

# The role of masculinity in the suicidality of men aged 80 or more

*Are old guys really invincible? An exploration of suicide among men aged over 80*

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# Suicide globally and in Australia

## Globally

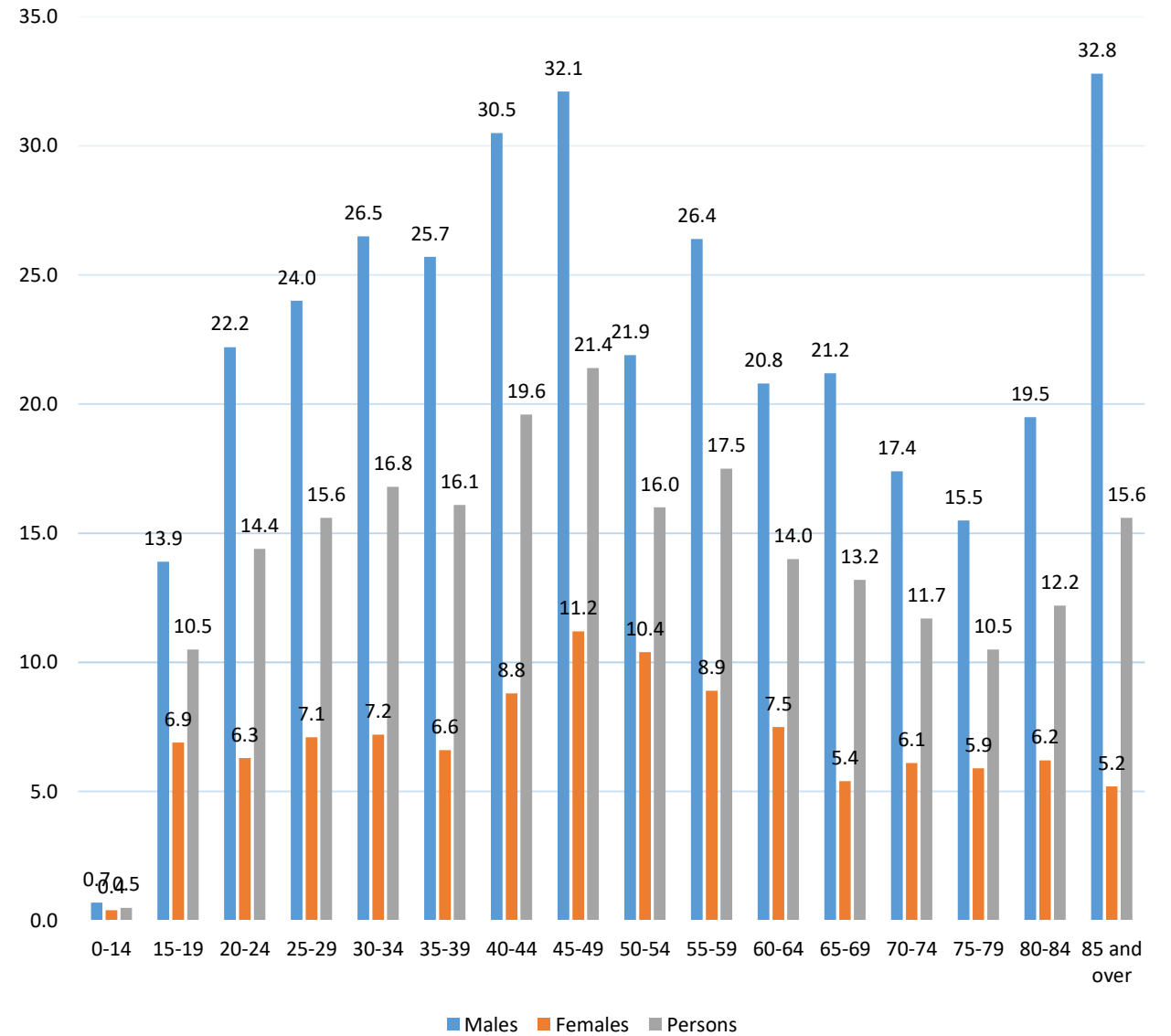
- Suicide statistics increase with age in most countries. (WHO 2016)
- Men show higher suicide rates than women (varying by country). (WHO 2016)

## In Australia

- Three in four suicides are by men
- The suicide rate in Australia was 12.7 per 100,000 in 2017
- Men 85 and older have the highest suicide rate (32.8) of any age or gender group, and are six times more likely to end their life compared to women in the same age group.
- With an aging population the number of suicides in this age group is expected to increase.

