



North American Association of Christians in Social Work (NACSW)

PO Box 121; Botsford, CT 06404 * Phone/Fax (tollfree): 888.426.4712**

Email: info@nacsw.org * Website: <http://www.nacsw.org>**

“A Vital Christian Presence in Social Work”

A STUDY OF PREVENTION PROGRAMS FOR SUICIDE IN LATER LIFE IN SOCIAL WORK PRACTICE

**Joon Ki Park
Sang Hak Ro**

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PREFACE

The suicide rates are increasing remarkably these days, particularly among the senior group in developing countries and developed countries. It is conceptualized that suicide is the intentional taking of one's life or the act of killing oneself intentionally. The Republic of Korea (South Korea) has the highest rate of elderly suicide among the OECD (Organization for Economic Cooperation and Development) countries.

This paper deals with the problem area of suicides in later life by researching the life culture of senior citizens who have attempted suicide or have contemplated suicide for some reasons. The suicide rates among young ages were higher than among old ages in the past. Nowadays, the situation is reversed. Data associated with suicide indicates that the rate of elderly suicide is much higher than the young ages and increasing rapidly along with the rapid growth of aged group in population in the developing countries.

The purpose of this paper is to explore : 1) General understanding of suicide and the literature related to suicide groups and their realities, 2) finding of the elderly suicide rate and reasons and

the comparative study in different countries, 3) religious background of suicide attempts and its influence in people's decision making on suicide, and finally 4) to make the recommendations for prevention program for the social work practitioners in the field.

ISSUES

In recent years, the problems of elderly suicide have been reported in the news media often. This issue is an ongoing problem in history and has been argued for pro and con because in some cases the act of suicide was accepted as a form of artistry and understood respectfully by family and neighbors. Eventually, a new independent study area known as "Suicidology" appeared as an applied social science together with Psychoanalysis, Sociology, Anthropology and other human sciences. Suicidology examines the causes of suicide, environmental crisis, social phenomena in history and theorizes the associates of suicide. In this context, this paper attempts research on elderly suicide, seeking to understand the influence of religion and religious life in suicide attempts. The rate of aged suicide shows a rapid growth in contemporary society. Compared to the suicide rate of the younger generation in the past, the rate of elderly suicide is very high in almost all urban communities in developing or developed countries except Japan. At present, the Japanese elderly suicide rate does not show increase. However, this is an issue that is perceived as necessary among welfare programs for the aged. In these trends of speedy growth of elderly suicide, a perceived need of prevention programs for suicide in later life in social work practice has appeared as the keen interest with the greater issue in present days than in the any period of times in the past.

However, it is clear that in present days, we are facing the issue of suicide, particularly the suicide in later life, the aged group, which is closely related with the severe problems of social issues.

In the following, the contents of general situation associated with suicides in different countries, such as Japan, United States, The Republic of Korea (South Korea) and the others are described.

< Japan >

Japan is not an exceptional case concerning suicide among the developed countries.

Although, at present, Japan's suicide rates is falling, not rising. The suicide statistics show that it has been unsteadily decreasing since World War II. But, since 1998, age over 60, it has increased, the actual number of suicide reaching 11,494 out of total 32,863 suicides. Age over 60, it was 8,747 in 1997. In 2003, the statistics indicates a high at, over 60 reaching 11,529. In 2001, according to police report, there were 10,891 suicides age 60s, or 35.1% out of total suicides. Age

50s marked 25.4%. Age 40s marked 15.0%, and age 30s marked 11.7%. This indicates that the higher the age the greater the rate of the suicide.

The causes of suicide; Health Problem – 40.1%(with suicide note), Economy and livelihood – 31.5%, Family Trouble – 9.4%, Obligation trouble – 6.9%.

Health problem and economy livelihood are the major reasons in elderly suicide, next are the family and obligation trouble.

The rates by occupation; Unemployment – 46.5%, Employed – 23.5%, Individual Business – 13.4%, Housewife & Husband – 8.7%.

