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Suicidality and the Fear of Gender Chaos in Fin de Siecle Austria-Hungary

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Abstract: At the end of the 19th century, suicide became a mass phenomenon in Austria-Hungary, particularly in the Cisleithanian lands. Men were more frequently affected, yet women thought about and attempted suicide more often. The influential studies of Enrico Morselli, Tomáš Garrigue Masaryk, and Émile Durkheim examined these gender differences, including their relevance for the Habsburg Empire. The empire's multi-ethnic population provided ideal conditions for analysing gender and social structures. Suicide became a sign of social crisis, driven by secularisation, industrialisation, urbanisation, and reform movements. This article explores explanations for rising suicide rates and strategies proposed to curb them, drawing on Critical Discourse Analysis and Katharina Walgenbach's intersectional gender theory.

Keywords: Austria-Hungary, Gender, Health, History, Suicide

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Historical context

> "I believe that the female sex is proportionally more threatened than the male by the current aspiration to justified and unjustified 'emancipation'; because the more women enter into competition with men in all fields, the more often they come into unfamiliar relations and to grief, while men are already accustomed to the harder fight for life (Cap. IV, §. 5)." (Masaryk 1881, 25, translation by the author)

With these words, the philosopher Tomáš Garrigue Masaryk warned about "too much" equality for women, as it would increase their suicide rate to that of men. However, men's suicide rate was dynamic as well and no plateauing took place. Masaryk seemed to have a point, as statistics suggested that the number of suicides of women in particular were on the rise. According to historian Norbert Ortmayr (1990, 214), the rate of women suicides in Austria amounted to about 15% in the mid-19th-century.[1] Disconcertingly, it had almost continuously increased from the 1870s onwards. After the end of World War I, it doubled and accounted for one third of all suicides. Nonetheless, these statistics should not be taken as pure fact, since they were also discursively produced, that is, they were social constructions as are all artefacts in discourse.[2]

Although the reliability and validity of epidemiological data was already disputed among Masaryk's contemporaries, many were concerned, and terms such as "suicide epidemic" or "Werther fever" went around.[3] "Moral statistics",

1 Ortmayr's historical data refers to the territory of today's Federal Republic of Austria without Burgenland but including Lower Styria, Tyrol, and Trentino.

2 Based on his evaluation of US-American source material from the 19th century, Howard I. Kushner (1985, 545–546), for example, suggests that suicides by women were rather under-registered and suicide attempts rather over-registered. So, although the statements suggested by statistics were by no means "truer" than other statements in the suicide discourse, they could benefit from a representation that staged them to be particularly close to reality. In this context, the trend-setting works of Jack Douglas (1967) and of Michael MacDonald together with Terence R. Murphy (1990) have to be mentioned, who address the social and cultural construction of suicide statistics in their texts.

3 The term "Werther fever" denotes a supposed wave of copycat suicides reported across Europe after the publication of "The Sorrows of Young Werther" (1774) by Johann Wolfgang von Goethe. The novel's protagonist, who dies by suicide, was thought to provoke imitative behaviour among young readers – a phenomenon now referred to as the "Werther effect." Yet, there is no definitive historical evidence of a widespread, causally linked suicide epidemic directly caused by Goethe's work. Most reports are anecdotal, often recorded retrospectively, and shaped more by 19th-century moral panic than by systematic mortality data (Mestas 2024, 1297–84).

which registered so-called moral phenomena, such as crime, sex work, divorce, and also suicide, could not provide satisfying explanations for the increase of suicidal acts and were not enough to develop prevention strategies. Therefore, a systematic investigation became necessary, which opened the field for new disciplines, such as sociology.

While until then, it was assumed that suicidal acts were motivated by personality, now, the question regarding the influence of society took centre stage (Bobach 2004, 15–16) – a society thought to be in upheaval and experiencing a nervous crisis. The Habsburg Empire was challenged by industrialisation, secularisation, and social modernisation. Traditional concepts of masculinity were dismantled, which opened the field for the neurasthenic man but also for queer and gender-nonconforming masculinities. Regarding femininity, the concepts of female hysteria, nervousness, and irritability flourished.

Furthermore, new urban forms of working and living as well as the first wave of women's movements shook the established gender order. Against this background, the so-called *fin de siècle* stood for a crisis of heteronormativity and the patriarchal claim to domination. The "catching up" of female suicide figures discomfited science and society. Was this development the price for secularisation and female aspirations for emancipation or did women simply tend more strongly towards "insanities"?

In the multi-ethnic, multi-religious landscape of the Austro-Hungarian Monarchy, early suicide research revealed striking patterns that intertwined with contemporary notions of civilisation, ethnicity, and modernity. Suicide rates were consistently higher in German-speaking regions (such as Vienna) and Protestant regions (such as Bohemia), while predominantly Catholic or Eastern Orthodox areas (such as Galicia and Transylvania) displayed markedly lower rates. As Lajos Bálint (2016, 2) highlights in his study of district-level data about the Hungarian Kingdom, "spatial and ethnic factors were found to be more important [...;] linguistic groups [had] a shared suicide culture", which underscores the profound influence of ethno-linguistic and religious identities on suicide statistics. This pattern reinforced contemporary "civilisational" theories that conflated higher suicide rates with social advancement or modernity, dangerously blending moral statistics with ethnic and racial stereotypes. For example, Austrian officials treated Galicia as a colonial project, assigning it subaltern status within the interregional division of labour (Kaps 2017). This status was legitimised through a discourse grounded in ideas derived from Orientalism (Said 2003), reinforcing the existing spatial order (Wolff 2010). Indeed, the low Galician suicide figures were weaponised to justify cultural hierarchies. Furthermore, urban centres, such as Vienna, Prague, and Budapest, exhibited higher suicide rates

than rural regions, such as Slovakia or the Carpathians – a pattern in line with Émile Durkheim's (2005) theory that modern urban life, characterised by individualism and weakened social ties, increased suicide risk. These early interpretations, however, often lacked critical reflection and ignored the social construction of data itself. As the critique of such moral statistics has advanced, scholars such as David Lederer (2013, 684–699; see also 2020, 311–328) have urged for a more nuanced, decolonised reading of suicide patterns that moves beyond simplistic civilisational or racial explanations. This historical legacy illustrates how suicide research in the Habsburg Monarchy was not only an early attempt at social science but also deeply entangled with the empire's own anxieties about modernity, diversity, and identity.