# Age-specific death rates for intentional self-harm by sex

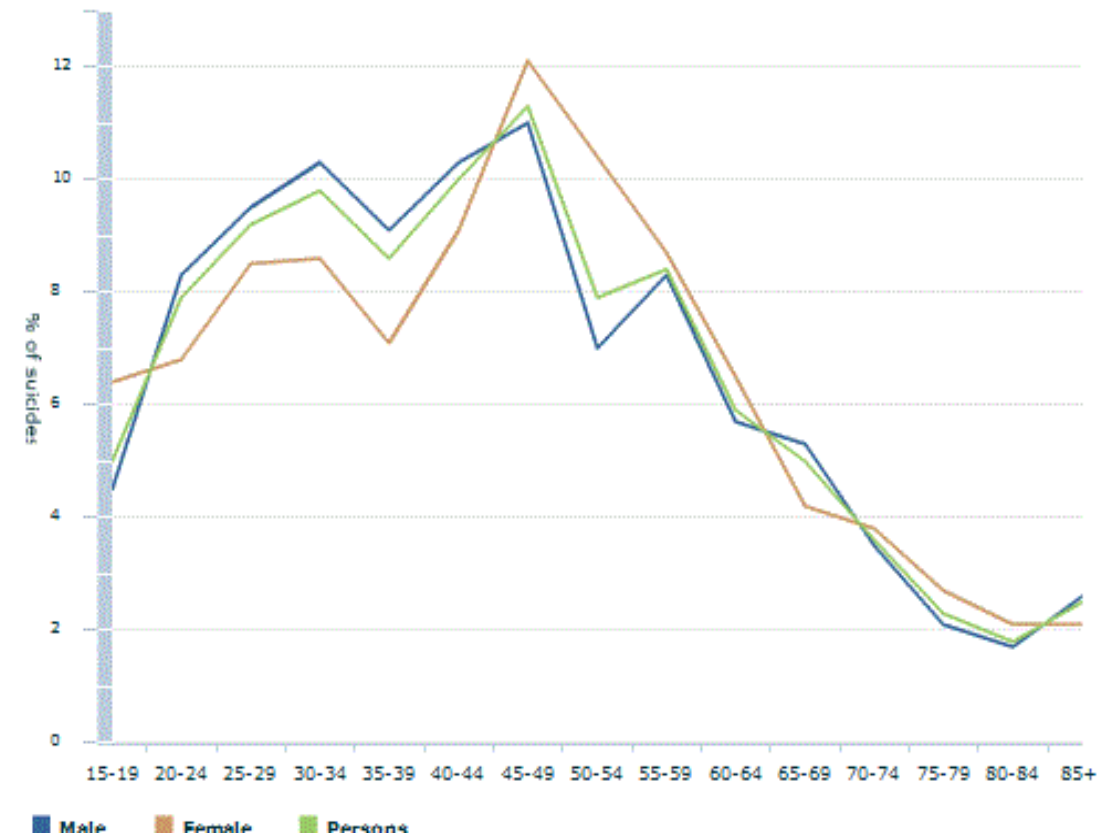
Source: 3303.0 - Causes of Death, Australia, 2017