A result of research describes that the major reasons of suicide are; 1) long term disease, 2) family trouble, 3) trouble with alcohol syndrome, 4) economic livelihood, and others. In addition, feeling of valuelessness sensed by losing working, feeling of physical setback, feeling of sorrow by losing a life partner, loneliness and alienation appeared as the other motivations.

Japan is one of the aged societies with rapid growth of aged group in population and is known as having the highest longevity in the world. In considering the low birth rate, Japan seems to have on going problem and issue of elderly suicide along with the welfare programs for the elderly.

< United States >

The rate of elderly suicide in United States, in comparison with other countries, does not appear to be as high as in Japan and Korea. National Census reported that the suicide rate above 65 has decreased in the last half decade. But since 1980, it is increased slowly. Namely, during 1933~1980, it decreased to 17.65 from 45.3 per 100,000. In the 1980s, the trend was reversed. It changed to 20.9 per 100,000 in 1988 from 17.65 per 100,000 in 1980. The aged suicide rate increased 25 per cent in this period. The suicide rate of teen age group was not increased. However, the problem of elderly suicide in the US appeared as an unavoidable significant area in social work practice.

Approximately, according to Institute on Aging, every 83 minutes, one adult 65 years of age or older commits suicide in the United States. The suicide rate for this general age group rose by 9% between 1980 and 1992. There were 74,675 suicides by elderly group in that period. In 1993, suicide rates ranged from 15 per 100,000 population, among persons 65 to 69 years old, to 24 per 100,000 population for persons of 80 to 85 years age, a rate that is double the overall US rate. White males are at nearly 10 times the risk for suicide as non-white males across the age spectrum(Institute on Aging). Caucasian males appear to be the most vulnerable to committing suicide. Divorced or widowed elderly white men have the highest suicide risk. The high rate among white males over 80 is significant because this age group is the fastest growing sub-population of elderly adults in the United States and tend to use highly effective means to commit suicide.

Depression appeared to be as a major reason associated with suicide attempt particularly for the elderly group in the United States. Depression affects approximately 19 million American per year, and nearly one in 10 adults age 18 and older(National Institute of Mental Health, 2000).

Depression is often not recognized in the elderly for many symptoms being incorrectly attributed to “normal aging”. Nearly 6% of the people in the US over age 65 have a diagnosable form of Depression, and many others have depressive symptoms that could turn into Major Depression.

One of the problems contributing to the high suicide rate in older Americans lies in detection. It has been estimated that approximately 80 percent of the elderly who have committed suicide visited a doctor within a month prior to their death.

All too often, signals that an old person is depressed and contemplating suicide are confused with signs of aging.

< South Korea >

The Republic of Korea has a high incidence of suicide among OECD countries. The material reported to the Health & Welfare Committee of the National Assembly, indicated a remarkable rate of elderly suicide rate in Korea. The suicide rate age over 60 has increased every year and became an unavoidable social issue. In 2001, available evidence indicates, for example, that elderly suicide rate over 61 is 61.19 per 100.000 which means 7 die each day. In 2003, it was 10 per day. In 1998, 2142 over 61 killed themselves and it increased to 3195 in 2002. It is a 49% increase. The rate of elderly suicide over 61; 1998–17.2%, 1999–19.4, 2000–19.9%, 2001–24.6%. Among the 3195 elderly suicides in 2002, 40.0%, 1278 were severely unwell and took their life as a result.

Experts in Gerontology and leaders in elderly welfare have made their provisional viewpoint on suicides:

- 1) Korea is facing a rapid progress of changing society in developing various programs for the economic growth and elderly welfare.
- 2) Traditional systems of life style and the extended family are declining remarkably along with the appearance of aging society.
- 3) Social network and care systems for the aged should be provided to meet with the growing need of preventive suicide programs for the aged.
- 4) Besides economic factors associated with elderly suicide, other factors should be studied collectively with the integrated method by different professionals.

