19) reported that their mothers had attempted or died by suicide. All three were able to empathise with the mother to some degree in their responses here.

The majority of women who answered this question felt sadness and sorrow when they heard about this type of situation. Most of these women spoke in terms of feeling “sad” about this “tragedy”. One woman (AS10) was brought to tears when she heard these stories. Rather than contextualise sadness within their own lived experiences, a few women directed their sorrow into a perceived experience, outside of themselves. Some felt sorry for the mother, including AS19 whose mother had attempted suicide when she was a child. Others felt sorry for the children, best articulated by ANS07: “I feel sorrow that the children were given birth in the first place [because] clearly the mother [can’t] cope with herself let alone children”.

“Shock” and “anger” were other emotions expressed by women who heard these stories. Anger was directed towards the mother; shock was directed towards the situation. However, AS21 wrote “I don’t really feel shocked by it, probably because you hear so much about that sort of thing now…” This survey was completed around the time a Victorian mother was jailed for the murder of her two sons (Fogarty, 2008).

While suicide may be framed as an individual choice, its rationality has been heatedly debated (Jaworski, 2003; Canetto and Lester, 1998; Donnelly, 1998). In the case of mother-child suicide, the debate became grounded in whether a mother’s right to suicide included the life of her child:
“…I don't think it's fair to take away someone else's life, whether it be your own child or a complete strangers, just because you can't handle your own life anymore. I guess it's your choice to commit suicide, but not to kill another.” (ANS03)

Some Australian and Japanese women questioned why the child had to be included; these women tended to presume that it was the mother’s decision to die and the children were separate from the decision-making process. However, JS08 asked: “I wonder who the one who actually wanted to die was.” There was an underlying presumption that only an adult could have active suicidal thoughts but suicidal thoughts were experienced by one woman when in primary school, examined later. It is interesting that a suicidal Japanese woman asked this as oya-ko shinju is grounded in the idea of an inseparable mother-child body – the child becomes literally part of the mother. If one part of this body chooses to take its life, then the other part must die too. It may follow that a mother will die along with her child, just as a child may die with its mother. In contrast, Australian women were more likely to perceive a mother-child suicide as the mother placing her own feelings and desires above the feelings and desires of her child: “…The mother is forcing her own state of mind on the child. Just because she feels hopeless, this doesn't mean that the child also has no hope…” (AS32). It was further implied that a ‘good’ mother would simply never perform oya-ko shinju: “…I just [don’t] believe a mother could do that…” (AS23). Indeed, both Australian and Japanese women used words in direct opposition to the ideals of ‘goodness’. These mothers were labelled “selfish”, “cowardly”, “irresponsible”, “disgusting”, “unforgiveable”; they performed “…the ultimate abandonment and the ultimate sin” (AS27).

It has been argued that, in response to the severe penalties traditionally meted out to families of suicides, juries in England began to frame suicide in terms of mental illness and weakness (MacDonald and Murphy, 1990; Anderson, 1987). It can be argued that this was done not only to protect families but also to make the suicidal performance more palatable. If suicide was the fault of an individual’s madness, then social norms remained infallible. Similarly, perhaps as a way to excuse the abhorrent behaviour, some women placed mother-child suicide within the frames of mental illness. Interestingly, given the cultural context of oya-ko shinju, more Australian women responded in this way. There was little qualification in many of these answers; the use of words such as ‘clearly’, ‘must’ and ‘obviously’ to preface their perceptions of madness indicated that these women presumed no other explanation could suffice. However, AS21’s response was framed differently. She perceived mental illness to be the cause but placed more blame on the lack of available or adequate social connections. There is professional help available but these women may need help from their social circle first:
“…We have support networks like beyond blue and that to help with this sort of thing, but us as peers don't often realise something is wrong, or even stop to think about someone's [withdrawal] or miserable mood, and ask them if everything is okay. If we can give more of a listening ear towards people, looking out for our peers, not judging, just listening, maybe this sort of thing would happen less often.” (AS21)

Several women also raised the issue of the mother’s social support and help-seeking behaviours: “…to think that the mother could see no other way out of her present situation or that she could not find help for herself is an incomprehensible thing” (ANS24). Further, three Japanese women who had never attempted suicide seemed to think that the mother had not asked for help or support before her performance which presumed there was effective help available. These types of responses continued to place responsibility squarely on the mother which may not be surprising given the mother-child link in Japan. Few women placed blame away from the mother. Only two women (AS21, above, and JS09) place some responsibility on the shoulders of those within the woman’s social circle. They assumed that the mother would have been displaying signs of distress before she died. JS09 reiterated AS21’s argument that a person suffering from depression also needs support from peers: “Blame the mother’s surroundings for not providing an environment for her to talk about her problems.” AS21 and JS09 make such strong statements because there is an implication that the mother did not act alone; she acted because others did not fulfil their duties towards her.

Some Australian women tried to understand the mother’s reasons. Compared to non-suicidal women, more suicidal women responded in this way which may indicate that they understood the suicidal mind well enough to empathise (this struggle will be further discussed later in the chapter). These suicidal women seemed to understand how a mother could perceive killing her children to be a kindness: “…sometimes when the world seems too cruel and the need to protect them is great it could feel kind to take them with you” (AS08). Indeed, JNS14 appeared to feel this to such an extent that she wrote “I feel relieved that the child was not left alone.” It is interesting to see that this was a non-suicidal woman. While this idea conforms to the sensibility of *oya-ko shinju*, it was also reiterated by two Australian suicidal women:

“…you could argue that at least they don’t have to live with the hurt associated with the mother’s suicide” (AS14);
“…I think how will those kids grow up knowing their mother killed herself? Or how would they grow up with their mother who is willing to kill them and herself.” (AS31)
These responses implied that losing a mother to suicide, with all its social stigma, would be worse for a child than death itself. As the child of a mother who suicided, ANS05’s response simply read “I can understand”; she had lived the fears of the other women yet did not report any mental illness, self-harm or suicidal behaviours.

AS01 was the only woman who admitted to having lived this experience herself:

“If her suicide cannot be prevented, maybe it's better she takes them with her [than] leaves them to suffering it will follow their whole life. I have considered it, even planned it, and would have most probably done just that.” (AS01)

As discussed later, her family took care of her children after her first suicide attempt so they were protected. However, without family support, they may have been vulnerable.

7.3: The women who thought about suicide

Section F covered “suicidal ideation”. Women were asked the question ‘Do you ever think about taking your own life?’ to which they could tick the box ‘Yes’ or ‘No’. Thirty-nine women (29 Australian and ten Japanese) reported that they had experienced suicidal ideation.

--- Is there a particular experience or situation that makes you have these thoughts?

“it was one time, when I felt at my lowest. Lonely and I cried every day nearly every hour. But I [pulled] out from it. With a lot of work. But now I do only when stressed to the max” (AS23)

Suicidal ideation was a very different experience to self-harm or attempted suicide (these will be examined later). Unlike these two behaviours, suicidal ideation does not involve tangible inscription upon the body; indeed, suicidal ideation may not necessarily lead to tangible inscription. Suicidal ideation are thoughts about suicide and can range from fleeting moments of wishing one was dead to constant thoughts and plans of suicide. In fact, suicidal thoughts may be so fleeting, and so minor, that they may not be remembered or considered important enough to record.
Subsequently, the experiences and situations listed by the 39 women who reported suicidal thoughts were diverse. Not every woman who experienced suicidal ideation could identify the cause of these thoughts. In contrast, women who continued to feel suicidal did not name specific causes because they had continual thoughts of suicide. AS02, who appeared to still be suicidal but no longer self-harmed (analysed in the following sections), wrote: “…these thoughts are constantly with me. When I get tired my resistance is lower & the thoughts are more intense.” This implied that suicidal thoughts fluctuated in intensity -- increasing when she was tired and decreasing when she was feeling stronger, which may be linked to her bipolar disorder (see Appendix B). Her struggle with these constant thoughts will be analysed throughout this section.

AS08, who was no longer suicidal but still self-harmed (examined in the following sections), also linked ideation with energy levels: “…it's just despair and exhaustion at the thought of pretending forever - maybe feeling unlovable with other people”. Many of her survey answers were contextualised within her lived-experience of being a mother and how she balanced the care of her children with suicidal thoughts and behaviours. While AS08 may have been controlling her suicide attempts (analysed later), it appeared that her unhappiness was being vented in other ways, such as suicidal ideation and self-harm. Like AS02, she also seemed more vulnerable to suicidal ideation when she was tired. Her “exhaustion at the thought of pretending forever” demonstrated the fragility of her situation – she was not balancing but keeping her head above water. It also hinted at the difficulties women who have used self-destructive behaviours as coping mechanisms face when they begin to change these behaviours.

In contrast, AS15 was still suicidal and continued to self-harm. As will be examined in later sections, AS15’s self-harm and suicidal behaviours were somewhat impulsive which was mirrored by her experience of suicidal ideation: “…it's usually very sudden and impulsive which leads to an attempt at the same time.” While her suicidal ideation may not have been brought about by a particular experience or situation, it appeared that suicidal thoughts would bring about a suicidal performance.

Women who named a particular experience or situation tended to describe “emotional” situations or “low” times where they felt “hopeless”, “trapped” or “lonely”. When these women had suicidal thoughts, they seemed to experience tremendous psychache (Shneidman, 1996). They did not perceive the death of their physical body, rather a way to escape their emotional pain. JS09 reported that she “felt sinking down” – a phrase akin to ‘melancholic’ in Japanese – when she experienced suicidal ideation. This feeling of melancholy was also
reported by AS18: “I haven't thought about it in a long time, but awhile ago it was whenever I was feeling down and out, [I’d] think of suicide and [I’d] feel better about things.” Unlike AS15, AS18 now seemed able to ‘stop’ with suicidal ideation – she had never attempted suicide and no longer self-harmed. The potentially protective aspect of her suicidal ideation – where she felt “better” afterwards – will be discussed below. However, AS18 no longer experienced suicidal ideation which implies that, like other destructive coping behaviours, it can also be un-learned and new coping strategies found.

AS21 talked about the thoughts she would have on a “bad day” which would lead to suicidal ideation, however brief:

“….When I think about all of the things that I've done wrong, all of the mistakes I made, the fact I hate my body, I would briefly wonder what it would be like if I were dead. Whether or not people would even notice or care.”

While it will be analysed in a later chapter, it should be noted that AS21’s perception of her body was one of the most negative of all the participants. It appeared that her body hatred also impacted on her perception of self; her body was inscribed with “all of the mistakes I made” and was included in the litany of experiences that made her think about dying. However, these feelings were not strong enough to translate into physical inscription and tangible harm – she had neither self-harmed nor attempted suicide. In contrast, while AS13 had self-harmed in the past, she had never attempted suicide. Self-harm may have been an ‘easy’ release as her response implied that she held such a low opinion of herself, she felt incapable of attempting suicide; she needed to be braver in order to do it:

“But not seriously, wouldn't have the guts to do it, more a case of wishing I was dead, or not caring if I got hit by a bus. When I hate myself & don't think things will get better” (AS13)

This is in direct opposition to the presumption that only “weak” or “cowardly” people choose suicide.

Other women wrote that trying to live through the day was enough to make them think of suicide. AS05 and AS06, both of whom had continuing suicidal behaviour, self-harm and suicidal ideation, reported “living” as the reason for their desire to die: “Living just takes too much energy & [isn’t] a guaranteed success. So I just [don’t] want to keep doing it” (AS05). There may be no end to their suicidal ideation because these women do not yet appear to have
either perceived reasons for living or the skills to healthily deal with their problems. One Japanese woman reported that she had found her childhood so difficult that she had thought about suicide: “I couldn’t see my future when I was in primary school” (JS07). The ability to see a future self has been examined as a protective factor against suicide in adolescents (Chandler et. al., 2003). Children can become vulnerable to suicide when they can’t see how their past, present and future selves can be the same, happy person. However, once these selves are reconciled, this vulnerability diminishes, as happened here.

While traditionally trivialised (Canetto, 1992/1993), failed relationships appear to make men and women vulnerable to self-harm and suicidal behaviours (Ide et. al., 2010; Kolves et. al., 2009). In this study, women listed various family and relationship problems as reasons to consider suicide, including “disappointed love” and “problems with parents”; more Australian than Japanese women reported a relationship issue. One suicidal Australian woman blamed herself for all her failed relationships with men. She saw herself as unlovable so her life became unliveable:

“…for me it was because of my dad leaving and cutting of all communication, also because I have never really had a good relationship with any man in my whole life and everyone keeps walking out and treating me like shit so it makes me feel pretty bad. I [sort of] blame myself for it and feel like no one can ever love me, just [because] my dad didn’t.” (AS22)

In contrast, it was not JS06’s own relationship that triggered her suicidal ideation but “discord between parents…” She appeared to find it difficult to cope with her parents fighting and difficult home life (examined later). It should be noted that only the Japanese women talked about ‘problems with parents’. In Japan, people often live in the family home until they are married and so may have to deal more directly with family problems longer than many Australian women.

Only a few suicidal women mentioned their struggles with mental illness as a reason for their suicidal ideation. AS07 did not perceive her mental illness itself to be a trigger. She perceived her lack of treatment to be a trigger: “…the mental health system = A belief [I’m] not curable”. AS07 felt “rejected” by the institution set up to help her. The idea that she was ‘not curable’ appeared to both frighten her and made her vulnerable to suicidal ideation. In contrast, AS11 reported that her suicidal ideation was caused by her mental illness but was far less common as a consequence of her treatment. She wrote: “…it has become easier, & continues to get even better, since being a fortunate recipient of the…Clinic's - DBT (or
Emotional Modulation Therapy)…” It should be noted that while AS07 and AS11 were recruited from the same clinic, they may have received treatment from different professionals. Their past treatment also differed. AS11 had been receiving treatment for many years; it is uncertain how long AS07 had been receiving treatment from the same clinic.

Some women gave specific examples of the experiences or situations that made them think about suicide. These were as individual as the woman herself. AS03, who had very negative self-perception and remained severely suicidal (examined throughout this chapter and the next), wrote: “I was abandoned at birth & lost my main caregiver at 8…I was 14 was tortured for 4 years (raped, bashed, made watch someone be killed [etc]) & then stalked for another 4-5 years - all before I was 25.” Her self-harming and suicidal behaviours directly stemmed from the trauma she had experienced during these years. AS16 no longer ideated but she previously “did, due to bullying.” It appears that when the bullying stopped so did her ideation. In addition to family fighting, JS06 also listed “…a debt, evicted from family home, problems of father.” There was no indication where she was currently living, although she was still attending university. Finally, one Australian woman (AS06) reported that “seeing it on TV/YouTube” could also make her think about suicide. She was the only participant who mentioned the media.

However, AS22 indicated that ideation may not necessarily mean active suicidality: “Well for starters, I think every one has had these thoughts, and just [because you] have them doesn't mean [you’re] ever going to act on them…” This was an interesting statement given some of the powerful negative responses that came from non-suicidal women; some seemed upset at the suggestion that they may have considered suicide. It appears that suicidal ideation can be normalised just like any other thoughts or behaviours.

--- Did suicidal thoughts affect women’s lives? Was there a benefit?

“The suicidal thoughts were messages from myself who realised my limit could not bear the problems, pain by myself anymore and it was time to disclose it to people around me to reduce the pain.” (JS09)

Women were asked two open-ended questions: ‘How is your day affected when you have these thoughts?’ and ‘Do you feel worried when you have suicidal thoughts or is there any benefit to having these thoughts?’ It was intended to see whether women who experienced suicidal ideation had normalised this behaviour or not, and whether women who continued to feel suicidal were more likely to perceive suicidal ideation as ‘normal’ compared to women
whose suicidal behaviours were in the past. Further, answers could also determine whether
the women within this study had found that suicidal ideation protected them against
subsequent suicidal performances.

The women who responded to this question primarily felt “sad”, “depressed”, “crap”,
“drained”, or variations of this negative theme, on days they experienced suicidal ideation. It
was implied that suicidal ideation affected no one but themselves. These women tended not to
have attempted suicide. Other women described emotional pain more extreme than sadness or
depression; one felt her suicidal thoughts were “out of my control” (AS08), another that she
was “[losing] my mind” (AS01). These suicidal thoughts appeared to be overwhelming in
their severity and both women had attempted suicide. AS28 indicated the potentially
debilitating nature of suicidal ideation: “It [destroyed me] for that time.” Suicidal ideation had
occurred during a particular time in her life; it was not necessarily the consequence of mental
illness but of difficult experiences which she specified only as being “past”. The fact that a
woman, who reported no mental illness, found it difficult to rid herself of ideation calls to the
importance in understanding how ideation can turn into performance. While AS28 had self-
harmed, she had never attempted suicide, and it appears that her social connectedness may
have provided some protection. In contrast, suicidal ideation appeared to dull AS08’s
emotions: “Sometimes it’s numbing which helps…” This response indicates a protective
aspect to her suicidal ideation where she was in worse emotional pain without it (examined
below). AS08’s response indicated the delicate balance where ideation may sometimes make
her feel better but, at other times, leaves her more vulnerable to suicidal acts.

Suicidal thoughts left some Australian women in such a delicate emotional state that they
avoided going out and tried to withdraw from all social interaction. Avoiding people was of
primary importance. Some Australian women talked about “sleeping” through the ideation.
This meant they could withdraw completely; sleep allowed escape and may have protected
them from further suicidal behaviours. In contrast, two Japanese women wrote that their
social interaction did not seem to be affected when they experienced suicidal ideation; no one
seemed to notice their suffering. JS05 had attempted suicide several times while JS09
reported past self-harm; these women had inscribed their pain onto their bodies. However, as
no one appeared to notice, they did not receive the help they needed; indeed, JS05 only
received help after a suicide attempt left her in hospital.

Connected to the idea of social withdrawal were the responses which indicated a
 corresponding lack of productivity: “things don’t get done” (AS04). JS11 wrote that she
would “lose motivation except work and promised activities.” It appeared that she used her
energy to take care of others and perform required duties rather than take care of herself. This altruistic sensibility is commonly thought of as ‘Japanese’ but it may have also impaired her help-seeking. These responses indicate that some women accepted their suicidal ideation and tried to continue with their lives. Along with decreased productivity, AS06 and AS07 also reported ‘always, constant’ ideation and continuing self-harm and suicidal behaviours. They may have adapted their daily routine to incorporate their negative mindset; however, their actual productivity levels must be questioned if they always felt suicidal. Did they go to work without performing their required duties?

Women who normalised suicidal ideation also tended to categorise it according to its severity. The severity of the ideation indicated what they were able to do that day. AS02 distinguished between severe ideation, which she solved with medication, and manageable ideation where “…I just get on with things”. AS05, with self-reported constant ideation and continuing self-harm and suicidal behaviours, demonstrated the highest level of normalisation: “I keep going. If I stopped [every time] I had thoughts [I’d] never get anything done.” For her, suicidal thoughts and harmful inscriptions were part of life.

Some suicidal Australian women were not always able to resist inscribing these thoughts upon their body. These women illustrated days where nothing was successful in banishing their suicidal thoughts and they simply wanted to die. When experiencing suicidal thoughts, their living bodies became inconvenient, the reason they were suffering. Killing their body would silence the ideation:

“…if I [can’t do something] then I [can’t], I don’t care how the day is affected, I just want out” (AS03);
“…previously my days were totally ‘wiped out’, I was useless for doing anything except to die!” (AS11)

Whether the inscribed performance was one of self-harm or suicide, these responses indicated the vulnerability faced by women who could not rid themselves of suicidal thoughts.

While connected to how ideation affected women’s lives, the responses to ‘Do you feel worried when you have suicidal thoughts or is there any benefit to having these thoughts?’ provided an interesting cross-reference. While some women coped better than others when they experienced suicidal ideation, none said it positively affected their day. Yet the responses to this question overall were quite equally divided between women who saw a benefit and
those who did not; the Australian women were almost equally divided while fewer Japanese women perceived a benefit.

Several women were “very worried” or “anxious” when they had suicidal thoughts. AS02, who had distinguished between manageable and severe ideation earlier, only worried “when they are intense…” In complete contrast to the other women, AS04 attached more benefits than worries to her ideation (examined below). However, she did concede that “…sometimes it’s scary”.

Other women, most of whom had previously attempted suicide, framed their responses in terms of vulnerability. Some women worried that they could not prevent their suicidal ideation turning into a physical inscription; their previous performances made them feel vulnerable. JS06 spoke about needing the “…constant ability to stop myself from committing suicide.” However, JS06 did not report any further self-harm or suicidal behaviour. While the thoughts may have worried her, she did not lose control of herself.

For other women, suicidal ideation was equated with a desire to die. Two women, both still suicidal, were very direct in their suicidal desire and intent:

“…I just want the next attempt to work.” (AS03);
“- Allows me a rest to believe I’ll die. An escape from reality” (AS07)

Others were less direct. JS11 was similar to JS06 as she worried whether she would be able to stop herself from attempting suicide: “I felt I was quite dangerous.” Like JS06, she had neither self-harmed nor attempted suicide; her worries had not eventuated into physical inscription. Finally, AS11 wrote about the transformation of ideation into an attempt in an indirect manner which differed from the other responses: “…I try, & usually succeed nowadays, NOT letting it get to the ‘suicidal thoughts’ stage.” While other participants may have used ideation as a coping strategy for negative experiences, AS11 had found other coping strategies to avoid ideation altogether. She was now able to stop having suicidal thoughts in the first place.

There were women, both Australian and Japanese, who were able to conceptualise the benefits of suicidal ideation. Some women felt better after ideation: “I used to feel a tad worried, but then I thought, if they make me feel better……then what the hell” (AS18). Ideation had helped AS18 in the past but she no longer needed it as a coping strategy; like AS11, she could stop before the ideation stage when confronted with difficult situations.
Other women, who had attempted suicide, reported that ideation brought emotional relief: “I never feel worried when having them, it tends to bring [relief], and a feeling of peace and resolve” (AS15). However, it is not entirely clear what AS15 resolved to do as a consequence of her suicidal ideation; it may have brought ‘relief’ but she reported almost constant suicidal thoughts and had lost count of her suicide attempts. Her resolve may have brought harmful inscription. AS04 contextualised her answer completely differently. It appeared that, while suicidal thoughts sometimes frightened her (see above), AS04 may have liked having them: “Sometimes it feels good to wallow in them. Sometimes it’s exciting…”

One Australian woman, who had performed severe suicidal behaviours in the past, wrote that: “I find it comforting in a way that I have a level of control over my existence” (AS19). While AS19 had no such diagnosis, this feeling of control may be similar to those linked with eating disorders (discussed in a previous chapter). Her suicidal thoughts made her feel that she had a choice to end any emotional pain but, as a consequence of her treatment, she was able to resist turning thoughts into inscription. She still found it hard to get rid of these thoughts but they did not occur as frequently.

Some Australian women, who had never attempted suicide, talked about their ideation in terms of being reminded about the positive aspects of their lives: “I guess I realise how much love surrounds me and how much those around me mean to me” (AS30). In this way, ideation became protective because it made these women realise that they did not want to die. AS22 appeared to be more proactive in her realisation: “I guess it [sort of] makes you deal with things”. Her answer implies that suicidal thoughts prompted her to ‘deal with’ the situation what had caused the thoughts in the first place.

### 7.4: The women who self-harmed

Section G covered “self-destructive and self-harming behaviours”. Women were asked the question ‘Have you ever physically hurt yourself intentionally?’ to which they could tick the box ‘Yes’ or ‘No’. Thirty-six women reported having self-harmed. Twenty-nine Australian participants had self-harmed in the past; ten of these reported continuing self-harming behaviours. Almost one-third of the Australian student participants reported self-harm. Seven Japanese participants had self-harmed; three of these women still continued. It has been noted previously that more Japanese student participants ideated than self-harmed. Additionally, more Australian self-harmers reported having been treated for a mental illness; past self-harm
tended to indicate past mental illness, continuing self-harm tended to indicate continuing mental health treatment.

--- How did women harm themselves?

“At first, around 1998, 99, 2000, I only 'half-heartedly' self-prescribed quite lethal drugs, just to try to promote sleep/relief. - - I was fortunate not to become addicted. I see that now. Self-medicated; over-medicated (both with a former doctor's prescription medications and those I easily & legally obtained as a registered Veterinarian & thus self-prescribed).” (AS11)

The 36 women who reported self-harm then answered the open-ended question ‘What did you do (e.g., cut or burn yourself, pull out hair)?’ Five types of self-harm were listed with women usually using more than one method:

1) Cutting (28 reports);
2) Burning (14 reports);
3) Hitting themselves (13 reports);
4) Overdose (5 reports); and,
5) Pulling hair (4 reports).

All these types of harm were performed by both Australian and Japanese women. However, some forms were only found among the participants recruited from clinics (analysed below). It appeared that women listed methods in the order they used them with the most common ones listed first.

Cutting was the most common form of self-harm behaviour in this sample but it varied in severity and placement. While some women just wrote “cut”, others talked about cutting their wrists, arms and legs. JS09 wrote that she had “scooped out a mole”. This was different to the others – JS09 did not identify it as ‘cutting’ but removing the mole would have involved an incision of some kind. While she included it as self-harm in the context of the survey, this appeared to be less serious than some of the other self-harming behaviours. Other women specified the implement they used to cut themselves, usually a knife or a razor.

While AS19 did not mention these specifics, she did talk about the severity of her cutting: “cut myself many times, sometimes requiring stitches…” It should be noted that in a later question, AS07 mentioned requiring stitches. Stitches require an injury deep enough to
warrant medical attention. It should also be noted that both AS07 and AS19 reported that they self-harmed with the intention to die at times (examined later) which may have affected the severity of their behaviour.

Within this study, women who burned themselves were also more likely to have attempted suicide. Once again, AS19 reported significant injury as a result of this method: “…burns, once which resulted in a severe infection…” As will be examined further, AS19’s self-harm appeared to be some of the most severe of all the participants. Indeed, she concludes by saying: “…I have much scarring, especially on my arms and thighs.”

Some women also reported hitting their body with different objects. This method of self-harm did not appear to be too serious; nor did appear to be linked to further suicidal behaviour. AS14 “shut my hand in car door” while JS01 reported “flicking my wrist with a rubber band, hitting my hand or leg with objects”. Only AS05 reports that hitting herself made a ‘bruise’. In contrast, only participants who had attempted suicide reported pulling their hair; most pulling their hair out. Hair pulling was not as a lone behaviour but rather included within a list of other harmful behaviours.

Another method predominantly reported by participants who had performed severe self-harm and attempted suicide was also one of the more potentially lethal. Interestingly, none of the Australian women specified what they overdosed on, although AS11 listed different drugs in subsequent responses. JS03 was the only participant who mentioned a specific poison and she differentiated between drinking “bleach” and “overdose”. Overdose was the only method used by AS11 (see above). AS11’s answer, which is different from the others, will be examined further in the next section. In her characteristic top-down style, AS06 indicated that OD was a common method of self-harm:

“Mostly cutting, OD
Burning, pulling hair, scratching, punching walls, self asphyxiation”

It should also be noted that AS06 was the only participant to list self-asphyxiation (her intentions will be examined in the next section). Within the context of this survey, two other Australian women reported forms of self-harm unique to themselves and which appeared to inflict a great deal of harm. In addition to cutting and overdoses, AS09 “jumped off a wall at the hospital and [broke] both my [legs]…” AS32 cut and burned herself but also listed: “…Starve, Overwork myself to the point of exhaustion, Abuse alcohol to the point of sickness”. AS32 reported suffering from anorexia as a teenager and it is interesting that she
perceives her eating disorder to have been a form of self-harm. A connection between these behaviours has only been fully examined since the 1990s (Favazza, 1996) and was discussed in previous chapters.

--- Performances and intentions of harm

“I have 3 cuts on my left lower arm - done one night when I was 17 last year…had a major meltdown and cut myself over a period of few weeks (exactly 29 cuts in that period)” (AS01)

Self-harm is a different behaviour to attempted suicide. One of the ways in which these behaviours can differ is the regularity with which they are performed. The women were asked how many times they had self-harmed. Some women, with less severe behaviour, reported that they self-harmed “rarely”, “once” or “a few times”. None of these women intended to die as a result of this behaviour – AS20 and AS22 were especially vehement on this point. In these cases, self-harm appeared to be a reaction to a stressful situation, not a normalised performance.

Perhaps due to its different intent, self-harm also appeared to be a more forgettable behaviour than a suicide attempt. Only three Australian women had lost count of the many times they had attempted suicide (see Appendix D). However, 15 women reported that they didn’t know how many times they had self-harmed as there were “too many to count” (or variations thereof, including ‘regularly’, ‘lots’ and ‘often’). The majority of these women cut themselves, which may simply be indicative of its common nature, but there did not appear to be any other significant differences in methods between these women and others who gave more specific answers.

Many of the participants who had self-harmed numerous times appeared to perform more severe inscriptions, including AS07 who wrote “[I’ve] had stiches at least 30 times”. She cut, burned and hit herself so this may not be a complete record of the number of times she had self-harmed – burns do not require stitches and not all occasions may have required medical attention. However, she considered these occasions serious enough to document. These occasions may have been times when she also intended to die as a result of her behaviour (examined further later). This was also the case with AS11 who reported “Approximately 6 to 8 pretty serious overdoses which I somehow survived & never told anyone about”. Her self-definitions of these behaviours are analysed below.
While not necessarily able to specify the number of times they had harmed themselves, a few Australian women reported a specific time period over which the harm had occurred or was occurring. AS15 was harming herself on an “almost daily basis” which is in line with her continuing suicidal behaviours. AS32 had self-harmed “for a period spanning 3 years” – a long time given that she was only 18 years old when she completed the survey. Her experience is indicative of the recent findings that girls are beginning to self-harm at a young age which can leave them vulnerable to other harmful behaviours (Lesniak, 2010; Hodgson, 2004). AS01 described two specific times she had self-harmed and, unlike the others, was also able to specify the number of cuts she had made on her body (see her response previously). As indicated in the next section, the first self-harm episode AS01 describes occurred at a similar time to her suicide attempt, although she differentiated between the two events and used different methods. The second occurred many years later. The first resulted in scarring severe enough to be noticeable more than a decade later. The way in which AS01 describes the second episode also indicates severe cutting and possible scarring but no suicide attempt occurred then.

As examined previously, self-harm has been primarily distinguished from attempted suicide by its intent (self-harmers do not intend to die; suicide attempters do) and by the level of harm it causes the individual (self-harm has traditionally been perceived to cause less harm). Similar to findings from Lesniak (2010) and Hodgson (2004), many of the women in this study made clear distinctions between self-harm and suicidal behaviours, especially evident among women who performed both. Women were asked “Why did you harm yourself?” and given a list of possible reasons:

- Relieve stress and pain;
- Punish myself;
- Vent strong emotion;
- Express rage;
- Attract attention of others; and,
- Other, please specify [space was provided to elaborate].

Women could tick all that were applicable and add their own. All the responses were picked by women from both the Australian and Japanese samples. The most common response was ‘Relieve stress and pain’ with ‘Vent strong emotion’ the second-most common; both were reported by significantly more Australian than Japanese women ‘Punish yourself’ and ‘Express rage’ were less common and more likely to be chosen by an Australian participant. ‘Punish yourself’ and ‘Express rage’ imply an aggression towards the body that was more
often found in the Australian participants who had sought help from a clinic, compared to the participants who had not (examined in the next section).

Five women added further reason/s for harming their bodies. JS09 wrote that she “can’t remember” which was the only reason she gave for her self-harm. However, her self-harming behaviour did not appear to be serious and only occurred once (see previous section). Two suicidal Australian women talked about their self-harming behaviour in terms of what they felt it emotionally provided for them. Harmful inscription helped AS01 “TO CALM DOWN”. AS01’s capitalisation of her answer indicates her strong feelings towards the ways in which cutting ‘helped’ her. Interestingly, while her self-harming behaviour allowed her to “relieve stress and pain”, she did not perceive that it allowed her to “vent strong emotion”. It is interesting to consider where the calming potential of self-harm falls between stress relief and emotional venting. It is also indicated that her suicide attempts occurred during times when she was not calm; in this way, self-harm may have been protective. AS05 reported that self-harm helps her “feel something I know is real”. She had previously reported “living takes too much energy” so harming herself may have allowed herself to express that pain. However, AS15 was somewhat different. In addition to “relieve stress and pain”, “vent strong emotion” and “express rage”, she also wrote: “no [conscious] reason, just for the hell of it”. Coupled with her negative self-perception and somewhat impulsive suicide attempts (analysed later), this may indicate that she does not value her body and self-harm has become normalised behaviour. In this way, AS15 may have physically inscribed her pain and unhappiness onto her body.

Only AS11 indicated that she wanted to die, although she does not say this explicitly:

“at the time, I was simply trying to rid the world of my burdensome presence & using up of oxygen, space, food, all resources, shelter etc that could have been needed by other loved by other and valuable to others human beings and animal species. (In short, I was very much in every body's way!)”

Her wish to cease existing is further indicated by her subsequent positive response to a question which directly asked whether she hurt herself with the intention to die. Further, the method she used to harm herself was potentially highly lethal but not violent. She planned to sedate herself and simply not wake up.

The next question asked “Did you hurt yourself with the intention to die?” and was open-ended. The majority of the self-harming participants gave a one-word ‘yes’ or ‘no’ response.
More than two-thirds of the 36 women, more Australian than Japanese, did not intend to die from their self-harming behaviour; answers were given with varying degrees of conviction. JS09 didn’t “think” she intended to die; another Australian woman “toyed with the thought of it, but never seriously considered it” (AS18). AS06 had attempted suicide and was explicit in her differentiation: “…self harm is usually separate from my suicide attempts”. Other answers also indicated that there could be a temptation to “try” suicide; a method’s lethality may be heightened without consciously thinking of the act as ‘suicide’. AS08 admitted: “…I thought how easy it would be when I was cutting myself to go deeper and I wanted to”. In this way, AS08 appeared to have passively considered suicide; she may not have wanted to die but she wanted to make her inscription more harmful. Other women used methods that could have easily been lethal without fully realising the potential consequences. This was the case with AS09 who jumped from a building. She did not intend to die from this serious harmful behaviour: “…just to end the anxiety but I did nearly from doing this behaviour”. This is discussed below.

However, 10 women responded that they had sometimes harmed themselves with the intention to die. Yet, none of these women intended to die every time they self-harmed. AS10 and JS02 “sometimes” intended to die but this wasn’t always the case. AS15 wrote that “at times” she intended to die, while AS05 wanted to die “a few times”. Given their numerous self-harm performances and multiple suicide attempts (see Appendices B and C), this does not seem to be significant. Mostly, these two women differentiated their self-harm from their suicide attempts. Similarly, AS19 reported that she intended to die from her self-harming behaviour “twice”. Given the “countless times” she had self-harmed, this does not appear to be significant either.

AS11 differed from all the other women in the language she employed when describing her self-harm. Unlike the others, AS11 used the word ‘attempt’ in her responses on self-harm. She did not distinguish between these behaviours at all: “The attempt in Dec. 2002 - Definitely YES. I was very, very angry with myself that I failed in the attempt”. This is particularly interesting given her long history of therapy and academic background as it is unclear how much of her description is based on hindsight and post-contextualisation. At times, her responses read like a text book. She used the same incidences for both the self-harm and suicide attempt questions. Her overdoses were nearly fatal (examined below) and, at different times, were intended to kill her. While she responded to the self-harm section, AS11 remains an unclear inclusion as she appeared to be describing a suicide attempt (see previous chapters).
Other women stood out by the severity of their self-harm methods. Two of these women (AS32 and JS03) did not report any suicide attempts yet they could have put their lives at risk from their severe self-harm. AS32 listed a number of methods she had used in the past (examined earlier) and was the only woman who listed both direct and indirect self-harming behaviours. She included an eating disorder, alcohol abuse and overwork; the fact that she perceived these performances to be harmful is important. AS32 remade arguably normalised behaviours (disordered eating, alcohol consumption and work; see Martin, 2007) into more extreme and harmful inscriptions. However, AS32 did not intend to die from the harm she inflicted. In contrast, JS03 utilised a method of self-harm unique to the sample that could have been fatal – she drank bleach. Even a small amount of bleach would have burnt her mouth and throat. However, JS03 performed this self-harm with the intention to die even though she did not classify it as a suicide attempt. It may be argued that self-perception plays an important role here. Less stigma may be attached when one’s behaviour is constructed as harmful rather than suicidal.