# Suicide deaths by age & sex as a proportion of total deaths

Source: 3303.0 - Causes of Death, Australia, 2017

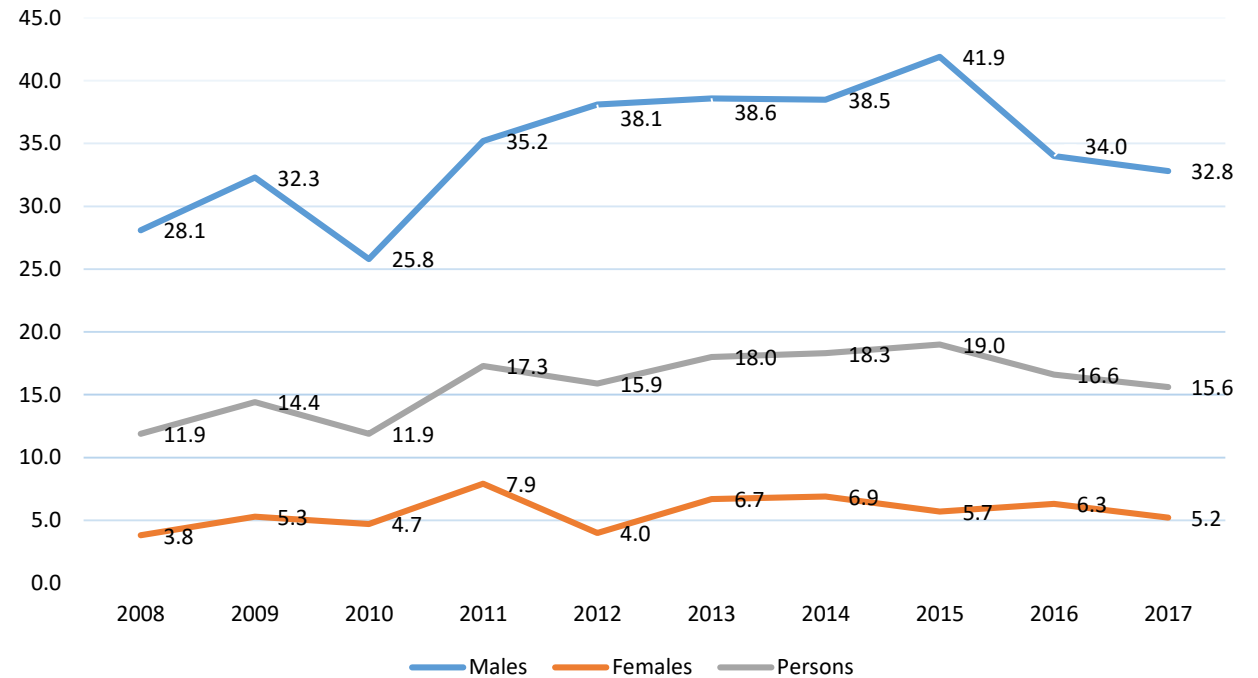
Suicide deaths by age & sex as a proportion of total suicide deaths, 2017 (a)(b)