According to statistics in 2003, population with religion reached 53.9% out of total population. Among this, 36.8% is the Christian group, and 11.9% is age over 60 which means an aging in Christian churches.

THEORY BACKGROUND

There is an understanding on suicide concerning why man should take his life and the reason that he might have. However, the intentional taking of one's life has been the subject of an endless discussion no matter the justification of causes of the suicides. Who can justify suicide? Who has a right to commit? Who could judge it is illegal or legal? These are the questions always existing in human history. Obviously, this is an issue of life to be studied with its origin and understanding on the basis of knowledge in different areas of human sciences. Thus, the study of life should be a priority.

Approaches of psychology, medical science, sociology, humanitarianism, philosophy and theology have to be in collaboration to give total understanding because suicide can not be simply conceptualized by the one area of specialty. It is desired that a total approach may bring a better understanding of suicides and related branches of social science.

It is clear that human being is the only animal that can take a free action of suicide. No other animals can take their life intentionally. In other sense, it can be said that human has the freedom in choosing to live or to die. In this aspect, man is distinct from other animals and may seem to have the freedom to take his life by himself. But, seeking a real meaning of life deepens, a man has no right to possess his life. No man in the world has created his life by himself. A life is, obviously, given by someone else, not by himself. Therefore, man has no ethical freedom in selecting suicide even though he possesses individual life in the family and in the community. Certainly, taking life is a murder and illegal. Thus, in this respect, the action of suicide should not be considered as normal in living. This action is one of murder and it may be considered a sin before Man who gave his life. It should also be considered as a criminal case. No matter what the rationalization of suicide is, it is not socially accepted, in ethics, morality and religion. These are the significant facts that social workers should be aware of in their practice in Christian communities. However, there is a conflict in viewing the case of sacrificial suicide, so to speak, killing oneself for peace and for others. In oriental history, killing oneself for the others was not considered as the unacceptable social ethics such as heroic woman with chastity who died for husband and family, loyalty and faithful service to the King, court ladies who selected suicide when their King and country was ruined.

In countries with high number of Christians including United States and South Korea, the act of suicide attempt is condemned on the basis of theological view which stresses God's creation of world and men's life. Therefore, it is the Christian's religious belief that a human has no right of suicide.

There have been many attempts to categorize systematically the motives and intent of suicidal behavior. Current theories of suicide are based on sociological, psychodynamic, biological, cognitive, learning, and integrative orientations to human behavior. Durkheim, (1897/1952) classified suicide into three categories:

1. egoistic suicide, resulting from absent or poor social integration (family, religious, state)
2. altruistic suicide, the result of excessive integration and identification; best personified by the honorable suicide in Eastern culture
3. anomic suicide, the result of lost integration through trauma or catastrophe, which is accompanied by alienation, social isolation, and loneliness

CASES of SUICIDE (reason and method)

A. Economic Reason. < An unstable life of livelihood, age-77, male, took a gloomy view of the future >

One lonely evening at six in a small room, an old grand father age-77, Mr. H. was found dead. This aged man killed himself by hanging and was discovered by his grandson and reported to the police. The grandson said, "we had lunch together as usual and I went to my sister's room to do some computer work, when I returned to grandfather's room he was dead." Later, after the police investigation, the cause of death was found to be suicide due to an unstable feeling from gloomy view of unstable economic life. He had been a dependent for a long time and often said that he wished to die because of the grim reality of life. Recently, his life condition became worse than before because of his son's business failure. Family circumstances have to depend on income of the daughter in law which is very poor. He kept saying "sorry", and a suicide note was discovered.