Research Interest

The present paper examines the following questions: Which gendered explanations were provided for suicidal acts and how was suicide constructed and represented? Furthermore, it analyses which strategies were intended to slow down the observed increase. To investigate these questions, I will draw on Critical Discourse Analysis after Norman Fairclough (1992). The strength of this approach lies in the fact that it privileges neither linguistic aspects nor social structures. Instead, it starts out from a dialectical relation between discursive and social practice. Furthermore, this specific discourse-theoretical standpoint prevents the analyst from regarding suicide statistics as entities not produced by the discourse itself.

The corpus for my analysis consists of three publications that strongly influenced debates about suicide and the relevant discourse at the end of the 19th century and partially still have influence today (Bobach 2004, 17). This canon is constituted by the following authors and their respective works: Enrico Morselli's "Il suicido" from 1879, Masaryk's "Der Selbstmord als sociale Massenerscheinung der modernen Civilisation" from 1881, and Durkheim's "Le suicide" from 1897.[4]

While these works are well-examined in regard to their importance for sociology, suicide research, and the philosophy of science,[5] comparative reflections that systematically deal with their gendered inventories are largely missing. However, some research has been done on Durkheim's concept of gender (Kushner 1993, 461–490; Kushner 2009, 19–53; Kushner/Sterk 2005, 1139–1143; Lamanna 2002;

4 Where available these authors were read in English language to avoid additional translation work for this article.

5 On Masaryk, see von Tulechov (2011, 105–111). On Morselli, see Brancaccio (2013, 700–715). On Durkheim, see Baumann (2005, 115–136).

DiCristina 2006, 212–233). Within suicidology, the epidemiological perspective is well-established (Sonneck/Stein/Voracek 2003) but often relies on stereotypes to explain suicidal behaviour in relation to gender. The works of Eva Eichinger (2010), Benigna Gerisch (2003), Christina Rachor (1995), Katrina Jaworski (2010, 675–687), Silvia Sara Canetto (1992, 1–17), and Howard Kushner (1985, 537–552) critically question this practice.

The present, historical-culturally oriented paper aims at closing the described gap and is therefore especially interested in the category of gender and its dependence on other categories of difference. Accordingly, it shall be stressed that neither gender nor other categories of difference have an inherent, unchangeable core (Walgenbach 2007, 23–65).

Tomáš Garrigue Masaryk

Suicide as a modern mass phenomenon

In 1878, Masaryk completed his *Habilitation* at the University of Vienna with "Der Selbstmord als sociale Massenerscheinung der modernen Civilisation". His text quickly became popular and remained so for a long time, as even over 50 years later, in 1947, physician Erwin Menninger-Lerchenthal referred to it as a relevant contribution. The popularity of Masaryk's text was likely also due to the fact that he later became the co-founder and first president of the Czechoslovak Republic. Masaryk used official statistics on suicide from the Austro-Hungarian Empire during his early research period. The data came from government vital records compiled across the empire's various provinces, including Czech lands (Bohemia, Moravia). He focused on regional and ethnic differences within the empire, including religious affiliation. Masaryk also referenced historical and church records as well as correspondence with other sociologists. Although it is Durkheim who is generally regarded as the founding father of sociology, it was Masaryk who, with his study, was the first to spread sociological ideas in the k. u. k.[6] Monarchy. He criticised the state of society and attributed suicides to a decline in religiosity and an inadequate school, education, and military system.

From Masaryk's (1881, 83) point of view, a so-called "intellectual half-education" went hand in hand with "moral instability" and was therefore serving as the basis for high suicide risk. In the 19th century, the discourse on "half-education" was a prominent phenomenon in Habsburg lands that aimed at denouncing the alleged "wrong" education of the sub-bourgeois. "Half-education" meant the im-

6 kaiserlich und königlich (Imperial and Royal)

balance between specialised knowledge and general education. This discourse very much followed educated middle-class ideology and served as a means of distinction from the other classes and from popular science (Goschler 2004, 232). Even bourgeois women lacked the specialised knowledge imparted by vocational training in order to not be regarded as "half-educated". Furthermore, in 1881, Austrian women did not have access to university education, and they could only take the Matura[7] externally at a boys' school starting in 1872. This clearly indicates that the discourse on suicide was androcentrically organised.

With his theory, Masaryk could also provide an explanation for the high suicide risk of k. u. k. soldiers. He believed "half-education" to be especially widespread among those soldiers, but he also attributed their high vulnerability to their fear of frequent (disciplinary) punishment (Masaryk 1881, 54). And indeed, as Christa Hämmerle (2011, 31–54) points out, even the most willing soldier could easily walk into the trap of the rigid and often arbitrarily applied military penal law. It is striking that Masaryk's remarks on soldiers' fears of punishment were much shorter than those on "half-education". It was probably easier to question the military education system than penal law, which was regarded essential for preserving military obedience.

The significantly elevated suicide rate among soldiers in the Austro-Hungarian army was alarming. Suicide attempts were met with severe penalties, as military authorities largely attributed such behaviour to disciplinary failings (Kuttelwascher 1912, 340). However, the early 20th century saw a shift in this perspective with the introduction of psychological considerations, which subsequently contributed to a decline in suicide rates (Hintermayr 2022, 151). Unlike civilian cases, military suicides underwent rigorous investigation to ascertain the underlying causes (Kuttelwascher 1912, 338–339). The provision of survivor benefits depended on establishing the "mental incompetence" of the deceased. Military funerals adhered to standard protocol, with exceptions made for soldiers executed for capital offenses or those who had incited public scandal. Clerical involvement was discretionary, although chaplains were permitted to review investigative findings and typically provided religious rites when mental incompetence had been confirmed (Kuttelwascher 1912, 340).