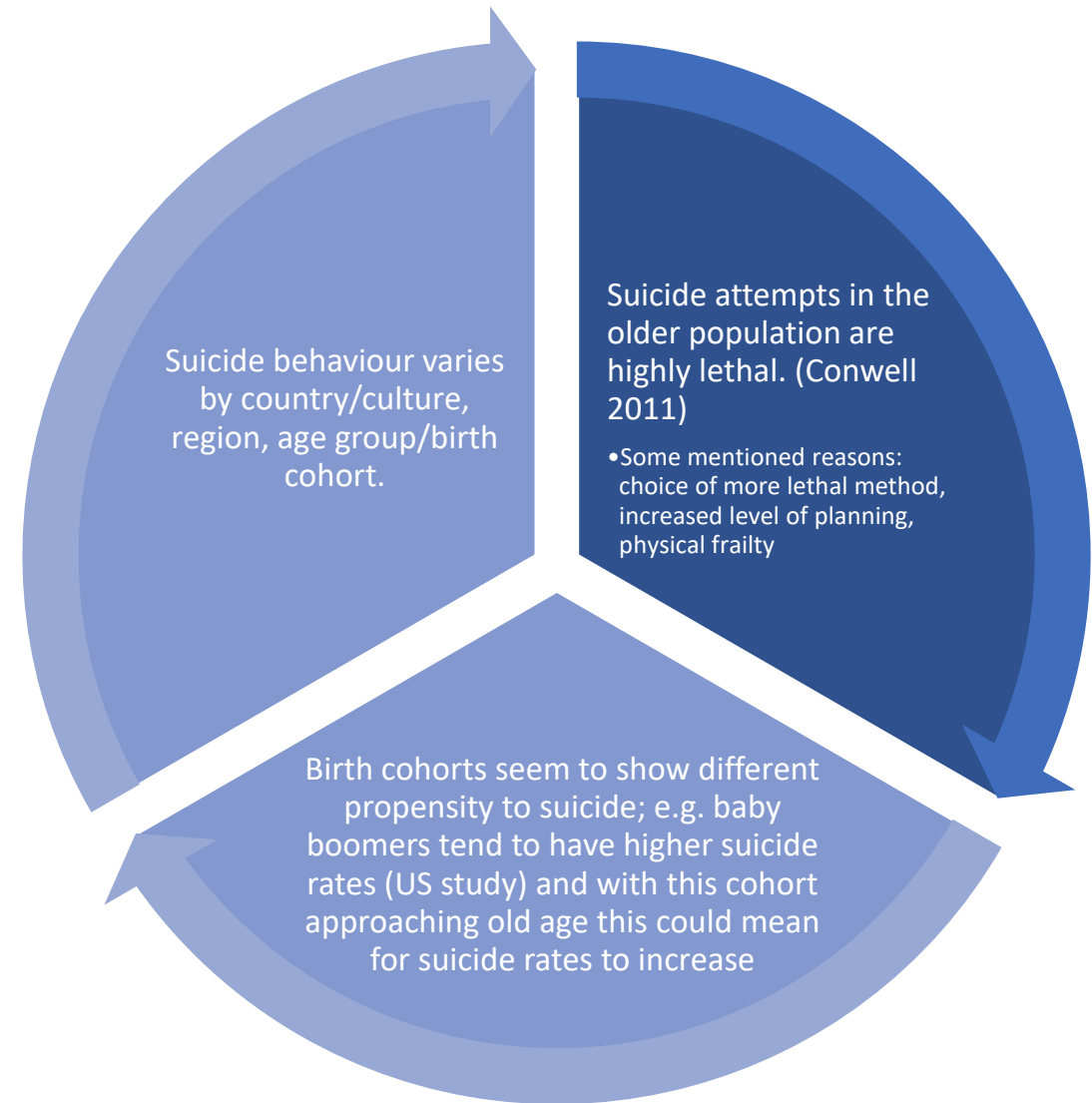
- Proportion of deaths by suicide in older population is low
- However, with an aging population the numbers of deaths by suicide by older people is expected to increase

# Age-specific death rates for intentional self-harm in 85+ by sex over time

Source: 3303.0 - Causes of Death, Australia, 2017



# Suicide behaviour in older people



# Risk factors for suicide in older people

## Social factors

- Social isolation, being divorced or widowed, being bereaved, experiencing financial problems are associated with suicidal ideation, non-fatal suicidal behavior and suicide in later life (Fässberg et al. 2012; Conejero et al. 2018)

## Psychological factors

- Psychiatric disorder: depression is most commonly present in elderly people who took their lives. 71% to 95% had a major psychiatric disorder at the time of death. (Conwell, Duberstein, Caine 2002)

## Physical factors

- Physical illness is a contributory factor in most cases of late life suicide, but it is unclear whether physical illness has an independent effect and whether specific illnesses mean higher risk. (Fässberg et al. 2016)
- The diagnosis with a severe illness and experiencing chronic pain are shown to be risk factors for suicide. (Erlangsen et al. 2015; Calati et al. 2015)

## Functional factors

- Cognitive decline is linked to suicide. (Dombrovski et al. 2008)

# Limitations to our understanding of risk factors

- These risk factors operate in complex interactions.
- How the interactions play out is influenced by one's culture, personality, and neurobiological make-up.
- It is difficult to determine independent effects of one category over the other.
  
- None of these studies explain the differences in suicide risk between men and women.
- Older people were mostly defined as 65 years and older.



# Why is the suicide rate higher among men?

- Suicide is a gendered issue which affects men more strongly
- The reasons for any individual suicide are complex
- The reasons for the gender gap in suicide are also complex
  - More lethal means
  - Less social connection
  - Delayed and reduced help-seeking
  - Acquired capability for suicide
  - Masculinity (in particular self-reliance)

# Masculinity and suicide

- Masculine norms are the script by which society tells men to live their life, consisting of a socially constructed gender ideal for men.<sup>7</sup>
- These norms vary across time, places and groups and therefore result in multiple masculinities.<sup>8, 9</sup>
- The dominant masculinity in Australia is one that endorses the norms of stoicism, independence, invulnerability and avoidance of negative emotions.<sup>10</sup>
- This dominant version of masculinity has been associated with suicidality, delayed help-seeking and negative mental health in adult men.<sup>11, 12</sup>