Interestingly, while AS09 wasn’t sure if she wanted to die as a result of her suicide attempts (analysed below), the ways in which she harmed her body were extreme: “Jumped off a wall at the hospital and [broke] both my [legs]. Cut myself with razor blades. Overdoses”. She was the only participant from the entire sample who broke bones as a form of self-harm; jumping from a height may have also killed her or caused permanent disability.

AS06 also used a unique form of self-harming behaviour among a long list of methods – self-asphyxiation. While she self-harmed “hundreds” of times, and could have caused serious injury to herself, AS06 was adamant that “self harm is usually separate from my suicide attempts”.

However, while 36 women reported having self-harmed, this behaviour was not necessarily still continuing. While the majority of these women no longer self-harmed, 13 women still continued. These women were not evenly distributed. In both Australia and Japan, almost all the student participants reported that their self-harming behaviour was in the past. Conversely, the vast majority of the women recruited from a clinic reported continuing self-harming behaviour. All but three of these answers were single word (‘yes’/’no’). However, three women who reported continuing self-harming behaviour elaborated further. AS07 wrote that she was “Yes trying to be No”. AS10 and JS04 indicated that, while they still self-harmed, it happened less frequently than in the past.
7.5: The women who attempted suicide

Section H covered “any previous suicide attempts”. Women were asked ‘Have you ever attempted suicide?’ to which they could tick ‘Yes’ or ‘No’. Seventeen women (14 Australian and three Japanese) reported having attempted suicide. Twelve of the fifteen Australian participants recruited from the clinic had attempted suicide in the past and eight still felt suicidal. Two Australian student participants (AS09 and AS27) reported past suicide attempts. However, after answering positively that she had attempted suicide, AS27 did not answer many of the subsequent questions. It is therefore difficult to know whether her suicidal behaviours were continuing. None of the Japanese student participants reported attempting suicide; three of the Japanese participants recruited from the clinic had attempted, although it was unclear whether JS05 was still suicidal.

AS27 was the only woman who attempted suicide who did not report receiving treatment for any mental illness. At the time of the survey, all the other women were currently receiving combined pharmacotherapy and psychotherapy for one or more mental illnesses (see Appendix B).

--- How many times have you attempted suicide?

Australian participants reported more suicide attempts than Japanese participants, which was especially evident among the women recruited from the clinic (see Appendix D). Indeed, seven women had made 10 or more attempts or had lost count how many times they had attempted. The highest number of attempts among the Japanese women was five.

Two Australian participants from the clinic distinguished between the attempts they considered serious and the ones they categorised as ‘less’ serious or were interrupted:

“1 attempt that had me [hospitalised] 3 [interrupted] before the critical point.” (AS04);
“Seriously - 3-4 times.” (AS07)

AS04 was categorised as having made 4 attempts; AS07 was categorised as “uncertain” (see Appendix D).

As examined previously, the majority of women who reported self-harm and suicide attempts distinguished between these two types of behaviours. However, AS11 did not make these
same clear distinctions. It appeared that she almost considered her less serious attempts to be ‘self-harm’, her more serious attempts to be ‘suicide’. Compared to the other participants recruited from the clinic, AS11 had undergone extensive therapy and counselling with several different health professionals. It almost seemed as if AS11 absorbed the professional terminology to use as her own – she intellectualised her situation in a way that no other participant did.

--- Did anything extraordinary happen on the day of your attempt? Was it impulsive?

“No” (AS02, AS05, AS07 and AS10);
“Nope” (AS03).

The responses to this question were somewhat unexpected. Half the Australian women who had attempted suicide (7) reported that nothing extraordinary happened. AS04 differentiated between her four suicide attempts: “First attempt I had a huge fight with my dad. The other 3 nothing”. However, she did not elaborate as to whether the attempt precipitated by the fight with her father was the one in which she was hospitalised or whether it was one of her interrupted attempts. In the debate surrounding whether suicide is “understandable” (examined previously), the idea that it could occur when “nothing” had happened can be difficult to reconcile. All of these women had attempted suicide several times but this does not appear to indicate that their attempts were made impulsively – they had planned their attempts. Further, apart from AS05, these women all “wanted to die” as a result of their attempts (further analysed below). Nor do their suicide attempts appear to be without reason, even if “nothing” happened. All these women were receiving combined pharmacotherapy and psychotherapy for (often more than one) mental illness, including Bipolar II Disorder, Borderline Personality Disorder, Post-Traumatic Stress Disorder, anxiety disorder and depression (see Appendix B). It can be argued that a combined sense of hopelessness, perceived life difficulties, and living with a mental illness may have created a situation where these women were extremely vulnerable to suicidal behaviours. These difficulties may have become so normalised that the perceived “nothing” may in reality have been an arguably intolerable situation. Consequently, their suicide attempts may be a reaction to a build-up of different stressors.

This normalisation of unhappiness and sense of escape was suggested by other women who initially began their response with the assumption that nothing “extraordinary” seemed to have happened:
“No, I just got up and [swallowed] all the pills my grandma had thinking it will be enough. Few days later I tried jumping from my balcony but I was kept under watch because [of] my first attempt” (AS01)

Out of context, AS01 appears to have attempted suicide without reason (simply waking up and overdosing) but these attempts were “a long time in coming” and she “wanted to die” (see subsequent sections). In the Likert scale, AS01 actually affixed an additional sentence to the statement “I have often considered suicide as a way to escape my problems” (see Appendix E). She crossed out “problems” and wrote: “PAIN and do a favour to those around me who love me, but are suffering because of me”. While AS01’s suicidal behaviours were in the past, AS09’s behaviours were continuing. While nothing “extraordinary” happened, she “…was just so despairing at the time” (AS09). Compared to AS01, AS09’s attempts were “quite impulsive” – although it is unclear if all 10 attempts were impulsive. Further, she is one of only three women who did not explicitly “want to die” as a result of her suicide attempts – she wanted to “relieve stress and pain”.

AS09’s reference to despair was also found in other responses from Australian women. These women did not see their unhappiness as “extraordinary” but rather the state that precipitated their attempt. Talking about one attempt, AS19 wrote: “once it was Christmas eve. But nothing extraordinary was going on. I was just in pain emotionally”. AS19 “wanted to die” which implies that this emotional pain was extreme. Further, she had also changed her mind about whether the attempt had been impulsive: “I used to but not so much these past few months”.

AS15 did not classify her depression as “extraordinary”. Instead, she appeared to classify the behaviour of her friends as “extraordinary”: “On one attempt was as far down with depression as you can get and my so called group of friends used the opportunity to turn on me and give me that final push”. This response appears to indicate that she may not have made this particular suicide attempt based on her emotional state alone – the actions of her friends created the ‘tipping point’. This is further evidenced as AS15 reported that she “always impulsively” attempted suicide, despite the fact that she always “wants to die”. In contrast, AS11 initially saw the events that happened on the days of her attempts as “extraordinary” but had now changed her mind; her attempts were symptomatic of the dysfunction she was experiencing:

“…well now I see it was not 'out of the ordinary' it was just an incident that was like multitudinous incidents throughout my life, in the toxic/lethal [co-dependent] triangle
that existed between me & my still [double underline] [co-dependent] elderly mother and younger sister.”

However, a few women pointed to a specific event they perceived to be both “extraordinary” and the trigger for their suicide attempt; a fight they had with someone prior to an attempt. JS04’s only attempt occurred after a fight with her boyfriend. Indeed, she calls the attempt an impulsive reaction to the fight itself and is the only participant to have included “attract attention of others” as a reason for her attempt (analysed later). While JS04’s attempt may not appear to be as ‘serious’ as some of the others, she did “want to die”. JS05’s attempts occurred “often after having a fight with my mother”. She does not elaborate on the possible causes of other attempts. She planned her attempts with the desire to die.

One Australian woman and one Japanese woman gave answers that did not fit any of the other categories. AS06 said that “sometimes yes” something “extraordinary” happened on the days of her attempts (around ten in total). She did not elaborate on what these events were but she also indicated that these attempts were “sometimes” impulsive. It is not clear as to whether a planned attempt was more likely to be linked to an “extraordinary” event or not. However, she was clear that she “wanted to die” as a result. In contrast, JS01 claimed that her attempts were fuelled by alcohol and were impulsive. While she “wanted to die”, her conversion to Christianity may have protected her by enhancing her social connectedness.

--- Method choice, expectation and the desire to die

“…I actually believed for a fact I did NOT EXIST, this would make no difference, & I was utterly exhausted, (now I know I was also enraged, full of swallowed anger; also full of grief) & in horrific pain (how could I be feeling such pain, since there was no ‘me’?? - - - the paradox) I just wanted to end the painful feeling [of] NON-EXISTENCE this time PERMANENTLY - I saw it as self-euthanasia that would benefit the world.” (AS11)

As described in a previous chapter, researchers have begun to dissect the Gender Paradox (Jaworski, 2003; Canetto and Sakinofsky, 1998) which presumes that female suicidal behaviours are non-violent, passive and non-lethal because they have less intent to die. The women who reported their suicide attempts in this study also challenged these paradoxes and presumptions.
In the questionnaire, women who had attempted suicide were asked “What did you want to achieve?” Women could check as many responses as applicable. Similar to the question on self-harm, the answers were:

- Wanted to die;
- Relieve stress and pain;
- Punish myself;
- Vent strong emotion;
- Express rage;
- Attract attention of others; and,
- Other, please specify [space was provided to elaborate].

The response was overwhelming and did not appear to be culturally dictated. Fourteen of the seventeen women had “wanted to die” as a result of their suicide attempt. Additionally, the majority of these women expected that they would die from their attempts, although some were less certain than others. Though small, this is an interesting finding as it goes against the traditional presumption that women have less intent to die than men (compare Denning et. al., 2000). While these women’s attempts did not end in death, their desire and expectation to die were active intentions, not passive ones.

However, the methods they used tended to conform to the non-violent stereotype and were more culturally-dictated. Overdose has been the most common method used in female suicide attempts in Australia (De Leo et. al., 2006). By using this type of non-violent method, it can be argued that these women have followed the script of a ‘good’ feminine suicide – they planned to leave neither a mess nor a disfigured corpse (Jaworski, 2003; Shaw, 2002; Canetto and Lester, 1998, 1995a; Kushner, 1995; Canetto, 1992-1993; Kushner, 1989, 1985). Every woman attempted suicide by overdose, often by prescription medicine, even if it was not the only method they tried (see Appendix F). AS04 wrote that she “emptied the medicine drawer & the liquor cabinet and sat in a nice warm Deep bath”. Alcohol is meant to increase the lethality of a medicinal overdose. The warm bath may have allowed her to be almost peaceful as she waited for the drugs to take effect.

Other women who overdosed also used more violent methods in subsequent suicide attempts. AS19 reported that she cut “an artery in my thigh”. While cutting is a common method of self-harm used by Australian women, blood loss and scarring means that it does leave mess and disfigurement. However, the most violent method was used by JS05. In addition to an overdose and the use of gas, she also “set myself on fire”. Shneidman’s case study of Ariel
Wilson (1996) illustrated that self-immolation was chosen then because she assumed it would be lethal and so did not consider the pain she would consequently experience. Self-immolation is also connected to Buddhist suicides of protest and offering (Moerman, 2007). This method is violent, active, often lethal, and not stereotypically feminine, at least within a Western context.

JS01 also expected to die from her attempts and, like JS05, used a method more common in Japan. She reported using carbon monoxide poisoning as a method but did not specify how she used it. Additionally, JS01 had also overdosed but did not specify the substance. At the time of the survey, JS01 was being treated for alcohol dependency so it can be argued that the overdose was also taken with alcohol.

In addition to “wanted to die” and “relieve stress and pain”, AS06 and AS07 both reported another reason for their attempts listed under “other”. While different, both were indicative of their negative self-perception and belief that suicide was an escape from their problems. AS06 wrote “Disappear”, which implied a desire to stop existing similar to AS11 (see previously), further illustrated by the fact that she “hoped to” die after all her attempts. AS07 wrote “[It’s] easy” which may indicate that her performance of suicide may have become a coping strategy of sorts. This is indicated in the delineation she makes between the serious suicide attempts she reported and the ‘less’ serious attempts she implied. However, she did expect to die after the “3 serious times”. Further, AS06 and AS07 used a mixture of violent and non-violent methods. In comparison to the way in which other women wrote their responses, AS06’s lists were consistently methodical:

“Hanging x 2
Drug overdose x lots
In front of train x 1 (police came before train)”

AS07 listed: “hung myself/heroin overdose/overdose of blood pressure [medication]” These were the only women to report an attempted hanging and only AS06 had stood in front of a train. Both are predominantly masculine methods of suicide – violent, active and (usually) lethal which leave the body disfigured or, often in the case of rail suicide, dismembered. Their use presumes intent to die. AS06 placed a very negative value on her body and was one of the more unwell participants seeking help from the clinic. Mental illness is strongly correlated with rail suicide (De Leo and Krysinska, 2008b).
AS01 also appended an additional reason beyond wanting to die as a result of her suicide attempt. It appeared that AS01 was suffering severe depression and wanted to “BE WITH MY DAD WHO PASSED WHEN I WAS 5”. Her two attempts came in quick succession – she overdosed first and then tried to jump from a balcony. Despite the difference of these methods, she “fully” expected to die from one of her attempts. Her method choice appeared to be based on accessibility (examined below). She distinguished her suicide attempts by her perception of their consequences; the masculine and feminine qualities of these two methods are distinct:

“1. Sedative overdose - just go to sleep & never wake up
2. Jumping [off] balcony (that wouldn't have been pretty)”

The use of less-lethal methods has been stereotypically framed as indicative of a lack of intent to die or, more recently, the product of gendered behaviour. However, as AS01 illustrated, when a woman wanted and expected to die, she chose an accessible method she thought would kill her. Disfigurement only appeared to be an after-thought. AS01 was unique among the Australian clinic sample. AS01 was 17 years old when she attempted suicide and, at the time of the survey, she was 35 years old and had made no subsequent attempts. Further, she reported that her self-harming behaviour had also stopped, although this was more recent. The other women from the Australian clinic sample had attempted suicide several times over a longer period of time and many reported continuing self-harming and/or suicidal behaviours.

AS15 was one such participant. She was being treated for several mental disorders and had lost count of the number of times she had attempted suicide. She was still suicidal. Her appended reason relates to the “extraordinary” event she related in the previous section; she “just wanted to be left alone & make everything stop”. AS15 reported that the behaviour of her friends had proved a ‘tipping point’ for at least one suicide attempt. Combined with her depression, and ambivalence towards her body, the desire to “be left alone” fits with her impulsive reaction to attempt suicide after a confrontation with her friends. Her impulsivity may also explain the various methods, violent and non-violent, used in her attempts. AS15’s method choice may also be based on accessibility and her perception that death will ensue from its use: “suffocation, pills and alcohol, cutting”. It is unclear whether “suffocation” was an attempted hanging. Despite her claimed impulsivity, AS15 did expect to die from her attempts and “…one I definitely should have but doctor can't explain why I didn't”. It is implied that she did not use “pills and alcohol” for that attempt (explained in the next section) but she does not further elaborate on this near-lethal method.
In stark contrast, JS04 was the only participant to have attempted suicide once and it appears to be the most stereotypically feminine of the attempts reported in the survey (these stereotypes were examined in a previous chapter). She impulsively overdosed as a result of fighting with her boyfriend and was the only participant to report that her attempt was, in part, to “attract the attention of others”. It can be assumed that the boyfriend was the focus of her attention, even though the attempt wasn’t for revenge. As found in other research (Walsh, 2006; Nasser, 2004; Jaworski, 2003; Shaw, 2002; Strong, 1998; Hewitt, 1997; Favazza, 1996), her body became the site of harmful inscription. While JS04 may have also “wanted to die” when she attempted suicide, she was the only participant who did not explicitly expect to die. In these ways, it can be argued that JS04’s suicide attempt was a very different performance to the attempts reported by other women.

Responses from three Australian women were not so explicit in their desire to die. Both AS05 and AS11 had made many attempts, none of which were impulsive. AS05 simply “…didn't want to live” but she did not include “wanted to die” as one of her responses. As discussed previously, the normalised state of AS05’s depression and negative self-perception appeared to drive her continued self-harming and suicidal behaviours. It can be argued that she saw suicide as an escape from stress and pain, that she did not find life worth living. In contrast, AS11’s response (see above) is one that came six years after the attempt and after many years of therapy. Using her scientific background, AS11 looked more objectively at her state of mind at the time of her most serious attempt. She did not want to die because she did not believe she existed – her dissociated state meant that a desire for death was translated as the desire “to end the painful feeling of non-existence permanently”. AS11 conformed to the feminine paradox – she could not kill what she did not possess (see Kushner 1995).

Despite the more ambiguous nature of their responses, both AS05 and AS11 expected to die. In fact, AS11’s attempt was nearly fatal: “…and I was extremely angry when I regained consciousness, alone at home, 2½ days later, severely bruised sternum, black eyes…” This expectation of death is reflected in the methods they used. AS05 reported having tried:

“[Overdose] (multiple, -> Paracetamol, Diazepam, antidepressants, cocaine, ecstasy, speed.)
Cut -> tried to slice radial vein”

It can be presumed she meant the radial artery which, had she reached it, would have been fatal. Cutting an artery requires an aggressive physical force not necessary in self-harm.
AS11’s method was less aggressive. She overdosed on barbiturates and alcohol. However, she had the knowledge to plan a lethal type of overdose:

“Overdose of [self-prescribed] easily & legally obtained [barbiturates]…swallowed with alcohol to increase efficacy. I very nearly (& had access to) chose intravenous injection of Napentabarpotone &/or Insulin (& I am NOT a diabetic) If I had chosen injection methods I think for sure I would have succeeded in the attempt…”

In this way, she did not lack intent or expectation to die. AS11’s survival simply rested on her having made the incorrect choice.

In contrast, AS09 appeared to have overdosed 10 times using the same medication (see Appendix F). Her suicide attempts were impulsive and her intent was unclear (examined previously). AS09 “wasn’t sure” if she expected to die.

--- Consequences and aftermath of survival

“Empty, disappointed like a failure - not even that I could do right, angry….. I don't remember much more” (AS01)

While the majority of the participants who had attempted suicide wanted to die, and many expected to die, their suicide attempts were not fatal. However, the reasons for their survival differed. Australian and Japanese women tended to report that family or friend intervention saved them from dying. Many of these participants had tried several methods, some of them violent; they had planned their suicide attempt and expected to die, even those women who had overdosed (discussed in the previous section). Some of these women were found unconscious which indicates a significant amount of time had passed; AS06 reported that police intervention occurred at one stage. Two women reported situations where the intervention was completely unexpected:

“I was [going] to my dad's grave but stopped at the park because pills were taking effect. Friend ran into me and rest is history. Funny, he was the one to catch me a pull me back of the balcony fence.” (AS01);

“My neighbour [accidentally] popped over for a coffee & couldn't raise me out of bed. Was on a life-support machine for 9 days” (AS03).
These women planned serious attempts with the desire and expectation that they would die. One of AS01’s reasons for her attempt was the desire to “be” with her father and this appears to have also played a part in her survival – had she not gone to the cemetery, her friend would not have found her. AS01 indicated she was subsequently put under the watch of family and friends who were then able to rescue her when she tried to jump off a balcony. AS03 appeared to have planned her attempt so that she would not be found in time. The severity of AS03’s overdose is evidenced by her long hospitalisation.

Not every woman was saved by a tangible intervention from a family member or friend. This was demonstrated in responses from two Australian women. AS08 had overdosed twice with an expectation that she would die the first time. She was saved by thoughts of her daughters: “The only thing was my daughters - not even because I felt I was good for them but it wasn't fair to them - they're the only reason I keep trying”. For AS08, motherhood has proven protective in some ways. She continued to self-harm but sought counselling from the clinic in order to change these behaviours. Her daughters appeared to protect her from future suicidal behaviours. AS15’s experience was even less tangible. As analysed previously, AS15 made reference to surviving what should have been a fatal attempt. She explained that: “In that attempt left my body and dead uncle made me go back…” This implied that her survival was not due to a lack of desire or intention to die or use of the ‘wrong’ method; survival appeared to be a matter of luck.

In contrast, three women did not know how they survived. They all wanted and expected to die and two made violent attempts; AS07 survived hanging and various overdoses while JS05 survived self-immolation. These methods may have induced dissociation or unconsciousness so the women did not remember what had happened. AS10’s attempts tended not to be violent but she perceived her overdoses to be lethal: “Nothing. I woke up vomiting when I should be dead”. Her body simply survived.

Lethality of overdoses played a role in the survival of four women; however, the experiences of these women differed depending on country. Two Australian women survived significant overdoses due to a high tolerance for the drugs they ingested:

“…as a result of high tolerance now developed, even though I took massive numbers of pills (should have been enough to easily kill me, as a [one-off]) I did not manage to die.” (AS11);
“…With the alcohol and pills, my body isn't affected by it other than it works as a sleeping agent, regardless of the amount.” (AS15)
It appeared that these women survived overdoses that would have been fatal for others. At the time of their attempt, both women thought they had ingested a lethal amount, their drug tolerance was only recognised in hindsight. This implies that their overdose was not the passive, non-lethal attempt stereotyped in traditional research (Jaworski, 2003, Kushner, 1995); they had planned and prepared their attempts. This was not the case with two Japanese women. In surviving their overdoses, JS01 cited “inadequate preparation” while JS05 “didn’t take the lethal amount of medication”. Both JS01 and JS05 expected to die. JS01’s “inadequate preparation” may have been a consequence of her impulsivity; she reported that she was often drunk when she attempted suicide. JS05 planned her attempts so it is unclear whether she knew that the amount would not be lethal or whether she survived in the same way as AS10 (see previously).

However, the ways in which a woman survived her attempts did not seem to affect how she felt afterwards. Women were asked “How did you feel when you didn’t die?” Despite research which indicates that a suicide attempt can be “cathartic” (Matsuishi et. al., 2005), what became apparent in these responses was that women predominantly experienced negative emotions when they didn’t die. Only AS09 reported a positive reaction; she felt “quite up less anxious”. As discussed previously, AS09 is a different case among the other Australian women. However, her reaction matched her desire – her suicidal behaviour was intended to “relieve stress and pain” and it appears to have achieved this aim. In many ways, her suicide attempts were a (severe) coping mechanism for the pain and hopelessness she felt. Perhaps these emotions built up to such intensity that a suicidal performance was the most effective way to vent her negativity.

AS09’s negative perception of self and the lack of value she placed on her body (examined in the next chapter) may have meant that she did not care enough about her body to protect it. Regardless of intent or expectation, none of the women who attempted suicide reported positive perception of self (analysed in the next chapter). These suicidal women tended to display body hatred, centred more on the idea of the body as burden and source of pain – an “enemy”. In general, these 17 women planned their attempt, they wanted to die and they expected to die. They did not perceive their body to be ‘good’ or ‘valuable’ and it continued to disappoint them by surviving their attempts to kill it. They didn’t like their body because it was still alive.

This was illustrated in the variety of negative emotions directed towards themselves, not towards the people who had rescued them. More than half the Australian women described
feelings of “disappointment”, “failure” and “anger” when they survived an attempt they wanted to be lethal. The attempt left many of them physically injured as well, which coupled physical pain on top of emotional pain. In their eyes, survival meant failure. AS11’s response demonstrated the intense emotional and physical consequences of surviving an attempt: “Very, very angry with myself - - how could I a professionally trained & skilled at [euthanasia] Veterinarian, actually fail to [euthanise] myself!” She conceptualised her attempt in terms of success (death) or failure (survival). She had planned and performed her suicidal actions with the assumption that she would not have to deal with the aftermath. AS11 remonstrated herself because she felt her greater knowledge should have provided a foolproof performance. It is clear from her responses that AS11 suffered emotional pain as a result of her survival – in addition to the depression which precipitated her suicidal behaviour. Further, as the method should have been fatal, she had to deal with physical pain as well (discussed previously). A woman’s anger at her own survival could be overwhelming. AS11 was writing from position of hindsight – her attempts had occurred several years previously. Even though AS11 displayed ambivalence about her body (see next chapter), she was no longer suicidal. AS07’s answer provided a direct contrast, even though a similar reaction was expressed. Her answer was one of the more evocative – a single word, “Angry”, written over the three lines provided in a script larger than the rest of her answers which indented into the next page. She was still suicidal and had a very negative perception of self (see next chapter). She did not like living and was angry that her body continued to survive despite all her efforts.

In contrast with “angry”, a few Australian women reported feeling “sad”, “depressed” or “embarrassed” after they survived their attempt. Some of these women implied that they now regretted their suicide attempts. AS08, who had survived by thinking of her children, found that her suicide attempt only caused more sadness: “…I hadn't gotten rid of the pain, I'd worried everyone, made them even more convinced I was crazy and exhausted at the thought of going on”. She had worried about her ability to care for her children before she attempted suicide; she perceived that this performance only placed her ability to mother in an even more vulnerable position in the eyes of others. AS19 conceptualised her suicide attempts in terms of what she lost, both with her relationships and in herself: “…I was embarrassed when I saw my parents. I was deeply sad. I felt like I broke my own heart. I felt like I had lost my inner child”. While AS19 does not say how old she was when she made her three attempts, she was only 22 years old at the time of completing the survey. She would have been young when they occurred and her response indicates a perceived and tangible loss of innocence; her capability of performing a suicidal action thrust her into adulthood. However, while she regretted hurting her parents, this was not enough by itself to prevent further attempts.
There is little doubt that the aftermath of a suicide attempt leaves women in great emotional turmoil. The responses to this question unearthed a significant difference between Australian and Japanese women. Among the Australian women, this question tended to inspire some longer answers where they described several different emotions (or they were short but evocative: see AS07). However, the three Japanese women who attempted suicide gave almost the exact same reply; they “didn’t feel anything”. These answers may simply be indicative of a cultural reticence; many of the Japanese women had never answered questions like these before whereas Australian women were less concerned (see Methodology). However, this may have been what these women honestly felt after they had survived their attempt. JS04’s ambivalence is especially interesting because she had made her attempt as the result of an argument with her boyfriend (analysed previously). Her attempt may not have brought about the changes she wanted.

However, despite the emotional and physical pain experienced after their suicide attempts, two Australian women reported that they had wanted to attempt suicide again. After waking up feeling angry, AS11 “…wandered around my home for 2 more days deliberating on ‘completing’ the job before I finally got myself to my GP for an appointment…” It was after this attempt that she sought professional and effective help from the clinic. Since then, AS11 reported that she had not repeated another attempt. AS03’s response was slightly different. After she survived her attempts, she became “…more determined to get it right next time.” This feeling had not subsided and, at the time of the survey, AS03 reported that she still felt suicidal.

It should be noted that what women reported feeling then was not necessarily the same as how they felt at the time of completing the survey – many of the participants’ suicidal behaviours were in the past. Ten women positively responded to “Do you feel differently now?” AS09 continued to feel better after her suicide attempts – she indicated that her psychotherapy had given her greater self-awareness of her vulnerability. She was now more aware of when she was “heading into a danger period” which appeared to be a protective factor against her vulnerability to suicidal behaviour.

Some women, who experienced very negative emotions immediately after their attempt, reported that they were now happy they survived; they were “…more hopeful as I have been going well at uni and in life” (AS19). Social connectedness appeared to be linked to these positive reactions; women appeared to be more protected when they felt loved but also when they loved the people and experiences in their lives. Social connectedness was not just found
within family. JS01’s religious faith and her belief in “God” appeared to provide a protective buffer against suicidal behaviours. The protective nature of Judeo-Christian religion has been documented since Durkheim (1897/1951) but this same protection does not necessarily appear with Buddhist beliefs. However, JS01 reported that “spiritualism” played a “very meaningful” part in her life so it is not certain that her ‘God’ is a Christian one. However, love was not always enough. The love she felt for her children was explicit throughout her survey responses but AS08 reported that she “… still [found] most days a struggle”. She wanted to live for her daughters but this did not make her life any easier. While AS08 no longer reported feeling suicidal, she still self-harmed. This may have continued to be a coping strategy for the difficulties she faced.

However, six Australian women still reported feeling suicidal at the time they completed the survey. Five answers were very direct with no elaboration; they simply wrote “no”. These answers only differed in the ways some women wrote – in contrast to the rest of her survey, AS03 wrote this answer in large capitals which indented into the next page. She continued to be angry that she had survived; her desire to die appeared to remain strong. AS15 was not as direct as AS03 but her ambivalence towards the survival of her body was obvious. AS15 was “… indifferent regards to it. Still don't care if I die or live”.

While some women’s perceptions of their own suicidal behaviour had changed, this did not necessarily mean that their views on suicide had changed overall. Responses to the question “Has your view of suicide changed since your attempt?” indicated that many of the women who were still suicidal felt vulnerable. AS09 reported that she needed to be constantly vigilant of her emotional state so as to not repeat any suicidal behaviour.

However, other women who reported positive changes in their lives found their view on suicide had changed accordingly. Suicide was no longer perceived to be a solution to problems. JS01’s response was linked to her religious faith: “Now I think that suicide is meaningless since religion has told me that I cannot end or escape from anything by suicide”. This idea was further contextualised by AS19 who looked at the effects her suicide attempts had on her family and the ways in which life can change:

“I was so sad for my parents. I think they still live in fear that I will take my life. I feel bad for putting them through it. I am glad I didn't succeed as now that my life is going better, I feel a sense of hope. I feel I have some control over my mental illness.”
Her response indicated that the effects of a previous suicide attempt can linger long after it has occurred and the individual no longer feels suicidal. It should be noted that AS19 was the only participant who consistently mentioned the effect her suicide attempt had on her family and those who found her; she felt guilt and responsibility for the negative impacts on her family.

Two Australian women whose suicidal behaviours were in the past demonstrated the enormous emotional and psychological changes they had undergone in the years since their severe suicide attempts. This appeared to be linked to the therapy they had received, although this was more clearly demonstrated in AS11’s response. These women likened their survival to a battle where their perceptions of success and failure had to change: “You have to fight, even when it seems hopeless. It took me 7-8 years this time, but I am here today and grateful to be alive” (AS01). These women had hope for the future because they could perceive a future. Neither may have possessed a positive self-image but their bodies were no longer the enemy.

Finally, AS08 wrote about gaining a deeper empathy and compassion for the pain of others: “I’m more watchful of other people's pain - I never take suicide talk lightly but mostly I'd understand if people couldn't go on.” This answer is consistent with her other responses. AS08 felt she could understand because she was experiencing a similar struggle with her suicidal behaviours; they remained a Lived Experience.

7.6: Conclusion

The reasons behind self-harming and non-fatal suicidal behaviours are not always clear and some women within this survey did not provide reasons for their behaviours. Within this study, the women who had attempted suicide tended to perceive suicide to be the best solution to their problems at the time – whether or not they still perceived suicide to be the best solution was a different matter. These women were not attempting suicide for frivolous reasons nor did they consider it a trivial behaviour. Harmful inscriptions were only once performed to attract attention. Rather, self-harm was primarily used to relieve stress and pain; suicide was primarily attempted because the women wanted to die. They were in great emotional pain and saw death as the only way to end it. Many of the participants had planned their suicide attempts with the intention and expectation that they would die. While many of these women overdosed, not all the methods used fit the feminine stereotype of non-lethal, passive and non-violent. What can be learned from these survey results is that female non-
fatal suicidal behaviours cannot be taken lightly and are performed for reasons as serious as those attached to male suicide. Women survive not because they lack intent to die but because their gendered performance of suicide allows them to survive more readily than the male performance does men. It appears to be difficult for women to perform non-feminine suicidal behaviours, even when their intent and expectations fit more readily within a ‘masculine’ paradigm. Women, whose suicidal behaviours were in the past, also linked other gendered behaviour such as social connectedness, as protective against suicide vulnerability. Effective support, whether provided by family, friends or healthcare professionals, allowed women to find less dangerous solutions to their pain and healthier coping strategies. Yet, this appeared to be a delicate balance; some women were so entwined with their ineffective, even dangerous, support network that they were left increasingly vulnerable to suicidal behaviour. Motherhood may have helped one woman to survive her suicide attempt but it did not diminish her emotional pain or destructive coping strategies,

The following chapters will examine how Australian and Japanese, non-suicidal and suicidal, women perceive their self and their body within the frames of the stereotypical feminine ideals of beauty, sexuality and marriage.
8. Beauty Ideals Felt About and Inscribed Upon the Body: Answers and Implications from the Survey

How I’m moved
How you move me
With your beauty’s potency
You give me life
Please don’t let me go


As examined in a previous chapter, beauty ideals directly impact on a woman’s physical body. Women have inscribed their faces and bodies with some harmful and invasive procedures, from makeup to corsetry to surgery, to conform to changing and subjective ideals. Beauty tends to be imbued with various positive attributes and beautiful women admired and rewarded; however, this is not always the case. The questions in the beauty section of the survey (Section A) were designed to see how women perceived and articulated the balance between inner/outer and un/realistic beauty; another question on body/self-perception was also included later in the survey to examine how they felt about their body without the immediate bias of being positioned within a section on ‘beauty’. Four question-groups will be examined in this chapter (see Appendix G for Likert scales).

Some responses indicated women really struggled to conform to the beauty ideals they perceived to be important and experienced negative body perception if they ‘failed’. Women who demonstrated negative self-perception did not tend to make a distinction between body and self; they saw an unbeautiful appearance mirrored in their personalities. Women with a more positive self-perception, or ones who interacted more with beauty ideals, made a much clearer distinction. Interaction may be less dangerous than strict adherence. Interaction implies that the woman is thinking about her own values and expectations in relation to those normalised within society – she is making a judgement rather than simply absorbing social values as her own without comment. It can be argued that those women who interact still care about and value their body – even if they eventually lose the battle against social ideals and end up conforming.
As per the previous chapter: ANS - Australian Non-Suicidal; AS – Australian Suicidal; JNS – Japanese Non-Suicidal; JS – Japanese Suicidal. See Methodology and Appendix B for further details.

8.1: When you think about your body and how you look, how do you feel?

“I feel that I'm happy with the body I have now. I've been skinnier, I've been fitter. I've also been bigger. Any change in my figure now, would require considerable energy which at this point, I don't consider a priority. That it's not a priority I believe to be a reflection on my [contentedness] with the body I have now” (AS32)

Overall, more women reported negative feelings about their bodies than positive feelings. In both the Japanese and Australian samples, non-suicidal women were less likely to have negative feelings about their bodies than suicidal women. Four answer-groups appeared to emerge from the responses: positive, ambivalent, negative, and improvement. In line with the contradictory and changing nature of beauty ideals, and how women conceptualise their bodies, responses could not always be neatly labelled; a woman may have spoken positively about her face but commented that her figure needed improvement. Responses have been broadly divided but many have been examined in more than one answer-group.

--- Positive responses

A positive response was judged to be one in which the language used included positive words such as “pretty”, “happy”, “content”, or “good” (or variations thereof) without any major qualification. Twenty-seven women (19 Australian and eight Japanese, 14 non-suicidal and 11 suicidal) gave positive responses regarding their body and looks. While there was a significant difference between Australian and Japanese women, there was no significant difference between non-suicidal and suicidal women.

It was difficult to judge the most positive answers as the majority had some form of qualification; the most positive answers tended to be only one or two words such as “good” or “pretty”. There were no qualification but neither was there passion. Compared to the negative responses (examined later), these answers are not particularly strong, nor do they give any reasoning behind them. However, a positive response from a Japanese suicidal participant indicated that a woman could be “satisfied” with her appearance if she worked hard enough: “I am satisfied enough with my appearance as a result of paying close attention to clothes and
There is an implication that satisfaction may not be linked to her natural body but the ways in which she was able to control her physical appearance. However, this satisfaction may not continue during times she cannot pay ‘close attention’ to the details of her outward appearance.

Other responses from suicidal women concerned the idea of acceptance. A body may not have been physically perfect but a woman could still be satisfied with it: “I feel that it is OK to be the way I am” (JS08). Similarly, AS30 felt: “Unique, content and accepting that no one is perfect and my body makes me who I am”. In these ways, flaws became as vital a part of identity as assets. These women maintained a positive self-perception even though they did not perceive themselves as ‘beautiful’ – they saw beauty as more than a physical body. More, these answers implied that ‘being beautiful’ was not important; rather, it was how a person felt about themselves. It should be noted that AS30 and JS08 both reported past self-harm (see Appendix B) which indicates they had not always been so accepting of their bodies.