The statistician Hans Kuttelwascher (1912, 267–350) ascribed the high suicide rates to the army's expansive definition of suicide, noting that soldiers were 15 times more likely to die by suicide than civilians. The substantial number of fatalities prompted parliamentary inquiries and debates (Leidinger 2012, 328–335, 343–349; Leidinger 2011, 342–346). Friedrich Freiherr von Georgi, the Mi-

7 Exit exam at secondary-education institutions in Austria.

nister of Defence, insisted on thorough inquiries into unnatural deaths linked to military service (Leidinger 2012, 330–351). The military's handling of such cases often went under scrutiny, particularly in the context of parliamentary inquiries, with the government largely responding to social pressures regarding the treatment and welfare of soldiers.

Despite the apparent increase in suicide rates over the years, military statistics presented conflicting views compared to opinions from experts such as Anton Brosch (Leidinger 2012, 337–347), who claimed that the frequency of military suicides was decreasing. The issue gained particular prominence in the tense political climate leading up to World War I, revealing a growing involvement of the Social Democrats in advocating for soldiers' rights and mental health. Their parliamentary efforts significantly influenced public discussion around military suicides, highlighting not only the emotional toll on soldiers but also the systemic issues within military culture that contributed to these tragic occurrences. The complexity of this issue was further compounded by national and ethnic conflicts within the empire, leading to varying degrees of attention and advocacy from different political factions, particularly in regions such as Bohemia and Galicia.

From 1873 to 1878, the distribution of ranks within the Austrian-Hungarian military in the data presented a significant insight into the demographics of suicides, illustrating a stark contrast between ranks. The records indicated that officers made up 7.19% of suicide victims, while non-commissioned officers accounted for 31.21%, and enlisted men represented 61.60% (Leidinger 2012, 339). This distribution changed slightly from 1889 to 1893, with the percentages adjusting to 7.60% for officers, 20.83% for the non-commissioned officers, and an increase to 71.57% for enlisted men (Leidinger 2012, 339). Additionally, data from 1892 revealed that the percentage of suicide attempts among officers and non-commissioned officers decreased over the years (Leidinger 2012, 339). In stark contrast, the rate of enlisted personnel dramatically increased. These findings suggest that officers were not statistically overrepresented in suicide data, diverging from Durkheim's assertions regarding military influences on altruistic suicide (Leidinger 2012, 340). Common motives for suicide included fear of retribution, emotional distress due to romantic relationships, and aversion to military service, with maltreatment also being a contributing factor in attempted suicides (Hintermayr 2022, 152). While most of these motives were subjects of academic debate, romantic distress received comparatively little attention, likely due to its association with personal matters and its perceived incompatibility with idealised masculine military conduct.

New urban lifestyles and "gender chaos"

Masaryk also participated in the debate on the impact of increasing urbanisation. Cities were the hot spots of modernity, and suicide rates were regarded to be high there. Thus, the urban centres, especially Vienna, Budapest, and Prague, with their new forms of working and living came under suspicion to favour suicidal acts. Masaryk also discussed the phenomenon of urbanisation in regard to its effects on gender roles. However, he did not express full support for the assumption that urban women were especially vulnerable. His hesitation was due to his colleagues Jean-Baptiste Cazauvieilh[8] (1840) and Morselli (1879), who had both argued that women living in the countryside were more at risk than those living in cities:

> "The question of the relation between city and countryside is of interest. Already Cazauvieilh and more recently Morselli claimed that in relation to men, more cases occur in the countryside than in the city; on the countryside, the women are said to be more similar to men; there, their nervous systems and their muscle power are more developed than here, and therefore, the difference on the countryside might, like everywhere, be smaller also regarding this specific case. However, one can argue that the woman in the city is equally or even more similar to a man than on the countryside [...] This matter is not yet settled." (Masaryk 1881, 23–24, translation by the author)

Masaryk (1881, 70) highlighted Protestants, men, and the educated as having higher suicide rates than Catholics, women, and the less educated. He attributed these demographic patterns to differences in social integration, regulation, or the pressures of modern life. It could hardly be overlooked that the big Habsburg cities experienced a strong inflow from rural regions and that new models of the social were being tested here. Vienna in particular became a laboratory for modernity. Urban societies increasingly challenged authoritarian structures and strict social hierarchies. Additionally, the social-democratic movement gained traction and strength in the cities. Masaryk (1881, 58) was well aware that the urban poor were prone to suicide:

> "Misery has a decidedly unfavourable, predisposing, and determining effect; it places the person who falls victim to it in a pathological, psychotic state, and suicide then appears as the final link in a long chain of indescribable afflictions. The devastating effects of pauperism are found mostly in large cities and industrial areas." (Translation by the author)

8 Cazauvieilh was director of the French mental hospital Liancourt.

The turning of women to the labour market and their demand for political participation informed a conservative-alarmist discourse. It warned about "gender chaos" (Kushner 1993/2009, 462) as women in the cities were seen to become more and more similar to men and vice versa. Masaryk's data reflects strictly binary gender divisions, with women framed as less prone to suicide due to higher moral grounding and religiousness. There is no mention of gender-nonconforming individuals or any hint of a concept resembling modern understandings of queerness or trans identities.

Indeed, the concept of *Geschlechterverwirrung* ("gender confusion") crystallised widespread fears about the destabilisation of traditional gender roles. These anxieties were triggered by the emergence of the "new woman" (Motyl 2024). She was independent, educated, and sexually autonomous – defying domestic expectations and entering public, professional, and intellectual life. Her visibility symbolised a broader unsettling of established hierarchies, provoking backlash from conservative thinkers such as Otto Weininger (1903) and Paul Möbius (1900). The latter claimed that the emergence of anatomical-physiological hybrids between male and female signalled a biological and cultural crisis (Mehlmann 2000, 36). Eventually, he argued, such shifts would emasculate men, destroy the family, and destabilise society. Advances in sexual science and psychology, including work by Sigmund Freud (1905) and Richard von Krafft-Ebing (1886), further blurred binary conceptions of gender and desire, introducing the possibility of homosexuality and gender nonconformity into public discourse and intensifying the sense of crisis. Urban modernity and increasing female mobility deepened this unease, as women's ambiguous presence in public spaces raised fears of moral degeneration and cultural decline (Motyl 2024). Against this reactionary backdrop, Grete Meisel-Hess, a Jewish writer with a feminist agenda, offered a radical counter-vision that confronted these fears head-on. In works such as "Die sexuelle Krise" (1909), she exposed the socio-economic roots of gender inequality and reframed the so-called confusion not as degeneration but as the necessary unravelling of an unjust system. She rejected the medical and philosophical essentialism that underpinned patriarchal norms, criticising the pseudo-scientific foundations of misogyny in authors such as Möbius and Weininger. For Meisel-Hess, the fear of gender chaos was less about women's overstepping natural limits than about society's resistance to emancipation and sexual ethics grounded in mutual respect, freedom, and rational social reform.

