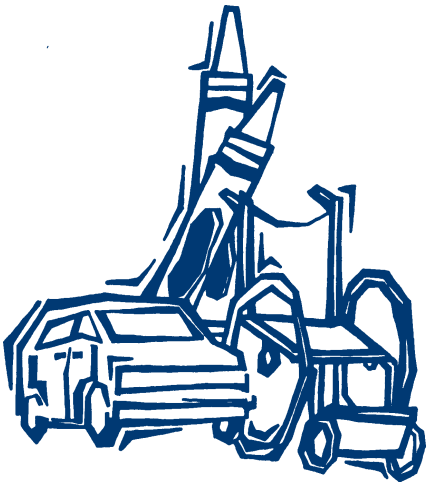

FAMILY

Suicide in Later Life

no. 10.252

by C.E. Barber [1]

Quick Facts...

More than 30,000 Americans committed suicide in 1992, making it the ninth leading cause of death.

The suicide rate among Americans 65+ is the highest rate of any age group.

Every day in America, 17 older people commit suicide, one every 93 minutes.

The suicide rate for older adults is 50 percent higher than that of the young or of the nation as a whole.

Americans 65+ are 13 percent of the population, but account for 20.2 percent of all suicides (1992 data).

A popular misconception is that suicide is a phenomenon of adolescence. But the reality is that suicide is more a problem of later life: Those age 65 and older are most at risk.

Suicidal behavior runs on a continuum; a process during which suicidal people try various ways to reduce their profound emotional pain. Ambivalent, they have contradictory desires to live and to die and the balance between the two shifts back and forth. For the elderly, more often than for younger age groups, this shift ends on the side of death.

Risk Factors Associated with Suicide

After the sometimes high achievements of youth, older white men may find it especially hard to face deprivation in old age. Over identification with work leaves men without a clear identity or social status in retirement. They may despair over a progression of losses they are helpless to stop: of work, of friends, perhaps of a spouse, of children who may have moved away, of memory, of health, and finally of self-esteem and hope.

Other than sex and race, additional risk factors are associated with suicide among the elderly:

- depression (15 percent of depressed people eventually kill themselves, accounting for some 30 to 70 percent of suicides in the United States); see fact sheet 10.251, *Clinical Depression in Later Life*);
- being divorced, widowed or unemployed;
- having relatives who attempted or committed suicide;
- having had psychiatric treatment;
- having undergone stressful life events;
- suffering from schizophrenia, substance abuse or panic attacks; and
- keeping a handgun in the home.

Personality factors associated with a high risk of suicide include: dependency, helplessness, hopelessness, inability to

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National Resources

Suicide Awareness \ Voices of Education *(SA\VE) SA\VE is an organization dedicated to educating the public about suicide prevention. P.O. Box 24507, Minneapolis, MN 55424-0507; (612) 946-7998*

American Association of Suicidology *4201 Connecticut Avenue, NW, Suite 310, Washington, DC 20008; (202) 237-2280*

Colorado Resources

For similar groups in other states, contact the American Association of Suicidology.

Heartbeat: *Provide support and information to family and friends of someone who has committed suicide.*

- *West Metro-Denver / 6725 Pierce Way, Arvada, CO 80003; (303)424-4094*
- *710 33rd Street; Boulder, CO 80303; (303)444-3496*
- *2015 Devon, Colorado Spgs., CO 80909; (719)596-2575 / (719)573-7447*
- *2956 South Wolff; Denver, CO 80236; (303)934-8464*
- *1517 16th Avenue Ct.; Greeley, CO 80631; (303)353-0639*
- *5859 S. University Blvd.; Littleton, CO 80121; (303)794-3564 / (303)770-1859*
- *1925 E. Orman, Suite G-25; Pueblo, CO 81004; (719)564-6642 / (719)544-1133*

List'n: *Support and information to family and friends of someone who has committed suicide.*

Capitol Hill Community Center, Box 15, 1290 Williams Street, Denver, CO 80218; (303)861-4262

accept help, difficulty in forming close relationships, poor problem-solving ability (especially under stress), extreme anxiety or irritability, difficulty in concentrating, and antisocial behavior.

A person who truly is determined to end his or her life will probably find a way to do it. But sometimes, an attempted suicide is a call for help. Some warning signs of suicide include:

- withdrawing from family or friends;
- talking about death or suicide and/or preoccupation with death;
- statements about hopelessness, helplessness or worthlessness;
- loss of interest in things one cares about;
- feeling hopeless, helpless, worthless, pessimistic and or guilty;
- substance abuse;
- disturbances in eating and sleeping patterns;
- irritability, increased crying, anxiety and panic attacks;
- making arrangements — setting one's affairs in order;
- giving away prized possessions; and
- abusing drugs or alcohol.