Similarly, positivity about one’s body also focussed on the feelings associated with the role of the body as the vessel in which one lives. Interestingly, this attitude was expressed by the two oldest Australian participants (ANS24 and AS11). This may indicate that older women have become more accepting and less critical in their perceptions over the years. However, there was a slight difference in the way they perceived their ‘vessels’. ANS24 conceptualised her body as the vessel which carried her through her life’s journey: “I feel that it is always in a state of change without me needing or desiring a change. I am happy that it has served me very well so far and I hope that it does not breakdown on me”. ANS24’s body was not something she needed to analyse; rather, she accepted its changing nature as part of life. Her sense of contentment and enjoyment of life were illustrated throughout her survey responses.

In contrast, AS11 conceptualised her body as a ‘vessel’, nothing more: “…It’s just an ordinary old body. It’s only important I ‘look after’ it chiefly because it ‘houses’ my mind and spirit with which I am equipped to function in this world”. Unlike ANS24, AS11 did not explicitly enjoy her body but her present conceptualisation positively acknowledged its existence which she had not done in the past (see previous chapter). Her body’s new role was the result of deep analysis and struggle after serious suicide attempts.

However, women who showed a positive perception of their body tended to qualify it so the comment was tinged with some form of uncertainty; a ‘usually’ placed at the beginning of a response indicated that the woman did not always feel positive. These qualifications may also demonstrate the struggle women can have with their self-esteem as to whether inner or outer beauty is the more valuable. Further, other answers from suicidal women implied that
acceptance could sometimes only come after the participants had struggled with body image (see AS32’s response previously). There was a sense that some women had essentially come through a battle; positivity had not been their natural self-perception. AS32’s change in attitude reflected her changed behaviour towards her body as she no longer self-harmed (examined in the previous chapter). One woman’s remark that “I don’t hate my body…” (AS22) was interpreted as positive in light of the unqualified negative statements analysed below. This brings further evidence that, as analysed in an earlier chapter, body dissatisfaction is somewhat normalised in Western culture (Martin, 2007; Dohnt and Tiggemann, 2006; Hesse-Biber et. al., 2006; Sinton and Birch, 2006; Tiggemann, 2006; Kalodner, 2003; Furnham et. al., 2002; Frost, 2001; Tebbel, 2000). Consequently, some women may find it difficult to perceive themselves as ‘not ugly’, let alone beautiful. Another Australian non-suicidal woman further articulated this difficult conceptualisation by illustrating the difference between social and individual perception and acceptance:

“I think most people think they could look better, you're always more critical of your own body than others probably are of you! But I accept that it's my body, obviously I have flaws and some things you can't change but am generally pretty happy with myself.” (ANS03)

Further validating previous findings (Day and Keys, 2008; Peterson et. al., 2007; Dohnt and Tiggemann, 2006; Sinton and Birch, 2006; Tiggemann, 2006; Pike and Borovoy, 2004; Kalodner, 2003; Tiggemann, 2003; Paxton, 2000; Nasser, 1997; Van den Broucke et. al., 1997; Mukai et al., 1994; Nichter and Vuckovic, 1994; Pike and Rodin, 1991), external influences also influenced how some participants felt about their bodies. A Japanese woman wrote that, while she wanted her legs to be thinner, she was “satisfied with my face because people around me always say that I am pretty” (JNS06). Indeed, this participant seems to have based her entire self-esteem upon the perceptions of others.

Other women qualified their positive responses in terms of health. These women saw beauty in a healthy and functioning body. Outer beauty had little effect on this health and happiness: “I don’t think I am beautiful but I am grateful to my parents for giving me good physical health” (JNS15). Responses were slightly more qualified if health was framed in terms of fitness. While generally positive about their bodies, these women felt they could be in better shape, although there was no indication that this was any more than a simple wish: “I feel good about myself I know [I’m] not in the best shape possible but [I’m] happy with myself” (ANS28). Conversely, ANS23 connected not feeling positive about her body to not being fit and healthy:
“...When I haven't been eating healthily or exercising regularly I'll get a bit down on myself. When my jeans get a bit tight I know it's back to regular exercise for me. Only because I feel better when I do those things”.

Eating well and regular exercise allowed her to have positive self-perception. In a way, this acted as an alarm-system to ensure that she would not often have negative feelings; however, her jeans feeling “a bit tight” is a warning sign rooted in physical ideals of thinness no matter how ‘healthily’ framed.

--- Ambivalent responses

Nine responses (five Australian and four Japanese, six non-suicidal and three suicidal) were judged to be ambivalent; where the language used was neither strongly positive nor negative. However null feelings could nevertheless lead to negative self-perception. ANS27 seemed to place little value on her body and yet it still made her feel upset without demonstrating explicit negativity: “I [don’t] really feel anything. It’s hard to explain, I just feel flat... upset?” ANS27 is particularly interesting as she was not suicidal and functioned in society (she was in a relationship, studied and worked part-time: Appendix C) but often harboured negative thoughts about herself and ‘rarely’ felt attractive.

Further, ambivalence was also linked to powerlessness. Women who qualified positive feelings in terms of health and exercise still allowed themselves the option to do exercise and feel better. However, JNS04 felt that: “My appearance is not very good but I can’t do anything about it”. While she was able to discriminate between inner and outer beauty, and maintain a positive manner throughout the survey (discussed throughout), other women may not be able to do so.

Three women (one Australian non-suicidal and two Japanese suicidal) contextualised their ambivalence in terms of being “normal”. This is interesting language to use as “normal” is not only individually-subjective but also culturally-subjective. “Normal” in a homogenous country like Japan may have a far more narrow meaning than a multi-cultural country like Australia. Like so many of the descriptions used in the survey regarding beauty, “normal” is not so easily identifiable to others but can be blatantly apparent to the individual. However, feeling “normal” did not necessarily mean these women were satisfied with their bodies. All three women reported going on diets but the Japanese women’s behaviours also included missing meals and vomiting, past self-harm and suicidal ideation.
--- Negative responses

Forty-one women (30 Australian and 11 Japanese, 14 non-suicidal and 27 suicidal) negatively framed the way they felt about their appearance. Negative answers were judged to be ones in which negative words were used without any major qualification. Significantly more Australian suicidal than non-suicidal women (23 vs. seven) gave a negative response; slightly more Japanese non-suicidal women gave a negative response (seven vs. four). The negative answers tended to be couched in stronger language than the positive answers but Japanese women tended to use softer language than Australian women.

Four Australian suicidal women (AS03, AS19, AS21 and AS23) gave the most negative answers. These answers used three or more negative words in such a way that there was no positive implication or qualification; self-loathing and body hatred were strongly indicated. These women appeared to believe that their failure to comply with stereotypical standards of physical beauty invalidated their existence. This is especially powerful in the response from AS03: “Disgusting – I look & feel ugly and unworthy, I don’t deserve to have air to breathe”. AS03 was still suicidal and this answer reiterates the lack of value she placed on her body and her lack of desire to live. However, the other responses also indicated very negative self-perception:

“repulsed, disgusted, ashamed, guilty” (AS19);
“Disgusted. Inadequate, not thin enough, not pretty enough in general. Why I have a wobblly tummy etc, and why I am cursed with easily putting on a few kilos.” (AS21);
“disgusted I hate myself and I am never happy ever. even when I know I am skinny enough still not happy” (AS23).

As examined in the previous chapter, AS19 reported suicidal ideation, past self-harm and suicide attempts; AS23 reported past suicidal ideation and self-harm; AS21 reported suicidal ideation. AS03 and AS19 were both receiving treatment for mental illness but all four women were functioning in society, to some degree, through their family and counselling. It should also be noted that AS21 specifically linked ‘hating her body’ to ideas of depression, social disconnectedness and vulnerability to suicide (see previous chapter).

Within the negative responses, four dominant themes emerged. Women who perceived their body negatively framed their responses in terms of: hate, ugly/fat, depression and disgust/repulsion.
--- Hate

The use of the word ‘hate’ tended to be direct and unqualified. AS01 mentioned a specific body part as a focus for her hatred:

“I hate the fact that my boobs sag very badly (down to my tummy) as they are DD, and they were the hottest boobs on earth before I had my son at 19. They've been fucked ever since and seriously messed with my head.”

Breasts have become cultural icons in the West (Latteier, 1998). Their appearance and desirability are linked to beauty and sexuality ideals (Schaefer et al., 2006; Millsted and Frith, 2003; Latteier, 1998; Greer, 1970). It is clear that AS01 placed great emphasis on her breasts as an indication of her beauty (or ‘hotness’). The fact that she no longer perceived them to be beautiful (“fucked”) evidently provided a source of hatred towards her body. There was an implication that, as this was due to childbirth, she perceived her body to have let her down by performing this biological function.

However, ‘hate’ was not completely negative. Two suicidal women, neither of whom had attempted suicide, used the word ‘hate’ with the word ‘love’. They ‘loved’ one part of their body, they ‘hated’ another. These responses were not ambivalent; they indicated the extremes of emotion a woman can feel about her body, even if she at least superficially accepts it. Further, feelings about the body are not always based on the body as a whole but as compartmentalised units (see AS01). This begs the question whether unqualified positive feelings can be felt if every different part of the body is judged separately and can potentially be flawed.

However, even extremes of emotion were not consistently felt. One aspect of a woman’s body may have been loved one day and hated the next:

“It differs. Sometimes I feel like I don't want to do anything fun because I look fat in everything or I hate my legs today.....other times I'm on top of the world and wearing miniskirts.” (AS18)

This uncertainty can radically affect what a woman does that day and how she feels about herself as a person, not just how she looks in a miniskirt (analysed in the next section).
--- Ugly and fat

The use of ‘ugly’ was categorically direct and unqualified; unlike ‘hate’, there were no instances where it indicated changing emotions. ‘Ugly’ was a consistently negative emotion. Further, continuing-suicidal women (AS03 and AS09) were the only ones who used “ugly” twice when describing themselves (examined later). However, a softer version was used by a few Japanese women who had never attempted suicide. They wrote variations of needing to be “a bit more beautiful” (JS09) which implied that these women did not hate the way they looked. It can also be argued that these women were simply being modest. Interestingly, these women wrote that inner qualities made a woman beautiful yet none considered themselves beautiful. It is uncertain whether their desire to be ‘more beautiful’ relates to their physical bodies or to their own inner qualities. While softer language was used, the negative meaning of ‘ugly’ still applied.

Two suicidal Australian women used ‘ugly’ in conjunction with their weight. The thin ideal of beauty has been examined at length in a previous chapter. In not complying with this ideal, these women considered themselves to be overweight and, consequently, ‘ugly’. It must be noted that, given the amount of literature and media attention dedicated to thinness and obesity in both Australia and Japan (discussed in an earlier chapter), the conceptualisation of ‘fat/ugly/unhappy’ did not appear as often as expected. However, all but one of the women who used ‘fat’ had dieted and exercised, with AS16 and JS03 reporting that they had “regularly missed meals” or vomited to lose weight. JS03 was being treated for an eating disorder but AS16 reported no such history. “Fat” was also one of the few words that appeared as a single-word answer and was only used to display negative connotations. AS18 (see previous section) used the word ‘fat’ to indicate times when she didn’t like her body as opposed to other times when she did; when she liked her body, she wore miniskirts indicating that fat people do not wear these. The ability to wear miniskirts was linked to happiness – AS18 could not have fun when she felt fat. ‘Fat’ was directly linked to negative perception but, in this case, it was not a perpetual state of being as implied in the other responses. With a slightly different slant, ANS07 did not frame herself as ‘fat’ but it provided the foundation upon which she perceived her body: “I feel like I could lose more weight but [I’m] not fat”. This denial is interesting. Her answer implies that she is neither thin nor satisfied with how she looks but that she is not so big as to be ‘fat’. Her response is a protest – she is dissatisfied with her size but wants to reaffirm that she doesn’t have to lose a large amount of weight.

Further linked to thinness ideals, nine women (five Australian and four Japanese, five suicidal and seven non-suicidal) talked about their desire to lose ‘weight’ or be thinner/skinnier. Given
the language of weight loss and thinness, it is hardly surprising that all nine participants reported that they had tried diets and/or some form of exercise in an attempt to change their appearance. Further, four of these participants reported having missed meals or vomited as a way to lose weight; ANS25, AS29 and JNS08 had stopped this behaviour but it was unclear whether AS14 continued.

--- Depressed

Like ‘ugly’, ‘depressed’ also tended to be connected to thinness ideals; however, it was not used as often. ANS02 and AS14 both used ‘depressed’ and ‘weight’ together with the implication that weight loss was an important issue for them but their potential feelings of depression also appeared to be linked to their perception of how much control they had over their body. AS14’s response was framed negatively: “Sometimes I feel depressed about not being able to [lose] weight”. In contrast, ANS02 responded that: “I think I really need to lose weight, but it’s nothing to get depressed over...” The desire to lose weight was the common theme in these responses but AS14 indicated that she was powerless in her actions (she should lose weight but she can’t) and feelings (she framed this inactivity negatively); ANS02 indicated that she had control over her actions (she should lose weight but she won’t) and her feelings (she framed her decision positively). When compared to other suicidal women, ANS02’s feelings of control and power over her body may have provided some protection against self-harm and suicidal behaviours. This will examined further below.

--- Disgust and repulsion

Only Australian women used ‘disgust’ and more suicidal than non-suicidal participants framed their bodies in this way. It was used in all of the most negative responses (discussed previously), and as a general emotion. Only ANS17 specified that she was “[disgusted] about my size”. She was satisfied with her facial features but her weight was a recurring issue throughout the survey.

The powerful negative connotations implicit in the word ‘disgust’ are illustrated in the second most common way women used this word. As examined in the previous chapter, four Australian women used the word ‘disgust’ (or variations thereof) when answering ‘What is your reaction when you hear about a mother who kills her children when she commits suicide?’ In this context, the respondents were demonstrating their strong outrage at this act. It seems disconcerting to consider that women were using the same terminology, with the same implications of loathing and horror, about their own body.
Similar to ‘disgust’, ‘repulsed’ has similar connotations of distaste and aversion. It was used by two Australian but the way in which they contextualised “repulsed” was very different. Like AS03, AS07 had a very negative self-perception and continued to be suicidal. She had gained and lost large amounts of weight throughout her life and had missed meals and vomited to lose weight. Her response of “Repulsed” was direct and unqualified. ANS05 dieted and “missed meals sometimes” but her response was qualified through her relationship status: “a little repulsed but my boyfriend loves my body so I feel better”. “Repulsed” is a strong word choice. It implies that any positive self-perception is bound in having a boyfriend. Without the positive reinforcement from this external source, she may not be able to make herself “feel better”.

--- Improve/change

Whether participants had more positive or negative feelings towards their bodies, wanting to improve or change the way they looked was a common theme. Twenty women (12 Australian and eight Japanese, 15 non-suicidal and five suicidal) used language to indicate that their body needed to be improved in some way. Language included “improve”, “change”, “wish I was” and “would like to be”. Responses that implied the participant was actively doing something to change her body were also examined. More non-suicidal participants answered in this way which may reflect a more positive, or at least more hopeful, self-perception.

ANS16 spoke of a general feeling that her body was not entirely satisfactory and needed general improvement. However, this generalised desire for improvement was not constant but depended on what ANS16 was doing: “…when I am trying on clothes at the shop I get annoyed that things don’t fit. However, when I am about to go out and have make-up and nice clothing on I feel pretty good”. She is not alone in feeling “annoyed” when clothes shopping. A CHOICE report (2009) stated that clothing sizes in Australia follow no standards. Rather than give any true indication of shape, there can be ‘vanity sizing’, where the size is chosen to make the customer feel good or deter another away. Women can find that they are a ‘good’ size in one shop but a ‘bad’ size in another.

Of the Japanese women, only JNS10 conceptualised improvement in a general way. The others specified exactly what they wanted to improve – two wanted their legs to be thinner (JNS01 and JNS06); two wanted to be thinner overall (JNS08 and JNS13) and two wanted to be more beautiful (JS06 and JNS15). Focus on the legs, which was not found in the Australian sample, reflects past literature on Japanese beauty ideals (Ginsberg, 2000). However, JS04
had a longer list of improvements: “I wish I was slightly taller, thinner and had bigger breasts”. She was the only Japanese participant to mention breasts at all in the sample.

Two Australian women conceptualised their feelings about their bodies in terms of ‘change’. Like ‘improvement’, this appeared to be a general desire but both women preceded ‘change’ with negative language:

“Depressed and wanting to change it” (AS25);
“disappointed but hopeful I can change” (ANS21).

In order to change her body, AS25 had “tried diets, exercise and purging” and was being treated for bulimia. In this way, she was actively seeking change but not in a healthy way. As also indicated in a previous chapter, there appears to be a connection between negative self-perception and eating disorders. In contrast, the “hopeful” quality of ANS21’s response is contextualised within her more positively-framed survey.

The motivation to change or improve one’s body did appear to be connected to having a more positive self-perception. A suicidal woman who wanted to change her body lacked the ‘motivation’ to do anything which exacerbated her negative self-perception: “I feel ashamed that I could change it but am too lazy to do anything about it” (AS28). She did not feel beautiful but wanted to; AS28 linked her potential happiness to physical change and yet still did not feel powerful enough to take action. Possessing a more positive self-perception, ANS01 was more ‘motivated’ to change the aspects of her appearance she did not like: “I feel negative about it, I [don’t] like [what] I see. but I also feel motivated to do something about it”.

8.2: Not feeling attractive can ruin your day

“…it wouldn't dramatically affect my day, as I know that if I was feeling that way it would be because of how I'm mentally feeling, not because of the way I look; and I try to not allow things to affect my daily functioning. I tend to overcome things without much worrying.” (ANS23)

Dissecting the idea of whether beauty leads to or brings happiness is an exercise in intangibility. How a woman intellectualises her own feelings about her body may be very different from how she lives her everyday life. Judging by the responses from both Australian
and Japanese women, a woman may not theoretically need to be beautiful to be happy but not feeling beautiful can negatively impact on her day in practical ways.

Three questions concerned the practical effects of how women felt about their appearance. The first question ‘Do you feel attractive?’ was a tick-box which included ‘Often’, ‘Sometimes’, ‘Rarely’ or ‘Never’. The other two questions were open-ended: ‘How do you feel when you don’t think you look attractive?’ and ‘Does not feeling attractive affect what you do that day?’

--- Do you feel attractive?

In contrast to “I often feel beautiful” (see Appendix G), when asked ‘Do you feel attractive?’ more women chose positive answers (62 women). Eleven women (ten Australian and one Japanese, eight non-suicidal and three suicidal) responded that they ‘often’ felt attractive. It is not surprising that non-suicidal women were more likely to give this positive response; further, the suicidal women in this group all reported past self-harm but had never attempted suicide. Fifty-one women (27 Australian and 14 Japanese, 27 non-suicidal and 24 suicidal) ‘sometimes’ felt attractive. While there were still more Australian women, the numbers of non-suicidal/suicidal were relatively even. Conversely, the seven women (five Australian and two Japanese) who responded ‘never’ were all suicidal. Eighteen women (nine Australian and nine Japanese, ten non-suicidal and eight suicidal) ‘rarely’ felt attractive. In this response, the balance between all groups was quite even.

--- A positive approach

In response to ‘How do you feel when you don’t think you look attractive?’, four Australian women (three non-suicidal and one suicidal) indicated that they tried to positively reframe the situation. One took a humorous approach:

“I don't believe that I'm affected emotionally by my perception of attractiveness on the basis of an isolated event, such as not looking attractive one day. Rationally [I'd] prefer to encounter people while looking attractive (obviously) but in terms of how I feel, perhaps [I'm] more likely to flippantly make a passing joke or comment at my own expense. This would be in the vein of humorous self-deprecation, and would be more an indication of relaxation. I'd feel relaxed about it.” (AS32)
This answer implies that, while a positive self-perception does not necessarily mean a woman will always feel beautiful, it changes the ways in which she perceives not feeling beautiful. AS32 could make jokes about herself because it didn’t impinge on her underlying feelings of self-worth. A suicidal woman with negative self-perception, such as AS03, would not be able to cope in such a way. While still positively-framed, ANS23 was more pragmatic in her approach:

“I guess it depends on the day. If I was going somewhere special and I didn't feel "right" like I normally do, or felt like I looked tired or worn-out I guess I'd feel a little unhappy at first but I certainly would not let it ruin my day.”

These women recognised that physical appearance mattered and would affect them but their answers imply that they did not take it too seriously. ANS19 gave the most positive response to this question: “I always feel attractive”. This was indicative of the positive self-perception evidenced in all her answers.

--- Ambivalent context

Six women (four Australian and two Japanese, two non-suicidal and four suicidal) were more ambivalent in their responses. They didn’t care about their physical appearance so whether or not they looked attractive was not important; they had “…never thought about it” (JS03). There were more important things to worry about than what one looked like. AS11 did not care about her ‘attractiveness’: “I really don’t care as long as I am clean & comfortable and am aware I am not upsetting/offending or disrespecting someone else… I just be myself as I am”.

--- Down and unmotivated

The majority of the Japanese answers to ‘How do you feel when you don’t think you look attractive’ were either framed in terms of a loss of motivation or feeling ‘down’. Twenty Japanese women (13 non-suicidal and seven suicidal) responded in this way using simply-worded responses. A lack of motivation did not appear to severely affect these women. JNS03 thought she “can’t do right”; if she was out, JS02 felt like “going”.

JNS12 responded that she felt “down” as well as losing motivation. Feeling “down” was an emotional reaction reported by nine women (seven Japanese and two Australian, seven non-suicidal and two suicidal). It was worded very similarly in all responses. However, JNS05
elaborated further: “Feel that my personality is bad, feel down.” JNS05’s response implied that she connected outward appearance with inner self; she didn’t feel attractive because there was something unattractive about her personality.

--- Sad and depressed

Eight women (six Australian and two Japanese, five non-suicidal and three suicidal) wrote that they felt ‘sad’ on days they didn’t look attractive. These answers tended to be simple ‘emotion’ words, such as ‘sad’ or ‘grumpy’, without any contextual base. However, two non-suicidal women contextualised their sadness based on different experiences:

“A little sad, especially when I get a huge break out of pimples!” (ANS09);
“Sad because boys just don't seem to notice anymore and I was once so popular.” (ANS18)

ANS09’s sadness did not appear to be a long-term emotional shift but rather something that could change in the short-term. However, there appeared to be a resignation in ANS18’s response; she felt attractive once but not anymore. This seemed to connect to her other responses where she talked about the effort and maintenance necessary to be considered beautiful; she no longer made the effort so she was no longer ‘popular’.

Four Australian suicidal women chose a stronger word to express their sadness – ‘depressed’. When she didn’t feel attractive, AS21 wrote that she felt: “Depressed. Really unhappy. In that particular situation, I will compare myself to other girls and wish that I had their hair, or their figure, or I was wearing what they were wearing”. Feeling ‘depressed’ appears to be more severe than feeling ‘sad’ and implies a longer-lasting effect on the woman’s mood. This is indicated by the fact that all four women who wrote ‘depressed’ also reported some form of self-harming or suicidal behaviour.

Thirteen women (nine Australian and four Japanese, seven non-suicidal and six suicidal) reported other emotions similar to sadness. These included words like “upset” which was used by ANS17: “upset, disappointed, lonely”. ANS17’s answer alludes to the idea that only beautiful women will find love (analysed previously). The word ‘unhappy’ was also included: “I'm very unhappy. If I go out in public and I don't think I look good, I don't [want to] be there, I just [want to] go home” (AS18). These responses appear to indicate a high degree of emotional response. The idea of social withdrawal will be discussed later. Similarly, three
Japanese non-suicidal women wrote that they were “disappointed” when they didn’t look attractive.

--- Disgusted and ugly

Negative language (which included ‘disgusted’, ‘ugly’, ‘crap’ and ‘shit’) was used by 12 Australian women (four non-suicidal and eight suicidal). The language here was used by women to describe themselves, rather than just how they felt. It seems that unhappiness and dissatisfaction with one’s body can run incredibly deep within a person’s thinking. While some of these answers were one word, others elaborated on their negative feelings towards themselves:

“like shit don’t want to leave the house” (ANS05);
“like crap to put it bluntly. Loss of confidence, start to analyse myself [a lot], even things that [aren’t] to do with looks eg personality traits” (ANS10):
“feel like shit, gross and ugly” (AS17);
“disgusted, depressed, ashamed, guilty” (AS19).

The use of ‘shit’, with its colloquial implication of something which has no worth or value, created a strong negative impression, even when the participant had no history of suicidal behaviour.

--- Loss of confidence and fear of judgement

Ten women (seven Australian and three Japanese, four non-suicidal and six suicidal) framed their responses in terms of a lack of confidence or a fear of judgement. Some of these women felt as though their ‘unattractiveness’ was obvious to everyone rather than a self-perception:

“like everyone is looking at and judging me. This makes me feel extremely [embarrassed]. This happens even though I know that realistically no one is really taking notice of me. By that I mean I know that thinking "everyone is looking at me" is really just in my head.” (ANS16)

It is important to note that ANS16 was able to see that these feelings were “in her head”. She could see beyond one event. Other suicidal women who gave similar responses gave no such indication that the negative judgments they presumed to be taking place were not a reality.
AS03 wrote that, on days where she didn’t feel attractive, she was “just not good enough”. Given that AS03 demonstrated very negative self-perception (discussed above) and ‘never’ felt attractive, these feelings may have been constant. However, a Japanese suicidal woman indicated that not feeling attractive made her lose more than confidence: “Don’t see the meaning for living, lose confidence” (JS10). JS10 was the only woman who felt that life lacked meaning on days where she did not feel attractive; however, she had never attempted suicide. Only AS21 connected this negative self-perception with vulnerability to suicide.

--- Want to be left alone

Seven women (six Australian and one Japanese, one non-suicidal and six suicidal) expressed the desire to be left alone, avoid social situations or be unnoticed on days they did not feel attractive. AS01’s response was slightly more extreme: “I don't want to be seen or noticed, have feelings of people seeing right inside me what's in my heart or my head / or I just don't care at all!” While the other women tended to fear a tangible judgement on their physical appearance, AS01 indicated a fear that people could see into her heart or her mind; her intangible self could be judged. AS08 also indicated a similar fear: “Nervous actually – waiting for someone to expose the truth”. Both AS01 and AS08 tended to focus on inner qualities of beauty but did not see these same qualities in themselves. While it is impossible to truly tell from only two participants, it seemed as though they feared others would see their unbeautiful natures. Both of these participants suffered from depression and addiction which may have also affected the way they interacted in a social setting.

One response stood out because it was unlike any other. AS15 answered: “Nothing, cause I make myself look that way on purpose in order to be left alone.” She was the only woman who perceived looking unattractive as beneficial – however dysfunctional this benefit seemed. Her response reflects what Favazza found in his research into self-harm (1996). AS15 used self-harm, or more particularly the injuries sustained from the harm, as a way to make herself unapproachable or invisible (analysed in the previous chapter). Self-harm remains enough of a taboo in Australian culture where it may be easier for people to avoid talking to this woman than confront her (Hodgson, 2004).

--- Feeling unattractive did not affect the day

No matter how unhappy they felt, women did not always (or may not have been able to) change what they did on days in which they felt these negative emotions. The responses to ‘Does not feeling attractive affect what you do that day?’ were clearly divided. Thirty-two
women (22 Australian and ten Japanese, 20 non-suicidal and 12 suicidal) did not believe that feeling unattractive affected their day. The ‘no’ answers tended to be more simple than the ‘yes’ answers. Twenty-five of the ‘no’ responses were very short – ‘no’, ‘not really’ – with little elaboration. Only six of the ‘no’ responses gave any elaboration but these did not tend to be positively framed. Many of these women were not affected because they didn’t care about themselves. Reflecting her previous answer, AS15 simply did not care about how others perceived her: “…I don't care about what others think of me or how they see me”. JS06 indicated that feeling unattractive did not increase the already negative feelings she commonly experienced: “Doesn't affect much because I feel anxious daily”.

Other Australian participants talked about how they lessened their level of care by refocusing their energy onto the outside world: “…I usually just 'forget self' and become totally absorbed in and enjoying what I am focused on doing as well as I possibly can” (AS11). This was not so much a natural state of being but a positive style of coping that had been thought about and learnt. Certainly, AS11’s way of thinking was the result of years of psychotherapy (discussed previously). She tried to analyse her feelings and refocus her thoughts on other aspects of being – rather than not caring about herself or letting negative feelings affect her routine.

--- The desire to be invisible and hidden

The women whose days were unaffected were in the minority. Fifty-two women (36 Australian, 16 Japanese, 23 non-suicidal and 29 suicidal) agreed that feeling unattractive did affect their day. Twenty-four of these responses were short – ‘yes’, ‘sometimes’, ‘affects a lot’, ‘definitely’ – with little elaboration. Of the women who elaborated, three clear themes emerged. The most common theme to emerge was that women who did not feel attractive wanted to stay at home and not be seen by others. This desire was found in 14 responses (13 Australian and one Japanese, four non-suicidal and 10 suicidal). Half these participants wrote simply that they would avoid going out or would go home as soon as possible. Answers like this included: “…I wouldn't feel like going out miserable thinking I looked terrible!” (ANS03). While ANS03 “sometimes” felt attractive, if she became more vulnerable to these negative feelings, her disinclination to go out had the potential to seriously impact on her life.

Two women went further. AS04 would actively change her plans on days she did not feel attractive: “…I'll often [cancel] appointments or plans and stay in my [Dressing gown] all day”. JNS06 wrote that she would “sleep all day”. However, as both of these women “sometimes” felt attractive, they may not have resorted to these behaviours on a daily basis.
Rather than specific activities, other women wanted to avoid people. Two suicidal women differentiated between the types of people they avoided. AS01 tried to avoid the people she worked with based on her mental health but she would still go to work:

“I'll keep to myself, keep people at work at the distance, spend a lot of time in "my world" which is in "my head" -> none of this has so much to do with feeling attractive, it's more not feeling right in the head”.

Avoidance appeared to make things easier for AS01 as she worked to make herself feel better, In contrast, AS26 would “…[usually] stay in my room. Away from people that will make it worst”. It is not clear whether AS26 would isolate for more than a few hours or whether it would last for a longer period of time but this could have significantly impacted on her everyday living. What is also interesting is that she talks about the “people who will make it worst”; people who she would normally see but with whom she feels vulnerable when she doesn’t feel attractive.

ANS10 tried to positively reframe her experience when she didn’t think she looked attractive: “Depends. Tend to not want to go out but then again make up works wonders”. While her first instinct was avoidance, she had found a way to resolve her isolation. Further, her reaction demonstrates the ideal of the beauty industry – the magical power of makeup (Merskin, 2007; Wolf, 1990).

--- Changed mood and changed behaviour

Eight women (five Australian and three Japanese, three non-suicidal and five suicidal) framed their responses in terms of their ‘bad’ mood. While none of the Japanese responses indicated a severe negative reaction -- they felt “down temporarily” (JS01) – other Australian women did:

“…When I feel upset or unhappy, I get quite upset and although I don't say anything to anyone else, at the end of the day when I go home I'll cry myself to sleep at night. It's awful.” (AS21)

AS21’s reaction is made all the more worrying because she ‘rarely’ felt attractive; this may have been a common occurrence. Further, she reported that having a ‘bad day’ made her vulnerable to suicidal ideation (examined in the previous chapter). Her response indicates the significant vulnerability that can exist in women who can harbour intensely negative feelings about themselves.
AS08 specified the negative emotions feeling unattractive made her feel – anxiety and misery: “Because I'm conscious of myself and hoping I'm OK it makes things more anxious for me”. This reflected her fear that the ‘truth’ would be uncovered on the days she felt unattractive; there is an implication that AS08 was anxious to be “OK” so she could be a good mother.

Four Australian women talked about changing their behaviour due to feeling less confident when they didn’t think they looked attractive. This tended to be framed in terms of their confidence around people. When these women felt attractive, they wanted to be the life of the party; when they didn’t feel attractive, they wanted to be less visible:

“I'm less likely to be overtly ostentatious. Because I haven't gone out of my way to make myself look attractive, I'd most likely be partaking in comfortable or relaxing activities, probably with close friends.” (AS32)

While feeling attractive and confident was linked to going out, it was also linked to how women acted in ordinary situations.

8.3: Who is beautiful?

“To me a woman does not have to be a model to be beautiful. it is true that some men will only look at these sort of people but there is more to a woman then that. having confidence in [one’s] self and being proud of who you are [are] some of the things that make women beautiful.” (AS28)

It appears that women conceptualise beauty in others differently to how they perceive it in themselves. Women were asked an open-ended question ‘What do you think makes a woman beautiful?’ The vast majority of responses listed two or more qualities perceived to make a woman beautiful; very few answers were single words. Subsequently, responses were initially divided between women who listed an inner quality of beauty first and those who listed an outer quality first. Of the 85 responses analysed, 65 women (46 Australian and 19 Japanese, 36 non-suicidal and 29 suicidal) listed an inner quality of beauty first; only 20 women (15 Australian and five Japanese, nine non-suicidal and 11 suicidal) listed an outer quality first. Further, outer qualities of beauty were only exclusively listed in five answers. In contrast, 48 women (30 Australian and 18 Japanese, 29 non-suicidal and 19 suicidal) listed only inner qualities of beauty; 32 women (28 Australian and four Japanese, 14 non-suicidal and 18
suicidal) listed both inner and outer qualities. Japanese women predominantly focused on inner qualities of beauty whereas Australian women considered both.

--- Confidence with a smile

Reflecting the importance placed on inner beauty, the most common theme to emerge in the responses to this question was the idea that ‘confidence’ (or variations thereof; also used seemingly interchangeably with ‘self-confidence’ or ‘self-esteem’) made a woman beautiful. This theme was found in 33 responses (30 Australian and three Japanese, 19 non-suicidal and 14 suicidal). ‘Confident’ predominantly appeared unelaborated in lists consisting of two or more descriptive words; only three responses used it by itself (ANS01, ANS05 and JNS01).

However, two Australian suicidal women believed confidence could make any woman more beautiful than a model:

“Confidence, [vibrancy] and the way she carries herself. A woman can stand out in a room full of people if she shows confidence and a high [sense] of self esteem, [more so] than any beauty model. The way a woman feels about herself says a lot about how she is perceived.” (AS30)

In this way, inner beauty had the potential to outshine physical beauty. Yet, confidence still remained undefined. Only AS11 dissected her conceptualisation of confidence (self-esteem) as a requirement of beauty:

“Healthy level of self-esteem (involving ongoing selfdevelopment / awareness / selfresponsibility / selfconfidence / independence / self-reliance / self-knowledge - of one's own flaws or vulnerabilities as well as strengths, talents, skills / a lot of courage/determination/unfailing and unwavering hope mixed with a good 'dose' of pragmatism and realism / ability to nurture one's self as well as others on occasions….”

Her perception of self-esteem appeared to be deeply embedded within healthy emotional and mental wellbeing.

Fifteen of the 33 women (14 Australian and one Japanese, 11 non-suicidal and four suicidal) paired ‘confidence’ with ‘happy’ or ‘smiling’ (or variations thereof); these women regarded happiness as a prerequisite for beauty, rather than the other way around. Some of these responses included:
“Personality and confidence. If someone is generally happy then they tend to come across as beautiful” (ANS13);
“…Self-confidence, someone who smiles and shows an interest in others (not vain).
Having a good sense of humour, not taking everything so seriously…” (AS21)

These linked conceptualisations of ‘confidence’ and ‘happiness’ imply that inner qualities of beauty may make a more lasting impact than outer qualities alone (Eco, 2004). While physical beauty was certainly not overlooked, responses which included these words did not focus on outer qualities.