As already mentioned, fears of queer and gender-nonconforming individuals made the round, especially since such identities had become more visible. Thus, the city was turned into a double risk factor: on the one hand due to the alleged higher level of civilisation and on the other hand due to the approxi-

mation of genders but also the relaxation of heteronormativity. The concept of civilisation was racially marked, since it was *white* people who were thought to be civilised. Accordingly, Black individuals, People of Colour, and indigenous peoples were considered primitive, lacking the *white* achievement of developed society. Regarding the Habsburg Empire, there was also a clear hierarchy. Germanic folks were considered most advanced, while the so-called Southern Slavs, the folks of Bukovina and Galicia, and especially the Jews there, were thought to be less culturally and socially developed.

Scholars such as Masaryk but also doctors and journalists identified industrialisation, capitalism, and individualism as catalysts for increased suicide rates. This raised questions about hegemonic masculinity and its role in driving these social and economic transformations. De facto, the blame was shifted to marginalised groups, especially Jewish, homosexual, and immigrant men (Hintermayr 2022, 360). This way, the patriarchal order could maintain its legitimacy, avoiding scrutiny of the societal upheaval it had instigated. Ultimately, the focus shifted from reversing these transformations to merely regulating their excesses, a task largely undertaken by the social-democratic movement's advocating for social welfare and economic reform.

Another pivotal role in this transformation process was played by the field of human medicine and its famous Viennese schools, which, during the *fin de siècle*, experienced significant advancements in disease control and clinical practices, thereby enhancing its influence. Concurrently, the advent of social insurance extended medical care to a broader segment of the working populace. Medicine underwent a paradigm shift, transitioning from a highly exclusive discipline to one accessible to the masses. The social dimensions of medicine, particularly in the realm of hygiene, gained prominence amidst rapid urbanisation. New political agents, including social-democratic and feminist movements, sought to address these burgeoning challenges.

National rivalries and "morbid" bodies

Besides the urban aspect, Masaryk was also interested in the influence of race, ethnicity, and nationality on suicide risk. He believed Slavic women to be more vulnerable than German women. However, he did not provide an explanation for his assertion. He argued that the alleged higher suicide risk of French women resulted from their greater social participation (Masaryk 1881, 23–25), and he clearly supported the already popular linking of a high level of *white* civilisation and the fluidity of gender roles to the problem of substantial suicide risk.

This suicide discourse was also informed by issues of inheritance and so-called degeneration. While the former referred to inheritance in general, the latter circled around the inheritance of diseases and alleged deviant character traits, conditions, and mentalities. Both phenomena were the subject of research that looked for regularities and patterns (Rheinberger/Müller-Wille 2009). Masaryk denied that inheritance played a role but argued that a disposition to psychoses or mental disorders might well be inherited (Masaryk 1881, 103–104). Furthermore, he suggested that so-called immoral conditions contributed to psychotic and suicidal acts. What he understood to be immoral included relationships and families that did not correspond to the heteronormative ideal as well as alcohol abuse.

> "Regarding the moral factors of society, it has to be said that psychosis just as suicide is also conditioned by ill-judged and immoral conditions. Immoral family conditions, habitual drunkenness and sexual sins are the most frequent direct causes of insanity, while inheriting their fathers' sins and aberrations indirectly effect children." (Masaryk 1881, 116, translation by the author)

Masaryk (1881, 25–28) also observed that suicide risk increased with age, but he was particularly struck by the vulnerability of middle-aged individuals, not just the elderly. He emphasised a life-cycle perspective, where key transitions (for example, adolescence, middle age, old age) could trigger existential crises. Also here, he focused more on existential and moral factors – suicide, for him, was linked to a loss of meaning, spiritual emptiness, or moral disintegration as people aged:

> "With the onset of old age (the climacteric period in both women and men), new worries and troubles arise that affect the mind; loneliness sets in, which leaves people more to themselves, along with feelings of helplessness and hopelessness." (Masaryk 1881, 25, translation by the author)

He framed this within the broader crisis of modern civilisation, arguing that as religious belief declined and modern materialism advanced, people (especially in middle and old age) were left without a moral compass or existential anchors. Age-related suicide was, in Masaryk's view, not just a personal issue but a symptom of cultural and spiritual decay.

Enrico Morselli

Struggle for existence

Prior to the 19th century, the prevailing belief in the k. u. k. Monarchy attributed self-destructive actions to inherent traits within the individual. However, a significant change occurred that placed emphasis on external societal influences. Although psychology never fully integrated suicide into its core principles, sociology, for a time, treated it as a central concern. This led to the development of a perspective that viewed suicidal acts as a consequence of modern social conditions. The understanding of the interplay between the individual and society was undergoing a transformation. The widespread societal problems in the last decades of Habsburg rule prompted extensive consideration of social factors, particularly fuelled by the demands of an increasingly resistant working class. Given that suicide transcended all social classes, it became a convenient projection surface for almost everything that could be described as 'malaise in culture' (Baumann 2005, 115). The combative Catholic publicist Hans Rost (1912, 52) aligned himself with the cultural critics:

> "Our much-lauded culture has yet to provide modern humanity with the fervently sought happiness so frequently extolled by our politicians and cultural purveyors. Our cultural advancements have predominantly yielded material and technological progress and innovations. However, the soul, with its higher aspirations, remains unfulfilled." (Translation by the author)

These critical diagnoses very likely pulled in Morselli (Anglicised Henry, Germanised Heinrich, 1852–1929), an Italian physician and psychiatrist. With "Il suicidio. Saggio di statistica morale comparata", he presented a theory based on so-called moral statistics.[9] Among the objectives of moral statistics, as developed by Michel Guerry (1802–1866) and Adolphe Quetelet (1796–1874), was to supply statistical material for the state to organise social relations. For this purpose, quantitative surveys on demographic, economic, and behavioural – so-called moral – phenomena were conducted. Although moral statistics was committed to recording virtues and vices, it covered only behaviour understood as negative. In "Meyers Großes Konversations-Lexikon" (1905, 131–132), this focus was defended by stating that virtuous acts were less public and that it was therefore more difficult to gather data about them. Moral statistics did not only consider

9 Morselli was professor for psychiatry at the University of Turin and physician-in-chief of the Royal Asylum in Turin.

crimes immoral but also suicide, divorce, sex work, so-called illegitimate birth, and so forth, clearly promoting bourgeois and heteronormative ideals.

