Recently, journalists around the world have become interested in possible increases in suicide due to the current economic depression. They cite the supposedly “dramatic” increases in suicides during the Great Depression. However, it is probably a myth that the catastrophe of the crash of the stock market in late October 1929 caused an epidemic of drastic suicides by distraught investors after they lost their fortunes. Suicide rates in the United States had been increasing each year steadily since 1925 and only a slightly greater increase in 1930 and 1931 may be attributed to the effects of the Great Depression (Mishara & Balan, 2002). Even for New York City, which may be thought to be particularly affected by the crash, the changes in suicide rates were not dramatic and there were also increasing slightly before 1930. There was certainly not an immediate effect of the stock market crash in October 1929. The number of suicides for the months of October and November 1929 in the United States was lower than all the other months that year except January, February and September. The greatest number of suicides in 1929 occurred during the summer months when the stock market was doing quite well. The Manhattan suicide rates for October 15 to November 13, 1929 were lower than the previous year. Despite the fact that there was only a slight increase in deaths by suicide during the Great Depression, there were certainly a few well publicized suicides which may have fueled the myth of a suicide epidemic. One of the most publicized suicides was that of J.J. Reordan who killed himself on Friday, November 8, 1929, but whose death by suicide was not announced in the newspapers until Sunday, November 10. On Friday, November 8, Reordan walked into the bank, took a pistol from a cashier, returned home and shot himself. He was later learned that the medical examiner who was called to the scene witheld announcing Reordan’s death until after noon the next day (Saturday) just after the bank closed for the weekend. Despite rumors that Reordan lost a fortune in the stock market (which was later proven to be true when the death was publicized), his colleagues announced that Reordan never invested in stocks and that the bank was financially solid. There was also an announcement that the City of New York would maintain all its deposits in the County Trust Company. The end result was that his suicide did not cause a run on the bank.

Several studies of the relationship between suicide and unemployment cover the period of the Great Depression. Platt’s extensive literature review (1984) of unemployment and suicidal behaviour found that there is a consistent relationship between levels of unemployment and suicide rates during all periods. However, Platt’s interpretation of the data was that there may not be a direct causal link, but the increased suicide risk and unemployment may be due to mental health problems. Persons with mental health problems are at greater risk of suicide and are also at greater risk of being unemployed. However, his interpretation is subject to debate. Cook (1980) compared different methods of time series analyses to examine the relationship between suicide and unemployment. In the United States between 1900 and 1970. He concluded that no matter which method is chosen, there is a significant link between unemployment and suicide. This brief review of suicide in the Great Depression leads to the conclusion that, despite some highly publicized spectacular suicides which are clearly linked to personal financial losses, if suicide rates did increase as a result of the events during the Great Depression (and this may not be the case since suicide rates were already increasing in the preceding years), the increases in suicides related to this economic disaster were not dramatic in the United States. The most likely explanation for increased suicide during this period is the well documented link between unemployment and suicide. However, the interpretation of this relationship is subject to debate. Unemployment may lead to greater social vulnerability, including lesser social integration by decreasing the possibility of marriage and increasing divorce rates. However, both unemployment and suicide may be the result of increases in other factors, such as stress induced mental health problems. An alternative interpretation is the presence of protective factors, such as development of social solidarity among vulnerable persons, may have compensated for any increased risk due to the difficult economic situation. Another possibility which has not been subjected to empirical verification, is that people in a desperate situation may tend to focus upon the needs of their family and loved ones. This focus upon the needs of others may be a protective factor to suicide since most suicides involve a primary focus on one’s own suffering, rather than being concerned with the suffering of others.

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References:

 Recent advances in suicide prevention include learning and offering training in communication and coping skills. Samaritans/Befrienders Worldwide, IFOTES wishes to improve the quality of the help-lines; over 5 million phone and internet contacts every year; thousands of face to face conversations.

One of the main objectives of IFOTES is to promote the exchange of experiences amongst members, especially by organizing international congresses, seminars and conferences which contribute to the quality of the services offered. It also supports all efforts to create listening centres worldwide.

Working in collaboration with sister organisations LifeLine International and the Samaritans/Befrienders Worldwide, IFOTES wishes to improve the quality of the listening services, develop new communication means and promote around the world the awareness that learning and offering training in communication and coping skills will contribute to suicide prevention and improve mental and emotional health.
The American Association for Suicidology (AAS) is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS leads the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

Founded in 1968, the AAS has an illustrious history in suicide prevention activities and contributions. Bimonthly, AAS publishes the worlds oldest peer-reviewed journal in the field, Suicide and Life-Threatening Behavior. In April, AAS will hold its 42nd annual conference in San Francisco, bringing together researchers, clinical practitioners, crisis workers, survivors, and others under a theme of A Global Agenda on the Science of Treatment, Prevention, and Recovery.

AAS's Crisis Center Certification Program began in 1976 and, currently, has 141 crisis centers certified by AAS in the U.S., Canada, and Australia. Since 1989, AAS has certified individual crisis workers, currently, has 141 crisis centers certified by AAS in the U.S., Canada, and Australia. Since 1989, AAS has certified individual crisis workers, as well. In 2008, AAS began accrediting school-based professionals in its School Suicide Prevention Accreditation Program, designed to insure suicide prevention knowledge competencies among those involved in suicide prevention and intervention, or touched by suicide. AAS is working on three concurrent, federally-funded grants to study and prevent suicide on U.S. rail system rights-of-way and their impact on employees who witness or discover these suicides. It is intended that the identification of sites of high prevalence (“hot spots”), psychological autopsies, and root cause analyses being conducted, will lead to significant countermeasures to prevent such tragic deaths.

AAS has long convened task forces of researchers and specialists to address significant issues in Suicidology and suicide prevention. These task forces have produced consensus statements on Acute Risk Factors for Suicide, currently captured by the acronym/mnemonic IS PATH WARM; on Youth Suicide by Firearms; in addition to Discharge Planning Recommendations for Hospitals, Postvention Guidelines for Schools, Recommendations for the Reporting of Suicide by the Media, Survivor Support Group Leader Guidelines, and a Report on Assisted Suicide and Euthanasia.

AAS greatly values its membership in IASP and actively supports the efforts of our international partners and members. For more information, see www.suicidology.org.

In September 2008, Professor Brian Mishara, President of IASP, received the Special Contribution Award for his efforts in suicide prevention at the 2008 International Caring for Life Awards and Inspirational Forum hosted by the Dharma Drum Humanities and Social Improvement Foundation (DDHSIF) at the Grand Hotel in Taipei. Taiwan’s suicide rate is ranked the third in Asia, with 4000 deaths each year. The awards and forum are held to draw public attention to the value of life, and DDHSIF promotes the idea of “caring for life” with the help of the media.

“The Way We Were”

Many IASP members attended the ESSSB12 meeting in Glasgow in August 2008. More than 600 photos from the meeting are available at www.flickr.com/photos/esssb12/sets/

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