Altogether, ‘happy’ or ‘smiling’ appeared in 24 responses (19 Australian and five Japanese, 15 non-suicidal and eight suicidal). Similar to ‘confident’, these words tended to appear in lists of two or more descriptive words. JNS04 believed a woman was beautiful when you were “able to feel that the person is happy.” However, in the words ‘smiling’ and ‘smile’ appeared to have different implications. ‘Smiling’ was used with inner beauty qualities where it was more representative of the happiness felt by the person. Conversely, ‘smile’ tended to imply a more physical characteristic and was used by eight women (five Australian and three Japanese, six non-suicidal and two suicidal). While five of these women still framed ‘smile’ as physical, it was contextualised as indicative of inner qualities such as confidence or happiness. In contrast, ANS27 placed an emphasis on outer qualities of beauty: “Smile, tall, thin and tan”. In this response, a smile was not linked to positive emotions or attributes but was simply another addition to a physically beautiful face.

--- Personality

Another word commonly found within the survey responses was ‘personality’. Twenty-six women (22 Australian and four Japanese, 12 non-suicidal and 14 suicidal) referred to a woman’s personality making her beautiful. ‘Personality’ was either used by itself or included as part of a list of ‘beautiful’ qualities with an adjective such as ‘good’, ‘great’ or ‘positive’. Australian women tended to use ‘personality’ either singly or without explicit definition in a list. Responses were similarly worded and included:

“Individual features such as being: smart, having a positive personality, being sociable, caring.” (ANS12);
“The inside, her personality, her goals & beliefs and her perception of the world around her.” (AS14)
These women seemed to assume that the qualities of a ‘good’ personality would be immediately understood. However, other women described a ‘beautiful’ personality in more detail. These descriptions are still vague, somewhat ambiguous and, like so many beautiful things, utterly dependent upon individual subjectivity:

“I've been taught that all women are beautiful in their own ways, but personally what makes a women beautiful is their personality, their values and beliefs, their caring ways, and their integrity. No matter how [beautiful] a person may be their acts and emotions shine through the most.” (ANS02);

“Beauty is something that comes out naturally from the person's inner nature/personality e.g. life satisfaction and contentment and acceptance towards life” (JNS08).

These responses echo the sentiments of fairytales where inner beauty made a woman beautiful; she could not be rewarded without it.

However, ANS20’s ideal still needed physical characteristics to make her truly ‘beautiful’:

“…Having the looks but also…” She was not the only one to link physical attributes with ‘personality’ to create ‘beauty’. Almost half the Australian women who referenced ‘personality’ responded in this way. Some Australian women believed thinness was important, at least to a certain extent:

Thin, good personality, happy, outgoing, [beautiful] face & perfect body shape” (AS03);

“skinny, tall, and has a great personality” (AS23).

As will be examined later, lack of both thinness and personality were fundamental determinant in AS03’s intensely negative self-perception. In contrast, AS13 questioned the inconsistency between stereotypical beauty and her own ideal: “I think the person she is, but society / the media makes it tall, skinny with big boobs.”

--- Comfortable with self

Six Australian women (two non-suicidal and four suicidal) thought that a woman who was “comfortable” was beautiful. While linked, this seemed to be differently conceptualised to ‘confidence’ or ‘happiness’. Rather than trying to conform to irrelevant social ideals,
“comfortable” appeared to imply “liking yourself…” (AS08). This may explain the absence of this idea in the Japanese sample as these answers indicated that conformity to stereotypes was not necessary to be beautiful: “someone who is comfortable with themselves and knows who they are despite what other say” (ANS14). There was an assumption that comfort was a feeling specific to an individual and her body; not necessarily dependent upon size. Implicit in these answers was the idea that this positive perception came from within. However, AS10 perceived comfort to be an aspect of physical beauty as well as inner beauty: “…comfortable with the way they look, not trying to be something they’re not ie. overweight girls wearing clothes 2 sizes too small”. The assumption she made was that a girl who liked her body would wear clothes that fit her, rather than clothes that were a ‘thin’ size.

--- Physical beauty

Of the 20 women who listed an outer quality of beauty first, many used the words “beautiful”, “pretty”, “looks”, “face” and “appearance”. Similar to early views of beauty (Eco, 2004), two Australian suicidal women referred to beautiful facial symmetry. However, words like ‘beautiful’ were only used in relation to a woman’s face, not her body. A woman’s body tended to be conceptualised by language about ‘weight’ and ‘body shape’; these were found in 19 responses (18 Australian and one Japanese, seven non-suicidal and 12 suicidal). Like the use of ‘good personality’, it seemed to be assumed that a “good weight” (ANS08) or “healthy weight” (ANS18) would be immediately recognised. However, there was also an implication that a “perfect body shape” (AS03) was thin. Despite the pervasive nature of the thinness ideal in Western culture (analysed in a previous chapter), it too appears to be relatively subjective; its nature individually conceptualised:

“Having a good (slim) body, having a pretty face and being confident.”(AS25);
“The person’s face and body shape is above average to a stranger’s eye…” (JS05)

While JS05 did not define an ‘above average’ body shape, 11 of the 18 Australian responses specifically used “thin’, ‘slim’ or ‘not fat’. It can be argued that this difference may be indicative of the fact that obesity is perceived to be a major problem in Australia. The current Australian government focus on healthy lifestyle and weight loss can further intensify the ideal of thin beauty. In Japan, obesity appears to be less of a problem. As examined in a previous chapter, beauty ideals in Japan appear to be less intrinsically bound to thinness.
--- Do you think you are beautiful?

Compared to the beauty they could see in others, the ways in which women perceived their own beauty could be very different. Unlike many of the responses to the previous question, which intermingled inner and outer beauty ideals, the responses to “Do you think you are beautiful?” were more obviously delineated. Overall, the 86 valid responses were equally divided; 43 women (35 Australian and 8 Japanese, 28 non-suicidal and 15 suicidal) thought they were beautiful and 43 women (25 Australian and 18 Japanese, 16 non-suicidal and 27 suicidal) did not think they were beautiful. A higher proportion of Australian and non-suicidal women thought they were beautiful. In contrast, a higher proportion of Japanese and suicidal women did not think they were beautiful.

Further, in analysing these answers, it could not be assumed that an answer which included reference to inner qualities of beauty was necessarily indicative of a positive answer. The responses to ‘What do you think makes a woman beautiful?’ predominantly positively framed the inner characteristics mentioned – a ‘beautiful’ woman was “happy” or “confident”. However, when referring to themselves, these same inner characteristics were sometimes framed in a negative way. Indeed, only Australian non-suicidal women had more positive self-perceptions – the other groups tended to negatively frame these responses. This will be further analysed throughout this section.

--- I am beautiful because of who I am and how I live my life

Inner qualities of beauty still dominated the language employed by more than half the women in their responses. Forty-three women (26 Australian and 17 Japanese, 29 non-suicidal and 14 suicidal) referred to “personality” or other inner qualities they felt made them either beautiful or unbeautiful. Inner qualities that made women feel beautiful tended to fall into two categories. The first way women framed their beauty was in terms of what they felt they were like as a person. Two Australian women referenced their Christian beliefs for their positive self-belief. However, almost half these women spoke in terms of “personality”, “confidence” or “smiling”. ANS06 did not think she was physically beautiful but emphasised her inner qualities: “…I am graceful and polite…” JNS12 wrote she was beautiful “because I have a healthy mind and body”. While having a positive outlook did not stop a woman from having negative thoughts, it helped to ensure they did not become overwhelming: “Even when I am down I know that I am a good person inside” (AS26).
While these women thought their beauty shone through their ‘goodness’, others thought their uniqueness made them beautiful. This was a feeling shared by both Australian and Japanese women. JNS05 wrote that she was beautiful because “I am who I am and this life is given to me once…”

Interestingly, AS32 distinguished between the ways inner and outer beauty validation affected her self-perception:

“I differentiate between the concepts of self confidence, and self worth. Although I acknowledge the extent to which my looks reflects on my amount of self confidence, my self worth is dependent on my own competence, strength, intelligence and spontaneity.”

She acknowledged that both inner and outer beauty qualities could affect her self-perception.

While many younger women debated their ideals of inner beauty, the second-oldest participant simply felt beautiful because she was happy and had a strong positive perception (illustrated throughout all her responses): “I am a happy confident and capable woman with a strong healthy and womanly body. I feel sexy, adventurous, cheeky and love my life” (ANS24).

Consequently, the second way women framed their beauty was through how they acted; whether they were “living a full life” (JNS13). These responses reflected a positive outlook on life, if not their bodies:

“beauty is so much more than looks… its what comes from the heart, I feel as though I reveal beauty [through] parts of my looks but more so through loving, encouraging and helping others.” (ANS09)

However, ANS09 did not entirely rely on her inner beauty. She sought to improve both her outer beauty (“exercising and eating healthy”) and inner beauty (“loving, encouraging and helping others”). Some suicidal women believed that their current self-perception was the result of struggle and dependent upon their mental state:

“I am a Christian & I have strong beliefs and when I'm well I'm confident & have goals & dreams & hope, I also like to smile when I'm well.” (AS14);
“Because I'm learning to accept who I am, be confident and try harder with where I'm going, [and] I'm learning to value people for who they are.” (AS29)

--- I am beautiful because I accept myself

Fourteen women (13 Australian and one Japanese, ten non-suicidal and four suicidal) contextualised their responses in terms of self-acceptance. Almost all these women believed they were beautiful because they were ‘happy’ with themselves. Some non-suicidal women spoke about self-acceptance, love and contentment: “Because I love who I am, and myself. I am happy in my own skin basically” (ANS12). These positive self-perceptions, based on internal beliefs rather than external values, indicated that these women valued themselves, even if some still wanted to improve their bodies. Two women directly framed their self-acceptance in spite of not conforming to beauty ideals:

“I believe that I am beautiful, but I [don’t] believe [that everybody] else thinks the same. I am happy with the person I am, and [that] is why I believe I am beautiful.” (ANS01);
“…I may not be perfect but I have nothing to really complain about” (ANS30).

Both women may have compared themselves to beauty ideals as they knew they did not fit them. However, their interaction proved positive as they reframed what they considered to be irrelevant. Women who were unable to do this were more vulnerable to negative self-perception. For example, ANS27 wrote: “Because, I never feel good about myself, and I do compare myself to others too often.” It is difficult to see which came first: whether ANS27 had negative self-perception and so made these comparisons or whether she compared herself against others which led to negative self-perception. Women who responded in this way judged beauty based primarily on physical ideals; they did not see themselves as beautiful because they did not think they conformed to the beauty they idealised.

--- I am not beautiful because of who I am

However, not all inner qualities were perceived to be beautiful. Disregarding physical beauty altogether, 18 women did not think they were beautiful because they did not think they were beautiful inside. It was here that the Japanese emphasis on inner self and beauty was most apparent, and most different to the Australian experience. Half the Japanese women (13) did not think they were beautiful because “My inside self is not beautiful” (JS09). Interestingly, most were non-suicidal (10 vs. 3). These answers tended to be stronger and more specific than
the Australian responses. Women perceived themselves to be unbeautiful because they lacked confidence: “Not confident about myself. I have a lot of anxious thoughts” (JNS08); or possessed other undesirable personality traits: “Can be jealous and envious of others” (JS04). Other women talked about their inner and outer body flaws:

“I don't think my appearance is beautiful. I am unmotivated, my way of life is not beautiful, and my living is disturbed.” (JNS03);

“Because I feel I need to improve some bad things about myself including my personality and appearance.” (JNS10)

In these answers, emphasis still remained on inner beauty (different to the answers discussed later). The Japanese answers may be indicative of their own cultural context where modesty and undervaluing oneself is normalised behaviour. However, there is an implication in JNS10’s response that improving one’s inner beauty was a continual process of trying to be a better person; not something which could be rectified by physical change alone.

Australian suicidal women contextualised their answers in terms of their personality: “…have no personality and am never happy” (AS03); the reaction of men: “I'm not sure why but I repulse people especially men” (AS08); and, esteem: “Because I have to live with me everyday =P My self esteem just isn't where it should be” (AS18). AS03 and AS08’s responses remain consistent with the negative self-perception conveyed throughout all their responses. This constant negativity could be compared to other women whose perceived lack of beauty was perhaps more a temporary state of being; AS12 was still grieving her brother’s death which impacted heavily on how she felt about herself. However, not feeling beautiful did not necessarily mean an entirely negative self-perception. AS18 conveyed insight about her self-esteem and a sense of humour through the emoticon. This may be indicative of her Australian culture with its bent towards self-deprecation.

In contrast, AS01 thought she was physically beautiful but did not think she was a beautiful person inside: “the person inside this body is not someone I would describe as beautiful, more like: dark, twisted, volatile, loving & caring at the same time, but obsessive”. However, this answer slightly contradicts her response to ‘When you think about your body and how you look, how do you feel?’ as she was very negative about her physical appearance (examined previously).
--- A thin/fat body and a pretty/ugly face

Women who described attributes of physical beauty tended to differentiate “body” and “face” and, as a consequence, differentiated the language used for them. When positively perceived, the body was “thin”; when negatively perceived, it became “fat”. In contrast, when positively perceived, the face was “pretty”; when negatively perceived, it became “ugly”. Compared to non-suicidal women, more suicidal women (all but one of whom was Australian) perceived at least part of their beauty in terms of physical characteristics.

Two non-suicidal women thought they were physically beautiful and used the language of body and face very positively. Rather than phrasing their responses as what they were not (i.e., “not” beautiful), they talked about their features: “Good looks” (ANS22), “pretty face” (ANS28); and their body: “Good figure” (ANS22), “sexy body” (ANS28). Further, these two women listed beautiful inner qualities they also perceived themselves to possess. Interestingly, their previous answers about their bodies indicated their desire for ‘improvement’ but they contextualised this in terms of health.

Seven Australian women (two non-suicidal and five suicidal) were primarily concerned with their body being “fat” or “overweight”. These answers tended to be simply worded implying that, for these women, weight was enough to make them feel unbeautiful: “[I’m] not a small size” (ANS15). Unlike the Japanese women examined above, these women did not appear to see their beauty as a journey; they were trapped in their body.

Nine Australian women (four non-suicidal and five suicidal) were concerned with both their body and their face. In these responses, the suicidal women tended to express entirely negative feelings. They framed themselves in opposition to what they perceived to be beautiful in terms of other people or what was ‘right’:

“The things I think others find attractive such as good skin and a fairly fit body, I do not have.” (ANS16);
“I believe that basically everything about my body is wrong. I am too fat and too ugly.” (AS25)

These women had a strict view of what was beautiful, keeping in-line with the stereotypes portrayed by Australian media, and so appeared unable to see outside the narrow binds of ‘thin’ and ‘perfect’.
Not all women were so strict in their conceptualisation of beauty. Some Australian women differentiated between their face (beautiful) and their body (unbeautiful): “sometimes I think I have a pretty face, and my upper half is okay. but I hate the look of my body in the mirror as I think my legs and butt are too fat” (AS19). This response is interesting given AS19’s negativity in previous responses about her body where she feels ‘repulsed’ and ‘disgusted’ (see previous sections). Her previous self-harm and suicide attempts had left scars on her body but not her face (examined in the previous chapter). Yet her positive perception of her face was not enough to override the negativity she felt about her body – and this appeared to have greater impact on her overall self-perception. It was not enough to have a beautiful face, a beautiful body was necessary (compare Perceived Experience).

AS21’s response was different in the way she phrased her negative self-perception. Her face, hair and body were three separate, but connected, entities:

“I only seem to feel beautiful (or even half decent) when my face is covered in make-up, or my hair is straightened, or I'm wearing my hair extensions. My natural hair is quite wavy and frizzes easily, which isn't flattering. I don't like my skin, I have mild acne which is hard to hide with concealer. I don't really have a problem with my face, I think I have a pretty face. It's body image I think about mostly. I know I'm not overweight, and look fine, but I still feel like I'm not skinny enough.”

She was the only woman who mentioned hair. AS21 had earlier demonstrated a very negative self-perception (examined above) but here she prevaricated between like and dislike for these three aspects of herself. She qualified the idea of being beautiful with feeling ‘half decent’ but conceded that she had a ‘pretty face’ even if she felt that makeup was an essential part of being beautiful. AS21’s interaction with the beauty ideal, where she knew she looked ‘fine’ in one question but felt ‘disgusted’ and ‘inadequate’ in another, illustrated the dichotomous nature of self-perception and its potential and enormous impact. Once again, the distinction between body and face was vital.

--- I am beautiful because people tell me

Three women based their perception of their own beauty upon the opinion of others. This was strongly articulated by two Japanese women who believed they were beautiful because they “have been told so” (JS08). JNS06 was not only told she was beautiful by both men and women but her beauty meant that “…. Men often declare ‘their feelings’ for me.” What JNS06 meant by “feelings” was a little unclear in the translation. The implication was stronger than
fleeting attraction but not as emotionally-driven as love – lust may be an appropriate translation.

While not as explicit, there was a negative reference to this idea in ANS20’s response. Her answer was in two parts. The first part was a positively-framed conceptualisation of her inner beauty – she was a “good, down-to-earth person”. The second part was more negatively-framed and related to the consequences of her boyfriend’s actions: “…I usually feel far from beautiful when my partner looks at other girls, and doesn’t make [me] feel special and good about myself.” Alone, she was able to see positively frame her attributes; with her partner, the balance was more delicate.

8.4: The model effect

“…I can appreciate a "physically" beautiful women. But in saying that she doesn't have to be thin or blonde or have blue eyes etc. I find many types of women physically beautiful. I guess on the most part photos of models and actresses appeal more to my curiosity. I guess what I'm trying to say is if I see a photo of a "beautiful" women I can go "wow she's beautiful", but then I wonder what her personality/day-to-day life etc. is like. I just read more into it than just the "surface" image”. (ANS23)

As examined in a previous chapter, the impact of models on the self-esteem of young girls has long been studied in the West (Hesse-Biber, 2007; Martin, 2007; Dohnt and Tiggemann, 2006; Hesse-Biber et al., 2006; Tiggemann, 2006; Kalodner, 2003; Frost, 2001; Tebbel, 2000). This has recently been sensationalised in the media with ‘real’ women in magazines and reports of anorexia-related and suicide deaths of models (see Bremner, 2009; Bone, 2008; Phillips, 2007).

Two questions concerned women’s feelings about images of models. The first question ‘Do you ever compare yourself to models and actresses?’ was a tick-box: ‘Often’, ‘Sometimes’, ‘Rarely’ or ‘Never’. The other question was open-ended: ‘How do you feel when you see photos of models and actresses?’ It must also be noted that the vast majority of the participants talked about models rather than actresses which is interesting given the relative anonymity of models in the late-2000s compared to earlier decades.
--- Do you ever compare yourself to models and actresses?

There may be little escape from the media in Australia and Japan (Tebbell, 2000). Fourteen women (12 Australian and two Japanese, three non-suicidal and 11 suicidal) responded that they ‘often’ compared themselves to images of models and actresses; ten of these women reported a negative comparison. Thirty-one women (23 Australian and eight Japanese, 16 non-suicidal and 15 suicidal) ‘sometimes’ compared themselves; 20 reported a negative comparison. Twenty-seven women (15 Australian and 12 Japanese, 17 non-suicidal and nine suicidal) ‘rarely’ compared themselves; three reported a negative comparison. Sixteen women (12 Australian and four Japanese, eight non-suicidal and eight suicidal) ‘never’ compared themselves; four reported a negative comparison. These negative reactions will be examined below.

--- Models are beautiful

It appeared that the debates being played out in the media are also being argued by women themselves. Responses to ‘How do you feel when you see photos of models and actresses?’ varied significantly between Australian and Japanese participants. Further, Australian women appeared to debate in themselves their own reactions with how they expected or wanted to act – their answers were rarely simple. In direct contrast, Japanese women did not have this reaction and their answers were more simple and homogenous.

Within this study, the predominant theme found, especially in Japan, was that models were beautiful. Thirty-four participants (17 Australian and 17 Japanese, 22 non-suicidal and 12 suicidal) used language such as “beautiful”, “pretty” and “gorgeous”. These women did not seem to differ greatly in how often they compared themselves to these pictures but the difference between the Australian and Japanese answers was obvious. The Japanese response “beautiful” tended to imply reaction rather than emotion. The Australian women tended to elaborate more on how the models’ beauty affected them: “I usually talk about how good they look....” (ANS26). The language concerning beauty tended to be positively framed and focussed on physical beauty. To these women, models were beautiful to look at (even if just for the clothes on their backs).

However, other women who talked about beauty focussed more on qualities of inner beauty that a model may or may not have possessed. Some of these answers were framed in terms of judgement where it was assumed a model only possessed attributes of outer beauty: “…they seem lacking in inner richness” (JNS14). However, other women presumed an inner beauty to
match the outer shell: “I see [them] as beautiful people, and most of them are bright and outgoing, they seem like everyday people but just famous. There are a few who are giving and charitable and [this] exemplifies their beauty” (ANS02). Neither presumption was based on actual knowledge but rather the woman’s own prejudices as to what outer beauty represented.

--- Models inspire jealousy and other negative comparisons

In this way, an appreciation of physical beauty was also linked to envy or jealousy. Seventeen women (ten Australian and seven Japanese, eight non-suicidal and nine suicidal) talked about feeling “envious” or “jealous” when they saw photos of models and actresses. These women did not differ greatly in the regularity with which they compared themselves to images (predominantly “sometimes”). Some women directly connected beauty and jealousy: “I envy them because they have nice figures and well-proportioned facial structure” (JNS12). Envy appeared to be the only form of emotive reaction that entered Japanese responses to this question. However, there were indications that AS17 was more than simply envious of what she felt she did not possess: “Why did they get such good genes”. AS17 reported missing meals, vomiting to lose weight, and suicidal ideation. However, she did not report any further eating disorder or mental illness.

While both Australian and Japanese women envied models, 14 Australian women (three non-suicidal and 11 suicidal) framed their answers as a negative comparison; ‘often’ comparing themselves to these images. Four reported suicide attempts and three of these women reported the most negative self-perceptions from the survey (analysed previously). Seven women phrased their comparisons as generalised feelings of inferiority – models were constructed as unattainable, superior beings. These women tended to feel “upset”, “inadequate”, “depressed” and “inferior” when they looked at images of models. AS25 felt “depressed” and was one of two women who reported a current eating disorder; ideals and desires of thinness were found throughout her survey (analysed throughout). AS09 thought she was “ugly in comparison” and AS19 felt “disgusting”. Interestingly, AS09 “rarely” viewed the images which caused such negative emotion while AS19 “often” did. AS09 and AS19 both missed meals but neither reported an eating disorder; both also reported suicidal ideation, self-harm and suicide attempts. However, AS19’s behaviours were in the past, AS09’s behaviours were still continuing.

Models were beautiful but women who compared themselves in terms of weight were “Fat!” (ANS17 and ANS29). Two women talked about “starving” themselves to become more like the apparent model-ideal – the only outcome of starvation is weight-loss and thinness. These
were the most extreme responses and indicated a perceived (and perverse) sense of discipline connected to starvation and thinness:

“I wish I could be like that & then try to get to look like that - even if it means starving myself.” (AS03);
“Like I'm not good enough. Like I'm too fat, and I don't know how models and actresses can manage to find the time or energy to train so hard and starve themselves. I feel guilty, like if they can manage to be so thin, surely I should be able to as well.” (AS21)

It must be noted that these were the only mentions of starvation in response to images of models or actresses AS03 “often” and AS21 “sometimes” saw. Both women reported significantly negative self-perception throughout their surveys which appeared linked to their suicidal behaviours. AS03 and AS21 felt very unbeautiful which they perceived to be a failure on their part. Both reported continuing issues with skipping meals or vomiting after eating; neither reported an eating disorder. It can be argued that images of models may not have caused these women’s negative self-perceptions; rather, they may have exacerbated these feelings because the women were already vulnerable.

--- Images are not real

Ten Australian women fought against the narrow beauty ideal set by models but this was difficult at times: “I know it's not an image that everyone can achieve and I know it is unrealistic to attempt to [achieve] that sort of image but I still can't help but compare and judge myself against them” (ANS16). It appeared that ANS16 was still struggling to make her behaviour match her level of awareness. She realised the unreality of the images she “rarely” looked at but still compared herself to them.

ANS20’s response indicated a different type of struggle. While the images of models she “sometimes” viewed did not directly upset her, the reactions of her boyfriend to these same images did: “I feel ok. I know I don't want to be famous and deal with the stuff that they do so that makes me feel good, but then again, I know my partner probably thinks they're better than me.” It appeared that she only made (potentially negative) comparisons as a consequence of what she assumed her boyfriend would desire. This sentiment is found throughout her responses about her appearance and body. ANS20 would start answers with her own positively-framed conceptualisation only to qualify it with a more negative idea from her
boyfriend. This reinforced the argument that a woman’s social group can significantly affect her self-perception (see Martin, 2007; Nichter and Vucovic, 1994).

Seven women perceived images of models and actresses as “airbrushed pictures” (ANS13) who were “an inaccurate perception of the 'real' world” (ANS22). These women explicitly talked about the computer imaging that has become normalised in fashion images:

“I think they are made out to look too perfect (photoshopped etc) and not really how the every day woman looks. Of course sometimes you wish you could look that perfect [as well]! But you know that in real life they probably don't look exactly like that anyway!” (ANS03)

In this world, not even models can conform to the beauty ideal which makes it even more unrealistic. This raises the questions: who are women trying to look like, if not a real woman? Why do AS03 and AS21 want to starve themselves when even the models they admire don’t look like that? Yet, while some of these women still struggled with positive self-perception, their interaction with the ideals showed that they were aware of the media around them and the tricks they played. While some of these women reported self-harming or suicidal behaviours, they all appeared to be in the past.

--- Models are inspirational

Thirteen women (ten Australian and three Japanese, six non-suicidal and seven suicidal) saw models as inspirational or admirable. Five women simply “wished” they could look like models; yet, these simple wishes belied the fact that JS03 reported an eating disorder and three Australian women had all attempted suicide. Other women specially mentioned what they most admired or desired when they saw images of models and actresses. These ranged from physical features to presumed ways of living: “Would like to imitate gestures/movements and atmosphere of gorgeous person” (JNS06); “it would be nice to have their life” (ANS05). It is interesting to note that, despite the news stories surrounding eating disorders and suicide (see Bremner, 2009; Bone, 2008; Phillips, 2007), ANS05 saw a model’s life as one to be desired. Only one of these women reported any self-harming or suicidal behaviours so more specific aspirations may be perceived to be more achievable or lead to less harmful inscription.

Some non-suicidal women appeared to intellectually dissect the image. They were able to articulate what they aspired to when they viewed images of models but they did not seem to
base their self-perception on what they did not possess: “Sometimes I wish I had some of their qualities, like their bodies etc. But generally I don't feel down about myself if a model is skinnier than me or prettier etc” (ANS08). This seems to be an important distinction to make as none of these women reported any self-harm or suicidal behaviours. Physical beauty was to be admired but was not important.

In contrast, some Australian suicidal women struggled with this concept. They admired the physical characteristics of models but then felt guilty about their admiration. Without a positive self-perception, they appeared unable to distinguish between what they admired in another and what they felt they should be themselves: “I wish to look like that, even though I know it is sick I can not help it” (AS23). These women also reported a history of self-harm and suicidal ideation; they may have inscribed their struggle onto their body.

--- Models are too thin and are to be pitied

Given the focus placed in the media on the thinness on models, it was expected that the survey responses would also reflect this. However, words like “thin” and “skinny” (and variations thereof, including “anorexic”) were only used by nine women (six Australian and three Japanese, six non-suicidal and three suicidal). Unlike comparisons or aspiration, mere observation of thinness did not seem to make any significant impact on a woman’s self-perception or her suicidal behaviours. Further, seven of these women “rarely” or “never” looked at images of models which raised the question of what they were responding to in the second-part of the question. Were they responding to real images they had seen or to what the media was telling them existed? The thinness of the models was often negatively framed: models were “way too thin” (ANS29).

ANS10 claimed only to be affected when images depicted models she perceived to be too thin: “Don't really feel anything unless they are overly thin and then I just think [it’s] sad”. Further, six other women (five Australian and one Japanese, four non-suicidal and two suicidal) also felt sorry for what they perceived models to miss out on with such focus on outer beauty. These women felt that the focus on a model’s physical beauty was to the detriment of her inner qualities – either she did not develop them or they were ignored:

“I feel sorry for them, they have so much responsibility and expectation to look to a degree unnatural, they put so much stress on their body to show beauty from the outside whilst no one sees their inner beauty and also neglecting their inner beauty.” (ANS09)
However, ANS19 framed her sympathy for models in terms of what they couldn’t do: “they [don’t] get to eat yummy chocolate :’(‘). Even when framed in a humorous manner, this sense of sympathy seemed to provide this group of women with a more positive self-perception. The importance these women placed on inner beauty appeared to override the outer beauty ideals displayed by the models. These women were able to compare themselves with models in a more favourable light.

It became apparent that the regularity with which women viewed images of models and compared themselves (often/sometimes/rarely/never) did not necessarily dictate a women’s self-perception or indicate whether a woman had been or continued to be suicidal. What was indicative was whether the second part of the response was positively or negatively framed. No matter how rarely one was seen, women in this survey who reported strong negative emotions when viewing images of models also tended to report negative self-perception, self-harming or suicidal behaviours.

8.5: Conclusion

While there was enormous debate over what and who was beautiful, participants still tended to absorb stereotypical beauty ideals and compared themselves to unrealistic images – even if they knew the ideals and images were neither realistic nor conformed to their own definitions of beauty. Many of the women within this study regarded inner beauty qualities to be important but still judged whether they were beautiful based on outer beauty characteristics. While this occurred with both Australian and Japanese women, Australian women tended to place more emphasis on physical beauty. Age was not necessarily a factor in whether a woman had positive self-perception. The oldest participant demonstrated very high self-esteem based on an acceptance of her body and love of her life; however, other participants trod a fine line between acceptance and ambivalence. This chapter has illustrated that even non-suicidal, non-mentally-ill functioning women can be tangibly affected by negative self-perception based on their belief that they are not beautiful. Interaction with beauty ideals, questioning their relevance, importance and reality, did not necessarily mean that women were immune from negative feelings about themselves; however, it did seem to make them less vulnerable to overwhelming negative self-perception and harmful inscriptions.

The following chapter will investigate how Australian and Japanese women interacted with the ideals and expectations of sexuality.
9. Sexuality Ideals Felt About and Inscribed Upon the Body: Answers and Implications from the Survey

(and knowing how the common-folk condemn
what it is I do, to you, to keep you warm
being a woman, being a woman)

‘Only Skin’, Joanna Newsom, Ys, 2006, Drag City Inc

Ideals of sexuality combine the potential inscriptions of beauty and marriage. Like beauty ideals, sexuality ideals directly impact on a woman’s physical body; like marriage ideals, they involve another person who is stereotypically male. As examined in a previous chapter, sex and sexuality play complex roles in women’s lives where a balance must be made between individual desires and social expectations. The questions in the sexuality section of the survey (Section B) were designed to see how women perceived and articulated this balance. One Likert statement and three open-ended questions will be examined in this chapter (see Appendix H for other Likert scales).

It became evident in the analysis that the responses to the sexuality questions differed remarkably between Australian and Japanese women. The language themes found in the Australian and Japanese responses tended to be unique to one group or the other. Further, Australian women tended to be more expressive and strongly opinionated in their longer responses. While it was made as culturally-sensitive as possible, the section on sexuality was expected to be difficult for Japanese participants to complete. Australian women did not report any problems in answering the survey, whereas four Japanese participants reported that they had found the questions confronting and difficult (particularly evident with JS01).

However, another noticeable theme found in one Likert scale was the neutrality many of the participants appeared to feel about sex and their sexuality (see also Appendix H). Given the attention focused on the sexualisation of the media (Martin, 2007; Driscoll, 2002; Frost, 2001), this was a surprising discovery. Eighty-seven women responded to the Likert statement ‘Sex is of primary importance in my life’. The single most common response was ‘neither agree nor disagree’, chosen by 29 women (15 suicidal women and 14 non-suicidal women split relatively equally between Australian and Japanese). However, when totalled, more women disagreed with the statement (36) – 22 ‘mostly disagreed’ (14 Australian and eight
Japanese, 13 non-suicidal and nine suicidal) and 14 ‘definitely disagreed’ (13 Australian and one Japanese, eight non-suicidal and six suicidal) that ‘sex was of primary importance in their life’. Altogether, one-quarter of the women (22) agreed with the statement – 18 ‘mostly agreed’ (14 Australian and four Japanese, eight non-suicidal and ten suicidal) while only four ‘definitely agreed’ (two Australian and two Japanese, two non-suicidal and two suicidal). While the number of neutral and negative answers does not necessarily equate to a lack of sexual enjoyment, it may indicate ambivalence to a fundamental aspect of the female body.

As per the previous chapters: ANS - Australian Non-Suicidal; AS – Australian Suicidal; JNS – Japanese Non-Suicidal; JS – Japanese Suicidal. See Methodology and Appendix B for further details.

9.1: Have you ever been in a sexual situation where you felt uncomfortable or pressered? How did you feel?

“like you can’t say no, its too hard to get [out] of, so you go along with it…” (AS22)

Every woman answered this question. More than half the women (48) did not report such a situation. Japanese women were less likely to report having had a sexual experience where they felt uncomfortable or pressured; 20 of 26 Japanese participants responded ‘No’. Australian women who did not report any self-harm or suicidal behaviours were more likely to not report a negative sexual experience (18 compared to 12 non-suicidal women).

--- No

The majority of the responses (48) were simply “No”; however, four women elaborated further. Two Japanese women only reported positive sexual experiences. ANS02 did not report any negative sexual experiences as she was “…a Virgin, saving myself till marriage”. Another Australian woman made a distinction between a sexual experience and harassment: “No sexual experiences, but I have had [inappropriate] situations with a boss who would corner me & write notes that were harassing, I left the job” (AS14).

--- Yes

Forty women reported having had a sexual experience in which they felt uncomfortable or pressured; this included just over half the Australian women (33 of 62 participants).
Australian women who reported self-harm or suicidal behaviours were more likely to report a negative sexual experience (22 compared to 10 suicidal women). The 40 women who reported having had a sexual experience in which they felt uncomfortable or pressured then talked about how the experience had made them feel. Australian women gave longer answers to this question than the Japanese women but, given the nature of the experience, this was not unexpected.

--- Sadness, anxiety and embarrassment

All the Japanese women who reported a negative sexual experience expressed similar feelings. Their responses were couched in terms of sadness, anxiety and embarrassment; their reticence in response was not indicative of lack of feeling. Only JS01 mentioned two separate feelings: “Felt sorry for myself and felt dark.” Otherwise, responses only mentioned one feeling: “anxious” (JNS12 and JNS13); “sick” (JS01); “painful” (JS04); and, “embarrassed” (JS11). However, two Australian participants who reported similar emotions also mentioned one feeling: “sad” (AS16) or “awkward” (AS17).

--- Imbalance of power

In their responses to this question, women most commonly reported feeling unable to say no or to stop the sexual experience from happening. Fourteen Australian women (six non-suicidal and eight suicidal women) reported this experience. No Japanese participant reported these feelings. Some women felt physically incapable of saying ‘no’; AS04 talked about feeling “Frozen, numb…” while AS06 was “paralysed”. Other responses talked about being powerless: “Like it was being forced on me when I didn’t want it, I felt powerless.” (AS29); or, “…overpowered. It was a very bad experience” (ANS08).

While not using the same language, three other Australian suicidal participants talked about similar feelings of imbalanced power relationships. AS11 indicated that she was made to keep silent about the sexual acts forced upon her as a child: “…’blackmailed’ sort of, into silence, obliged to ‘protect’ the sick perpetrator(s)…” Hers was the only response to refer to childhood sexual abuse and, certainly, the language used implied feelings of fear, entrapment and loss of power. Despite all the counselling she had received, AS11 still felt the after-effects of this experience:
While there was no indication of childhood sexual abuse, other women also expressed feelings of entrapment: “...at the time It was what was happening but later I [realised] I had been pushed into something I really did not want to happen” (AS28). This response indicates the problem of valid consent (examined in a previous chapter). AS28 may have allowed the experience to occur, but without realising its impact on her body or the emotional consequences, she did not give valid consent. Another woman felt that she had no choice but to participate in the sexual encounter: “…there was no way out or anyone to help” (AS26). Other women expressed similar feelings in terms of being unable to say ‘no’: “felt it had come to far to say no” (ANS05); “Embarrassed to say no to the person” (ANS10). Given the problematic discourses surrounding consent and rape in Australia (discussed in a previous chapter), these answers are worrying, especially if they are more widely felt than can be generalised from this research. These women did not feel they possessed the inherent right to refuse sex. There appears to be a sense of timing involved – women can say no up to a certain point in time or a particular behaviour, which may be entirely dependent on individual situations, but they perceive that this right is lost after that point has past or the behaviour performed. While these women may not have been raped in the legal sense, their consent was not given while they were in control of and felt ownership over their body; their consent was given based on a perceived sense of time-bound duty. The difficulties these women reported in feeling able to say no without repercussion appeared to also add to the unhappiness felt afterwards. AS32 elaborated several negative feelings as a consequence of her sexual experience but concluded with: “…I felt like I should have said something at the time.” This seems to hint at a sense of self-blame as she could neither resist the experience nor speak out afterwards.