Morselli's book is structured as seven chapters in which he outlined a "natural law" of suicide and its organic character. He discussed the influence of the "level of civilisation", nature (climate, seasons of the year, lunar phases, etc.), religion, race, ethnicity, society, biology, psyche, as well as suicide methods and places of suicide events. Morselli primarily used official Italian state statistics on suicides collected by various provinces and municipalities. These were government-collected mortality records, often compiled and published annually by the Italian Ministry of the Interior or similar bureaucratic bodies. He also looked at historical records and church registries where available, to compare rates over time and regions. His data were often descriptive, covering demographic factors such as age, sex, and region. Morselli discussed sex and gender differences strictly within a binary male/female framework. There is no mention of gender-nonconforming or queer individuals in his analysis. Regarding sex, Morselli notes that it

> "is the chief of the human personal conditions, owing to its social importance and to the influence it exercises on the cerebral, nutritive, and sensitive action. The physiological and psychical differences between man and woman are shown most clearly in their different inclination towards suicide. It was evident from the first attempt at comparative statistics that suicide is much more frequent amongst men than amongst women." (Morselli 1881, 189)

He observes that this disparity widens with age, reflecting the different social pressures and roles assigned to men and women:

> "The tendency to suicide always shows itself early in woman [...] The development of a woman is indeed very energetic in early youth [...] Yet the leap is worthy of note which the suicidal tendency in women undergoes towards the fifth decennial of life, when the critical or menopausis epoch happens, which so often disturbs the organic and psychical functions of woman." (Morselli 1881, 220)

Morselli interprets this pattern through what might be called a developmental or life-course perspective, noting that in youth, suicides are often connected to emotional instability, romantic disappointments, or the pressures of social and professional initiation. In middle adulthood, the causes shift towards occupational stress, family burdens, and existential dissatisfaction, while in old age, suicide is frequently associated with physical decline, loneliness, social isolation, and the loss of purpose. He emphasises that each phase of life brings its own psychological and social vulnerabilities, which can either buffer against or contribute to

the likelihood of suicide. Regarding the ethnic factor in the Austro-Hungarian regions, Morselli identifies the most marked age contrasts as follows:

> "Among men, Slavo-Italians of the south show the earliest onset of suicide, while Czech men show the latest. For women, the pattern is reversed: Czech women are the most precocious in suicide rates, while German women are the least." (Morselli 1881, 221)

Morselli interprets these differences as evidence of the strong influence of ethnic and cultural factors, rather than purely environmental ones.

Although Jewish people in the dual-monarchy were least vulnerable to suicide (in a religious dimension), Morselli saw them exceptionally prone to so-called "insanity". His explanation is an antisemitic narrative that connects the risk factor of urbanity with the dangers of commercial activities:

> "To us it seems more correct to regard it as the consequence of the mode of life habits of the Hebrew people, who are always to be found living in crowded cities (excepting, perhaps, the numerous Jewish population of Galicia, Poland, and Buckovina); and the professions they follow are more liable than others to commercial crises and the constant vicissitudes of trade." (Morselli 1881, 124)

Regarding race and ethnicity in the Habsburg Empire, Morselli found to be most vulnerable the Germanic folks of Upper and Lower Austria, Styria, and Salzburg, then the so-called Slavs of the North (Bohemia, Moravia, and Silesia), then the Magyars with an intermediate intensity, and finally, with the lowest risk, the so-called Southern Slavs (Morselli 1881, 87–88). Yet, in principle, Morselli assumed that suicide was multi-factorial and that social circumstances should be taken into account as well. To him, the high suicide rate resulted from an increase in "insanity" and the egocentric-individualistic orientation of Protestantism. He explained that individuals with higher social status and those who lived in more competitive, achievement-oriented environments faced greater pressures that could elevate suicide risk (Brancaccio 2013, 700–715). He further argued that the growing population numbers would put pressure on the individual and therefore lead to a "struggle for existence":

> "They judge wrongly who think that the evils of civilised society, such as misery, disease, prostitution, madness, suicide, are accidental and avoidable, but to those who look at things from the positive side it appears clear that they are the effects of the same law of evolution [...] the aim of which is [...] for man that state of moral and physical perfection unconsciously desired by nature [...]. These social evils represent the inevitable result of the struggle for existence." (Morselli 1881, 361)

This quote illustrates how closely the discourse on suicide was interwoven with its pendants on social hygiene and the so-called social question. Moral statistics (as discussed above) and social Darwinism indicated that the biopolitical dimension was gaining traction. Clearly, the state had developed a stronger interest in its citizens. Following the Malthusian "Law of Population",[10] Morselli (1881, 131–132) regarded population decrease via birth control as the solution to the suicide problem. However, he did by no means intend to enshrine self-determined birth control as a women's right; he wanted to reduce the poor to help out the state.