Myths About Suicide

A person who talks about suicide will not actually take his or her own life. Approximately three out of every four people who eventually kill themselves give some detectable hint ahead of time, whether by less serious attempts or by verbal statements. (The latter are sometimes as direct as can be, e.g., "I'm going to blow my head off," or "If things don't get better in a hurry, you'll be reading about me in the papers.") This is the most dangerous myth because it encourages us to ignore cries for help.

Asking people about suicide will put that thought in their minds and encourage suicide attempts. This is one of the most common of the mistaken assumptions. Many lives have been saved by opening communication on this topic.

Only crazy or insane people commit suicide. It remains difficult for some people to believe a person in his or her right mind could commit suicide, but the cultural tradition of rational suicide has already been acknowledged. Psychiatrists disagree on how many suicides are associated with obvious mental disorder, but some of the most qualified researchers and clinicians find that suicide is not invariably related to psychosis.

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Suicidal tendencies are inherited. It is true that more than one person in the same family may commit suicide. Some families do have a suicidal tradition that seems to perpetuate itself. But there is no evidence for a hereditary basis, even in special studies made of identical twins.

When a suicidal person shows improvement, the danger is over. Experienced clinicians have learned the period following an apparent improvement in overall condition is actually one of special danger. Sometimes this is because the client has improved enough to be discharged from a mental hospital and therefore has more opportunity to commit suicide. At other times, it seems related to a recovery of enough energy and volition to take action. Sensitivity and interpersonal support are needed, especially when the person seems to be pulling out of a suicidal crisis.

People who are under a physician's care or who are hospitalized are not suicidal risks. This is wishful thinking. Many people who commit suicide have received some form of medical or psychiatric attention within six months preceding the act. Suicides can and do occur in the hospital itself.

Guidelines for Suicidal Tendencies

When signs of suicide are evident, we may have a tendency to back off. Unfortunately, this includes some professional people as well as the general public. Pretending we haven't heard suicidal messages or distancing ourselves from a person who is contemplating self-destruction is hardly a helpful approach.

The best approach to take to help a suicidal person depends on the person, who we are and what kind of relationship we have.

Take the suicidal concern seriously. This does not mean panic or an exaggerated, unnatural response. But we know thoughtful musings and threats sometimes do end in fatal attempts, so there is good reason to respect the concern.

Do not issue a provocation to suicide. Strange though it may seem, people sometimes react to the suicidal person in such a way as to provoke or intensify the attempt. Do not be one of those "friends" who dares this person to make good his or her threat or who intimates that he or she is too "chicken" to do so. On a more subtle level, do not belittle his or her concern or troubled state of mind. A belittling response can intensify the need to do something desperate so others will appreciate how bad he or she really feels.

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Go easy on value judgments. In most situations, it's not helpful to inject value judgments when a troubled person confides about self-destructive thoughts. Perhaps we feel a need to apply value judgments, but receiving them at this moment is not likely to be perceived as helpful.

Do not get carried away by the "good reasons" a person has for suicide.We may think, "If all of that were going wrong with *my* life, I'd want to kill myself too!" For every person who commits suicide when faced with realistically difficult problems, there are many others who find alternative solutions. It is possible to respect the reasons for the individual's suicide situation without lining up on the side of self-murder. This respectful approach is taken by many of the people who pick up the phone when a crisis hot-line call is put through.

Listen. This is the advice you will get from people who devote themselves to suicide prevention. It is good advice. Listening is not the passive activity it might seem to be. It is an intent, self-giving action that shows the troubled person that you are there. It also is an opportunity for the person to discharge at least some of the tensions that have brought him or her to self-destruction and to sort out other possibilities.

Take charge and seek professional help. Do not worry about invading someone's privacy, even though they try to get you to promise secrecy. This is not a test of friendship but a cry for help. Don't leave it up to them to get help on their own. Make arrangements for professional evaluation and treatment. After you assess the danger, seek professional evaluation and treatment. Get support from family members and friends.

If the crisis is acute, call 911, a hot line, or take the person to a crisis center, hospital emergency room, mental health center, their psychiatrist or family doctor. **DO NOT LEAVE THE PERSON ALONE.**

Know community resources. Who else can help this person? What kind of help might this person find most acceptable? What services are available through local schools, religious groups and mental health centers? Does your community have a crisis-intervention service? If so, how does it operate? Learn about and, if possible, participate in your community's efforts to help those who are in periods of special vulnerability.

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