The final response which indicated a sense of being unable to stop the sexual experience from happening talked about an issue raised during media investigations of sexual assault claims against NRL players in 2009 (examined in a previous chapter) – consent perceived to be given while under the influence of alcohol. It is difficult to judge how true consent can be when a woman is drunk; it is also difficult to judge whether a man would be able to tell the difference when he is also under the influence. However, even if consent is given and there is no malicious intent, a sexual experience under such circumstances may still be considered uncomfortable or pressured. ANS18 wrote that she was “Too drunk and too easily
persuaded”. This implied that, had she been sober, she would not have consented to the sexual experience.

--- Fear and discomfort

Six Australian participants (three each non-suicidal and suicidal) wrote that they had felt scared or nervous during a sexual experience. These responses tended to be simply worded and included within a longer list of feelings. Fear seemed to be connected to feeling powerless or being unable to say no (examined in a previous section): “…because I was scared of the reaction [and I] wanted to keep the person happy” (ANS28). ANS28’s response is particularly demonstrative of the difficulties of consent. It appears that her consent was made in fear which is arguably not true consent at all. The sexual experience was an act of ownership inscribed upon her body, not one that reinforced her control.

Six Australian participants repeated the words in the question as part of their response (two non-suicidal and four suicidal). ANS21 simply wrote “uncomfortable and [pressured]” so it is difficult to tell whether she was choosing to repeat these words as an easy answer or whether it was a true reflection of how she felt.

Other answers were less straight-forward than these. Feelings of discomfort were articulated by women who appeared to have a very passive voice when they consented to sex: “…I feel uncomfortable in most cases, I have to know the guy really well first” (AS22). AS22’s response indicated what she needed to feel comfortable during sex, yet would still “go along with it” because she felt “its to hard to get out of” (see above). In this way, she placed her partner’s desire ahead of her sense of ‘right’ timing and behaviour and accepted a sexual inscription upon her body that she did not really want. This sense of passive acceptance also appeared to be indicated in other responses (examined previously). While these sexual experiences would not legally be considered either rape or assault, they do blur the line between interactive consent where a woman has actively participated in choosing the timing, performance and inscription of the sexual experience and passive consent where a woman has allowed a sexual experience to be inscribed upon her body without active participation or choice.

Two other Australian women talked about feeling uncomfortable in sexual situations where consent was not an issue. ANS24 “felt uncomfortable for a little while because I was in a relationship with someone else”. It was not the sexual act itself that made her uncomfortable but the act of infidelity. However, it also appears that this negative emotion did not continue
but only lasted “a little while”. In contrast, AS01 linked her sexual enjoyment with how she felt about her body: “…I don’t think pressured, I was uncomfortable with my body. After my divorce 8 years ago I didn’t have sex almost at all (2-3 times in all 8 years)”. Her lack of comfort with her body equalled a lack of comfort during sex. Consequently, she appeared to avoid having sex altogether, rather than place herself into this uncomfortable situation.

--- Used and manipulated

Six women said that they felt used or manipulated after the sexual experience; this feeling was simply expressed by five of the women. Only AS32 expressed the same language in a different manner. She wrote that she felt “…like I was being used for the superficial purposes of another…” However, two suicidal participants (AS31 and AS32) framed their feelings within the context of the value of their body and self. The emotions felt as a consequence of their negative sexual experience appeared to be grounded in the belief that this sexual experience had lessened their value as a person and the worth of their body. AS31 thought she had been “unimportant” during the sexual encounter; AS32 “…felt that my value as a person was being undermined, or ignored for the sake of aesthetics. I felt undervalued…” In this way, AS32 had just been a vessel inscribed by the male body for his own purposes. These answers implied that a sexual situation in which they felt uncomfortable or pressured inscribed their body/self in such a way as to make them feel “unimportant” or “undervalued”. Conversely, these answers also implied that a positively-perceived sexual situation would make a person feel important and valued – that they were specifically chosen to be the other’s partner, not just for “the sake of aesthetics”. AS11 wrote that, after her sexual experiences, she “…was left feeling defective…” The impact of childhood sexual abuse on AS11 does not appear to have lessened by any significant extent; these feelings appear to have haunted her for her entire adult life. It is these same feelings which have been linked to self-harming and suicidal behaviours in other studies (Matsumoto et. al., 2009; Klonsky and Muehlenkamp, 2007; McAllister, 2003; Shaw, 2002; Strong, 1998; Favazza, 1996).

--- Ashamed and dirty

Feelings of shame and dirtiness were only reported by suicidal participants, including AS11. These feelings were very simply worded: “ashamed” (AS08 and AS11); “filthy” (AS19); and “dirty” (AS32). While simple, these are strong negative emotions that can fundamentally affect how a woman perceives her body. Female goodness has been previously contextualised within a framework of purity which punishes an unclean or shameful body (Driscoll, 2002; Meadow and Weiss, 1992; Greer, 1970). A woman is less likely to value a body that she
considers unclean or shameful. As analysed in a previous chapter, these feelings were historically linked to acceptable female suicides in Europe (Minois, 1999; Kushner, 1995; MacDonald and Murphy, 1990; Anderson, 1987; Kushner, 1985) and Japan (Screech, 1999; Pinguet, 1993; Iga, 1986; Benedict, 1946); although this acceptability certainly wasn’t limited to these two places. Therefore, it is not surprising that three of these four women reported past suicide attempts and all of them reported self-harm and suicidal ideation. The self-harm performed by AS19 and AS32 was some of the most severe of all the participants (analysed in a previous chapter).

--- Dissociation and anger

Dissociation was also only reported by suicidal women. Many of the suicidal participants were receiving treatment for mental illness so this may also be a symptom of their illness; alternatively, only those suicidal participants recruited from a clinic talked about dissociation so they may have gained this language through their counselling process. Indeed, AS11’s wording indicated that her perception had changed since she began counselling: “…I know now I dissociated…” AS05 wrote that she felt “Scared -> Disassociated.” The arrow written in her response indicates that her dissociation occurred as a direct consequence of her fear. Different studies have linked dissociation with sexual abuse (Messman-Moore and Long, 2003; Banyard et. al., 2002; Kisiel and Lyons, 2002); although, this may not necessarily be the case in Japan (Fujiwara et. al., 2010). Using different language, AS10 indicated that she had also dissociated as she felt “like a doll”. This implied that, during the sexual experience, she became disembodied – she wasn’t a woman but merely a body.

Feminists such as Dworkin (1984, 1981) and Greer (1970) have framed their argument for the reclamation of the female body in terms of anger that the body had been taken away in the first place. This argument presumed that women, who were exposed to an uncomfortable or pressured sexual experience, would feel angry that their body was inscribed in such a way. However, only two women reported anger. These responses were plainly written, did not appear to indicate strong emotion and, unlike shame, did not appear to be consistently linked to suicidal behaviour either. ANS27 reported neither suicidal behaviours nor any mental illness. AS18 reported past self-harm and suicidal ideation, as well as past treatment for depression, but it is unclear whether these were linked to the negative sexual experience.

One response did not fit into any of the themes examined above. While AS15 responded that she had experienced an uncomfortable or pressured sexual situation, she did not appear to be the submissive partner. She felt: “Uninterested, just did it to please the partner and give the
impression that I cared for his/her needs in order to continue using them for what I used them”. From this answer, it appears that AS15 used sexual situations, even if she categorised them as ‘uncomfortable’ or ‘pressured’, as a means for gain. As examined throughout, AS15 inscribed her body to gain what she desired. As examined in the previous chapters, it appears that AS15’s ambivalent/negative perceptions of her body/self also affected the ways she inscribed sexuality onto her body (and allowed it to be inscribed).

9.2: If a woman has many sexual partners, is she treated differently to a man who has had the same number of partners?

“Stud” (ANS05, ANS17, ANS21 and AS13)
“Slut” (ANS05, ANS10, ANS16, ANS17, ANS21, ANS30, AS01, AS19 and AS24)

This question allowed women the opportunity to discuss what has often been a contentious topic – the different ways in male and female sexual behaviours have been perceived, judged and punished within society (examined in a previous chapter). Participants overwhelmingly agreed that women who had many sexual partners were treated differently to men – from 85 responses, 66 women said “yes”, 12 women said “no” and seven were not certain. The majority of the Australian participants (55 of 61) believed that men and women were judged differently in terms of their number of sexual partners, with little difference between non-suicidal and suicidal participants (27 vs. 28). Only two disagreed and four were uncertain with equal numbers of non-suicidal and suicidal participants. However, the responses were less strongly delineated among the Japanese sample. There was very little difference between ‘yes’ and ‘no’ responses, even between the ratio of non-suicidal/suicidal. Eleven Japanese participants believed women were treated differently (seven non-suicidal and four suicidal); ten did not (seven non-suicidal and three suicidal); three were uncertain (one non-suicidal and two suicidal).

The language used in the Australian and Japanese responses also differed significantly. Once again, the Australian responses were longer than the Japanese responses and used stronger language. Modesty may again be a factor in these differences. Given the media coverage of a female culture which promotes ‘sexual empowerment’ (Levy, 2005), analysed in a previous chapter, it may also be that Australian women are more comfortable dissecting this sexual/cultural stereotype than Japanese women. However, while much has been made of the sexual double-standard that has appeared in Australian and Japanese societies, only three Australian women mentioned this term specifically. It should also be mentioned that no one
gave “many” a numerical value; this would be interesting to compare in future research. Further, the answers all appeared to be framed within heterosexual norms.

--- No and maybe

The ‘no’ answers were straight-forward. Eight participants (one Australian non-suicidal, four Japanese non-suicidal and three Japanese suicidal) did not elaborate on their answer of ‘no’ or ‘I don’t think so’. Other non-suicidal Japanese women thought men and women were “equal” (JNS01) or treated “the same” (JNS07). However, AS05 put a different spin onto her answer. Her answer implied acknowledgement of past differences but also suggested that now women were potentially constructed as ‘powerful’ rather than ‘bad’: “Not really anymore. Though men can be intimidated”.

Similarly, the ‘maybe’ answers tended to be only a few words with little elaboration. Two responses from Australian suicidal participants elaborated further. Like AS05, AS14’s answer acknowledged past differences: “Not sure, not as much these days I wouldn’t think”. However, AS31’s response indicated that judgment depended upon many subjective factors:

“I think that depends on the specific person, and how they act in relation to the number of people they have slept with. If a man publicises the fact that he's slept with a lot of women he may gain a positive reputation, and a woman a negative one for doing the same thing, but it still depends on say, if they were serious relationships…”

Her answer incorporates other themes which will be analysed below. However, it highlights the balance that must be maintained within this dichotomous stereotype (analysed in a previous chapter). While men and women may be able to have sex, they can face different social repercussions if they publicly disclose their behaviours. Theoretically, Australian society may be perceived to be more lenient towards female sexual exploits but not all women think that this is the case in reality.

--- Yes

One-third of the women (22 from 66: 18 Australian and four Japanese, 12 non-suicidal and 10 suicidal) simply answered “yes”. Three Australian non-suicidal women strengthened their response slightly with the addition of “definitely”; two suicidal Australian women added that the difference was “unfair” or “wrong”. None of these women saw any difference between past and present judgements. Answers from the four Japanese women appeared less certain.
but still in agreement; three women simply wrote “I think so”. AS28’s response indicated a general sense that women experienced greater judgement than men: “I think it has a larger affect on women when they have many sexual partners then it does on men.” In this context, it can be implied that ‘larger’ does not carry with it any positive connotations. It should also be noted that one Australian suicidal participant gave a ‘yes’ response that differed from the others. AS15 wrote: “By society yes, although it depends in which society/country she’s in, depending on that she could be treated equal or better”. This answer indicates that AS15 did not equate many sexual partners with any negative connotation, even though she perceived that women could be treated differently to men. This fits with her response to the previous question; unlike the other participants, she appeared to sometimes create the pressured sexual situations.

--- Women are treated worse than men

Nineteen participants wrote that women who had many sexual partners were treated worse than men with the same number of partners. There was a significant difference between the number of Australian and Japanese women (13 vs. six) but a smaller difference between non-suicidal and suicidal women (11 vs. eight) who answered this way. However, this was the predominant theme in which the Japanese women framed their responses.

Some women tried to explain why women were treated worse than men. JNS05 wrote that a negative reaction may be experienced because having many sexual partners “is associated with negative image for women and is not accepted by the society”. Further, JNS12 wrote that women “may be treated differently because it is uncommon for females to have multiple partners compared to males”. However, the use of the word “uncommon” reinforces the stereotype found in both Japanese and Australian societies (examined in a previous chapter). Men who have many partners must be having sex with someone – women may simply be less inclined to talk about their sexual experiences than men in order to avoid such negative judgements.

There was an implication that negative judgements could be unspoken but visible. JNS08 believed “…it is more likely for such women than men to receive cold looks in our society”. This theme was predominantly articulated by Australian women where the language used varied but the sentiments expressed were the same. There was an underlying presumption that many sexual partners indicated a calculating and predatory nature as opposed to a loving and nurturing one. There seemed to be no middle ground – either a woman only had sex with a man she loved (in which case the number would be small) or a woman had no feelings for any
man with whom she had sex (in which case the number would be large). The language used in these responses reflected negative judgement of the sexed female body. Two non-suicidal participants wrote that people and society are “more critical” (ANS11) of women “who sleep around” (ANS03) than men. Similarly, ANS12 said that “social standards would look down on a woman more than a man”; AS29 wrote that “…for women it’s considered inappropriate by society.” Other women elaborated on the negative judgement placed on women in terms of the social labels used as punishment where “…women are discriminated against and called names if been with many guys” (ANS07). This would not happen to men as “…Even the dictionary defines ‘promiscuity’ only in terms of applying it to women…” (AS11).

The labels applied to women who have many sexual partners, or are simply perceived to be ‘too’ sexual, will be analysed later. However, the responses here indicate that men are not subject to the same judgmental labels as women even when they perform the same sexual behaviours. Within this context, AS21’s response was interesting. Even though she believed the difference in perception was “awful”, she still subscribed to it: “…even though I’m female, I would still probably think negatively of women who have many sexual partners. I suppose it just comes down to my personal morals/values.” She acknowledged the double-standard yet her interaction with it was not enough to reject it. She was the only participant to answer ‘yes’ who also admitted to reinforcing the difference.

--- It is OK for men to have lots of sex

Directly linked to the idea that women were more likely to be negatively judged than men was the persistent cultural stereotype that condones, even praises, men having sex with multiple partners. As examined in a previous chapter, this is not a new stereotype; men do not have to be ‘good’ or ‘chaste’. Indeed, this machismo sexuality predominates teenage media – boys will be boys and this involves having sex as often as possible (Hust et. al., 2008). Thirteen women (12 Australian and one Japanese; five non-suicidal and eight suicidal) believed that it was socially acceptable for men to have sex more indiscriminately than women. JS01 was the only Japanese participant who did not answer within the same context as the others examined above. She believed that Japanese “society is more tolerant towards men’s wild sex life than female’s”. In this case, it appears ‘many’ equates to ‘wild’, even if neither are specifically defined. ANS08 wrote that men were treated differently in terms of basic acceptability: “…it’s totally different for a woman to sleep around compared to a man. It is totally okay for men to do it.” This sentiment was reinforced in a similar matter-of-fact way by other Australian women.
However, other Australian participants struggled with this acceptability: “…men [are] still praised, and we as a nation, culture or what ever try not to think like that but in all honesty it still exists!” (AS23). This gender-segregation may have been “…a horrible [belief] people have created” (ANS30) but it also appeared to exist outside the control of these women. In contrast, an Australian suicidal participant indicated that social acceptability may not necessarily be positive for men as they “are pressured to have as much sex as possible” (AS26). ‘Pressured’ implies that not all men may want to be as sexually active as popular media suggests.

Another suicidal participant echoed the traditional idea that female sexuality is bound by an inside/outside dichotomy (examined in a previous chapter) whereas men face no such dichotomy. Further, she provided recent pop-cultural evidence that these perceptions still existed: “…Women are seen to be the one's who need to be (quoting Ludacris) "a lady in the street and a freak in the bed" whereas men can be animals all the time” (AS18).

--- Language of judgement

Some women saw evidence of this social acceptability in terms of the positive reinforcement given to men with many sexual partners. While women risked ‘losing’ their reputation (examined above), a positive male reputation could be gained from public knowledge of their number of sexual conquests: “…men are seen as players who can get what anyone they want, and are congratulated for it (usually by their male peers) and they also tend to share there sexual experiences more freely…” (ANS16). It was felt that “…for men, having many sexual partners is championed, even encouraged…” (AS25). Words like ‘congratulated’ and ‘championed’ are strongly evocative of success within Australian society – sex becomes akin to sport with winners and losers. The idea of sexual success was especially evident in the phrasing used by some suicidal participants; that men have ‘wild oats’ to sow is an old-fashioned idea but it appears to still linger: “…Men are defined, even admired by society generally, as 'just sowing their wild oats', admirable & openly boastful about their sexual prowess and sexual conquests…” (AS11). ‘Wild oats’ appeared to be an easy phrase with which to indicate that men are permitted and expected to lose their virginity and engage in sexual behaviours. However, the phrase also implies that there is a time limit for such behaviours as, at some point, he is expected to ‘settle down’ in marriage; whether this leads to fidelity and monogamy is another matter.

Some responses illustrated the social acceptability of active male sexuality, and the corresponding unacceptability of active female sexuality, by repeating some of the labels
potentially attached to men and women. Thirteen responses included commonly-used words that positively reinforced active male sexuality. These words are stereotypes but still appear to be relevant:

“stud” (ANS05, ANS17, ANS21 and AS13);
“hero”/“heroes” (ANS03 and AS19);
“idol”/“idols” (ANS10 and AS20);
“players” (ANS16);
“experienced” (AS21).

Words like ‘hero’ and ‘idol’ are aspirational; “experienced” implies skill; even ‘stud’ has positive connotations of success and masculinity. Other women listed phrases that reinforced active sexualised masculinity – ‘good’ men have sex with many partners because “a man is just being a man” (AS04) when he acts in this way.

The positive words for men were in stark contrast to the words which described women who had many sexual partners. Nine women wrote that women would be labelled “slut”. ‘Slut’ has linguistic connotations of dirtiness and foulness (Partridge, 1942) and is not aspirational. Some women who used the word ‘slut’ contrasted it directly with a positive label associated with men. While predominant, ‘slut’ was not the only negative label attached to women; twelve women listed others:

“promiscuous” (AS03, AS04, AS11, AS21 and AS30);
“skanky” (ANS16);
“dirty” (ANS17 and AS20);
“easy” (ANS23);
“tarty” (AS21);
“a trollup” (AS23);
“a harlot” (AS29).

Eight of these women used a negative word in direct contrast to a positive word for men; others combined ‘slut’ with another negative label which created a strong negative implication. Similar to ‘slut’, many of these words have connotations of dirtiness and foulness; none are aspirational.
--- Men and women are different

Analysed in a previous chapter, much of the literature on female sexuality has examined how the social construction of the ‘good’ woman is balanced with the physical reality of a sexualised female body. Female sexuality has been perceived differently from male sexuality because women have been expected to act differently to men. Put simply, women who have many sexual partners are treated differently because they do not conform to social expectations of female goodness: “…Society treats women who choose this lifestyle differently than men as their perception of a woman's role is different” (ANS22).

As discussed earlier, women are expected to be ‘good’ as the stereotype of the chaste and virginal wife lingers. The act of sex becomes an act of possession – the male body inscribes ownership upon the female body where women “get pressured to only go that far with our husbands…” (AS26). As the inscribers, men are not as tightly restricted as the women who are inscribed. ‘Good’ women were not promiscuous because they were “reserved and discreet” (AS30). Due to this belief, women were “[perceived] to be [faithful] therefore more critical judgments can be made” (ANS11). These answers imply that women who had many sexual partners were not perceived to be ‘faithful’, ‘reserved’ or ‘discreet’; the social perception as to whether or not women possessed these qualities was not based in reality but upon their perceived sexual activity. A woman can lose her ‘goodness’ as surely with one indiscreet sexual encounter as with many.

The idea of being discreet appeared to be connected to positive social perception – or at least a woman being able to successfully hide her lack of ‘goodness’. As well as AS30, four other responses were contextualised in terms of talking and behaviour. Other women indicated that women would only be treated differently to men if they spoke about their sexual conquests: “…if she lets on about it all the time...but if she's [discreet] I [don’t] think there's much difference” (ANS13).

In contrast, AS32’s response concentrated on a woman’s behaviours, examining the idea of sexuality as only one part of a woman’s personality. She believed that a difference in treatment

“is mostly privy to the conduct of the girl, and her other dispositional features. If she comes off as intelligent, competent and comfortable with it, then I don't see it as a problem, nor do I think society will override these qualities to pass judgment based on the number of sexual partners a woman has been acquainted with. Granted, I don't
think these qualities in a male would factor into his public perception (and thus, treatment). In this respect, yes, women are [treated] different to males.”

She makes a valid point in that the debates surrounding female sexuality do not surround male sexuality because the issues of ‘goodness’ and ‘badness’ have rarely been raised in the same ways. The perceptions and expectations of male sexuality are very different to the perceptions and expectations of female sexuality; yet, it seems absurd to pass this gendered judgement onto women who interact with sexuality ideals and make valid choices as to their individual conformity or deviance. However, it can be argued that the idea of the ‘whole woman’ may only exist in countries in which women share political/legal equality with men.

9.3: Does the media affect your sexual behaviour?

“No”

Passionate responses were elicited about the media’s influence in the beauty section of the questionnaire (examined in the previous chapter). Consequently, it was expected that participants would equally engage with ‘In what way does the media affect your sexual behaviour?’ However, this was not the case. While all 88 participants answered this question, 81 answered ‘No’; only two of whom gave further elaboration. AS11 wrote that the media did not affect her sexual behaviour because “I do not 'see' or 'experience' myself as a sexual being…” AS11 perceived that she had no sexual behaviour to be affected. AS14’s reasoning was somewhat similar. At the time of the survey, she was a virgin and wrote that “I stand by my beliefs & I’ll wait till marriage”. However, unlike AS11, AS14 had potential sexual behaviour that could be affected. Her answer implied that she was resisting having sex even though this was encouraged by the media.

While one woman was uncertain, only six women wrote that the media affected their sexual behaviour; two Australian women (one each non-suicidal and suicidal) and four Japanese non-suicidal women. Responses from the Japanese women were somewhat surprising considering the reticence demonstrated with other questions; however, they tended to be contextualised within an individual experience. Some Australian responses took a broader social outlook. ANS20 believed the media had to affect sexual behaviour because “[Everything] in the media is about sex. All advertising, most movies, most TV shows. EVERYTHING!” One Japanese woman believed that you would “Rarely get such information from other than media.” (JNS11). Another reported that she had “gained some
knowledge about sexual activities such as methods, therefore I assume the media's information influences people. “ (JNS08). These women projected their own experiences as normative onto others.

These women perceived media’s influence to be all-enveloping and inescapable which, given the small number of women who agreed with this question, may not necessarily have been the case. However, AS08 and JNS06 further illustrated the influence media can have on people. JNS06’s response was constructed positively, if not within the confines of ‘normal’ sexuality. The media inspired her to “try to engage in abnormal play”. She perceived her sexed body to be open to different inscriptions. However, AS08’s response was more negatively constructed. She felt the media affected her “to some degree - this need to look perfect in bed no flabby bits - to always be ready and sexy - the shame of hearing what men think of older women”. She perceived that the media entwined beauty ideals with sexual behaviours – female bodies needed to conform to beauty ideals (young and thin) in order to be sexually desirable; these bodies were then always desirous of sexual inscription. Unlike JNS06, she appeared to perceive that her sexed body would not be desired for inscription.

JNS12 conceptualised the effect of the media in a completely different manner to the other women. She wrote that: “I feel uneasy when I hear about abortions.” It appears that JNS12 directly linked sexual behaviour with (unwanted) pregnancy. Abortions are relatively easily accessible in Japan and are not framed within the construct of Judeo-Christian sin, as in Australia. However, JNS12 was still negatively affected by them.

9.4: Conclusion

Throughout this chapter, women have indicated the difficulties they face in balancing ‘good’ sexuality ideals, with which they may not agree, with the reality of their everyday life, including the consequences of sexual trauma. The ways in which some women described their uncertain consent to sexual performances indicates that there remains a fundamental problem in perceptions of control and ownership over one’s body. These women may not have been raped in the legal sense, nor did they consider themselves to have been raped, but neither did they give valid consent. They complied with sexuality ideals that placed the needs and desires of the female body below the needs and desires of the male body and continued to feel the consequences of this inscription. These negative sexual inscriptions were more commonly reported by women who also reported negative self-perception, self-harm and suicidal behaviours. The performance of positive sexual acts and the acceptance of the sexual body
were more closely linked to positive self-perception. Despite the vulnerability such passive conformity potentially caused, the gendered sexual double-standard persisted; even though the majority of participants argued against it, one woman admitted that she also passed similar judgment. Further, in contrast to beauty ideals, sexuality ideals seemed to exist outside the media’s influence; only a few women reported that their sexual behaviour was influenced in this way. Sex is one of the most intimate performances that can be inscribed onto any body, male or female, yet it also appears to be strongly bound by traditional expectations and ideals that no longer fit so easily within the frames of the changing societies of Australia and Japan. This uncomfortable fit means that women face greater difficulties in their quest to be ‘good’ in terms of their sexed body.

The following chapter will investigate how Australian and Japanese women interacted with the ideals and expectations of marriage.
10. Marriage Ideals Felt About and Inscribed Upon the Body: Answers and Implications from the Survey

I’m in love with someone who’s as pretty as a flower
Her life gives me power so I’m buying her a ring


Marriage has been constructed as the successful culmination of a woman’s conformity to beauty and sexuality ideals. As examined in previous chapters, a ‘good’ woman was perceived to be beautiful and chaste; she was created to be a ‘good’ wife. Traditional ideals of marriage gave a man legal and moral permission to directly and tangibly inscribe the body of a woman; a wife’s body has traditionally been the property of her husband and his family. The questions in the marriage section of the survey (Section C) were designed to see how women perceived and articulated these duties and ownership. Four open-ended questions will be examined in this chapter (see Appendix I for Likert scales).

It was evident in the analysis that both Australian and Japanese participants interacted with some of the stereotypes attached to marriage. However, Australian women used more language framed in terms of personal choice; Japanese women rarely used this type of language. Some marriage stereotypes appeared to be equally absorbed by Australian and Japanese women, especially the perceived connections between love, desirability and marriage. Further, answers did not always differ greatly between non-suicidal and suicidal women, although suicidal women tended to use slightly more negative language when referring to themselves. Responses to questions pertaining to happiness and divorce did not appear to distinguish between ethnicity or suicidality.

As per the previous chapters: ANS - Australian Non-Suicidal; AS – Australian Suicidal; JNS – Japanese Non-Suicidal; JS – Japanese Suicidal. See Methodology and Appendix B for further details.
10.1: The importance and desirability of marriage

“I feel that people around me might be hoping something like when are you getting married?” (JNS09)

Women were asked ‘Do you think marriage is important in your community?’ Of the 85 women who responded, 47 women (33 Australian and 14 Japanese, 24 non-suicidal and 23 suicidal) thought marriage was important. Thirty-eight women (26 Australian and 12 Japanese, 20 non-suicidal and 18 suicidal) did not think marriage was important. They were then asked to explain their ‘yes/no’ response in an open-ended format.

--- Marriage is not important anymore

Twenty-three women (14 Australian and nine Japanese, ten non-suicidal and 13 suicidal) believed that, while marriage had been important in the past, this was no longer true. This sentiment was directly expressed by ANS27: “…it’s almost like marriage is a thing of the past.” JNS08 distinguished between the value and the importance of marriage: “In our society, having a husband and your child/ren is valued but it can't be said very important. It is impossible to say that a marriage is an absolute value”. She believed marriage was valuable for what it gave to the woman (husband and child) and society (continued lineage); however, marriage as an institution was not important. This was reiterated by other women who believed that marriage was needed neither for social acceptability: “There is no rule saying that marriage is the only way to be accepted…” (AS28); nor a complete life: “It is not a necessary condition to get married to have a full life” (JNS14).

University studies and careers were further cited as reasons for the decreasing importance of marriage: “Women can also make her living by working” (JNS04). This response implied that marriage was only important when women needed men to take care of them; employment allowed women to be less financially dependent on men. However, career-focus may only be acceptable while a woman was ‘young’. AS29’s response was framed within her individual context; she didn’t think marriage was important “…because I am young and study/career seems to be more important.” However, AS29 was 18 years old; if she had been 30 years old, this statement may be viewed differently by society.

As marriage was not perceived to be needed for social acceptability or financial security, AS04 believed “it’s become a mere formality”. AS30 implied that marriage was performance
of behaviours, not a reality: “Not many people are getting married now days. Most just live [their] lives as if they were married…” Indeed, as any legal differences between the two types of relationship “have largely been addressed” (AS11), some women saw the financial cost of a wedding as a deterrent: “So many people can’t afford to get married now that being de facto isn’t a big deal” (AS10). Marriage was seen as an expense that did not provide any different benefits than a less-official union. Further, marriage was not important because “there are many people who are single” (JNS13); a woman did not necessarily have to be in a relationship to be worthwhile. However, while these women may have been certain that traditional ideals of marriage were less significant, they were in the minority.

--- Marriage is expected to be the ‘next step’

Within this study, the most common response to explain why marriage was important was rooted in one of the most traditional marriage ideals – that marriage turned a girl into a woman. Sixteen women (nine Australian and seven Japanese, eight non-suicidal and eight suicidal) believed that marriage was important because it was expected; it was the ‘next step’ in a woman’s life. However, this conceptualisation implied failure if a woman remained single. A Japanese woman indicated that marriage was important “because many people are married…” (JNS11); here marriage was not an individual choice but a collective performance done without thought. Marriage was perceived to be so ‘normal’ that “…there is all sorts of peer and media pressure to be married” (AS17); if people did not comply, they risked being considered abnormal. Further, ANS02’s ethnic background created the expectation of marriage: “…being Samoan everyone expects me to get married before 25”. As examined later, ANS02 simply assumed that she would get married – like everyone else.

Similarly, some Australian women contextualised marriage as part of becoming an adult: “I have always had the [belief] that you grow up to later become married and I couldn't [imagine] it any different” (ANS30). Another Australian woman automatically placed motherhood within the same idea of marriage and ‘adulthood’: “its seems to be a part of growing up, its kind like the next step in life.... get married, settle down and have children” (ANS09). Unlike the women discussed previously, these women conformed to the ideal that marriage was expected because it was a necessary requirement for a person to have a full life.

The normalisation of marriage meant that some women perceived “…there are certain expectations on women to become wives and mothers…” (AS31). These expectations appeared to place pressure upon some women, regardless of their suicidality, to get married. A few Japanese women had been “persistently” questioned by people as to when they were
getting married or why they weren’t yet married: “People around me often ask if I don't want to get married or suggest to get married” (JNS05). This pressure also increased once women reached “a certain age”; however, this age was not consistent between Australian and Japanese women. ANS03 believed that: “…especially as women get older [I’m] sure they might feel some pressure to get married, or be constantly asked why they aren’t”. Two women gave specific marriageable ages. AS20 wrote: “I think many people assume that if you are in a relationship when you are over 30 that you are already married…” It is interesting that AS20 wrote about a woman over 30 already being in a relationship; what would happen if she was over 30 and single? In contrast, JS10 reported that: “Once a woman reaches a certain age (over 25 years old) the people around her talk about marriage more often and suggest marriage”. These responses indicated that Japanese women felt pressured to get married, regardless of age; whereas pressure to get married was more connected to age in Australia.

--- The necessity of marriage to have a family

Connected to the idea of the married adult was the perception that marriage was important because it was necessary in order to have a family; this implied that marriage created a ‘good’ family. Thirteen women (11 Australian and two Japanese, five non-suicidal and eight suicidal) answered in this way. These women did not see marriage either as an individual choice or for individual benefit; the family was seen to be beneficial enough. JNS03 talked in terms of basic necessity: “It is necessary to get married to give birth to a child”. Similarly, ANS24 wrote that “[marriage] is a social institution that lays the base for families”. AS21 wrote in terms of continuing the family lineage: “It's sacred. It's looked upon as a good thing, to get married and have children, to keep that chain going...” In this way, marriage became more than ‘a mere formality’; ‘good’ marriages were essential for familial and social continuity. Further, AS26 believed marriage was necessary for having a family because “…a child needs to have both male and female influences in their growing up”. This implied that these male and female influences needed to be married to each other, although it is uncertain how these influences would be affected should they be unmarried. In contrast, AS32 contextualised her response in terms of her religious beliefs which equated family with marriage:

“…Though I'm far from considering myself fundamentalist, my religious views would make me uncomfortable about a scenario in which I, myself, would have children without first bring married.”
However, she did not condemn others for having a family without marriage. Other women framed their answers within a traditional view of the ‘good’ relationship. Marriage was important because it ensured “strong” (ANS18) and “stable” (ANS29, AS09) families which implied responsibility and trustworthiness. These feelings were reiterated during the Australian Howard government which promoted the traditional nuclear family as a strong social foundation, similar to the ‘strong family, strong state’ ideal promoted in Meiji Japan. Similarly, a suicidal Australian woman framed the importance of marriage within a strong community context: “…we need marriage to help the community by reproducing, and raising kids, and buying houses. all this which contributes to the community” (AS23). These contributions are framed in a positive manner. However, it appears that the children born to, and the houses bought by, unmarried couples or single people may not positively ‘contribute’ to the community in the same way.

In direct contrast to these traditional values, four women argued that: “Women [don’t] need to be married to have wealth, kids, a house or respect…” (ANS13). The addition of respect is interesting given the suicides historically attributed to pregnancies outside marriage (see previous chapter). This response implied the inclusion of de facto couples. However, other answers particularly referred to single mothers in terms of acceptability: “Times have changed, women can be single mums and not be looked down upon…” (AS18). While these women interacted with pre-conceived notions of the family, they were much smaller in number than the women who believed marriage was fundamental.

--- Marriage may not always equal love

Not all women saw marriage as simply about family. Eight women (six Australian and two Japanese, five non-suicidal and three suicidal) believed marriage was important because they equated it with love. These women still contextualised marriage as a ‘good’ relationship but perceived the benefits to be primarily personal. Marriage demonstrated ‘commitment’ between two people who truly loved each other: “I think it is important to get married to show your endless love for someone. It shows great [commitment], and really brings two people together” (ANS08). These responses question the validity of relationships that do not conform to the marriage ideal; they equate the social norm with individual good. In this way, unmarried couples are perceived to be un-serious and un-committed.

For a few women, love alone was not enough; rather, a person’s life became better because they were socially perceived to be loved. Marriage was evidence that you were not alone: “Because, you are loved, and always have someone who will be there, take care of you…”
There was a romanticised implication of love here that did not envisage everyday living as much as an idealised existence; the implication that love/marriage solved everything. In this way, a relationship was less problematic because marriage provided ‘place’: “Being married brings with it a sense of belonging” (AS25). Some positive attributes were also held to be impossible outside of marriage: “Being with a person you love makes you feel safe and protected, in terms of living compared to single life. These feelings lead to a sense of confidence” (JS02). Yet, no one who had attempted suicide responded in this way; some women had already discovered that marriage was not able to solve every problem. A more pragmatic view of marriage was articulated by JNS10. While still preferring marriage, she could see the benefits attached to being unmarried: “It is good to be single and have achievement through work but it is better [happier] to marry and live with the person you love and have child/ren together” (JNS10).