B. Burden of Dependent Feeling < A 90 years old man killed his wife and himself, they didn't want to be a burden on care take by family >

A 90 year old man who had been taking care of his sick wife killed his wife and Himself, leaving a suicide note with 2,500,000 Won (about 2,500\$) for the

funeral service. He was a farmer who grew in a rural community in the extended family system. He gave his best care for his seven children and moved to the urban city, Seoul, 30 years ago where his children are living. He was warmly welcomed and asked to stay at the children's houses together. But, he refused the asking kindly and wished that let them have their free family life with no burden of care for old parents. He lived an independent life with wife enjoying the community life near by children's houses.

To neighbors, he seemed a happy man at the beginning. But in fact, he was having difficulty in caring for his wife who had severe illness physically and the dementia. As his wife's symptoms developed worse, he felt the heavier difficulty and role for wife caring for wife is unable to move her body by her self. Eventually, he began to think about a joint suicide with his wife. Actually, his daily was full of care worker from early in the morning until late in the evening preparing food and eating, toilet, bed and all others for the wife care. Although, he had a strong mind that he never wanted to give burden to his children and family. He often express discontent " I lived long enough, it won't be any longer, I'll close my eyes at the same time with my wife when she dies ". One day, he killed himself by hanging right after he killed his wife who lived with him for 78 years.

C. Health Reason, Disease. < Long term struggle against the disease, age of 70s, drowned himself from the high-storied apartment house >

A single life, 72 years old, was found dead on the road beside the entrance hall of apartment D. This was reported to the police by a neighbor who said " I thought he was a drunken man. But later, I knew he was dead already." This case was terminated as a suicide of pessimism from the long term disease. According to the family's statement, he has been suffering with diabetes for more than 30 years and often complained of his unhealthy life.

D. Melancholia. < An old 80s committed suicide by taking poison >

Around two o'clock in the after noon in a small room in the suburbs of Pusan City, an old lady age 80s, who lived there a single life in a rented house, was found dead. The person who found her first states that she had not been seen for last

couple of days. So, finally when the door was opened after knocking, she was dead already and there was a bottle of poison beside the dead body. Later, it was learned that she lived a lonely life with severe melancholia. She was all alone for many years.

This was found by the surviving family and the neighbors.

This case is closed as a suicide by the melancholia.

E. Family Trouble with Disharmony. < An elderly abused by daughter in law called dead >

An old man left a suicide note in his pocket which was unable to be read with clear understanding because of his immaturity in writing and expression.

He had difficulties of family trouble with disharmony among the families particularly with his daughter in law. In his suicide note, he states that since his eldest son's third marriage in 1992, the abuse became worse and worse. The note also describes ; I am being harshly treated by daughter in law. My wife was sent out of the house already. Some day, I may also be sent out. I am almost dying and starving. Knocking out often as I return from the community center. He complained and appealed to the police that the true story must be clarified legally.

In addition to the cases mentioned above, there are many similar cases of suicide with the duplicated reasons such as, an 85 old mother, killed herself when she heard the news that her eldest son was

suffering with cancer. She thought it best to die earlier than her son. This is a traditional way of thinking that the children are not supposed die earlier than the parents.

She might select suicide with the hope that her death may bring some fortune for son and her son's family. The Long term chronic patient with diabetes and high blood pressure, or family disorder and melancholia combined, and other cases of simultaneous reasons were known as usual case history in suicide.

QUESTIONNAIRE RESEARCH

In order to find up to date data in studying elderly suicide, a questionnaire research was performed by the program director of Yong San Senior Welfare Center of Seoul Metropolitan City. The research was carried out in Seoul with the cooperation of social workers from eight community welfare

centers for the aged in the Seoul area. The object of study was aged above 60 years. In the data collection, 300 questionnaires were selected out of a total of 307 sent out. Seven cases were excluded because of 3 under 60 and 4 inappropriate answers. The questionnaire was designed rather simply and attempted to focus on the problem area of suicide

Hypothesis : In social work practice, it is anticipated that suicides can be prevented or reduced by providing the appropriate programs. There should be a method of reducing the suicide rate. Religion could play an important role in the process of preventive programs. The finding of suicide reasons or the attempt on one's own life may be studied through this research. A desirable welfare program for the aged in social work practice may be found. This research may be able to provide certain programs for prevention.

