

Suicide Is the Voluntary Termination Sociology

RESEARCH PAPER

Course

Name

Date

Introduction

Suicide is the voluntary termination of one's life. It's a major public health and mental health problem in the United States. The suicide rate for elderly population is growing faster than any other age group (Erber, 2010). Older adults have suicide rates 50% higher than any other age of population (Erber, 2010). In 1987 older white males had a suicide rate of 46 deaths per hundred thousand which ranks much higher than that of African-American males, Caucasian females, and African American females (Segal, Mincic, Coolidge, Frederick, O'Riley, 2004).

Studies suggest that the high suicide rate among the elderly represents a growing epidemic in this country. Rates of suicide are highest among the older population 65 years and above which has become a very important health problem (Hart-Hester, 2004). Recent studies indicate there is one elderly suicide every 97 min. which results in 14.9 elderly suicides each day, resulting in 5,421 suicides and among those 65 and older (Tadros, Salib, 2007).

Elderly suicides comprised 1/5 of all documented suicides, elderly suicide is predicted to become the 10th most common cause of death among the elderly in the world by the year 2020(Quan, Arboleda-Florez,Fick,Stuart,Love, 2002) This paper explores the possible reasons, risk factors, possible warning signs, and why older adults set out to commit suicide and what prevention techniques can be used to help prevent this horrible tragedy.

Suicide among the Elderly

In 1999, the United States Surgeon General released The National Strategy for Suicide Prevention and adults aged 65 and older were identified in this document as a priority population for prevention efforts.(Charland, 2007). Because elderly people in general ages 65 and older tend

to differ from their younger counterparts, to them suicide is always the well-planned outcome of rational and justified means to an end. Suicide tendencies within this age group can be hard to identify and prevent that's why more effort needs to be placed on identifying the risk factors and warning signs so that treatment can be provided on time before these tragedies take place. Death of a beloved family member is a devastating situation for everyone involved, but the overwhelming pain tends to be greater when the beloved family member has elected to terminate their own life.

Suicides among the elderly has risen three times higher than the rate of any other age group.(Bengston, Schaie, 1999) The causes of this increase of suicide among the elderly is both simple and complex. One in four suicide attempts within the elderly ages 65 and older are successful (Tadros, Salib, 2007) Older adults are more likely to be successful in ending their own lives than younger adults. According to a recent study, death is the outcome for one elderly suicide attempt and 25 for younger adults.(Tadros, Salib, 2007) What factors influence such an increase of successful suicide among our elderly?

One factor to consider when pertaining to suicide and the elderly is the continued suffering from physical and mental illness that tends to be an everyday occurrence among this age group. (Brown, 1996) Elderly people ages 65 and older who commit suicide often have complex physical and mental issues ranging from sleep disturbances, depression and feelings of hopelessness, isolation from others, chronic illness, cognitive impairment, chronic under relieved pain, alcohol or drug dependency, financial stress, loss, feelings of being a burden on loved ones and a decline in functionality.(Larue, 1992)

Life events among the elderly can trigger suicidal thoughts and actions and often tend to involve a loss of a beloved friend, pet, or family member. It is during the time mourning such losses that the elderly population may be more susceptible to commit suicide (Brown, 1996) Research has been done linking elderly suicide and sleep disturbances and deprivation. This study can be linked to an increase of problems as a result of disturbances. Older adults who suffer from sleep disturbances are more likely to suffer from depression, memory loss, problems with concentrating, and constant drowsiness during the day, as a result many elderly people over the age of 65 abuse over-the-counter sleeping aids.(Bengston, Schaie, 1999)

Chronic insomnia contributes to a poor standard of living which may contribute to thoughts of suicide.(Fortinash, Holoday-Worret, 1996) Depression and chronic physical illness among the elderly is strongly associated with suicide attempts and remains the single best predictor of suicide within this population() Physical health problems, such as heart disease, hypertension obesity, bladder and bowel incontinence also contribute to such numbers(Fortinash, Holoday-Worret, 1996) The elderly who suffer painful, debilitating, acute or chronic conditions or are terminally ill should be considered a high suicide risk(Fortinash, Holoday-Worret, 1996) and assessed by a medical professional immediately.