In contrast, participants who did not think marriage was important did not perceive it to equal love. People who were in love did not always get married; nor were people who married always in love. Nine Australian women (four non-suicidal and five suicidal) responded in this way; indeed, from these responses it appeared that love was not the primary concern of marriage for Japanese women. Some women saw marriage as ‘a mere formality’ that, in everyday living, was little more than “…a piece of paper - I need loving relationship that doesn't [necessarily have] to be legalised...” (AS01). Other responses extended this implication that the norms and ideals of marriage could obfuscate what was truly important – the ‘loving relationship’. These women neither believed that marriage solved every problem nor that it necessarily made a family stronger: “People don't need to be married to express how much they love each other” (ANS15).

Different to love, AS03 wrote: “Not everyone has to be married in order to be happy these days”. This is an interesting response as she was the only married woman who reported continuing suicidal behaviours; all the others were single. She knew from lived experience that marriage did not solve every problem. Further, AS11 did not perceive marriage to have any value or meaning to a person’s life: “I observe many, if not most, marriages are a 'farce'. I am pretty cynical about the 'institution of marriage'. Usually it is merely lust, not [heavily underlined] love, that brings a couple together in marriage…” She appeared to equate ‘lust’ to marriage but did not refer to this in any of her responses in the sexuality section (see previous chapter).
--- Single women are judged

Eleven women (seven Australian and four Japanese, seven non-suicidal and four suicidal) talked about whether society treated single women differently to married women. In this context, marriage became important because it potentially afforded women better social standing; once again, this is based in very traditional ideals (examined in a previous chapter). While a few women, married and unmarried, did not believe that women were treated any differently, others disagreed. Some participants felt the effects of a social presumption that all women wanted to get married. As a consequence, one Australian woman felt she was negatively judged: “…people who don't get married get looked down upon - even though there is nothing wrong with not being married…” (AS19). Another Japanese woman living in a smaller community found her single-status made her the subject of scandal: “Because I am local, when I am single, neighbours gossip about when I am getting married” (JNS06).

Two women from non-Western backgrounds gave more specific ways in which unmarried women were stigmatised. An unmarried woman was either a sexual deviant: “…in the Ethiopian community…women who are not married are considered to either be whores or worthless” (ANS22); or, defective in some way: “…People gossip about unmarried women that she can't marry because she has some problems” (JNS11). In this way, being unmarried was not a choice but a public display of imperfection. However, the idea of judgement after a ‘certain age’ also appeared in these responses. As noted previously, there is no definite ‘certain age’; it appears to be almost individually subjective. Society forgave unmarried women for remaining unmarried until they reached this ‘certain age’: “…even though there is now more acceptance for women who choose their careers over relationships, that seems to only be tolerated to a certain age, say, an unmarried woman over 40 is not as common as an unmarried woman under 35” (AS31).

In this way, career became a distraction. Once a woman was 40 years old, being unmarried was more negatively perceived than when she was younger – she was sad rather than ambitious. This idea was also constructed in terms of desirability. An older woman was potentially less desirable to marry than a younger one; being unmarried was subsequently no longer seen to be her choice: “In our society, a person who has reached a certain age and is not yet married, she might be considered a person who cannot get married rather than a person who chose to be single” (JNS12). The idea of choice was analysed in a previous chapter.
--- Marriage is a personal choice

Extending this idea, responses from eleven Australian women (seven non-suicidal, four suicidal) implied that the “‘community’ is mostly not relevant” (ANS21); rather, “…marriage is a personal choice....” (AS16). Marriage was important and, in saying so, needed to be done willingly: “…It’s a personal choice to commit yourself to another person and no one should be able to make that decision for you” (AS20). The idea of forced commitment went against the very spirit of what these women believed marriage intended.

A few Australian women referenced their Christian beliefs as part of the reason why they thought marriage was important. ANS17 wrote: “I am a Christian so I believe that a couple should be married in order to live together and have a sexual relationship”. These women’s choices were based on the religious teachings they followed. They were compelled to conform to these dictations.

10.2: The security and contentment of a relationship

“horribly disappointed” (ANS01)

--- Are single women treated differently in your community?

Women were asked “Are single women treated differently in your community?” and 85 women answered. Australian and Japanese women were relatively equally divided between ‘yes’ and ‘no’; there was more of a difference between suicidal and non-suicidal women. Forty-one women (27 Australian and 14 Japanese, 19 non-suicidal and 22 suicidal) thought that single women were treated differently; this included those who had spoken about it in response to the previous question (see above). Forty-four women (32 Australian and 12 Japanese, 26 non-suicidal and 18 suicidal) did not think single women were treated any differently.

Women were then asked the open-ended question: ‘How would you feel if you were single your whole life?’ These responses are discussed below.
--- Being single is lonely

The overwhelming response to the question was “lonely”. Over half the women (45) used “lonely” or “alone” in their responses with the same negative connotation. Some women used adjectives such as ‘very’ or ‘quite’ to strengthen the feeling. Eighteen women (ten Australian and eight Japanese, 11 non-suicidal and seven suicidal) reported that this was all they would feel, without qualification or elaboration. The other women included it within a list of other emotions. Eight women (six Australian and two Japanese, six non-suicidal and two suicidal) reported that they would feel both “lonely” and “sad”; this type of description was used throughout ‘Bridget Jones’s Diary’ as a tool of fear (Fielding, 2001). Loneliness implies a loss of social connectedness and some of the suicidal women had reported feeling isolated when they felt most vulnerable to self-harm and suicidal behaviours (analysed in a previous chapter). Given the homogeneity of ‘loneliness’ here, these answers will be analysed throughout this section in the context of other themes. However, it is worth noting AS08’s response. She framed loneliness in terms of how married people treated single women: “Lonely - you're a threat to married women - husbands think you're fair game and desperate for sex - mostly you're just always by yourself”. The predatory stereotype of the single woman (examined in previous chapters) tangibly impacted on her life.

--- Being single is sad and disappointing

Twenty women (17 Australian and three Japanese, 12 non-suicidal and eight suicidal) used words like “sad”, “upset”, “miserable, “disappointed”, “terrible”, “painful” and “lost”. Like lonely, these words gave a negative connotation to being single; loneliness and sadness paints a bleak picture; it indicated the emotional pain women could experience if they were alone. However, one Australian woman qualified her feelings of unhappiness: “…If it weren’t my choice then I definitely would be unhappy…” (ANS16). She was the only one from this group who indicated that she might choose to be single, instead of presuming she would marry.

--- Being single means you are unloved

Seventeen women (15 Australian and two Japanese, four non-suicidal and 13 suicidal) wrote that being single their whole life would mean that they were unloved, unattractive and unworthy of love. While loneliness and sadness are negative emotions, lack of love and worth are more connected to sense of self; women feel lonely but they perceive themselves to be unlovable and unattractive. More suicidal participants responded in this way which appears to be related to their negative self-perception; they did not perceive their bodies or selves to be
valuable or worthy and so perceived others would feel the same way. Unlike ANS16 (see above), these women did not appear to consider being single as a choice; it was something thrust upon them because they were not ‘good’ enough. Perhaps because she was married, AS03 felt being single meant “…that I was not worthy of love”; although being considered worthy of love and marriage had not protected her from suicidal behaviour. The women who responded in this way framed their responses in terms of beauty and love; being single meant they had neither. Marriage meant being chosen by someone while single meant being “…unattractive, unloved” (ANS17); “…not wanted” (AS17); even, “…outcast and different…” (AS30)

AS06 used an old-fashioned phrase to describe how she would feel: “Left on the shelf…” This phrase implied that she was displayed with other women on the shelf but remained unchosen and so was left to become forgotten and dusty. The idea of being undesirable and unwanted was further expressed by some Japanese women. These women did not talk about beauty. Rather, they believed that a man did not choose them to be a wife because they were not ‘good’ enough and that their lack of ‘goodness’ was publicly reflected by their single status: “Some people look down on single people in society. Can be seen as "a person who cannot marry". Lose confidence as a woman” (JS10). Here, being unmarried implied that a woman had failed – all ‘good’ women were married.

However, all these fears were best articulated by AS21. She was neutral about wanting to get married but strongly connected marriage with love. She appeared to want the symbolism of being in a relationship rather than the relationship itself, especially as her friends were no longer single. Her response demonstrates the fear of not conforming to an ideal she appears to have passively absorbed:

“…I'm nearly 19 and I haven't had a boyfriend yet. I'm quite inexperienced when it comes to dating. Being single when I was 17 wasn't a big deal. Now that I'm 19 it's getting a bit worrying, especially when all my friends have partners and have started dating. Makes me feel left out and inadequate, like I'm not attractive or don't deserve a partner. Or even useless, like nobody would want to date me. All of those feelings I feel now would probably be how I would feel if I was to be single forever…” (AS21)

At 19 years of age, she was still 11 years away from the ‘certain age’ of 30, yet she was already afraid for her future happiness. Her single status made AS21 vulnerable to feelings of inadequacy and heightened her negative self-perception.
In contrast, 19 women (12 Australian and seven Japanese, ten non-suicidal and nine suicidal) believed being single would allow them the freedom to pursue their careers and dreams. They equated being single with independence and fun; there was an implication that marriage would mean compromising their individuality. Happiness was the most important concern for the future, not relationship status. ANS24 thought that being single “would not be a problem as I am responsible for my own life and happiness. I have a beautiful and close family network that has [much love] to share”.

However, women in this group tended to frame their responses in two very distinct ways. The first group believed that they would be happy if they chose to be single. Six women (five Australian and one Japanese, three non-suicidal and three suicidal) answered in this way, including the oldest participant AS11. Choosing to be single gave a sense of control over their life, particularly indicated in AS11’s response: “…I choose now to be single & desire no partner in my life anymore - I don't believe I will ever change my mind about that now…”

It was very clear that happiness was directly related to personal choice, not necessarily being single. This was clearly expressed by ANS16 who also appeared to give a time limit to her happiness: “if I were single my whole life it would probably be because I chose to be. If it weren't my choice then I definitely would be unhappy. I like being single now but not forever”.

The ‘but’ in ANS16’s answer was repeated in the responses of eight women (three Australian and five Japanese, six non-suicidal and two suicidal). This formed the second group of responses. These women attached positive attributes to being single but felt that it would not be ideal in terms of loneliness or childlessness. More Japanese women responded in terms of loneliness which may reflect their tendency to connect marriage with family and social connection (examined above):

“I would have a full life by achieving my objectives of life as a single person but sometimes I might feel lonely” (JNS11);

“If a person has a job with a stable income and is financially independent, being single can be another way of life. However, it would be lonely.” (JS05)
These responses implied that, without marriage, women could not have a full life. It appeared that single women could not have family or love as both were linked to marriage; friends, parents, siblings and career did not make a full life.

However, when five non-suicidal women (one Australian and four Japanese) thought about the future, their responses were not so positive. While ANS15 wrote that she found being single “…frightening, more when [I’m] older than now”, it is uncertain what exactly frightened her. However, the four Japanese women were worried about being single in their old age in terms of how they would take care of themselves: “I worry if I am able to look after myself alone in the future” (JNS15). While weaker than in the past, there is still a presumption in Japan that elderly people will be cared for by their children. If a woman does not marry, she is less likely to have children. Consequently, she will have to take care of herself which can be a daunting and lonely prospect.

--- Being single is incomplete

The idea that remaining unmarried left a woman incomplete was explored by nine Australian women (four non-suicidal and five suicidal) who wrote in terms of the love, comfort and completeness a relationship entailed. This was illustrated by AS01 who believed “…we are only half of the whole, and there is the other half somewhere out there but it's very hard to find your matching other half.” The danger with centring one’s belief on ‘your matching half’ means that if a person remains single, there is no way to become ‘whole’; they remain incomplete.

Other women talked about the benefits provided by marriage and it was these that made life complete: “…It's always nice to have someone who you know cares for you and loves you and would always look out for you. I wouldn't want to never experience that for my entire life” (ANS03). They did not perceive that this level of care and trust could be shared outside a romantic relationship, even if it did not necessarily protect a woman from harm. Indeed, ANS23 felt she would miss out on a sexual relationship if she was single: “…I don't believe in having sex just for the sake of having it so I would need to be in a committed relationship for that to happen...so I guess that would be out of the picture.” ANS23 perceived sex to only be permissible in one type of committed relationship – marriage. AS18’s response took the opposite view. While phrased as a joke, she implied that her sex life would decrease: “Well traditionally married women don't get hit on as much =P”.

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--- Being single is better than being in a bad relationship

Four Australian women (one non-suicidal and three suicidal) distinguished between being single and being “trapped” in an undesirable relationship. While they found the idea of being single for their whole life potentially upsetting, these women thought the alternative was worse. This was phrased in two ways. The first was simply a ‘bad’ relationship: “…it depends on the kind of life I would have as a married person or as someone in a relationship. If I was going to be miserable while being in a relationship then I would not want to have that” (ANS06). The second touched on the idea of ‘settling’ – that some women would marry anyone rather than be single: “…I would only ever want a partner if the person and timing was right. I’d never just settle and date or marry whoever, just for the sake of having a partner” (AS21). This is an important distinction. Marriage is not universally protective against suicide; marriage is only protective for women when they are happy (Jaworski, 2003; Haight, 1998; Lehmann, 1995, 1990; Kushner, 1985).

--- Presumption of marriage

Finally, four women appeared to presume that they would get married. Indicative of her background (discussed previously), ANS02 was direct: “I could honestly say [I’ve] never thought about it, [I’ve] always thought [I’ll] get married and have a family.” However, ANS09 phrased her response more hopefully, if less certainly: “…I really want to get married one day”. In contrast, ANS22 and JS02 spoke in terms of the expectations of their parents. Their parents expected them to marry and they feared disappointing them if they remained single. JS02 was the only women to not think of herself in her response when she wrote that she would “feel sorry for my parents”. In Japan, the stigma of being unmarried appears to not just affect the individual but the whole family.

10.3: Are married women happier than single women?

“It is impossible to generalise. What makes people happy is different for everybody. A marriage is irrelevant to one's happiness” (JNS08)

Participants were asked ‘Do you think married women are happier than single women?’ Four women (three Australian suicidal and one Japanese non-suicidal) did not answer this question. Fifty-five women (35 Australian and 20 Japanese, 28 non-suicidal and 27 suicidal) did not think married women were happier than single women Twenty-one women (17 Australian
and four Japanese, 11 non-suicidal and ten suicidal) thought married women were happier. Seven Australian women (four non-suicidal and three suicidal) answered ‘maybe’; one Japanese non-suicidal woman answered ‘neither’.

--- Happiness depends on the individual and the marriage

Over half the women (52) believed that happiness was not dependent upon marital status alone but on the individual. Thirty-three Australian women (16 non-suicidal and 17 suicidal) answered in this way; slightly more than half the Australian sample. Nineteen Japanese women (11 non-suicidal and eight suicidal) gave the same response; more than half the Japanese sample. These responses tended to be very similarly worded in four broad groups.

Seventeen women (14 Australian and three Japanese, seven non-suicidal and ten suicidal) believed happiness was based on whether a woman had chosen her marital status and the reasons for her choice. In this way, happiness was dependent upon the woman: “Only the person can decide whether she/he is happy or not. No one else can decide for the person” (JNS13). For a traditionally collectivist culture, it is interesting that so many Japanese women wrote about individual happiness.

Twenty women (13 Australian and seven Japanese, 11 non-suicidal and nine suicidal) believed marital status was irrelevant to a person’s happiness:

“…I think they each have positive aspects and each have stressful aspects. I think it really depends on who you are and where you are in your life. You can be perfectly happy being single, or you can be miserable being married.” (ANS23)

Therefore, marriage did not necessarily ensure happiness; neither did being single necessarily mean misery. Happiness became a subjective value, dependent on a woman’s perception, as opposed to an objective value that could be failed.

However, JNS01 believed that the happiness of a married woman could not be compared to the happiness of a single woman: “There is different happiness for single women”. It is uncertain what this type of happiness entails but it may mean a life without children, more focussed on career, In contrast, JS01 warned against presuming that marriage would bring happiness: “…it is too easy and dependent to think you will be happy straight after marriage”. 
Further connected to the idea of happiness being dependent on the woman is the idea that married women would only be happy if they had a happy marriage. Seventeen women (15 Australian and one Japanese, eight non-suicidal and eight suicidal) answered in this way. The majority of women in this group (13) spoke in terms of having a good husband and healthy relationship: “Yes if they are with the right man, No if they are unsuited or unable to work things out” (AS14).

--- Happiness comes from security and love

In contrast, 13 women (11 Australian and two Japanese, five non-suicidal and eight suicidal) believed that married women were happier than single women because marriage brought security and stability. Being married provided support not considered available to single women: “…they have a husband to share the highs and lows of life, companionship support, regular sex etc...” (AS01). It was perceived that problems were more easily faced as a married couple could “work together as a team, sharing [responsibilities]...” (AS12). Further, ANS02 indicated that marriage ensured happiness as “when you have someone to grow old with why wouldn't you be happy...” Marriage was perceived to provide a stable foundation whereas, it was implied, single women did not have anyone they could rely on or trust. This was best articulated by AS21:

“If they're married, they've found their husband and life partner. I think single women always feel inadequate, like they wonder why they can't find a husband and are a bit insecure about their futures in terms of family and relationships. Married women are settled, and are focussing on their relationships in the present. No insecurities.”

Once again, these answers seemed to imply that women would not choose to be single; they were only single because a man had not yet chosen them (examined previously).

Given that marriage and love were so much debated in previous answers, it was surprising that love was so little mentioned in connection with happiness. Only five Australian women (three non-suicidal and two suicidal) believed married women were happier than single women because they were loved. Married women were happy “because they have someone to talk to and come home to and feel special with. Some single people may have that too, but its probably a different person each time” (ANS20). Again, these answers implied that single women did not have a support network or people who always loved them.
--- Happiness is brought about by children

Given previous answers, it was not surprising that some Japanese women perceived marital happiness to be connected with having a family. Five women (two Australian non-suicidal women and three Japanese suicidal women) talked about children and family. ANS02 indicated that, while married women were happy, “…having children will just be extra special”. JS05 presumed it was natural to want a family and conforming to this ensured happiness. JS10 wrote about the security and stability having children brought and assumed this would only happen inside marriage: “…it is more stable with family in terms of health and finance, especially when old”. Once again, it was believed that fewer worries in old age allowed married women to be happier than single women.

10.4: Do you think women should be able to divorce their husbands if they are unhappy?

“because why stay in some thing that is not working, if one is unhappy then chances are the marriage will continue to go down hill, not only causing problems for the children if there are any, but can cause emotional, and mental harm to either the man or women.” (AS23)

Participants were asked ‘Do you think women should be able to divorce their husbands if they are unhappy?’ They were then asked to explain their ‘yes/no’ response in an open-ended format. Of all these questions in the survey, this elicited the most overwhelming response in terms of agreement. Of the 87 women who responded, 81 women (55 Australian and 26 Japanese, 42 non-suicidal and 39 suicidal) believed women should be able to divorce their husbands. This represented a substantial proportion of the Australian participants and all the Japanese participants which is interesting given the history of divorce (see previous chapter). Only four Australian women (three non-suicidal and one suicidal) did not think women should be able to divorce; two Australian women (one non-suicidal and one suicidal) answered ‘maybe’.

--- Happiness is more important

The women who answered ‘yes’ predominantly phrased their responses in terms of happiness. Fifty-five women (45 Australian and ten Japanese, 27 non-suicidal and 28 suicidal) answered in this way. However, two broad themes emerged within this group. Thirty-four women (25
Australian and nine Japanese, 18 non-suicidal and 16 suicidal) believed that if a woman was unhappy she should seek a divorce; happiness should overrule any ideal of ‘goodness’. These women worded their responses very similarly:

“Happiness is the key to a good life. If the relationship makes someone unhappy then why keep it up” (ANS16);
“Everyone has the right to have a happy marriage” (JNS06).

Further, AS19 did not see marriage as a static performance so happiness was not necessarily consistent. A marriage may be happy at the beginning but then sour: “…you can't predict the future or how people might change. You shouldn't have to remain in an unhappy circumstance”.

Twenty-one women extended this idea as they believed it was more detrimental to stay in an unhappy marriage than to leave it. While divorce has been perceived to heighten the risk of suicide (examined in a previous chapter), these women perceived a greater risk in remaining married. Some spoke from personal experience:

“That's what I did. I have a right to do things that are good for me, if the marriage is unhappy -> best for both parties to go their way. I just wish I did it sooner rather then later and saved us both [a] year of misery....” (AS01)

All these women perceived marriage to be a choice. Whether or not women considered marriage to be important, if a woman chose to marry, they believed it should be for happiness. If a couple did not make the ‘right’ choice, they should be allowed the freedom to find happiness again.

--- Divorce should be a choice

Just as some women perceived getting married to be a matter of personal choice, 24 women (nine Australian and 15 Japanese, 13 non-suicidal and 11 suicidal) perceived getting divorced to also be a matter of personal choice. Interestingly, the Japanese women who gave this reason argued that men and women should have the same rights to divorce. Once again, these responses tended to be worded very similarly, particularly among the Japanese women: “Both the husband and wife have equal rights to make decisions about their marriage and divorce” (JNS08). Traditionally, Japanese women could not easily divorce as they were reliant upon their husband’s income (Rosenberger, 2001; Jolivet, 1997; Allison, 1996, 1994). However,
there was some uncertainty as to whether divorce was a valid choice. One Japanese woman explained: “It is easier for a woman who is financially independent. There is an increased number of working women. Therefore it is becoming more possible for women to initiate divorce. However, perhaps it is still difficult to do so” (JNS15).

A few Australian women even referenced religion when explaining their belief in the right to divorce, even if they did not accept it wholeheartedly:

“That’s an undying supporter of liberalism and individual free choice, with the one condition that one's right to freedom doesn't impinge on that same right of another. I acknowledge that not all marriages are undertaken religiously, and when I consider that my reservations about divorce stem from a religious aspect of my beliefs, I would find it unfair to apply my own religious beliefs on others who might not necessarily share them.” (AS32)

For AS32, divorce may have been an individual choice but it impacted on another; care needed to be taken to limit the negative ramifications of the decision. It was not forgotten that divorce was a difficult choice to make.

--- Divorce should be a last resort because marriage is a commitment

Similarly, the Australian women who did not agree with divorce answered in two broad themes. ANS26 wrote that divorce should not be an option because it broke marriage vows “they made a commitment in the beginning and should stick by it, They could always work it out”. Other women believed that divorce should only be the last resort, after everything had been done to rectify the problems. The answers tended to indicate that divorce was a choice made flippantly:

“…I think if you are unhappy in your relationship you should take steps to determine what's causing this before you jump straight into divorce. Of course if it involved violence etc. I believe you owe no one anything and you are entitled to just leave without question. However for the most part I do think people divorce too quickly these days...and for the wrong reasons.” (ANS23)

The only right reason appeared to be ‘violence’ as there was no indication as to what ‘etc’ included.
Other responses combined the ideal of commitment with the implication that divorce meant that women had not tried hard enough and so were not ‘good’ wives:

“it means they haven't worked at their marriage, you shouldn't give up on something you made a commitment too just because you become "unhappy".... work harder, marriage was never meant to be easy!” (ANS09);

“…I don't think that women should just get a divorce because they're "bored" or they don't feel the same about their husband anymore. A few of my mother's friends have divorced their husbands who were really good to them. They say they just didn't feel the same about their husbands anymore. I think it's awful. Women need to realise that marriages take work, and be willing to put hard work into their marriage. I personally think negatively of divorce. Once you're married, you should work at it and unless there is a good reason, don't go filing for divorce.” (AS21)

For these women, there were very few problems that could not be solved. They appeared to only connect divorce with trivial issues rather than serious ones; although ‘love’ did not appear in these answers in subordination to ‘duty’. Yet, it is interesting that being ‘unhappy’ was considered trivial given that these negative feelings could leave women vulnerable to depression and, consequently, self-harming and suicidal behaviours. These women believed ‘good’ wives remained married whatever the problems; only ‘bad’ wives sought divorce. It should be noted that these four women had never been married.

10.5: Conclusion

While there was great debate about the importance of marriage and a single woman’s quality of life, other issues such as the desirability of marriage and divorce elicited far more similar responses. The presumption threaded throughout the survey – that single life could not be chosen but was instead thrust upon women unwillingly because they were somehow deficient – is concerning. These conceptualisations are directly connected to the worth and value of self. These beliefs take a woman’s worth and value out of her control and place them in the hands of men, and society in general. A woman’s value becomes inextricably linked to being part of a couple, whereas men can be valued as individuals. Consequently, if a woman is single, she cannot be valued; she becomes essentially worthless until she is claimed. While some women were able to dissect these traditional stereotypes, not all were capable of doing so, with the younger and suicidal participants seemingly more vulnerable. As indicated in the responses discussed above, absorption of this particular ideal left some women feeling
useless, unlovable and unworthy. Feelings of inadequacy and fear of being left alone could potentially increase a woman’s vulnerability to negative self-perception and self-harming and suicidal behaviours.

The following chapter will conclude this thesis and bring together the Perceived and Lived Experiences of a woman’s body to illustrate how negative self-perception can make women vulnerable to performing harmful inscriptions upon their body. Further, it will illustrate that positive self-perception can protect women from these harmful inscriptions.
11. The Body is a Text, Self-Harm and Suicidal Behaviours are the Performance: A Conclusion

I do not wish [women] to have power over men…but over themselves.

Wollstonecraft, 1792/1970, p. 69

Historically, female self-harm and suicidal behaviours have struggled to claim a ‘place’ in suicide research. Self-harm and suicide may be behaviours potential in all people, but they are constructed and perceived differently depending upon the sex of the performer (Jaworski, 2010, 2003). Historically, suicide was punished and stigmatised regardless of whether the deceased was male or female (Minois, 1999), but women’s intent continues to be more commonly questioned. Harmful behaviours inscribed onto the body which do not end in death have been painted as manipulative and attention-seeking (Canetto and Lester, 1998). Yet when harmful inscriptions have killed the woman performing them, it has been perceived to be a mistake regardless of the woman’s intent (Kushner, 1995, 1985). By virtue of her sex, Plath has been constructed as a tragic figure when male writers and poets who met a similar fate have been constructed as heroes (Bedient, 1979).

Traditionally, these gendered ideals and perceptions of female self-harm and suicidal behaviours have at times overshadowed the actual self-harm and suicidal behaviours performed by women. Meanings attached to performances have sometimes been more founded in perception and presumption rather than in the genuine intent of the performer. Further, given the higher male completed suicide rate, research into male suicide has predominated. Consequently, female self-harm and suicidal behaviours have been defined and analysed within the gaps of male behaviours; women have lost their voice to the male experience (Jaworski, 2003; Butler, 2001a, 1990).

While there has been increasing research on women within the field of suicidology (Jaworski, 2010; Canetto, 2008), studies which include the female voices of those who have self-harmed or attempted suicide remain limited. Further, suicide research has predominantly been conducted within the frames of psychology or psychiatry; it has not taken into account the lives women live in the real world and the ways in which they interact with their social and community environments. This thesis has sought to begin to fill this gap in the research.
It has explored the Perceived and Lived Experiences of female self-harm and suicidal behaviours and examined how the ideals and expectations attached to the female body in Australia and Japan affect women’s self-harm and suicidal behaviours. Self-harm and suicidal behaviours are physically inscribed upon the female body; subsequently, the values placed on the female body, by the woman herself and in society, have been dissected. For this reason, the various social stereotypes which amalgamate to construct the female body in Australia and Japan were analysed. The stereotypes of beauty, sexuality and marriage, especially the performance of rituals such as dieting, sexual intercourse and weddings, were also dissected as these tangibly inscribe intangible ideals and expectations onto the female body. Different idealisations and performances may exist in Australia and Japan, but they all combine to create a ‘good’ woman. Women who conform to the ideals and perform the rituals accordingly are ‘good’; those who deviate from the ideals or performances are ‘not good’. Given that Durkheim (1897/1952) believed that the qualities of a ‘good’ woman’s life protected her from suicide, it has been valuable to question how even ‘good’ women may be vulnerable to self-harm and suicidal behaviours.

Subsequently, this thesis has examined how the Lived Experience of these ideals has affected a woman’s perception of body and self. It sought to discover whether women who negatively described their bodies were more likely to have self-harmed or attempted suicide. It has investigated women’s self-perception in terms of how they feel about their body and, consequently, their self. Among the sample of Australian and Japanese women, body dissatisfaction was relatively normalised – positive statements tended to be qualified, whereas negative statements were often far more direct and strongly worded. However, body hatred was only demonstrated in suicidal women and more commonly found among Australian than Japanese women. Body hatred was distinguished from dissatisfaction in that the women hating their bodies displayed no sense of care or value about their bodies; they were angry that they remained alive.

The Perceived and Lived Experiences of women were examined through literature analysis and survey analysis, respectively. Self-harm and suicidal behaviours, beauty, sexuality and marriage were all individually examined and brought together to discover any links between non-suicidal and suicidal women or Australian and Japanese women. Within the bounds of this thesis, non-suicidal women shared more common perspectives with other non-suicidal women, regardless of ethnicity; similarly, suicidal women shared more common perspectives with other suicidal women, regardless of ethnicity. However, the responses to the beauty and sexuality questions from Australian women tended to be very different to responses given by Japanese women.
However, it should be noted that the findings from the Lived Experience are contained within the Australia and Japanese contexts in which the participants were bound. The findings of this thesis do not purport to generalise about the lived experiences of all Australian and Japanese women in terms of beauty, sexuality, marriage, self-harm and suicidal behaviours; rather it has sought to further open the discourse around female self-harming and suicidal behaviours.

11.1 Perceived and Lived Experiences of self-harm and suicidal behaviours

Historically, suicide was perceived to be morally and legally reprehensible, the corpse was 'punished' and the family left destitute (Minois, 1999; MacDonald, 1990; Anderson, 1987). In both England and Japan, female suicide was considered understandable only in extreme circumstances where it was brought upon to protect one’s chastity or to prove one’s love (Minois, 1999; Pinguet, 1993; MacDonald, 1990; Anderson, 1987). Yet, as suicide awareness increases, this stigma has slowly begun to lessen. However, female self-harm remains unclearly and inconsistently distinguished from non-fatal suicidal behaviour. Further, the fact that women are more likely than men to survive their suicide attempts has brought into question their intent to die.

When responding to the survey, answers about suicide tended be deeply divided depending upon whether the woman had performed suicidal behaviour herself. Non-suicidal women struggled to find reasons for whether suicide was ever understandable; they also tended to pass strong negative judgements on a mother who killed her children when she committed suicide. Suicidal women understood reasons for suicide at a far deeper, and more personal, level. Further, they were more likely to sympathise, even empathise, with a mother who performed such an act, even if no one condoned it.

Within the frames of this study, suicidal ideation was not always considered serious by the women who experienced it, especially if these thoughts had never turned into harmful inscription. For these women, it appeared that suicidal ideation was enough to vent strong emotions during abnormal situations, and they possessed different protective factors which prevented ideation from becoming a suicide attempt. However, some of the women who remained suicidal normalised these thoughts; they reported that they constantly thought about suicide. Suicidal ideation was no longer enough to vent their strong emotions. Further, these women did not tend to possess the same protective factors as non-suicidal women. For these women, suicidal ideation often led to self-harm or a suicidal act.
Importantly, the participants who performed both self-harm and suicidal acts were predominantly able to distinguish between the two behaviours. They were performed for different reasons, many using different methods. Women who self-harmed most commonly cut and burned themselves. These behaviours differed in severity of injury and placement on the body. However, some harmful inscriptions, such as overdoses and hair-pulling, were only reported by women who had attempted suicide. Irrespective of method, self-harm was commonly used to relieve stress and pain and to vent strong emotion. Within this study, a woman who self-harmed rarely intended to kill herself with this behaviour, even when the injuries suffered were severe. In this way, self-harm could be a protective factor against suicidal behaviour; yet it was not infallible.

In contrast, the majority of participants who reported suicide attempts performed these behaviours with the intention to die. While every woman included an overdose amongst the methods used in their suicide attempts, various other methods were also reported. Not all women conformed to the stereotype of passive and non-violent female suicidal behaviour. Some women employed potentially lethal and violent methods where their survival was unexpected and unintended. These methods included attempted hanging, jumping from a high place, and standing in front of a train. There was no single reason for women’s suicidal behaviours. Some women reported suffering long-term depression, severe abuse and grief; others attempted suicide more impulsively. Yet, at the time of their suicidal acts, these suicidal women perceived that their problems would be solved and their pain would end if they died. These women did not attempt suicide for frivolous reasons nor did they consider it a trivial behaviour. Suicide attempts tended to be planned with the intention and expectation of death. These women arguably survived because they complied with the ‘good’ feminine suicidal performance which typically uses less-lethal methods. However, some of the attempts reported were near-fatal, including one woman who was on life-support for nine days. Further, when they survived, negative feelings such as anger and sadness tended to be reported.

11.2 Perceived and Lived Experiences of beauty

Throughout history, beauty ideals in Japan and Western Europe and its satellite societies have changed as the roles and perceptions of women have changed. Beauty itself has resisted a universal definition, yet there are tangible consequences if a woman does, or does not, conform to these intangible ideals. The virtues of inner and outer beauty have long been
debated. Beauty has been conceptualised as indicating goodness, evil and perfection; it has been seen to bring success, fortune, love and happiness (Eco, 2004; Ashikari, 2005, 2003a, 2003b; Synnott, 1990, 1989). Beauty has been found in a variety of physical attributes such as thinness (Hesse-Biber, 2007; Martin, 2007; Hesse-Biber et al., 2006; Sinton and Birch, 2006; Tiggemann, 2006; Murnen et al., 2003; Frost, 2001). Beauty ideals can objectify the female body – the woman becomes a set of body parts to be judged rather than a person. Within these frames, vulnerability to eating disorders has also been examined. Eating disorders become a way to reclaim control and ownership of the female body. Consequently, vulnerability to self-harm and suicidal behaviours have been examined within the frames of self-perception, body objectification and eating disorders. Similarly, self-harm and suicidal behaviours have also been used to inscribe control and ownership of the female body.

Within this study, there was enormous debate among both Australian and Japanese women as to who and what was beautiful; Japanese women, in particular, emphasised the virtues of inner beauty but outer beauty was also considered important by many participants. However, compared to Japanese women, it appeared that more Australian women still absorbed stereotypical beauty ideals and compared themselves to unrealistic images – even if they knew the ideals and images were neither realistic nor conformed to their own definitions of beauty. Even among women who prioritised inner beauty qualities, many participants still considered themselves unbeautiful. Australian women tended to still judge whether they were beautiful based on outer beauty characteristics; Japanese women tended to judge their lack of beauty based on their negative inner qualities. Suicidal women were more likely to translate a perceived lack of physical beauty into negative personality characteristics. In this way, while body dissatisfaction may not be able to be directly linked to suicidal behaviours (see Lamis et al., 2010), women who illustrated negative self-perception (that they were unbeautiful) were more likely to also report some form of self-harm and suicidal behaviours. However, negative self-perceptions were also reported by non-suicidal, non-mentally-ill, functioning women, so it appeared that absorption of beauty ideals had the potential to tangibly affect all women. The self-objectification arising from passive adherence to beauty ideals limited the ways in which women could value and own their bodies. The two women who reported eating disorders also reported self-harm and suicidal behaviours. Further, suicidal women were more likely to negatively compare themselves to models; Australian women were more vulnerable to these comparisons than Japanese women.
11.3 Perceived and Lived Experiences of sexuality

Sexuality ideals have tended to be conceptualised in terms of balancing extremes – good and bad, normal and deviant, chaste and promiscuous (Greer, 1970). The social perception of a woman’s sexuality has often been more important than the reality (Martin, 2007; Allison, 1996; Wooley, 1994; MacSween, 1993; Miles, 1991; Greer, 1970). A woman’s reputation was infinitely vulnerable so, while sex may have been enjoyable, it was also dangerous (Foucault, 1978). The evil nature traditionally attached to the sexed female body meant women were initially constructed as insatiable sexual beings, completely unable to resist physical temptation (MacSween, 1993). Consequently, the female body was repressed; women were required to deny themselves sexual pleasure in order to be ‘good’ (Martin, 2007; Greer, 1970). There were many perceived dangers inherent in female sexual activity outside marriage, so women were only considered ‘safe’ if they were chaste (Gavey, 2005; Tolman, 2002; Burns, 2000; Phillips, 2000; Allison, 1996, 1994; Chandler, 1991). Their chastity protected their reputations and, at times, their lives. Further, the inscriptions left by sexual assault and rape can create a body that women may seek to reclaim; these reclamation inscriptions may be in the form of self-harm or suicidal performances (Klonsky and Muehlenkamp, 2007; McAllister, 2003; Shaw, 2002; Strong, 1998; Favazza, 1996).