# Masculinity and suicide in older people

Authors	Study design	Finding	Limitations
Pirkis et al. 2017	Quantitative study, cohort data from the Ten to Men study, Australia	Self-reliance as one factor of a validated masculinity scale increases suicidal thinking	Men 18 to 55 years
Oliffe et al. 2011	Qualitative study with men diagnosed with depression, Canada	Perceived loss of breadwinner role; older age was interpreted as offering limited opportunity to fulfill their role and being useful; loss of social bonds were central to depression and suicidal thinking	Men 55-79 years
Apeso-Varano 2018	Qualitative study, Latino men in USA	Loss of economic means, relationships, and physical ability trigger suicidal thinking; keeping independent by choosing when to die.	Men 60 and older

# Suicide prevention interventions for older people

- Evidence regarding effective suicide prevention programs in the older population is slim.
- Gender specific differences regarding the impact of interventions was rarely considered.

*Lapierre, S et al. 2011. A systematic review of Elderly Suicide prevention programs. Crisis, Vol.32/2, 88-98.*

- Most programs focused on individuals with suicide risk behaviours and clinical depression or vulnerable people experiencing isolation or disability.
- Interventions focused on screening and treatment methods and reduction of isolation.
- Most had positive outcomes according to the outcome measure, but were more successful in women.
- Men may prefer interventions that focus on action and problem solving rather than creating relationships and expressing emotions.

# Suicide prevention interventions for older people

Ono Y, Sakai A, Otsuka K, et al. 2013

- Multi-modal intervention: local government involvement, educating general public, reducing stigma and increasing awareness, gatekeeper training, increased support for people at high risk
- Positive effects in reducing suicidal behavior, particularly suicide attempts in males and people in rural areas, but ineffective in urban areas.

Other interventions focused on training for medical professionals (GP's) to increase the ability to recognize, assess and manage depression in older people.

# Limitations to current research: what we don't know

## Limitations to current research

- Older people are defined as 65 years and older
- Few studies report comparisons by sub-group within older population, i.e. 65-74 (old), 75-84 (older-old) and 85 and over (oldest-old)
- Lack of gendered approach despite known discrepancy in suicide rates
- Many epidemiological studies remain descriptive
- Little is known about causal effects due to lack of control groups in the research design
- Few interventions for older people – less effective for men

## What we don't know...

- What factors contribute to suicide in Australian men 85+ years ?
- What role does this generation's masculinity play in the decision?
- What interventions will work with men 85+ years?

# Aims



## Aims

- To determine the role of masculinity and other health and life factors in the suicidality of men as they approach the at-risk age of 85 years or more and to inform suicide prevention efforts
- Trial alternative data collection with men of this age group

# Method



## Method

- Advisory committee and older men consultants – input into study design and interpretation of findings
- Four focus groups (n=26) – preferred method
- Phone interview (n=1)
- Surveys (n=6)
- Psychologist available
- Thematic analysis guided by questions asked



# Focus group, interview and survey questions

Explained purpose of the study, including facts about suicide in older men

## Main questions

- What do you think are the most important things for men as they get older?
- How do you think men manage their mental health?
  - Is there anyone you would talk to if you have a problem?
- Why do you think men commit suicide?
- Do you ever think it is ok for older men to end their lives?

# Participant characteristics (n=33)

Characteristic	Response	Mean Years (Range)
Age	Year	83.9 (80 – 92)
No. years in Australia if born overseas	Years	56 (38 – 69)
		<b>N</b>
Country of birth	Australia	23
	United Kingdom	6
	Europe	4
	Other	1
Language spoken at home	English	33
	Another language	3
Type of accommodation	Own home	28
	Family member's home	1
	Retirement village/independent living unit	4
	Supported accommodation	0
	Nursing home	0
Household members	Alone	14
	Partner	19
	Other family	0
	Friends or housemates	0
Main Occupation (ASCO)	Managers and Administrators	8
	Professionals	9
	Associate Professionals	2
	Tradespersons and Related Workers	7
	Advanced Clerical and Service Workers	7
Health rating	Poor	0
	Fair	6
	Good	14
	Very Good	12
	Excellent	1