As already discussed, Morselli was not the only one who looked into the factor of urbanisation. Indeed, statistical analysis of Cisleithania's 70 largest cities revealed a suicide rate of 30.3 per 100,000 inhabitants, significantly higher than the 14.9 rate observed when these urban centres were excluded (Kuttelwascher 1912, 305). This disparity spurred critical examination of the impact of escalating urbanisation. Hans Kuttelwascher (1912, 305) of the Vienna Imperial-Royal Statistical Central Commission attributed this urban phenomenon to a confluence of socioeconomic factors. He argued that the densely populated and highly competitive urban environment fostered more precarious living conditions than those found in rural areas (Kuttelwascher 1912, 305). To him, cities, as hubs of industry and commerce, presented opportunities for speculative enterprises, the failure of which could drive individuals to suicide. He saw urban residents, particularly those in large metropolitan areas, increasingly disconnected from nature, losing access to its consoling influence during times of despair. Moreover, he noted a heightened pursuit of pleasure among urban dwellers, with suicides often stemming from the frustration of perceived needs (Kuttelwascher 1912, 305). Kuttelwascher (1912, 305) also pointed to a decline in public morality within cities as a contributing factor to elevated suicide rates.

Adaptive and passive women

Morselli was convinced that sex and gender were of outstanding importance to the individual. Therefore, he systematically investigated their influence on suicidal behaviour. He believed that the difference in the suicide risk of men and women reflected a sex-specific construction of the brain and the nervous system (Morselli 1881, 179). He was well aware that the high male suicide rate would require an explanation. An explanation, however, that would not make men appear to be weak and unable to cope with pressure generally. Obviously,

10 The population theory of Thomas Robert Malthus implied that the economic development in the Industrial Age could not keep up with the population growth and therefore led to the pauperisation of the masses (Malthus 1820).

these characteristics were reserved for women and queer individuals. Instead, then, he resorted to the assertion that men were exposed to heavier burdens in life and that women more easily surrendered to their fate. The following quote illustrates how he reserved the field of challenges and the overcoming of problems to men:

> "It is easy to understand the great male preponderance [regarding the tendency for suicide]. The difficulties of existence, those at least which proceed from the struggle for life, bear more heavily on men. Woman only shares in these through the affection, and although she has a more impressionable nervous temperament, yet possesses the faculty of resigning herself more easily to circumstances." (Morselli 1881, 195–197)

Morselli did not leave the path of patriarchal thought that reserved the more positively connoted characteristics for men, thus legitimating their claim to domination. He avoided treating the lower suicide risk of women as a personal achievement. Rather, he described it as a character trait inherent to the entire female gender. He also supported the theory that women were more inclined to self-sacrifice and that they cared less about disappointment (Morselli 1881, 185). The Darwinist he was, he denied women intellectuality and saw them especially prone to "insanity". Morselli speculated that women lacked intellectual abilities due to their "inferior" brain. In doing so, he clearly drew on anatomical research about the brain, arguing that the development of the brain reflected social order. He also claimed that women were more strongly influenced by the environment and nature, further casting doubt on their intellectual and rational abilities (Morselli 1881, 188). With this chain of argumentation, he seemingly justified the heteronormative social order.

The instrumentalisation of suicide

Discourse on suicide was shaped by the question whether suicide represented a courageous and therefore legitimate act or a transgression. Morselli did not want to leave this question totally untouched. Although he did not consider it to be his concern, he took a stance. In fact, he got carried away with arguing that an honest and firm character was necessary for suicide. He believed such a character to be typical for the male gender and it therefore seemed obvious to him that women had a lower suicide risk. Thus, Morselli solved the dilemma that resulted from the social disapproval of suicide. Clearly, the high numbers of suicides among men should not hinder men's claim to set and embody social norms (Morselli 1881, 186).

Morselli did not simply present a statistical correlation but argued for a "fatal tendency" of civilised society towards higher suicide rates, framing it as a regrettable yet inherent outcome of modernity. Maria Teresa Brancaccio (2013, 700–715) emphasises that Morselli, operating within a positivist and evolutionary framework, viewed the increasing rates of self-destruction in advanced nations not as a moral failing but as a sociological symptom stemming from the very forces that define progress: intensified individualism, intellectual strain, heightened competition, and the erosion of traditional communal bonds. This perspective suggests that the complexity and pressures of modern life, rather than some intrinsic moral degradation, cultivate the conditions for suicide. Morselli (1881, 354) himself articulated this, illustrating this unavoidable consequence of societal advancement: "Suicide is an effect of the struggle for existence and of human selection, which works according to the laws of evolution among *civilized people*." This quote underscores his conviction that suicide was deeply woven into the fabric of modern existence, an unavoidable characteristic of societies that had progressed beyond more "primitive" stages.

Émile Durkheim

Social integration as a cure

With "Le Suicide" (1897), Durkheim wrote one of the fundamental texts for suicide research and became one of the founding fathers of sociology. What was new about Durkheim's study was its explicitly empirical, historical-comparative approach. However, he was less interested in the phenomenon itself than in establishing sociology as a distinct discipline (Bobach 2004, 17). Regarding the reception of the three authors, Masaryk and Morselli were awarded more influence. In Austria-Hungary, Durkheim's study was received belatedly and to a lesser extent, probably due to the dominance of alternative (sociological) approaches by Adolph Wagner, Alexander von Öttingen, Werner Sombart, and Max Weber.[11]

In his structuralist investigation, Durkheim decided to compare the suicide rates of different populations. He was interested in differences according to geographic region, climate zone, religious confession, and historical trend. He used

11 "Unlike Durkheim and the French sociologists, who relied more heavily on environmental, material and mechanical social explanations for suicide and modernity, German advocates of the modernity thesis tied their results closely to a Hegelian historical interpretation of the Protestant Reformation as the harbinger of German nationalism. Like Weber, Sombart's own engagement with a transcendental *Zeitgeist* caused him to subordinate statistics to intuitive interpretations of ideal types. He jokingly disparaged the French quantitative goal to establish sociology as a quasi-natural science *a la* (sic!) Comte using a Freudian quip, referring to it as physics envy." (Lederer 2013, 695).

official national and regional suicide statistics primarily from France (state civil registries) and from other European countries, such as Germany, Belgium, Denmark, England, and Sweden. These were state-published vital statistics, including death certificates recorded by local authorities. Using these datasets, Durkheim systematically analysed suicide rates by age, sex, religion, marital status, and occupation. There is no discussion of gender nonconformity, queer identity, or trans individuals anywhere in his text. He emphasised statistical regularities and social factors influencing suicide rates. While Durkheim was a pioneer in using statistics for social research, his methodology has faced significant criticism. Key critiques include his susceptibility to the ecological fallacy (Idrovo 2011), the unreliability of 19th-century official suicide statistics (Kushner 1985), a potential oversimplification of causality by primarily focusing on social factors while downplaying psychological ones, his dismissal of fatalistic suicide, and the idea that his theoretical preconceptions influenced his data interpretation (Casteel 2021).