From the survey, it appeared women had difficulties balancing ‘good’ sexuality ideals with the reality of their everyday life, including the consequences of sexual trauma. Women struggled with sexual double standards as some responses also indicated that they had experienced sexual situations in which their consent may not have been valid. Within this study, more Australian than Japanese women reported having suffered an uncomfortable or pressured sexual experience, and these women were also more likely to report self-harm and suicidal behaviours. The performance of positive sexual acts and acceptance of the sexual body was linked to more positive self-perception. The majority of participants perceived there to be a sexual double-standard which allows more permissive male sexual behaviours than female sexual behaviours; yet very few saw the media as influential on sexual behaviours. Further, some women found themselves agreeing with the sexual standards in place. Historically, women may have been painted as voracious sexual beings, but the modern women studied in this thesis appeared more ambivalent towards sex.
11.4 Perceived and Lived Experiences of marriage

Marriage traditionally turned a girl into a woman (Lee, 2003, Maushart, 2001, Greer, 1970). While marriage may be idealised as love and commitment, social constructs of faithfulness (to ensure paternity) and social duty (to ensure family lineage) lay underneath. Further, being unmarried is contextualised by a pervasive fear of being alone; marriage has been traditionally perceived to mean that a woman is loved, protected and able to have a family (Dux and Simic, 2008; Maushart, 2001; Chandler, 1991; Greer, 1970). While this presumption has been changing in both Australia and Japan, many ideals associated with it still linger. Further, researchers have not only begun to question the importance of marriage as a social institution but also the presumption that marriage protects women from suicide (Jaworski, 2003; Maushart, 2001; Cantor and Slater, 1995; Lehmann, 1995, 1990).

While women questioned the traditional ideals of marriage, the majority of participants in both Australia and Japan still believed marriage was important; indeed, most women wanted to get married. Not all women thought marriage was necessary but many thought it indicated a committed relationship. While a relatively equal number of Australian and Japanese, non-suicidal and suicidal, women saw marriage as the ‘next step’ into adulthood, more Australian suicidal women believed it was the best foundation upon which to raise a family. Implicit within many of the responses was the importance of having a partner; there was a pervasive fear of being single as this meant that one was unloved or undesirable in some way. This fear was shared by women regardless of ethnicity or suicidality, although suicidal women appeared to be a little more vulnerable. There was a presumption that women did not choose to be single – single life was instead thrust upon them unwillingly. The implications perceived to arise from being unmarried were directly connected to the worth and value of self. Within this study, more suicidal women were afraid of being unloved; Japanese women appeared to be more concerned for their parents and financial future than Australian women. However, while marriage was desired and being single was frightening, the majority of women did not think being married necessarily made a woman any happier. This dichotomy was rationalised by the belief that the quality of the relationship and the woman herself influenced happiness. These concepts of happiness were also illustrated by the fact that the majority of women believed divorce was acceptable when the woman’s happiness and quality of life depended upon it. The strongest disagreements, where divorce meant people hadn’t ‘tried hard enough’, came from women who had never married and had never self-harmed or attempted suicide.

In these ways, the intangible ideals of beauty, sexuality and marriage could significantly impact on the ways women perceived their bodies. Many participants continued to judge their
self-worth based upon whether they perceived themselves to be ‘good’ – if they were beautiful, chaste (or at least not a ‘slut’), and loved. It appeared that positive self-perception could be a significant protective factor against harmful inscription for the simple reason that a woman would not harm something she valued. The value a woman placed on her body could be so protective that it could bring a suicidal woman back from an attempt, even if the value she placed on herself was based in her role as a mother rather than her self. Within this study, women who interacted with these feminine ideals – who dissected them and deviated from the ones considered unrealistic or irrelevant – were more likely to report a more positive self-perception and, consequently, less likely to report self-harm or suicidal behaviours. These women tended to value their bodies, flaws and all. In contrast, passive absorption of feminine ideals could make women vulnerable to negative self-perception which, without protective factors such as family support, could lead to self-harm and suicidal behaviours. These vulnerabilities were particularly heightened when a woman was unable to conform to these unrealistic ideals; she became ‘bad’ and worthless. Suicidal women appeared particularly vulnerable in terms of unrealistic beauty and marriage ideals – they placed less value on a body they perceived to be unbeautiful and unloved. Non-suicidal women tended to express negative self-perception in terms of body dissatisfaction; suicidal women were more likely to demonstrate body hatred. Non-suicidal women may not have liked their body but they did not want to harm it; suicidal women ultimately desired to kill the body that caused them pain. While larger-scale research needs to be conducted to better understand the role of self-perception as protective factor, it appears that suicide prevention which focuses on body and self may be effective for women, especially young girls.
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Appendix Ai: Australian Questionnaire

Effects of Self-Perception
and Social Expectations on
Female Well-Being Survey
Details About You  Please tick and fill in as appropriate.

1. Age: _______________ years

2. Country of Birth:  
   - Australia
   - Other (please specify) _____________________________

3. Marital Status:  
   - Single
   - In a relationship  How long? _______________ months / years
   - Married  How long? _______________ months / years
   - Cohabiting with Partner  How long? ____________ months / years
   - Separated  
   - Divorced  
   - Widowed

4. Number of Children:  
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5+

5. Highest Education Level:  
   - No schooling
   - 1 -5 years of schooling
   - 6 - 10 years of schooling
   - 11 - 12 years of schooling
   - University degree

6.i. Occupation/ s:  
   - Yes  
   - No

ii. If yes, please specify  
--------------------------------------------------------------------------------------------------------------------------

iii. Please indicate:  
   - Full-time
   - Part-time

7.i. Do you have any religious or spiritual beliefs?  
   - Yes  
   - No

ii. If so, what are your religious or spiritual beliefs?  
   - Buddhism
   - Seventh-day Adventist
   - Islam
   - Catholic
   - Lutheran
   - Uniting Church
   - Judaism
   - Anglican
   - Orthodox
   - Presbyterian
   - Shinto
   - Jehovah's Witnesses
   - Spiritualism
   - Pentecostal
   - Latter Day Saints
   - Hinduism
   - Other, please specify: _____________________________

iii. Do your religious or spiritual beliefs play a meaningful part in your life?  
   - Very much
   - Somewhat
   - A little
   - Not much
8.i. Have you ever suffered from a mental illness (e.g., depression, substance abuse or addiction, schizophrenia)?
   ☐ Yes ☐ No

ii. If yes, please specify the nature of the illness/es.
   ________________________________________________________________

iii. Did you receive treatment for these problems in the past?
   ☐ Yes ☐ No

iv. If so, from whom?
   ☐ Psychiatrist
   ☐ Psychologist
   ☐ General Practitioner
   ☐ Other Professional

9.i. Do you currently receive treatment for any mental illness/es?
   ☐ Yes ☐ No

ii. If yes, please specify the nature of the illness/es.
   ________________________________________________________________

iii. What treatment do you currently receive?
   ☐ Pharmacotherapy (Medication/drugs)
      ☐ Anxiolitics
      ☐ Neuroleptics
      ☐ Anti-depressants
      ☐ Mood Stabilisers (e.g., lithium, sodium valproate)
      ☐ Other, please specify: ________________________________________
   ☐ Psychotherapy (e.g., Counselling, CBT)
   ☐ Combined Pharmacotherapy and Psychotherapy
**SECTION A** This section asks about your perception of beauty.

<table>
<thead>
<tr>
<th>Please mark the box which most accurately describes your feelings.</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I worry about my weight and how I look.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I would be happier if I was thinner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often feel beautiful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing I do will ever make me beautiful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being beautiful is the most important thing for a woman.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.i. What qualities are most beautiful in a woman? (Please rank in order, with 1 being most important and 6 being least important)
- Being happy, smiling
- Being tall and thin
- Being confident and vibrant
- Being curvy and sexy
- Being reserved and graceful
- Having a beautiful face

ii. What do you think makes a woman beautiful?

________________________________________________________________________

2.i. Do you think you are beautiful?
- Yes
- No

ii. Why / Why not?

________________________________________________________________________

3.i. Do you ever compare yourself to models and actresses?
- Often
- Sometimes
- Rarely
- Never

ii. How do you feel when you see photos of models and actresses?

________________________________________________________________________

4.i. Do you feel attractive?
- Often
- Sometimes
- Rarely
- Never
ii. How do you feel when you don’t think you look attractive?

iii. Does it affect what you do that day?

5.i. Do you think you need to be beautiful in order to be happy?
   □ Yes □ No
ii. Why / Why not?

SECTION B

This section asks about your perception of sexuality.

<table>
<thead>
<tr>
<th>Please mark the box which most accurately describes your feelings.</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex is of primary importance in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t feel ashamed in expressing my sexual desires.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When it comes to sex, men always have more power than women.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I always feel in control of my sexual experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would never have sex with someone I didn’t love.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.i. Have you ever been in a sexual situation where you felt uncomfortable or pressured?
   □ Yes □ No
ii. How did you feel?
2. If a woman has many sexual partners, is she treated differently to a man who has had the same number of partners?

3.i. Is your sexual behaviour influenced by the media?
   ☐ Yes ☐ No

ii. If yes, in what way?

---

**SECTION C** This section asks about your perception of marriage.

<table>
<thead>
<tr>
<th>Please mark the box which most accurately describes your feelings.</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I never want/ed to get married.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe and protected when I am in a relationship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women should be married by the time they are 30 years old.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being single makes / made me worry that no one will / would ever love me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being married means having less freedom than being single.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.i. Do you think marriage is important in your community?
   ☐ Yes ☐ No

ii. Why / Why not?

---

2.i. Are single women treated differently to married women in your community?
   ☐ Yes ☐ No

ii. How would you feel if you were single your whole life?
3.i. Do you think women should be able to divorce their husbands if they are unhappy?
☐ Yes  ☐ No

ii. Why / Why not?


4.i. Do you think married women are happier than single women?
☐ Yes  ☐ No

ii. Why / Why not?


5.i. Do you think the desire to have children is an important reason to get married?
☐ Yes  ☐ No

ii. Why / Why not?


SECTION D  This section asks about your perception of motherhood.

<table>
<thead>
<tr>
<th>Please mark the box which most accurately describes your feelings.</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I definitely want/ed to be a mother.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having an unplanned pregnancy would be / was disastrous.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women who don't want children are selfish.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry / worried that I would ‘snap’ if my baby cried too much.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming a mother is an adult responsibility and changes the life of a woman.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.i. Do you think you would be / are a good mother?
   □ Yes □ No

ii. Why / Why not?

iii. What do you think makes a good mother?

2.i. Do you think women should work after they have children?
   □ Yes □ Maybe □ No

ii. Why / Why not?

3.i. Should women be married before they have children?
   □ Yes □ No

ii. Why / Why not?

4.i. Do you think the mother should be the primary carer?
   □ Yes □ No

ii. Why / Why not?
## SECTION E
This section asks about your perception of suicidal behaviour.

<table>
<thead>
<tr>
<th>Please mark the box which most accurately describes your feelings.</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I often feel that my life is very difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't have any hope for the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would never consider suicide because I am surrounded by people who love me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would consider suicide as a way to seek revenge on someone who has hurt me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have often considered suicide as a way to escape my problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Do you think there are situations where suicide is understandable?

2. What is your reaction when you hear about a mother who kills her children when she commits suicide?

3. i. Do you think the media can influence people in attempting / committing suicide?
   - Yes
   - No

   ii. Why / Why not?

4. Has anyone you know attempted / committed suicide?
   - Yes
   - No

   If yes, please continue.
   If no, please go to Section F.

5. What was your relationship to this person?

6. When did this occur?
7. Do you know the reasons for his or her actions?

8. How did you feel when you found out?

9. How do you feel about it now?

SECTION F

This section talks about suicidal ideation.

1. Do you ever think about taking your own life?
   □ Yes   □ No
   If yes, please continue.
   If no, please go to Section G.

2. Is there a particular experience or situation that makes you have these thoughts?

3.i. How long do these thoughts last?
   □ Seconds, fleeting
   □ Minutes
   □ Hours
   □ Days
   □ Weeks
   □ Always, constant

   ii. How often do they occur?
   __________ times per day
   __________ times per week

4.i. Are you able to get rid of suicidal thoughts easily?
   □ Yes   □ No

   ii. What do you do to get rid of these thoughts?

5. How is your day affected when you have these thoughts?
6. Do you feel worried when you have suicidal thoughts or is there any benefit to having these thoughts?

7.i. Have you told anyone that you have thoughts of taking your own life?
   □ Yes □ No

ii. If yes, who did you tell?

iii. If yes, what was their reaction?

iv. If no, why haven’t you told anyone?

8.i. Have these thoughts ever become a plan to take your own life?
   □ Yes □ No

ii. Have you ever attempted suicide based on this plan?
   □ Yes □ No

SECTION G  This section talks about self-destructive and self-harming behaviours.

1. When you think about your body and how you look, how do you feel?

2. Have you ever tried to change your physical appearance (e.g., diets, exercise, surgery)?

3. Have you ever regularly missed meals or made yourself vomit to lose weight?

4. Has your sleep ever been affected due to stress or anxiety?

5.i. Have you ever physically hurt yourself intentionally?
   □ Yes □ No
If yes, please continue.
If no, please go to Section H.

ii. What did you do (e.g., cut or burn yourself, pull out hair)?

________________________________________________________________________

iii. How many times? __________________________________________________________

iv. Why did you hurt yourself?

☐ Relieve stress and pain
☐ Punish yourself
☐ Vent strong emotion
☐ Express rage
☐ Attract attention of others
☐ Other, please specify: __________________________________________________________

v. Did you hurt yourself with the intention to die?

________________________________________________________________________

6. Do you still engage in this behaviour?

☐ Yes ☐ No

7. i. Have you told anyone about this behaviour?

☐ Yes ☐ No

ii. If yes, who did you tell?

________________________________________________________________________

iii. If yes, what was their reaction?

________________________________________________________________________

iv. If no, why haven’t you told anyone?

________________________________________________________________________

SECTION H  This section talks about any previous suicide attempts.

1. Have you ever attempted suicide?

☐ Yes ☐ No

If yes, please continue.
If no, you have finished the survey. Thank you!

2. How many times? __________________________________________________________

3. Did anything extraordinary happen on the day of your attempt?

________________________________________________________________________
4. Do you think you acted impulsively/on the spur of the moment?

5. What did you want to achieve?
   - [ ] Wanted to die
   - [ ] Relieve stress and pain
   - [ ] Punish myself
   - [ ] Vent strong emotion
   - [ ] Express rage
   - [ ] Attract attention of others
   - [ ] Other, please specify: ____________________________

6. What method did you use?

7. Did you expect to die?

8. What stopped you or saved you from dying?

9. How did you feel when you didn’t die?

10. Do you feel differently now?

11. Did you tell anyone about your actions?
   - [ ] Yes  
   - [ ] No
   ii. If yes, who did you tell?

   iii. If yes, what was their reaction?

   iv. If no, why didn’t you tell anyone?
12.i. How did your family and friends treat you afterwards?

ii. Even if you didn’t tell anyone, did you feel you were treated differently afterwards?
   □ Yes □ No

13.i. Has your view of suicide changed since your attempt?
   □ Yes □ No
   ii. If yes, in what way?

Further Comments

You have now completed the survey.
Thank you very much for sharing your story. Everything will be held in the strictest confidence.
Effects of Self-Perception and Social Expectations on Female Well-Being Survey

自己意識と社会的期待が女性の健康に及ぼす影響を調査するアンケート
プロフィールについてお尋ねします。あてはまる項目を選び○を付け、空欄に回答を書き込んでください。

1. 年齢を教えてください： __________歳

2. 生まれた国を教えて下さい：
   □ オーストラリア
   □ その他 (国名) ____________________

3. 結婚についてお尋ねします：
   □ 未婚
   □ 恋人がいる 期間？ __________ヶ月 / 年
   □ 結婚している 期間？ __________ヶ月 / 年
   □ 同棲・内縁関係 期間？ __________ヶ月 / 年
   □ 別居中
   □ 離婚
   □ 未亡人

4. あなたには子供がいますか？:
   □ 0 人
   □ 1 人
   □ 2 人
   □ 3 人
   □ 4 人
   □ 5 人以上

5. あなたの最終学歴を教えてください
   □ 学歴なし
   □ 小学校
   □ 中学校
   □ 高校
   □ 専門学校・短大
   □ 大学

6.i. 職について：
   □ 就職している □ 無職

   ii. 職種を記入してください： __________________________

   iii. 勤務状況：
   □ 正職員 □ パートタイム・カジュアル

7.i. 宗教の信仰がありますか？
   □ はい □ いいえ

   ii. あなたが信仰している宗教名をおしえてください：
   □ 仏教 □ キリスト教
   □ 神道 □ カトリック
   □ スピリチュアリズム □ エホバ
   □ イスラム教 □ ユダヤ教
   □ ヒンドゥー教
   □ その他の場合はご信仰の宗教名をご記入ください

   iii. あなたの日常生活において、宗教やスピリチュアルなものに対する信仰心は重要な意味がありますか？
   □ とても重要
   □ いくらか重要
   □ 少し重要
   □ あまり重要でない
心の病について

8.i. 心の病にかかったことがありますか？（例：うつ病、アルコール・薬物依存症、統合失調症など）?
□ はい  □ いいえ

ii. 心の病にかかったことがある方は病名をご記入ください。

-----------------------------------------------

iii. 心の病にかかった方は治療を受けられましたか？
□ はい  □ いいえ

iv. 誰から治療を受けましたか？
□ 精神科医
□ 臨床心理士・カウンセラー
□ 一般医
□ その他の専門家

9.i. あなたは現在、心の病の治療を受けていますか？
□ はい  □ いいえ

ii. 現在心の病にかかっていられる方は病名をご記入ください。

-----------------------------------------------

iii. あなたの受けている治療のタイプを教えてください。
□ 薬物療法
□ 抗不安薬（マイナー・トランキライザー）
□ 神経遮断薬（メジャー・トランキライザー）
□ 抗うつ薬
□ 気分安定薬
□ その他の薬を服用されている方はご記入ください_________________
□ 心理療法（カウンセリングなど）

SECTION A このセクションでは、あなたの美しさに関する考え方について質問します。

あなたの考えに該当する箇所をひとつだけ選び〇を付けてください。

<table>
<thead>
<tr>
<th>あなたの考えに該当する箇所をひとつだけ選び〇を付けてください。</th>
<th>確実に同意する</th>
<th>ほぼ同意する</th>
<th>どちらともいえない</th>
<th>ほぼ反対する</th>
<th>完全に反対する</th>
</tr>
</thead>
<tbody>
<tr>
<td>私は、自分の体重や容姿を気にしたり、心配したりする。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>今の自分がもっと痩せていたら幸せだと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私は、たいてい自己を美しいと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
私が何をしても、自分の美しさは変わらないと思う。
女性にとって一番大切のは、美しくあることだと思う。

1.i. 女性にとっての美しさの要素（クオリティー）は何だと思いますか？下記の項目に1番（一番大切な要素）から6番まで番号を付けてください。

   - 幸せ、笑顔でいる
   - 背が高くて痩せている体型
   - 自信や活気に満ちた性格
   - セクシーな体型
   - 持続で上品な性格
   - 美しい顔だち

ii. あなたが考える美しさの要素とはなんですか？

2.i. あなたは自分を美しいと思いますか？
   - はい  ✔
   - いいえ

ii. 理由を教えてください

3.i. あなた自身をモデルや女優と比べますか？該当する箇所にOを付けてください。

   - 常に比べている  ✔
   - 時々比べている  ✔
   - めったに比べない  ✔
   - 比べたことがない

ii. モデルや女優の写真をみてどんな感情を抱きますか。

4.i. あなたは自分自身を魅力的だと思いますか？該当する箇所にOを付けてください。

   - 常に思う  ✔
   - 時々思う  ✔
   - めったに思わない  ✔
   - 思ったことがない

ii. 自分自身を魅力的だと思っていない時、どんな気持ちがしますか？

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

iii. そういった気持ちにはあなたの一日に影響しますか？
5.i. あなたが幸せであるためには、美しくなければいけないと思いますか？
   □ はい  □ いいえ
ii. 理由を教えてください。

SECTION B  このセクションはあなたの性行為に関する考え方についてお聞きします。

<table>
<thead>
<tr>
<th>あなたの考えに該当する箇所をひとつだけ選びOを付けてください。</th>
<th>確実に同意する</th>
<th>ほぼ同意する</th>
<th>どちらともいえない</th>
<th>ほぼ反対する</th>
<th>完全に反対する</th>
</tr>
</thead>
<tbody>
<tr>
<td>私の人生にとって、セックスはもっとも重要だと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私は、性的欲望を表現することは恥ずかしいと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>セックスの際、常に男性が女性より強い権限、またはコントロールを持つと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私はセックスに対して、常に自分の意思に従ったコントロールがきくと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私は、愛する人以外とは絶対にセックスをしない。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.i. プレッシャーに圧されたためや、不安を抱えながら性行為を同意した経験がありますか？
   □ はい  □ いいえ
ii. あなたの気分にどんな影響を与えましたか?


2. 女性が多数のセックスパートナーを持つ場合、男性が多数のセックスパートナーを持つことに比べて違った待遇をされると思いますか?


3.i. あなたの性行為はメディア・マスコミの情報に影響されていますか？


ii. 'はい'を答えた方、どのように影響されますか？


SECTION C このセクションは、あなたの結婚に対する意識についてお聞きします。

<table>
<thead>
<tr>
<th>あなたの考えに該当する箇所をひとつだけ選びOを付けてください。</th>
<th>確実に同意する</th>
<th>ほぼ同意する</th>
<th>どちらともいえない</th>
<th>ほぼ反対する</th>
<th>完全に反対する</th>
</tr>
</thead>
<tbody>
<tr>
<td>私は、今までに一度も結婚したいと思ったことがない。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>恋人や彼氏がいると、守られているという感覚や安心感がある。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>女性は30歳未満に結婚するべきだと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>独身でいると【独身だった時】、これから先の将来に誰からも愛されないのではないか？という不安感がある【不安感があった】。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>結婚すると、独身時代に比べて自由が束縛されると思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.i. あなたの地域社会では結婚はとても大切だという認識があると思いますか？
   □ はい □ いいえ

ii. 上記質問の返答理由を教えてください。

2.i. あなたの地域社会では、未婚女性は既婚女性と違った扱いがされていると思いますか？
   □ はい □ いいえ

ii. あなたが、もし一生独身でいっていると思うとどんな気分がしますか？

3.i. 妻が結婚生活に対して不幸な場合、妻から夫に離婚を請求することができると思いますか？
   □ はい □ いいえ

ii. 上記質問の返答理由を教えてください。

4.i. 既婚女性は未婚女性に比べて幸せだと思いますか。
   □ はい □ いいえ

ii. 上記質問の返答理由を教えてください。

5.i. 子供欲しさに結婚することは重要な理由だと思うますか？
   □ はい □ いいえ

ii. 上記質問の返答理由を教えてください。
SECTION D このセクションは、あなたの母性意識についてお聞かせします。

<table>
<thead>
<tr>
<th>あなたの考えに該当する箇所をひとつだけ選びOを付けてください。</th>
<th>確実に同意する</th>
<th>ほぼ同意する</th>
<th>どちらともいえない</th>
<th>ほぼ反対する</th>
<th>完全に反対する</th>
</tr>
</thead>
<tbody>
<tr>
<td>私は、絶対に母親になりたいと思う(なりたかった)。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>計画的でない妊娠は悲惨だと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>子供を欲しがらない女性は自分勝手だと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>もし私の赤ちゃんが泣き続けたら自分がきれてしまうかと心配になる。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>母親になるということは、大人としての責任であり、女性の人生を変える出来事だと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.i. あなたは良い母親になる〔または、良い母親だと〕と思いますか?
   □ はい □ いいえ
ii. 上記質問の返答理由を教えてください。

iii. 良い母親の要素は何だと思いますか？

2.i. 子供が生まれた後も女性は働くべきだと思いますか?
   □ はい □ おそらく □ いいえ
ii. 上記質問の返答理由を教えてください。

3.i. 女性は子供をつくる前に結婚するべきだと思いますか？
4.i. 子育ては母親が主要の役割を持つべきだと思いますか?

□ はい □ いいえ

ii. 上記質問の返答理由を教えてください。

SECTION E このセクションは、自殺行動に対してのあなたの意識についてお聞きします。

<table>
<thead>
<tr>
<th>あなたの考えに該当する箇所をひとつだけ選び〇を付けてください。</th>
<th>確実に同意する</th>
<th>ほぼ同意する</th>
<th>どちらともいえない</th>
<th>ほぼ反対する</th>
<th>完全に反対する</th>
</tr>
</thead>
<tbody>
<tr>
<td>自分の人生が苦悩だとしばしば感じる。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>自分に未来に対して希望が何も見えない</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私が自殺など一度も考えたことがないのは、私を愛する人々に囲まれていて思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私にとって自殺とは、私を傷つけて人に対しての復讐をすることだと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>私にとって自殺とは苦難から逃れる為の手段だと思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. 個人の境遇[シチュエーション]によっては自殺の選択を理解できると思いますか？

2. 親子心中[母親とその子供]と聞くと、その母親に対してあなたはどんな反応を示しますか？
3.i. 自殺行動（自殺未遂・自殺既遂）はマスコミの情報（テレビや雑誌）に影響されていると思いますか？

□ はい  □ いいえ

ii. 上記質問の返答理由を教えてください。

4. あなたの知り合いに自殺未遂・自殺既遂された方はいますか？（例: 家族、友人、会社の同僚など）

□ はい  □ いいえ

・「はい」と答えられた方は下記の質問にお答えください。
・「いいえ」と答えられた方はセクション F にいってください。

5. その人物とあなたの関係を教えてください__________________________________________

6. いつ、その方は自殺未遂・自殺既遂されましたか？__年____ヶ月前

7. その方が何を理由に自殺未遂・自殺既遂されたかご存知の方は、その自殺行動の理由についてご記入ください。

8. その方の自殺未遂・自殺既遂を知った時、どんなことを思いましたか？

9. 今現在、その方が自殺未遂・自殺既遂に対してあなたはどう思いますか？

SECTION F このセクションは、希死念慮（自殺願望）に関するあなたの経験をお聞きします。

1. 自殺したいと考えたことがありますか？

□ はい  □ いいえ

・「はい」と答えられた方は下記の質問にお答えください。
・「いいえ」と答えられた方はセクション G にいってください。

2. あなたが自殺を考えた理由は何か特別な状況や体験がきっかけでしたか？その状況を教えてください。
3.i. どのくらい自殺念慮（自殺願望）が続きましたか？
   □ 数秒、一瞬
   □ 数分
   □ 数時間
   □ 数日間
   □ 永遠に一定している

ii. どのくらいの割合で自殺念慮（自殺願望）が起きますか？
   一日に__________回
   一週間に__________回

4.i. 簡単に自殺念慮を取り除くことができますか？
   □ はい
   □ いいえ

ii. どのような方法を使って自殺念慮を取り除きますか？

5. 自殺念慮を抱えている時は、あなたの一日の過ごし方に影響しますか？

6. 自殺を考える自己に対し不安を感じますか？それとも自殺を考えることはあなたにとって、何かの利得になっていると思いますか？

7.i. あなたの自殺念慮を誰かに打ち明けたことがありますか？
   □ はい
   □ いいえ

ii. ‘はい’と答えた方、誰に打ち明けましたか？

iii. ‘はい’と答えた方、打ち明けた相手の対応はどうでしたか？

iv. ‘いいえ’と答えた方、どうして誰にも打ちあけなかったのですか？

8.i. あなたの自殺念慮は自殺計画にまで繋がりましたか？
   □ はい
   □ いいえ
ii. その自殺計画から自殺企図されましたか〔実際に自殺を図りましたか〕？
  □ はい  □ いいえ

SECTION G  このセクションは自己破壊的行為・自傷行為に関するあなたの経験についてお聞きします。

1. あなたの容姿についてどんなことを思いますか？

2. あなたの容姿を変えようと試みたことがありますか？〔例：ダイエット、エクセサイズ、整形手術〕。

3. 体重を減らす為に規則的に食事をとばしたり、食事を吐いたりしますか？

4. ストレスや心配事のために、夜眠れないことはありますか？

5.i. 自傷をしたことがありますか？
  □ はい  □ いいえ
  • ‘はい’と答えられた方は下記の質問にお答えください。
  • ‘いいえ’と答えられた方はセクションHにいてください。

ii. どういう自傷を行いましたか？〔例：ナイフで体を切りつける、体をやけどさせる、髪の毛を抜く、など〕。

iii. 何回自傷を行いましたか？

iv. どうして自傷を行ったのですか？
  □ ストレスや痛みから解放されるため
  □ 自分自身を罰するため
  □ 強い感情のはけ口
  □ 怒りの表現
  □ 周囲の気を引き付けるため
  □ その他の理由を教えてください：
v. 死にたいという気持ちから自傷行為を行ったのですか？

6. 現在も自傷行為を行っていますか？
   □ はい  □ いいえ

7.i. あなたの自傷行為を誰かに打ち明けたことがありますか？
   □ はい  □ いいえ
ii. ‘はい’と答えた方、誰に打ち明けましたか？

iii. ‘はい’と答えた方、打ち明けた相手の対応はどうでしたか？

iv. ‘いいえ’と答えた方、どうして誰にも打ち明けなかったのですか？

SECTION H このセクションは自殺企図に関するあなたの経験をおききします。

1. あなたは自殺を図ったことがありますか？
   □ はい  □ いいえ
   • ‘はい’と答えられた方は下記の質問にお答えください。
   • ‘いいえ’と答えられた方はセクションHにいってください。

2. 何回自殺を図りましたか？________________________________________

3. あなたが自殺を図った日に何か特別なことがありましたか？

4. あなたの自殺企図は衝動的・瞬間的なものでしたか？

5. あなたは自殺によって何を達成したかったのですか？
   □ 死にたかった
   □ ストレスや心配事から開放されるため。
   □ 自分を圧し動かすため 【プッシュするため】
□ 強い感情のはけ口
□ 怒りの表現
□ 周囲の気を引き付けるため
□ その他の理由を教えてください: ________________________________

6. どんな自殺方法を用いましたか?


7. その自殺企図によって死ぬことを予期していましたか?


8. 何によって死から救われましたか？（例：致死量に至る薬を服用しなかった、誰かに助けられた、死ぬつもりはなかった）


9. 自分が死ななかったことに対してどんな気持ちがしましたか?