RESEARCH SUMMARY

Respondent's age; average age-71.3

60~64 - 10.0% The majority answer group is 70~74

65~69 - 28.1% The minority answer group is 80 above

70~74 - 34.8% Above 70 were 50%+

75~79 - 19.1%

80~ 8.0%

Respondent's sex; Female-67.2%, Male-32.8%

Female answers were double those of males.

Schooling; no education-14.0%, elementary school-20.1%, middle school-24.2%,

high school-31.1%, college & university-10.6%, below middle school-58.4%.

Religion; Christianity-33.8%, Buddhism-25.3%, Catholic-19.5%, Atheism-20.8%,

Others-0.7. About 80 per cent are the persons with religious life.

Habitation; Single-28.1%, Couple-34.1%, With Family-37.5%, Others-0.3%.

62.2% are living single or couple with no family. 3 out of 10 are living alone.

Ever had attempt of life; 30.0%-Yes, 70.0%-No. 3 out of ten had thought of suicide.

What brought on a thought of suicide; painful illness-26.3%, economic

difficulties-17.9%, burden felt

to the children because of illness -14.7%, trouble with partner-10.5%, lonesome &

alienation-9.5%, not treated well by children-7.4%,

Thus, problems of illness, economy, alianation, lonesomeness were indicated as the major difficulties.

Unfulfilled reason of suicide; thinking family linkage-42.7%, religious faith-25.8%, fear and

timidity-22.5%, others-9.0%. The family linkage and the religious mind appeared as the vitality in life.

What gave a vital will to life when you thought of suicide

family-44.8%, religion-27.6%, books- 4.6%, religious leader and neighbors-2.3% others-18.4%.

Family and religion appeared to be the important factors in life.

Did religion give influence when you gave up suicide: Yes-51.1%, No-48.9%.

Thought of Suicide

In answers of suicide attempt:

1. sex Male-27.6%, Female-31.3%. Female showed a little higher rate in suicide attempt.

2. ages 60s-35.1%, 70s-28.6%, 80s-12.8%. Higher age showed a lower rate.

3. religion Christianity-29.3%, Buddhism-31.1%, Catholic-40.4%, Atheism-23.0%. Christianity showed the lowest rate. Atheism had a lower rate than religious groups.

4. family situation Single-38.1%, Couple-27.5%, With family-25.9%. Single was higher than the couple and family. An obvious fact is that single aged shows higher rate (38.1%) than aged with family(27.0%).

Unfulfilled Reason by Religion

Christianity, 1. faith-41.9% 2. children and family-32.3% 3. fear and timidity-12.9%
Buddhism, 1. children and family-56.0%, 2. fear and timidity-28.7%, 3. faith-12.0%
Catholic, 1. children and family-45.5%, 2. faith-31.8%, 3. fear and timidity-18.4%
Atheism, 1. fear and timidity-45.5%, 2. children and family-36.4%, 3. others-18.2%

Christian faith and family linkage in Christianity seems to have major influence in thinking the unfulfilled suicide attempt. In Buddhism, children and family relation showed a high portion. In Catholic, relationship with family and children in linking togetherness and faith seems to influence a great deal.

Atheism marked fear and timidity first, secondly, children and family, then others.

Influential Will to Life by Sex

Male: family-33.3%, religion-20.8%, books-12.5%

Female: family-49.2, religion-30.2%, neighbor-3.2%

Both, man and woman, were equally influenced by family and religion in life.

Influential Will to Life by Religion

Christianity; family-38.7%, religion-32.3%, others-32.3%

Buddhism; family-79.2%, religion-4.2%, neighbor-3.2%, others-12.5%

Catholic; family-59.1%, religion-22.7%, others-13.6%

Atheism; family-30.0%, books-20.0%, others-50.0%.

