Why is Suicide Increasing Among Older Americans?

by Barry Robinson

At a time when older people in the United States are living longer than ever before and are supposedly healthier and more financially secure than in previous years, the suicide rate among Americans age 65 and older has been rising dramatically in the 1980s after falling for nearly half a century—and the situation may be even worse than most current government statistics indicate.

Between 1981 and 1987, the suicide rate of older Americans rose by 25% to 21.6 per 100,000 people from 17.1, compared to a relatively steady national average rate of 12.7 per 100,000 for all age groups—or a 5.8% increase over the same time period.

While people over 65 have generally had higher suicidal tendencies than their younger peers, the rate had been declining steadily since 1933 when the U.S. government's **National Center for Health Statistics (NCHS)** first began collecting data. Back then, at the depth of the Great Depression, the average suicide rate for the entire nation was 15.9 per 100,000 while the rate among the elderly was 45.3.

By 1981, that rate had fallen to 17.1 before creeping upward to 18.3 in 1982 and 19.2 in 1983, reaching its present peak in 1987, the most recent year for which official figures are available. NCHS statistics are based on "suicide" being listed on death certificates as the cause of death. It is not known whether the increased rate stems from more people actually taking their own lives or from local medical officials being more diligent about reporting deaths of older people by suicide.

At the same time, it is possible that the actual incidence may be even higher than is presently known. "An awful lot of suicide in old age doesn't get reported as suicide," explains **Robert M. Butler**, MD, chairman of the Geriatrics department at the Mount Sinai School of Medicine in New York.[1] For instance, it is suspected that many cases of older persons seemingly dying as a result of

Suicide at Older Ages: An International Enigma

*by Kevin Kinsella**

Ever since the French sociologist **Emile Durkheim** published his classic study *Suicide,* science as well as the popular media have been intrigued with the notion that the taking of one's own life is related to certain psycho-social characteristics. Yet in spite of widespread interest, relatively little is known about the social dimensions of this inherently personal action.

Common sense suggests many factors that could be related to suicide rates on a social level: harsh economic conditions, rapidly changing moral values, increasing divorce rates, and an increasing incidence of widowhood among the elderly, to name a few. However, the relationships between such factors and historical levels and patterns of suicide appear tenuous at best. The difficulty in explaining variations in suicide rates is exemplified when we look at rates among older population age groups. For example, as the article on page 36 reports, after falling for many years, suicide rates are rising among older Americans even as their general health and economic conditions improve. But what of trends in other countries?

The *World Health Organization (WHO)* in Geneva has been collecting and compiling data on suicide and other causes of death for decades. Looking at changes over time, WHO data for the past 25 years do not show any clear trend in the elderly's suicide rates in the world's more developed countries. Few nations have experienced the gradual overall rise seen in Italy and France, or the downward tendency observed in England/Wales. More often, national rates have fluctuated with no perceptible pattern. While there was a discernible trend in the United States and Japan over several decades, the most recent data appears contradictory. As in the United States, Japan's rates dropped almost steadily from 1950 to 1980, whereas later data suggest that the

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"It's an accumulation of losses that just keeps getting worse," notes Dr. Mercer. "More older people are committing suicide not just out of depression, but because they just don't want to go on living. They are projecting what's ahead, and just don't want to go through it."

Although it may be impossible to measure the effect of these influences, there may be room for valid speculation about the role played in the development of this outlook by increasingly frequent portrayals, both factual and fictional, of suicide in the mass media. What, for instance, is the impact of the public attention and controversy generated by the activities of people like "Doctor Death," the unemployed American pathologist who invented and publicized the "suicide machine" with which a 54-year-old woman ended her life after being diagnosed as suffering from Alzheimer's Disease (see *"Questions of Life and Death: No Easy Answers"* on page 27)?

How significant to this situation is the advocacy for "rational" suicide of such organizations as the *Hemlock Society* whose popular literature includes both philosophical treatises and self-help instructional manuals on how to kill oneself painlessly? And there is also widely reported anecdotal evidence that suicide and assisted suicide are gaining increasing acceptance among some AIDS sufferers. It seems safe to assume that older readers and television viewers are not unaware of these social undercurrents.

"There's been more of an attitude that suicide is an acceptable solution to life's problems, especially those of the elderly," comments Dr. **Nancy J. Osgood**, associate professor of gerontology at the Medical College of Virginia and co-author, with Dr. McIntosh, of *Suicide and the Elderly.*[1]

"The concept of rational suicide is gaining credence," agrees Dr. **Seymour Perlin**, George Washington University Medical School psychiatry professor, founder of the American Association of Suicidology, and editor of *Handbook for the Study of Suicide,* who warns that "the concept of rational suicide creates an expectation of suicide."[1]

As illustration, Dr. Perlin cites an ailing parent, aware of the financial burden that medical care is placing on his or her family, who tells family members "you would be better off without me." A failure to protest could be interpreted as a way of encouraging the parent to take his or her own life.