Durkheim (2005, 35–37) used the example of Austria-Hungary to disperse the idea that an inclination to suicide had a racial quality:

> "Austria offers us a complete laboratory for answering this question. In differing proportions in the various provinces, the Germans are mixed with a population of totally different ethnic origins [...] not the least trace of German influence can be seen. Bohemia, Moravia and Bukovina, containing only from 37 to 9 per cent of Germans, have a higher average of suicides than Styria, Carinthia and Silesia, where the Germans are in the great majority [...] Thus, when the German and the Slav live in the same social environment, their tendency to suicide is approximately the same. Accordingly, the difference observed between them under other circumstances is not one of race."

He was also well aware of the high suicide risk of Austro-Hungarian soldiers. He attributed it to traditionalism, which he thought to be far more developed in Italy, Austria, and even in England than in Saxony, Prussia, and France (Durkheim 2005, 195).

Durkheim focused especially on social factors, and he became convinced that social (dis)integration, along with social frameworks and standards, particularly influenced the suicide rate. He found that classes with higher education and social status – such as Protestants and the urban bourgeoisie – had higher suicide rates, illustrating that privileged social positions often correlated with lower integration (excessive individuation, less collective activity, and weaker social bonds). Drivers of suicidality were for him, then, the decreasing cohesive forces of society and the loosening of social nets. And indeed, acceptance of pat-

riarchal and heteronormative prerogatives as well as the unconditional consent to a paternalistic church had declined. Durkheim saw in these changes the price of modernity, which brought about increasing isolation and disorientation for the individual. Durkheim (1983 [1897], 224) regarded the heteronormative family, the church, and the state as important protecting collectives and emphasised their integrative capacities. He argued that the protective factor of the family is all the greater "the more strongly it is constituted" (Durkheim 2005, 202). The generally low suicide rate of women appeared to support this, since the heteronormative family was considered the female social sphere per se.

Female immunity?

Durkheim found that suicide rates increase with age, particularly for men. The risk was lowest in childhood, rose during young adulthood, and reached its highest levels in old age (Durkheim 2005, 50). As already mentioned, Durkheim argued that suicide was closely tied to social integration and regulation. The elderly, he suggested, were often less socially integrated: they retire, lose family and social roles, and may suffer from anomie (normlessness) or egoism (excessive individualism). Middle-aged and older men in particular were at higher risk due to weakening family ties, professional disengagement, or loss of purpose. Durkheim noted that men's suicide rates increased more sharply with age than women's, which he linked to women's stronger family-centred roles and social connections (Durkheim 2005, 140–145).

However, Durkheim had completely ignored one statistic in his investigation – the one regarding suicide attempts. It revealed that women had a considerably higher risk of non-fatal suicidal behaviour than men. Howard I. Kushner (1993/2009, 473–476) argues that the integration of these figures would have jeopardised his thesis of the family's protecting capacity. But another fact – this time actually illustrated by suicide statistics – troubled Durkheim. The epidemiological data clearly suggested that married women without children had an increased inclination to suicide compared to unmarried women. This fact threatened his concept of protection through marriage. Therefore, he offered another explanation for the generally lower suicide risk of women. He speculated that women did not benefit from marriage itself but rather from their biological instinctive regulation (Durkheim 1983 [1897], 313). Furthermore, Durkheim (1983 [1897], 402) argued that women dwelled on their stronger attachment to the archaic and the religious sphere. To counter the increased suicide risk of childless wives, Durkheim defended the heteronormative family and stated that chil-

dren were an indispensable feature of it; in fact, a family should have as many children as possible as they were claimed to strengthen the integration of the individual family members.

Against this background, it is hardly surprising that Durkheim concluded that a lower birth rate would result in a higher suicide rate. In his point of view, a woman's place was the patriarchal family, and her most important task was bearing and caring for children. If a woman were to abandon her traditional role, she would not only increase her own vulnerability but also the other family members' risk. While suicide statistics indicated that divorced men were actually more prone to suicide, divorced women had no increased risk at all. At least, Durkheim (1983 [1897], 314) suggested that the male privileges in marriage were likely one reason for the low suicide risk of husbands. Indeed, social double standards demanded from wives extensive care work, strict conjugal fidelity, and far-reaching submission but granted generous freedoms to husbands (Durkheim 1983 [1897], 314).

Prevention strategies

The androcentric character of the discourse becomes obvious once again in the remedies proposed. Although Durkheim advocated for the strengthening of the patriarchal family, he did not rely on this strategy alone – apparently, it did not promise sufficient prospect of success. This might be an indication that Durkheim was well aware that social modernisation was irreversible. Going beyond family integration, Durkheim suggested to strengthen the bonds between members of the same profession and to establish professional associations. These should provide for the individual's integration by taking over important social and economic functions. It is obvious that this proposal reflected mainly the social reality of men, whereas greater integration of women into the labour market seemed inconceivable. Durkheim was against such integration because women's perceived "immunity" to suicide seemed to stem from their roles as wives and mothers. As discussed, this theory required him to neglect suicide attempts and classify them as less serious.

Durkheim's colleague Masaryk concluded that what would be ideal was a reconnection with religion and a reform of Protestantism. Thus, a patriarchal and heteronormative institution should act once again as a transcendental force of regulation. To Masaryk, the raising of the living standard of the poor was important, but he disapproved of far-reaching political and economic reforms.

The last of the three approaches, Morselli's, offered birth control among the poor as a prevention strategy. Again, this prevention strategy reduced women to a disposable entity.

Conclusio – No gender chaos, please

Austria-Hungary gained its popularity as a subject of research on suicide from several facts: it was multi-ethnic and multi-racial, its religious spectrum covered Catholics, Protestants, Jews, and even the Muslims of Bosnia-Herzegovina, members of its army were especially prone to suicide, and last but not least, the general suicide rate was high. As shown, the discourse on suicide was mainly not only androcentric but also strongly heteronormative. Thus, data on queer and non-heteronormative people is largely missing. None of the three authors discussed or explicitly mentioned these individuals and orientations, although vague remarks referring to indecent assaults, sexual sins, and criminality were made. At the time, homosexuality was still punished by Austria-Hungary's penal code.