Illustrative Suggestions for Prevention Programs of Elderly Suicide

Through the research, it was found that there are similarities of religion and life situations associated with the elderly suicides. Thus, it is thought that the social work practitioner will find many ways to engage in developing the preventive programs of elderly suicides.

Several important findings concerned with elderly suicide include:

- 1) The older senior is a high-risk group;
- 2) Depression and physical illness seems to be the major cause of suicide;
- 3) Religious background and life pattern play an important role in the decision to commit suicide;
- 4) Causes of depression are different between individual persons and in the local communities.

The suggestions for approaches to protective factors:

- 1) Family and community support;
- 2) Cultural and religious beliefs that discourage suicide and support the self-preservation instinct;
- 3) Disciplined use of social work skills in the problem solving process and conflict resolution;
- 4) Easy access to a variety of clinical intervention and support for help seeking;
- 5) Performance of a dynamic outlook enabling continued study of social work value and democratic ideals;
- 6) Understanding and knowledge in family and child welfare for crisis intervention and therapy.

It has been recognized that suicide attempters who are bogged down with personal and family problems will likely not produce optimally in the community life. One answer, for the social worker, is to enhance the value and willingness in problem solving, face them and solve them.

SUMMARY

Senior elders are a high risk group of suicide attempts.

Social workers are becoming more and more interested in the preventive aspects of elderly suicide. Prevention has many sides to it and involves all of the helping disciplines. Education and training including in-service training are particularly important for social work practitioners.

Counseling, intervention skills, understanding of elderly psychology, religious living, and family life pattern, are important factors that seems to be promising in preventing suicide attempts.

Social work practitioners aim to strengthen family-community relationships and to reduce and prevent suicidal behaviors.

Social work has a major contribution to make in the control and prevention of elderly suicides.

Social work attempts to help the individual, family, and community to face and solve elderly suicide problems through utilization of community resources such as religious leaders and experienced groups in helping profession. Social work therefore refers to the utilization of social work expertise in meeting the needs of workers or family members and the serving of broader organizational goals for problem solving in elderly suicide.

It is recommended for; primary prevention – community-wide or population-oriented programs.

secondary prevention – intervention with a particular individual at some point
in the suicidal process.

Tertiary prevention – intervention with suicide attempters.

RECOMMENDATION

(for the country where research took place)

The following are recommendations of social work intervention of elderly suicide basis on analysis result from the survey.

1. The organizing community network for prevention is required for elderly people who have contributed to social development. They should be treated well by the society. With no safety network in community, the risk of elderly suicide may not be decreased.
2. Helping channel and method for the single aged are required. Single aged shows a three times higher rate of suicide than the others. Counseling center for the aged only, Tele-Help & Tele-Check by systems of emergency network effects to the preventive work.
3. An income policy for the aged is required. In addition to the present systems of national insurance and public assistance, a way of specified realistic assistance for the aged who have no help at all from family should be provided politically, systematically. Findings of job

placement for the aged with ability is required. There are many old persons who can work. It will have the effect of reducing the suicide rate.

4. Providing care system by insurance for the aged is needed which could help the burden of family care. Nuclear families and industrialization have made difficulty of care service by family members. Thus, family burden may be solved by means of systematic care work services for the aged.
5. An active role performance and participation by religious group in the community is needed. Many elders are so much influenced by religion in the suicide attempts. It is expected that religious program should diminish depression and decrease the suicide rate, and it will contribute toward creating a helping network in the community.
6. Research institutes and budget increase are needed. Compare to the budget for the aged in other countries, for example, aged welfare program in Korea is excessively low. Japan has 3.7% out of total budget, Taiwan has 2.9%, and 0.4% in Korea (Moonhwa Daily, 30 Sept.2005). In considering rapid growth of aging society, an earlier increase of budgeting is indicated as the immediate need to be met.
7. Finally, a greater interest at nationwide level in discussing the elderly suicide is recommended, so that we can expect an active progress in developing the programs of preventive services for the aged.

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