When assessing the elderly population for possible risk factors that contribute to suicide it's vital that the medical professional observes the behavior of the elderly individual. Appearances can be deceiving and just because the elderly individual seems to be calm and not depressed doesn't mean they are not highly suicidal.(Fortinash, Holoday-Worret, 1996) However there are often signs within the elderly population that suicide is impending. These signs can be characterized by impulsivity, restlessness verbal agitation along with withdrawal

irritability.(Fortinash, Holoday-Worret, 1996) A mental evaluation should not be ruled out and sometimes may help reveal precipitating events that have contributed to current self-destructive thoughts ,behaviors, and tendencies of the suicidal senior.(Fortinash, Holoday-Worret, 1996)

As a whole Risk factors for suicide among older persons differ from those among the young this maybe a consequence of higher prevalence of depression within the elderly population (Fortinash, Holoday-Worret, 1996). Older persons are more socially isolated and more frequently use highly lethal methods. They also make fewer attempts per completed suicide, even after seeking medical treatment (Fortinash, Holoday-Worret, 1996)

Saving our elderly

Suicide is one of the leading causes of death among the elderly (Segal, Mincic, Coolidge, Frederick, O'Riley, 2004). As a society more needs to be done to prevent this tragedy, so how as a nation can we understand what factors influence suicide among our elderly population. The writings of Emile Durkheim, the first great sociological investigator of suicide may hold the key. Emile Durkheim studied and distinguished between several different types of suicide, altruistic suicide a form of self-sacrifice suicide for the sake of a group or society (Moody,2002).

Giving up your life to save another's life is another form of suicide. This type of sacrifice, pointed out by Durkheim, can be used to understand the motive behind our seniors ending their own lives based upon their own idea of not wanting to be a burden on society or their families. Another explanation in the rise of suicide among our elderly also can be described through another one Durkheim's types of suicide. Durkheim described a form of suicide called anomic

suicide he stated this was a type of suicide in which individuals feel hopeless and cut off from any sense of meaning in life (Moody, 2002).

In theory, one in fact could compare the feelings of anomie to the elderly population that is secluded from society through the death of a spouse or any loss of social connections due to mental or health issues(Moody, 2002) The final type of suicide described by Durkheim is egoistic suicide this occurs when individuals are not closely integrated into the outer society.(Moody, 2002) This type of suicide applies to the elderly population of the oldest of the old because they have outlived most of their friends and relatives.

This type of suicide may be seen by the elderly as their only option to be reunited with their friends and loved ones.(Moody, 2002) With the idea that as a whole within the elderly population suicide tends to go up with age and hits a peak after the age of 65(Moody, 2002) according to recent studies. 80% of our seniors who threatened suicide eventually follow through with it.(Moody, 2002) Studying and analyzing Durkheim's different types of suicide and applying it thoroughly to our elderly population who are at the highest risk of suicide, the elderly ranging in the ages of 65 and older may help reduce the numbers(Moody, 2002)

Conclusion

Elder suicide, in general, has not received the public attention and action needed to contain the situation. Nationwide, there are far more sources of information and prevention programs for youth suicide than any other groups especially our elderly population within the age range of 65 and older(Erlangsen,Jeune,Bille-Brahe,Vaupel, 2001)As a nation more has to be done to prevent suicide among our elderly through education, awareness and support groups and

prevention groups. Prevention groups should be built on a strong foundation that encompasses the physical, mental, social needs of our elderly within the age range of 65 and older. Through such prevention programs society as a whole will be better prepared to deal with and understand the factors that contribute to suicide among the elderly. These types of elder suicide prevention programs will help our society in general to gather the much needed research to allow future generations to unlock the mysterious behind exactly what factors influence suicide among our elderly population.