"Often the neutral stance in favor of rational suicide," argues Dr. Perlin, "is really collusion because the parent is really reaching out to the child for affirmation of a desire to live."

"Elder suicide is not going to go away," predicts Dr. Mercer. "It is a social problem that is not going to 'fix itself.' Some even suggest that when the baby boomers reach age 65, we can expect an increase in suicide among them. . . Even if these projections are inaccurate, it is reasonable to assume that the actual increase in the number of older persons in the U.S. will inevitably lead to an increase in elder suicides in the decades ahead."

References

[1] Tolchin, Martin. "When Long Life Is Too Much: Suicide Rises Among Elderly," *The New York Times,* July 19, 1989.

[2] Mercer, Susan O. *Elder Suicide: A National Survey of Prevention and Intervention Programs. Washington, D.C.: AARP Public Policy Institute, 1989.*

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Japanese decline has leveled off and is perhaps beginning to reverse.

Are there any patterns of suicide among the elderly that are common to all industrialized countries? While WHO's cross-national data may suffer some problems of comparability, they do provide useful orders of magnitude, and afford a comparative picture of suicide in different cultures.

Comparing the incidence of suicide in 21 countries with relatively reliable data, the most noteworthy fact is that male rates are consistently higher than female rates at all ages, including ages 65 and over. This is a universal trend even in societies as disparate as Japan, the United States, Portugal and Bulgaria. With only a few exceptions, the highest age-specific male rates are found among the oldest old, that is, among men aged 75 and over.

Female suicide rates are lower than those of men, and the age pattern is different. While the oldest women in some societies do have the greatest propensity for suicide, the peak rate is just as likely to be in a younger age group, often at ages 45-54. The fact that the average woman outlives her spouse—coupled with studies that show that married elders are happier than non-married elders—might lead one to predict that older women would have higher rates of suicide than older men, but this is clearly not the case.

Among the 21 countries examined, Hungary has the highest suicide rates for both elderly men and women, the reported Hungarian rates for men aged 75 and over being five to 20 times higher than similar rates in Ireland, the United Kingdom, Canada and Poland. While elderly male levels in the U.S. are average when compared to other countries, the U.S. rate for women aged 65 and over is the lowest of all countries except Ireland. Although some of this differential may be artificial and due to significant differences in the reporting and/or diagnosis of suicide, its sheer magnitude suggests that real international differences do exist and deserve in-depth study.

As seen in the accompanying table, startling intra-country age and gender differences also do exist. Age-specific rates vary widely in countries such as Bulgaria, Italy and Belgium while other nations (Canada, the United Kingdom) exhibit relatively little variation across the age

Suicide Rates for Selected Age Groups in 21 Industrialized Nations: Circa 1988

(Rates per 100,000 population in each age group)

	Males				Females			
	15-24	45-54	65-74	75+	15-24	45-54	65-74	75+
United States	21	24	35	59	4	8	7	6
Australia	24	28	29	45	6	9	9	7
Austria	27	48	59	108	5	16	23	30
Belgium	16	40	63	98	6	22	25	21
Bulgaria	13	27	61	132	6	8	26	42
Canada	26	30	31	29	5	10	8	7
Denmark	16	59	49	73	8	34	33	28
Finland	38	57	61	71	8	19	22	4
France	15	44	55	113	4	19	24	29
Germany (FR)	16	33	41	78	5	14	20	24
Hungary	21	100	96	173	10	35	47	75
Ireland	9	12	23	8	2	5	5	7
Italy	5	15	29	49	2	6	11	12
Japan	10	41	39	72	6	16	31	55
Netherlands	9	18	26	42	4	14	14	13
Norway	24	32	34	33	4	17	13	3
Poland	14	36	29	32	2	8	7	7
Portugal	6	20	33	49	3	4	10	9
Sweden	17	42	39	50	6	20	13	18
Switzerland	26	40	48	75	7	18	22	26
United Kingdom	12	16	16	24	3	6	8	8

Data are the latest available annual figures; the range of years represented is 1986-88.

Source: World Health Organization, World Health Statistics Annual, Geneva.

spectrum. And although female rates are universally lower than male rates, the difference at the oldest ages ranges from virtually nil in Ireland to a factor of 11 or more in Finland and Norway. In Japan, social scientists are puzzled by the high rates of suicide among elderly Japanese women, levels which rank second only to those of Hungarian females. On the other hand, older male rates—while still higher than female rates—are not particularly high relative to other developed countries.

The unpredictability of suicide rates is perhaps best illustrated by the case of the Netherlands. Dutch society is widely recognized as being more tolerant of voluntary euthanasia than are other Western societies, and one might think it would also have higher rates of recorded suicide among its citizens. However, the country's rates are lower than the average for most age groups, including the elderly, in industrialized countries, and have changed very little during the past 25 years.