In the following, the commonalities and differences in the perspectives of the three authors will be presented. Morselli portrayed men as stronger and more rational than women and described women as more emotional and fragile than men. He argued that male suicides were often caused by intellectual strain and social pressures, while female suicides related to emotional conflicts and domestic troubles. Morselli linked gender differences in suicide to biological and psychological factors (such as nervous disorders) as well as social factors (such as poverty and marriage). Masaryk built on this approach, describing women as psychologically fragile and prone to less violent means of suicide (such as poisoning), while portraying men as stronger and motivated by social ambition, honour, or protest against social constraints. He emphasised the impact of modern civilisation, religion, social class, and gender roles on suicidality. Durkheim, in contrast, offered a purely sociological explanation. He argued that women were less prone to suicide because they were more strongly integrated into family and religious life, which shielded them from anomie and egoism, the main social conditions leading to suicide. He linked gender differences to occupational roles, family structures, and religion, not to biological traits. All three authors relied on and perpetuated, to varying degrees, the gender stereotypes of their time, depicting women as emotional and socially embedded and men as rational but more vulnerable to social disconnection. They combined these ideas with social, psychological, and – in Morselli's case – biological explanations

in order to account for the different suicide patterns observed between men and women.

As Ursula Baumann (2005, 115) highlights, during the *fin de siècle*, suicide became "a projection screen for nearly everything what might be called 'discomfort in culture'". Therefore, discourse on suicide was strongly tied to specific ideas of morals and a perceived crisis, which, undoubtedly, pointed to changing gender norms and sexual relations. The late Habsburg era was marked by significant urban expansion and societal upheaval, leading to increased instability and a heightened sense of existential crisis (Leidinger 2012, 161–178). Rapid industrialisation and urbanisation, while bringing technological progress, fractured social cohesion and created a climate of alienation (Leidinger 2012, 161–178). Statistical data revealed a stark correlation between urban living and elevated suicide rates, which was attributed to harsh living conditions and a disconnect from traditional values. Masaryk linked this trend to a spiritual void caused by secularisation and the overwhelming pace of modern life. Also, the period saw a rise in "nervous disorders", viewed as both a symptom and a driver of progress, reflecting the era's ambivalent relationship with modernity (Leidinger 2012, 161–165). His colleague Durkheim focused on the breakdown of social and spiritual bonds, arguing that the absence of traditional values and beliefs contributed to a sense of meaninglessness and increased suicidal tendencies. The urban environment, with its sensory overload and rapid pace, was perceived as a key factor in this societal and existential crisis (Hintermayr 2022, 84; 89).

Although female-suicide numbers climbed more rapidly than those of men, the suicides of women were often dismissed as trivial and attributed to breaches of societal expectations (Hintermayr 2022, 135). These breaches encompassed incursions into traditionally male domains, deviations from heterosexual norms, and pursuits of independence. The perceived fortitude of women was ascribed to their sheltered existence, the constraints imposed by restrictive social conventions, and a presumed innate biological safeguard. This reasoning was especially prevalent when discussing women of the upper classes. Working-class women were viewed as even more susceptible, believed to be plagued by moral failings, the demands of their employment, and troubled romantic relationships (Hintermayr 2022, 135). Men of the same social stratum were seen as the principal victims of societal hardship but also prone to substance abuse and unethical behaviour (Hintermayr 2022, 135). Even when women's capacity for endurance was celebrated, their agency as independent individuals was not acknowledged; instead, such celebration invoked an idealised, saint-like figure.

Consequently, women's diminished susceptibility was not regarded as a personal achievement but rather as an inherent characteristic of womanhood.

In the process of the analysis presented in this article, it became evident that suicides of women were strongly linked to physical aspects. The construction of the female brain, nervous system, and muscles was considered better suited to resist suicidal impulses. The underlying premise was that female organs and bodily systems were less developed and therefore less responsive to psychological stress. Accordingly, the processes of menstruation, pregnancy, and menopause were exploited to explain female suicide ideation. These functions were already understood as pathological and supported the theory of an "inferior" female body. As morbid bodies were linked to vulnerability, female reproductive organs were scrutinised. Due to a speculative special bond to nature, women were considered sensitive to environmental influence. In contrast, men were perceived as beings of culture and therefore as affected by social, economic, and political problems. This dichotomous model could be identified in regard to the attributed motives for suicide as well. While female suicides were linked to emotions or mental disorders, male suicides were conceived as rational reactions to heavy burdens and stressors. Considering these aspects, suicide clearly was constructed and represented along patriarchal and heteronormative lines (Hausen 1976, 363–393). Beyond that, gender depended on other categories of difference. Among them were *white* civilisation, urbanisation, colonisation, race, ethnicity, age, class, and religion.

Regarding the growing suicide rate of women, Masaryk and Durkheim both suggested that this was a consequence of a breaking down of traditional gender roles. Nevertheless, they considered female suicides less serious and less socially significant. Furthermore, they partly ignored suicide attempts and classified them as secondary. Inevitably, a hierarchy was created between fatal and non-fatal behaviour, which clearly reflected the predominant choices of the genders.

Regardless of whether it was understood to be serious or less serious, suicidal behaviour emphasised the individual's agency, even if they were affected by mental or social restrictions. Women and gender-nonconforming individuals who chose death demonstrated that they, too, could act with power. Yet, they were denied agency also in this and further constructed as passive and dependent.

Regarding the fate of the monarchy: not only did it dissolve in 1918 but its successor, the first Republic of Austria, experienced another steep increase in suicides. And again, it was women whose numbers climbed especially fast. This development created even more dismay, and the discourse on suicide further swelled. It coincided with an even greater relaxation of heteronormativity and a

stronger push of the women's movement for equality. Thus, both developments got heavily scrutinised and were treated as the main drivers of female suicidality.

Data Availability Statement

The research material analysed in this study is included in this article and in the references.

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