10. 今現在振り返ってみて、あなたの自殺企図に対し上記と違った気持ちをお持ちですか？


11.i. あなたの自殺企図を誰かに打ち明けたことがありますか
□ はい □ いいえ
ii. ‘はい’と答えた方、誰に打ち明けましたか？


iii. ‘はい’と答えた方、打ち明けた相手の対応はどうでしたか？


iv. ‘いいえ’と答えた方、どうして誰にも打ち明けなかったのですか？


12.i. あなたの自殺企図後、あなたの家族や友人の対応はどうでしたか？
ii. 自殺企図を誰にも打ち明けなかった方にお聞きします。あなたの自殺企図を誰にも打ち明けなかったにもかかわらず、あなたに対する周囲の対応が変わったと思うことがありますか？
   □ はい □ いいえ

13.i. あなたの自殺企図後、自殺に対する観念が変わったと思いますか？
   □ はい □ いいえ
ii. ‘はい’と答えた方、自殺に対する観念はどのように変わりましたか？

アンケートに対する感想やコメントをお書きください。

アンケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

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アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

アホケートに対する感想やコメントをお書きください。

以上でアンケートは終了しました。アンケートに参加していただき、大変ありがとうございました。 提供していただいた個人情報は研究以外に使用されることなく、その秘密を保持します。
### Appendix B: Participants who reported mental illness and/or self-harm or suicidal behaviours

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Self-reported Mental Illness/es Previously / Currently Treated</th>
<th>Self-Reported Self-Harm or Suicidal Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS01</td>
<td>Addiction, Depression &amp; the rest</td>
<td>Past suicide attempt, Past self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS02</td>
<td>Bipolar II Disorder</td>
<td>Possible continuing suicide attempt, Past self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS03</td>
<td>Borderline personality disorder, PTSD, Major depression</td>
<td>Continuing suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS04</td>
<td>Borderline Personality Disorder</td>
<td>Past suicide attempt, Past self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS05</td>
<td>Depression, Disassociation, BPD</td>
<td>Continuing suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS06</td>
<td>Depression/PTSD/BPD Anxiety/[Aspersers] Syndrome</td>
<td>Continuing suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS07</td>
<td>Anxiety disorder</td>
<td>Continuing suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS08</td>
<td>Anxiety – panic attacks</td>
<td>Past suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS09</td>
<td>Suicidal thoughts. Severe Panic. I also think I have traits of Bi Polar Disorder. Many attempts at suicide.</td>
<td>Continuing suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>AS10</td>
<td>OCPD, PTSD, depression, panic disorder, [agoraphobia], self harm, borderline neurotic psychotic</td>
<td>Mostly past suicide attempt, Continuing self-harm, Suicidal ideation</td>
</tr>
<tr>
<td>Participant ID</td>
<td>Self-reported Mental Illness/es Previously / Currently Treated</td>
<td>Self-Reported Self-Harm or Suicidal Behaviours</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| AS11           | Since early 2003, BPD and PTSD and some degree of OCD. I would say that I had a ‘quasi-psychosis’ in so far as I felt/thought and, at its worst, truly believed I did not exist at all!! [It should be noted that past anorexia is also mentioned the in response to Q. G.2.] | Past suicide attempt  
Past self-harm  
Suicidal ideation |
| AS12           | Depression – Post Traumatic Stress | Suicidal ideation |
| AS13           | Generalised anxiety disorder | Past self-harm  
Suicidal ideation |
| AS14           | Severe depression, severe Generalised Anxiety Disorder | Continuing self-harm  
Suicidal ideation |
| AS15           | Severe PTSD with physical manifestation, [Dissociative] Personality Disorder, Reactive [Attachment] Disorder, Depression, extreme anxiety | Continuing suicide attempt  
Continuing self-harm  
Suicidal ideation |
| AS16           | None reported | Past self-harm  
Suicidal ideation |
| AS17           | None reported | Suicidal ideation |
| AS18           | Depression, about 2 years ago. Was put on anti-depressants. (past) | Past self-harm  
Suicidal ideation |
| AS19           | Bipolar, obsessive compulsive disorder | Past suicide attempt  
Past self-harm  
Suicidal ideation |
| AS20           | None reported | Past self-harm |
| AS21           | None Reported | Suicidal ideation |
| ANS11          | Anxiety (past) | None reported |
| AS22           | None reported | Past self-harm  
Suicidal ideation |
| AS23           | None reported | Past self-harm  
Suicidal ideation |
| AS24           | None reported | Past self-harm  
Suicidal ideation |
<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Self-reported Mental Illness/es Previously / Currently Treated</th>
<th>Self-Reported Self-Harm or Suicidal Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS25</td>
<td>Depression, anxiety (past); Bulimia (current)</td>
<td>Past self-harm Suicidal ideation</td>
</tr>
<tr>
<td>ANS17</td>
<td>Depression (past)</td>
<td>None reported</td>
</tr>
<tr>
<td>AS26</td>
<td>None reported</td>
<td>Past self-harm Suicidal ideation</td>
</tr>
<tr>
<td>ANS19</td>
<td>Depression and anxiety (past); anxiety (current)</td>
<td>None reported</td>
</tr>
</tbody>
</table>
| AS27          | None reported                                                 | Suicide attempt (uncertain if past or continuing)  
Past self-harm Suicidal ideation |
<p>| AS28          | None reported                                                 | Past self-harm Suicidal ideation              |
| ANS23         | Post-natal depression (mild) (past)                          | None reported                                 |
| AS29          | None reported                                                 | Continuing self-harm Suicidal ideation        |
| AS30          | None reported                                                 | Past self-harm Suicidal ideation              |
| AS31          | Depression (past)                                             | Past self-harm                                |
| AS32          | Depression, 3 years during adolescence. Involved alcohol abuse, minor self-harm and addiction to work. Issues resolved. (past) | Past self-harm                                |</p>
<table>
<thead>
<tr>
<th>Participant</th>
<th>Self-reported Mental Illness/es Previously / Currently Treated</th>
<th>Self-Reported Self-Harm or Suicidal Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>JS01</td>
<td>Dissociative Disorder, Alcohol Dependency</td>
<td>Past suicide attempt continuing self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS02</td>
<td>Dissociative Disorder</td>
<td>Continuing self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS03</td>
<td>Depression (past); Eating Disorder, Depression, Borderline Personality Disorder</td>
<td>Past self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS04</td>
<td>Dissociative Disorder</td>
<td>Past suicide attempt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>‘Sometimes’ self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS05</td>
<td>Currently receiving treatment for unspecified mental illness</td>
<td>Suicide attempt (uncertain if past or continuing)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS06</td>
<td>Depression (past)</td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS07</td>
<td>None reported</td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS08</td>
<td>None reported</td>
<td>Past self-harm</td>
</tr>
<tr>
<td>JS09</td>
<td>None reported</td>
<td>Past self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JNS06</td>
<td>Depression (past)</td>
<td>None reported</td>
</tr>
<tr>
<td>JS10</td>
<td>Depression, PTSD (past); Dyssomnia (current)</td>
<td>Past self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>JS11</td>
<td>None reported</td>
<td>Suicidal ideation</td>
</tr>
</tbody>
</table>
Appendix C: Age, Education, Employment, Relationship, Motherhood Statuses and Behaviours of Suicidal Women

<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Highest Education</th>
<th>Employment Status</th>
<th>Relationship Status</th>
<th>Number of children</th>
<th>Suicidal Ideation</th>
<th>Self-Harm</th>
<th>Suicide Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS01</td>
<td>35</td>
<td>University degree</td>
<td>Assistant accountant</td>
<td>Divorced</td>
<td>2</td>
<td>Yes</td>
<td>Past</td>
<td>Past</td>
</tr>
<tr>
<td>AS02</td>
<td>39</td>
<td>11-12 years</td>
<td>WP operator</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
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</tr>
<tr>
<td>AS03</td>
<td>34</td>
<td>University degree</td>
<td>No</td>
<td>Married – 14 years</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>AS04</td>
<td>23</td>
<td>11-12 years</td>
<td>No</td>
<td>Relationship – 3 months</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>Past</td>
</tr>
<tr>
<td>AS05</td>
<td>24</td>
<td>University degree</td>
<td>Endorsed enrolled nurse</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>AS06</td>
<td>28</td>
<td>University degree</td>
<td>University tutor/PhD student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>AS07</td>
<td>33</td>
<td>11-12 years</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>AS08</td>
<td>55</td>
<td>6-10 years</td>
<td>Customer service - barista</td>
<td>Divorced</td>
<td>3</td>
<td>Yes</td>
<td>Continuing</td>
<td>Past</td>
</tr>
<tr>
<td>AS09</td>
<td>52</td>
<td>11-12 years</td>
<td>No</td>
<td>Single</td>
<td>Not answered</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>ID</td>
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<td>Highest Education</td>
<td>Employment Status</td>
<td>Relationship Status</td>
<td>Number of children</td>
<td>Suicidal Ideation</td>
<td>Self-Harm</td>
<td>Suicide Attempts</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-------------------</td>
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<td>--------------------</td>
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<td>------------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>AS10</td>
<td>24</td>
<td>6-10 years</td>
<td>No</td>
<td>De facto – 5-6 years</td>
<td>3</td>
<td>Yes</td>
<td>Continuing</td>
<td>Mostly past</td>
</tr>
<tr>
<td>AS11</td>
<td>61</td>
<td>University degree</td>
<td>Retired veterinary pathologist and secondary school teacher (Biology, Chemistry, Maths). Currently TESOL teacher (Teacher of English to Speakers of Other Languages). Serious Creative Writer, with goals set to achieve publication of novels (important novels) and Poetry Anthologies.</td>
<td>Divorced</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>Past</td>
</tr>
<tr>
<td>AS12</td>
<td>44</td>
<td>6-10 years</td>
<td>Sales Rep.</td>
<td>Married – 7 years</td>
<td>4</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
<tr>
<td>AS13</td>
<td>39</td>
<td>University degree</td>
<td>Human Resources</td>
<td>Married – 6 months</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS14</td>
<td>21</td>
<td>University degree</td>
<td>Registered nurse</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>None reported</td>
</tr>
<tr>
<td>ID</td>
<td>Age</td>
<td>Highest Education</td>
<td>Employment Status</td>
<td>Relationship Status</td>
<td>Number of children</td>
<td>Suicidal Ideation</td>
<td>Self-Harm</td>
<td>Suicide Attempts</td>
</tr>
<tr>
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</tr>
<tr>
<td>AS15</td>
<td>25</td>
<td>11-12 years</td>
<td>No</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Continuing</td>
</tr>
<tr>
<td>AS16</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time shoe salesperson</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS17</td>
<td>18</td>
<td>11-12 years</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
<tr>
<td>AS18</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time pharmacy assistant</td>
<td>Relationship – 2 years</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS19</td>
<td>22</td>
<td>11-12 years</td>
<td>Student</td>
<td>De facto – 18 months</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>Past</td>
</tr>
<tr>
<td>AS20</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time shop assistant</td>
<td>Relationship – 8 months</td>
<td>0</td>
<td>None reported</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS21</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time hospitality work</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
<tr>
<td>AS22</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time retail worker</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS23</td>
<td>Unknown</td>
<td>11-12 years</td>
<td>Student</td>
<td>Relationship – 2½ months</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS24</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time bartender</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS25</td>
<td>19</td>
<td>11-12 years</td>
<td>Student/part-time retail</td>
<td>Relationship – 1 year</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>ID</td>
<td>Age</td>
<td>Highest Education</td>
<td>Employment Status</td>
<td>Relationship Status</td>
<td>Number of children</td>
<td>Suicidal Ideation</td>
<td>Self-Harm</td>
<td>Suicide Attempts</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
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<td>---------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>AS26</td>
<td>18</td>
<td>11-12 years</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS27</td>
<td>18</td>
<td>11-12 years</td>
<td>No</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>Possible continuing</td>
</tr>
<tr>
<td>AS28</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time work</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS29</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time waitress, kitchenhand</td>
<td>Relationship – 11½ months</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>None reported</td>
</tr>
<tr>
<td>AS30</td>
<td>20</td>
<td>11-12 years</td>
<td>Student/part-time bar person</td>
<td>Relationship – 2 years, 1 month</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS31</td>
<td>19</td>
<td>11-12 years</td>
<td>Student/part-time retail assistant</td>
<td>Relationship – 6 months</td>
<td>0</td>
<td>None reported</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>AS32</td>
<td>18</td>
<td>11-12 years</td>
<td>Student/part-time hotel room service co-ordinator</td>
<td>De facto – 22 months</td>
<td>0</td>
<td>None reported</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>ID</td>
<td>Age</td>
<td>Highest Education</td>
<td>Employment Status</td>
<td>Relationship Status</td>
<td>Number of children</td>
<td>Suicidal Ideation</td>
<td>Self-Harm</td>
<td>Suicide Attempts</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
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<td>--------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>JS01</td>
<td>29</td>
<td>10-12 years (senior high school)</td>
<td>No</td>
<td>Relationship – 1 year</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>Past</td>
</tr>
<tr>
<td>JS02</td>
<td>23</td>
<td>University degree</td>
<td>No</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Continuing</td>
<td>None reported</td>
</tr>
<tr>
<td>JS03</td>
<td>44</td>
<td>College (2 years(^2))</td>
<td>No</td>
<td>Married – 19 years</td>
<td>1</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>JS04</td>
<td>25</td>
<td>10-12 years (senior high school)</td>
<td>No</td>
<td>Married – 5 years, 6 months</td>
<td>2</td>
<td>Yes</td>
<td>Sometimes continuing</td>
<td>Past</td>
</tr>
<tr>
<td>JS05</td>
<td>29</td>
<td>10-12 years (senior high school)</td>
<td>No</td>
<td>Married – 3 years</td>
<td>0</td>
<td>Yes</td>
<td>None</td>
<td>Possible continuing</td>
</tr>
<tr>
<td>JS06</td>
<td>24</td>
<td>University degree</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
<tr>
<td>JS07</td>
<td>23</td>
<td>University degree</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
<tr>
<td>JS08</td>
<td>24</td>
<td>University degree</td>
<td>Student</td>
<td>Relationship – 4 months</td>
<td>0</td>
<td>None reported</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>JS09</td>
<td>22</td>
<td>University degree</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
</tbody>
</table>

\(^2\) In Japan, college is different to university. A college qualification requires 2 years of study. A university degree requires 4 years of study. Consequently, a university qualification is of a higher standard than one gained from a college.
<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Highest Education</th>
<th>Employment Status</th>
<th>Relationship Status</th>
<th>Number of children</th>
<th>Suicidal Ideation</th>
<th>Self-Harm</th>
<th>Suicide Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>JS10</td>
<td>36</td>
<td>University degree</td>
<td>Student</td>
<td>Single</td>
<td>0</td>
<td>Yes</td>
<td>Past</td>
<td>None reported</td>
</tr>
<tr>
<td>JS11</td>
<td>27</td>
<td>University degree</td>
<td>Student/part-time psychologist</td>
<td>Relationship – 2 months</td>
<td>0</td>
<td>Yes</td>
<td>None reported</td>
<td>None reported</td>
</tr>
</tbody>
</table>
## Appendix D: Australian and Japanese Women who Attempted Suicide, Number of Attempts

<table>
<thead>
<tr>
<th>Number of Attempts</th>
<th>Australian Women</th>
<th>Japanese Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-</td>
<td>JS04</td>
</tr>
<tr>
<td>2</td>
<td>AS01, AS08</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>AS19</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>AS04</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>JS05</td>
</tr>
</tbody>
</table>
| 6+                 | AS03 (over 16 times)  
                    | AS05 (over 10 times)  
                    | AS06 (~10 times)  
                    | AS09 (10 times)  
                    | AS11 (6-8 times)  | -              |
| Lost Count / Uncertain | AS02  
                    | AS07 (3-4 times)  
                    | AS10 (a few times)  
                    | AS15  
                    | AS27 (not stated)  | JS01 (3-4 times)  |
Appendix E: Suicide Likert Scales

The Likert statements were included as ‘extremes’ that were expected to elicit strong feeling (discussed in the Methodology). Some of the Likert statements within this appendix were based on statements found in the Beck Hopelessness Scale (Beck et. al., 1974) and the Beck Suicide Intent Scale (Beck et. al., 1974) as it was felt these were potentially relevant to all women; not just those who exhibited suicidal behaviours. Every woman responded to these Likert statements; this gave 88 responses to each of the five statements. There were significant differences between non-suicidal and suicidal women for many of the statements.

‘I often feel that my life is very difficult’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>17</td>
<td>19</td>
<td>15</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Japan</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>16</td>
<td>15</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>4</td>
<td>12</td>
<td>18</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

The majority of the women (47) agreed with the statement ‘I often feel that my life is very difficult’. Twenty women (17 Australian and three Japanese, four non-suicidal and 16 suicidal) ‘definitely agreed’; 27 women (19 Australian and eight Japanese, 12 non-suicidal and 15 suicidal) ‘mostly agreed’ with the statement. It is not surprising that more suicidal women than non-suicidal women perceived their life to be difficult, even though it is not a significant difference. Nineteen women (11 Australian and eight Japanese, 11 non-suicidal and eight suicidal) disagreed with the statement. Seven women (three Australian and four Japanese, four non-suicidal and three suicidal) ‘definitely disagreed’; 12 women (eight Australian and four Japanese, seven non-suicidal and five suicidal) ‘mostly disagreed’. Again, it is not surprising that more non-suicidal women did not find their life difficult, even though it is not a significant difference. One woman (AS02) who ‘mostly disagreed’ had attempted suicide; interestingly, she still seemed to be suicidal. A substantial number of women ticked ‘neither agree nor disagree’ with this statement. Twenty-two women (15 Australian and seven Japanese, 18 non-suicidal and four suicidal) responded in this way. There is a substantial difference between non-suicidal and suicidal women – perhaps the non-suicidal women thought their lives were normal or were resigned to the stressors in their lives.
‘I don’t have any hope for the future’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>3</td>
<td>5</td>
<td>13</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Japan</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>3</td>
<td>6</td>
<td>12</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>17</td>
<td>20</td>
</tr>
</tbody>
</table>

In contrast, the majority of women (59) disagreed with the statement ‘I don’t have any hope for the future’. Thirty women (24 Australian and six Japanese, 20 non-suicidal and ten suicidal) ‘definitely disagreed’; 29 women (17 Australian and 12 Japanese, 17 non-suicidal and 12 suicidal) ‘mostly disagreed. Four women who reported suicide attempts ‘mostly disagreed’ that they did not have any hope for the future. Only 11 women agreed with the statement. Three Australian suicidal women ‘definitely agreed’; all of whom had attempted suicide. Eight women (five Australian suicidal and three Japanese, two non-suicidal and one suicidal) ‘mostly agreed’; three of the Australian women still reported to be suicidal. Eighteen women (13 Australian and five Japanese, six non-suicidal and 12 suicidal) ticked ‘neither agree nor disagree’. These suicidal women may not have been actively suicidal but they may have felt more ambivalent about their future.

‘I would never consider suicide because I am surrounded by people who love me’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>28</td>
<td>10</td>
<td>5</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Japan</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>29</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

The majority of women (51) agreed with the statement ‘I would never consider suicide because I am surrounded by people who love me’. Thirty-three women (28 Australian and five Japanese, 29 non-suicidal and four suicidal) ‘definitely agreed’; 18 women (ten Australian and eight Japanese, ten non-suicidal and eight suicidal) ‘mostly agreed’. These answers indicate that non-suicidal women felt stronger social connectedness than suicidal women. However, none of the suicidal women who answered this way had attempted suicide. Nine women (seven Australian and two Japanese, one non-
suicidal and eight suicidal) ‘definitely disagreed’ with this statement; 18 women (12 Australian and six Japanese, three non-suicidal and 15 suicidal) ‘mostly disagreed’. These answers indicate that suicidal women had not been protected by their level of social connectedness, especially considering five of these women were still suicidal. Ten women (five Australian and five Japanese, two non-suicidal and eight suicidal) remained neutral.

‘I would consider suicide as a way to seek revenge on someone who has hurt me’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>Japan</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>23</td>
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<tr>
<td>Non-Suicidal</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>40</td>
</tr>
</tbody>
</table>

An overwhelming majority of women (77) women disagreed with the statement ‘I would consider suicide as a way to seek revenge on someone who has hurt me’. Sixty-three women (48 Australian and 15 Japanese, 40 non-suicidal and 23 suicidal) ‘definitely disagreed’ with the statement; 14 women (six Australian and eight Japanese, five non-suicidal and nine suicidal) ‘mostly disagreed’. This included JS04 who had attempted suicide after a fight with her boyfriend. No one ‘definitely agreed’. Only five suicidal women (four Australian and one Japanese) ‘mostly agreed’ with the statement; AS05 and AS06 remained suicidal. Six women (four Australian suicidal and two Japanese suicidal) ticked ‘neither agree nor disagree); three of the Australian women had attempted suicide and two remained suicidal.

‘I have often considered suicide as a way to escape my problems’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>13</td>
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<td>7</td>
<td>8</td>
<td>32</td>
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<td>Japan</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
<tr>
<td>Suicidal</td>
<td>16</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>33</td>
</tr>
</tbody>
</table>
Finally, the majority of women (47) disagreed with the statement ‘I have often considered suicide as a way to escape my problems. Responses to this statement illustrated the clearest distinction between non-suicidal and suicidal women. Thirty-seven women ‘definitely disagreed’ with this statement and this included all the Australian non-suicidal women; two Australian suicidal women and five Japanese women (three non-suicidal and two suicidal) also ‘definitely disagreed’. Ten women (eight Australian suicidal, one each Japanese non-suicidal and suicidal) ‘mostly disagreed’. Only AS02 had attempted suicide from this group; she never gave reasons for her suicide attempts. Seventeen women (13 Australian suicidal, one Japanese non-suicidal and three Japanese suicidal) ‘definitely agreed’; ten women (two Australian suicidal, five Japanese non-suicidal and three Japanese suicidal) ‘mostly agreed’. Nine of the suicidal women who agreed had attempted suicide. However, the number of non-suicidal women who agreed is puzzling as none of them reported suicidal ideation. Fourteen women (seven Australian suicidal, five Japanese non-suicidal and two Japanese suicidal) ticked ‘neither agree nor disagree’; four women had attempted suicide.
### Appendix F: Methods used by Australian and Japanese Women

#### Australian Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of Attempts</th>
<th>Method/s (own words)</th>
</tr>
</thead>
</table>
| AS01        | 2                 | 1. Sedative overdose - just go to sleep & never wake up  
               |                   | 2. Jumping of balcony (that wouldn't have been pretty) |
| AS02        | “Lost count”      | Overdose on prescribed meds |
| AS03        | “over 16”         | Tablets & alcohol |
| AS04        | 4                 | emptied the medicine drawer & the liquor cabinet and sat in a nice warm Deep bath. |
| AS05        | “over 10”         | Overdose (multiple, -> Paracetamol, Diazepam, antidepressants, cocaine, ecstasy, speed.)  
               |                   | cut -> tried to slice radial vein |
| AS06        | “~10”             | hanging x 2  
               |                   | Drug overdose x lots  
               |                   | In front of train x 1 (police came before train) |
| AS07        | “3-4”             | hung myself / heroin overdose / overdose of blood pressure medication |
| AS08        | 2                 | Taking pills |
| AS09        | “10 times”        | Large overdose of tricyclic medications |
**AS10**  | “a few”  | Drug overdose, cutting
---|---|---
**AS11**  | 6-8  | Overdose of self-prescribed easily & legally obtained barbiturates (as a registered Vet) swallowed with alcohol to increase efficacy. I very nearly (& had access to) chose intravenous injection of Napentabarpotence &/or Insulin (& I am NOT a diabetic) If I had chosen injection methods I think for sure I would have succeeded in the attempt; as it turned out I failed in the attempt.
**AS15**  | “can’t remember”  | Suffocation, pills and alcohol, cutting
**AS19**  | 3  | Overdose of prescription medications. Cutting an artery in my thigh.
**AS27**  | No answer  | No answer

### Japanese Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Number of Attempts</th>
<th>Method/s (own words)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JS01</td>
<td>“3-4”</td>
<td>Overdose. Carbon monoxide poisoning.</td>
</tr>
<tr>
<td>JS04</td>
<td>1</td>
<td>Overdose.</td>
</tr>
<tr>
<td>JS05</td>
<td>5</td>
<td>Overdose. Gas. Set myself on fire.</td>
</tr>
</tbody>
</table>
Appendix G: Beauty Likert Scales

‘I Often Feel Beautiful’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
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<td>14</td>
<td>24</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>1</td>
<td>6</td>
<td>16</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>1</td>
<td>13</td>
<td>17</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

The majority of women (34) disagreed with this statement. Sixteen women (11 Australian and five Japanese, six non-suicidal and ten suicidal) ‘definitely disagreed’; 18 women (12 Australian and six Japanese, eight non-suicidal and ten suicidal) ‘mostly disagreed’. However, this majority was only slight. Thirty-three women (24 Australian and nine Japanese, 17 non-suicidal and 16 suicidal) were ambivalent as to whether they often felt beautiful; this may be indicative of the strength of the word ‘often’ and the difficulty many women had in balancing inner and outer beauty qualities. However, 21 women did agree they often felt beautiful, slightly fewer than the number of women who reported a positive self-perception. Only two women (one Australian suicidal and one Japanese non-suicidal) ‘definitely agreed’; the suicidal woman had never attempted suicide and had reported a positive self-perception. Nineteen women (14 Australian and five Japanese, 13 non-suicidal and six suicidal) ‘mostly agreed’.

‘I worry about my weight and how I look’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>25</td>
<td>17</td>
<td>10</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Japan</td>
<td>9</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<td>24</td>
<td>10</td>
<td>2</td>
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<td>3</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>10</td>
<td>20</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Connected to the ideal of thin beauty, women were asked a Likert statement ‘I worry about my weight and how I look’; only AS01 did not answer. The majority of women (64) agreed with this statement.
Thirty-four women (25 Australian and nine Japanese, ten non-suicidal and 24 suicidal) ‘definitely agreed’; 30 women (17 Australian and 13 Japanese, 20 non-suicidal and ten suicidal) ‘mostly agreed’. It appeared suicidal women had a stronger agreement with the statement than non-suicidal women but, altogether, there was not much difference between the two groups. Agreement with this statement reinforces the importance placed on beauty, especially in the context of the negative self-perceptions examined above. Thirteen women (ten Australian and three Japanese, 11 non-suicidal and two suicidal) neither agreed nor disagreed. Only ten women disagreed with the statement. Four Australian women (one non-suicidal and three suicidal) ‘definitely disagreed’; six women (five Australian and one Japanese, three non-suicidal and three suicidal) ‘mostly disagreed’.

‘I Would Be Happier If I Was Thinner’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>23</td>
<td>14</td>
<td>11</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>14</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>10</td>
<td>14</td>
<td>8</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

The Likert statement ‘I would be happier if I was thinner’ was also connected to the ideal of thinness. The majority of women (47) agreed with this statement. Twenty-four women (23 Australian and one Japanese, ten non-suicidal and 14 suicidal) ‘definitely agreed’; 23 women (14 Australian and nine Japanese, 14 non-suicidal and nine suicidal) ‘mostly agreed’. It appeared suicidal women had a stronger agreement with the statement than non-suicidal women but, altogether, there was not much difference between the two groups. Agreement with this statement reinforces the importance placed on beauty, especially in the context of the negative self-perceptions examined throughout this thesis. Eighteen women (11 Australian and seven Japanese, eight non-suicidal and ten suicidal) neither agreed nor disagreed. Twenty-three women disagreed with the statement. Nine women (five Australian and four Japanese, three non-suicidal and six suicidal) ‘definitely disagreed’; 14 women (nine Australian and five Japanese, ten non-suicidal and four suicidal) ‘mostly disagreed’.
‘Nothing I do will ever make me beautiful’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
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<td>21</td>
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<tr>
<td>Japan</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>8</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
<tr>
<td>Suicidal</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>16</td>
<td>17</td>
</tr>
</tbody>
</table>

While not all women thought they were beautiful, it appears they had not all lost hope. The majority of women (58) disagreed with the Likert statement ‘Nothing I do will ever make me beautiful’. Twenty-eight women (20 Australian and eight Japanese, 17 non-suicidal and 11 suicidal) ‘definitely agreed’; 30 women (21 Australian and nine Japanese, 16 non-suicidal and 14 suicidal) ‘mostly agreed’. It is not surprising that more non-suicidal women disagreed, even if the difference is small, as they tended to have more positive self-perception. Twenty women (12 Australian and eight Japanese, 11 non-suicidal and nine suicidal) were neutral. Only ten women agreed with the statement, all but one was suicidal. Three Australian suicidal women ‘definitely agreed’; seven women (six Australian and one Japanese, one non-suicidal and six suicidal) ‘mostly agreed’. This may reflect the more negative self-perception of the suicidal women.

‘Being beautiful is the most important thing for a woman’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
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<tr>
<td>Japan</td>
<td>0</td>
<td>7</td>
<td>10</td>
<td>6</td>
<td>3</td>
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</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
<tr>
<td>Suicidal</td>
<td>3</td>
<td>9</td>
<td>14</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>17</td>
</tr>
</tbody>
</table>

Models’ beauty may have sometimes been admired but the majority of women (46) disagreed with the Likert statement ‘Being beautiful is the most important thing for a woman’. Twenty-seven women (24 Australian and three Japanese, 17 non-suicidal and ten suicidal) ‘definitely disagreed’; 19 women (13 Australian and six Japanese, 12 non-suicidal and seven suicidal) ‘mostly disagreed’. Twenty-three women (13 Australian and ten Japanese, nine non-suicidal and 14 suicidal) neither agreed nor disagreed; this may indicate a lack of care or simply reflect the complex balance women have with the
importance placed on beauty ideals. Altogether, 19 women agreed with the statement. Four Australian women (one non-suicidal and three suicidal) ‘definitely agreed’; 15 women (eight Australian and seven Japanese, six non-suicidal and nine suicidal) ‘mostly agreed’. Unsurprisingly, this number included women who consistently illustrated negative self-perception, including AS03 who remained suicidal.
Appendix H: Sexuality Likert Scales

‘I always feel in control of my sexual experiences’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
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<td>10</td>
<td>18</td>
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<td>Japan</td>
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<td>6</td>
<td>12</td>
<td>4</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
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<td>Suicidal</td>
<td>5</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

This statement appeared to provoke a sense of uncertainty from the participants. Three women (two Australian suicidal and one Japanese non-suicidal) did not respond. The majority of women (29) chose the neutral response of “neither agree nor disagree”. More Australian women (17) chose this response than Japanese women (12) but it was more common with non-suicidal women (17) than suicidal women (12). This response appeared to reflect the uncertainty about consent and the ability to say no to a sexual performance. In total, 36 women agreed with the statement that “I always feel in control of my sexual experiences”. Twelve women (10 Australian and two Japanese, seven non-suicidal and five suicidal) “definitely agreed”; 24 women (18 Australian and six Japanese, twelve non-suicidal and suicidal each) “mostly agreed”. Altogether, 20 women disagreed that they “always felt in control of their sexual experiences”. Six women (five Australian and one Japanese, two non-suicidal and four suicidal) “definitely disagreed”; 14 women (10 Australian and four Japanese, six non-suicidal and eight suicidal) “mostly disagreed”. More suicidal women disagreed with this statement which may indicate a sense of powerlessness over their own body and in relationships with others.

‘When it comes to sex, men always have more power than women’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<tbody>
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<td>2</td>
<td>3</td>
<td>14</td>
<td>15</td>
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<td>Japan</td>
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<table>
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<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<td>15</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>1</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>15</td>
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</tbody>
</table>
In contrast, the responses to the Likert statement “When it comes to sex, men always have more power than women” were not so uncertain; 87 women responded to this statement. More than half the participants (52) disagreed with the statement. Thirty women (27 Australian and three Japanese, 15 non-suicidal and suicidal each) “definitely disagreed”; 22 women (15 Australian and seven Japanese, 13 non-suicidal and nine suicidal) “mostly disagreed”. However, the neutral response was chosen by a significant number of participants (25) although it was relatively equally divided between non-suicidal (13) and suicidal (12) women. While more Australian women (14 vs. 11) were neutral, this was the answer most commonly given by the Japanese participants. Only ten participants agreed that men have more power than women. Four women (two Australian and Japanese each, one non-suicidal and three suicidal) “definitely agreed”; six women (three Australian and Japanese each, three non-suicidal and suicidal each) “mostly agreed”.

‘I don’t feel ashamed expressing my sexual desires’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
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<tbody>
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<td>Japan</td>
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<td>7</td>
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<table>
<thead>
<tr>
<th>Participants by suicidality</th>
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<th>Neither</th>
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<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Non-Suicidal</td>
<td>6</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

With so many negative stereotypes placed on the sexed female body, it is little wonder that women do not always feel confident enough to own their bodies or take pride in their sexual desires and behaviours. Eighty-seven women responded to ‘I don’t feel ashamed expressing my sexual desires’; AS02 did not respond. Many answers were less neutral than the Likert statements discussed above. Less than one-quarter of the participants (20) ‘neither agreed nor disagreed’ with the statement; 15 Australian and five Japanese women, equally divided between non-suicidal and suicidal women. Significantly more Australian women agreed with the statement; the Japanese responses were more divided. Thirteen women (10 Australian and three Japanese, six non-suicidal and seven suicidal) “definitely agreed”; 27 women (20 Australian and seven Japanese, 15 non-suicidal and 12 suicidal) “mostly agreed”. Eight women (seven Australian and one Japanese, four non-suicidal and suicidal each) “definitely disagreed”; 19 women (nine Australian and 10 Japanese, 10 non-suicidal and nine suicidal) “mostly disagreed”.

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Further exploring the stereotypes attached to the sexed female body, the Likert statement ‘I would never have sex with someone I didn’t love’ was included to gauge women’s interactions with the concept of ‘bad’ women who express their sexual desires by having sex outside a committed relationship, as explored in previous chapters. Eighty-seven women responded to ‘I would never have sex with someone I didn’t love’; AS02 did not respond. The responses were far less neutral than any of the Likert statements discussed above. Interestingly, while Australian women were fairly evenly divided between agreement and disagreement, more Japanese women agreed than disagreed; significantly more Australian than Japanese women disagreed. Only 11 women (eight Australian and three Japanese, seven non-suicidal and four suicidal) “neither agreed nor disagreed” about this statement. More than half the women (45) agreed that they ‘would never sex with someone they didn’t love’. Twenty-nine women (20 Australian and nine Japanese, 15 non-suicidal and 14 suicidal) “definitely agreed”; 16 women (six Australian and 10 Japanese, nine non-suicidal and seven suicidal) “mostly agreed”. Thirty-one women disagreed that they ‘would never have sex with someone I didn’t love’. Thirteen women (11 Australian and two Japanese, six non-suicidal and seven suicidal) “definitely disagreed”; 18 women (16 Australian and two Japanese, eight non-suicidal and 10 suicidal) “mostly disagreed”.

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
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<table>
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<tr>
<th>Participants by suicidality</th>
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<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<td>9</td>
<td>7</td>
<td>8</td>
<td>6</td>
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</tbody>
</table>
Appendix I: Marriage Likert Scales

‘I never want/ed to get married’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
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</table>

Marriage was not always considered important but it was overwhelmingly desired. The vast majority of women (73) disagreed with the Likert statement ‘I never want/ed to get married’. Sixty-three women (42 Australian and 21 Japanese, 32 non-suicidal and 31 suicidal) ‘definitely disagreed’; this was approximately two-thirds of the Australian sample and all but five of the Japanese sample. This does appear to indicate the strength of the marriage ideal as ‘good’ if not important. Ten women (seven Australian and three Japanese, six non-suicidal and four suicidal) ‘mostly disagreed’; eight women (seven Australian and one Japanese, four each non-suicidal and suicidal) were neutral. In total, eight women disagreed with the statement. Two Australian suicidal women ‘definitely agreed’; one of whom was still suicidal. Five women (four Australian and one Japanese, three non-suicidal and two suicidal) ‘mostly agreed’. Interestingly, four of these Australian women (ANS05, ANS18, ANS24 and AS09) all thought marriage was important; they just didn’t want it for themselves.

‘Being single makes/made me worry that no one will/would ever love me’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
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<td>Japan</td>
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<td>7</td>
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<table>
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<tr>
<th>Participants by suicidality</th>
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<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>9</td>
<td>15</td>
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<tr>
<td>Non-Suicidal</td>
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<td>5</td>
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</table>
The relationship between love and marriage has been complex throughout history, examined in a previous chapter; however, it remains a complex issue as illustrated throughout this thesis. Love and marriage have not always been linked but the romanticised version of marriage certainly extols it. A closer popular-culture link has been made with being single and unloved (see Salt, 2008; Behrendt and Tuccillo, 2004; Fielding, 2001) and it is one that many women believe. Eighty-seven women responded to the statement; around half the women (43) agreed that ‘Being single makes/made me worry that no one will/would ever love me’. Fourteen women (eight Australian and six Japanese, five non-suicidal and nine suicidal) ‘definitely agreed’; 29 women (22 Australian and seven Japanese, 14 non-suicidal and 15 suicidal) ‘mostly agreed’. More Australian women agreed with the statement which fits with the greater importance some placed on marriage. More suicidal women agreed with the statement which may indicate to their more negative self-perception, discussed in previous chapters. Thirteen women (nine Australian and four Japanese, five non-suicidal and eight suicidal) were neutral. However, 31 women disagreed with the statement. Fourteen disagreed (ten Australian and four Japanese, nine non-suicidal and five suicidal) ‘definitely disagreed’; 17 women (12 Australian and five Japanese, 12 non-suicidal and five suicidal) ‘mostly disagreed’. Once again, more Australian women disagreed with the statement but this also fits with the emphasis women placed on personal choice. More non-suicidal women disagreed which may indicate to a more positive self-perception. It must be noted that AS11 did not answer this question as she felt the statement was not applicable to her as “…I believe I am (& never have been) truly loved by another person ever…”

‘I feel safe and protected when I am in a relationship’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<table>
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<tr>
<th>Participants by suicidality</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither Agree</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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</table>
Given the responses to the question examined above, it is not surprising that the majority of women (59) agreed with the Likert statement ‘I feel safe and protected when I am in a relationship’. Being in a relationship was connected to love and value and comfort; being single was connected to loneliness and disappointment. Twenty-one women (12 Australian and nine Japanese, 11 non-suicidal and ten suicidal) ‘definitely agreed’; 38 women (26 Australian and 12 Japanese, 21 non-suicidal and 17 suicidal) ‘mostly agreed’. This may reflect the number of Australian women who believed that being single meant that they were unlovable whereas a relationship completed them. Eighteen women (14 Australian and four Japanese, nine non-suicidal and nine suicidal) neither agreed nor disagreed. Only 11 women disagreed with the statement. Seven women (six Australian and one Japanese, three non-suicidal and four suicidal) ‘mostly disagreed’; four Australian women (three suicidal and one non-suicidal) women ‘definitely disagreed’. Throughout her survey, AS11 had reported severe abuse by her family and others during her life; she did not appear to have or want anyone in her life. It is unclear why the other three women answered in this way.

‘Being married means having less freedom that being single’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
<th>Definitely Disagree</th>
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<td>Australia</td>
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</table>

While most women did not think married women were happier than single women, they did think they had less freedom. The majority of women (41) agreed with the Likert statement ‘Being married means having less freedom that being single’. Ten women (five Australian and five Japanese, five non-suicidal and five suicidal) ‘definitely agreed’; 31 women (19 Australian and 12 Japanese, 16 non-suicidal and 15 suicidal) ‘mostly agreed’. More than half the Japanese sample agreed that married women had less freedom. This may be connected the idea that marriage was perceived to mean family (and responsibility), especially among the Japanese women. Eighteen women (12 Australian and six Japanese, eight non-suicidal and
ten suicidal) neither agreed nor disagreed. However, 29 women disagreed that married women had less freedom. Eleven women (ten Australian and one Japanese, five non-suicidal and six suicidal) ‘definitely disagreed’; 18 women (16 Australian and two Japanese, 11 non-suicidal and seven suicidal) ‘mostly disagreed’.

‘Women should be married by the time they are 30 years old’

<table>
<thead>
<tr>
<th>Participants by country</th>
<th>Definitely Agree</th>
<th>Mostly Agree</th>
<th>Neither</th>
<th>Mostly Disagree</th>
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<td>16</td>
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Even though it was mentioned several times, there was no clear definition of the ‘certain age’. This uncertainty was illustrated to some extent in the responses to the Likert statement: ‘Women should be married by the time they are 30 years old’. Nineteen women (12 Australian and seven Japanese, nine non-suicidal and 10 suicidal) neither agreed nor disagreed with the statement. Further, over half the sample (56 women) disagreed with it. Thirty-five women (25 Australian and ten Japanese, 16 non-suicidal and 19 suicidal) ‘definitely disagreed’; 21 women (13 Australian and eight Japanese, 13 non-suicidal and eight suicidal) ‘mostly disagreed’. Only 13 women agreed with the statement. Ten women (nine Australian and one Japanese, four non-suicidal and six suicidal) ‘mostly agreed’. Given that more Japanese women emphasised the age issue (analysed in a previous chapter), it is interesting that JS09 was the only one who agreed with the statement; this may have been the result of the pressure she was facing as she wasn’t yet married. Only three Australian non-suicidal women ‘definitely agreed’ with the statement; ANS02 and ANS22 had specific cultural backgrounds (Samoan and Ethiopian respectively) that expected marriage at a younger age than the Australian average. ANS25 appeared to place a heavy emphasis on marriage equating to love and personal value.