## Main themes

- What's important as we age
- Challenges of getting older
- Connecting with others
- Things we were born to
- Suicide vs euthanasia



# What's important as we age

- Meaningful, productive, interesting activities
- Good health
- Family, especially wives and children



*"I have found that some friends have given up living because it is hard to keep active and so have died"*

*"Well me speaking personally the most important thing to me at my lifestyle now is to retain reasonably good health and have my partner as long as I can have them"*

*"Five children are all married, five grandchildren, three are married, and five great grandchildren... and they keep me busy. Yeah after the job I did all my life they're my bit of sanctuary"*

# Challenges of getting older



- Loss of positive regard
- Not being able to do things
- Loss of independence – driving
- Being a carer
- Loss of spouse
- Feeling of being left behind

*“You become invisible”*

*“You can’t physically do it, so you’ve got to employ somebody to get the job done, which is frustrating because half the time they don’t do a good job anyway”*

*“If you took driving away from me it’d be like chopping my legs off”*

*“My wife had Alzheimer’s for the last 10 years of her life. I looked after her at home until it became unmanageable. You cannot look after someone like that at home and remain sane yourself. It’s very very difficult to find good care for people”*

*“Loneliness is the big one. You lose your partner and you’re dead”*

*“... advent of technology where old codgers like me get left behind. You go to the bank, they say to send them an email; you want to make a payment, you have to go online. It’s just another nail in the coffin”*

# Connecting with others



- Women do it better
- Lots of acquaintances – few friends
- If pushed, talk to wives, sometimes children and GP

*“My wife says men always like to find a problem and solve it, and also they like to be on top of things, and women are less competitive, they're less wanting to be boss, they're less wanting to go for the answer, they will feel around it, they approach it from different angles – it's this business about women think with more of their brain than men do, and use intuition. So men follow the straight line of the argument, the rationality, and the women work more emotionally. So they have a different way of solving problems”*

*“I have 175 members here and they're all acquaintances. I know them all, I greet these blokes like I greet anybody, but a close friend is entirely different. Where a woman seems to have this all the time, and have closer communications than what we have”*

# Things we were born to



- Fixed gender roles
  - Men as breadwinners and decision-makers
  - Women as carers – wives and mothers
  - Different but equally respected

*“we were born to it, our parents were male dominated, I use that word not aggressively, but our dad used to bring home the money and mum looked after it, but dad made the decisions. Likewise mum stayed home and looked after us, brought us up, and that was mentioned before. In our life my wife stayed home, brought up two boys and I more or less made the decisions. And it's just gone on and will go on because it's in us to do it”*

# Suicide vs euthanasia



- Attitudes to suicide in younger years
  - Sin
  - Cowards way out
- The right to die in older years
  - If health and function compromised
  - Not wanting to be a burden

*“And you know when I was young, as you know suicide was a crime, if you tried to suicide and you recovered you went to jail, you know. I was brought up suicide was the cardinal sin you know, unforgiveable and all this sort of stuff. So I’m not, can’t imagine myself ever wanting to do it, like suicide, unless you know I was in that much pain and so forth you know. Fortunately now there’s euthanasia that hopefully would absolve you of having to do that”*

*“You might feel your family is better off without you, financially or physically. Just being a realist. Or if you suffer a lot of complaints – is life worth living?”*



# Summary



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Strong themes of masculinity were evident within each of the key themes, in the way men coped with ageing and connected with others.

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Men spoke about a strong desire to stay alive through a focus on keeping busy, maintaining a purpose and maintaining good health.

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They spoke about the value of partners and family.

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They also commented on problems related to social connectedness, declining functionality, and fear of running out of money.

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Comments were made about the 'strong silent' male who had lived a life as provider and decision maker, and was now somewhat restricted by this role.

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They viewed suicide by older men as a rationale response to a life that didn't feel to be worthwhile, and defended their right to choose the time and method of their death. Suicide in earlier life viewed differently

# Implications

- Suicide prevention may need to focus on purpose and activity rather than emotional engagement
  - Flag for health professionals may be lack of activity or purpose rather than sadness
  - Death of spouse, financial stability, loneliness and loss of functionality can be triggers
  - Recognise older men may be carers
- Interventions such as Men's sheds or similar may be beneficial for older men's mental health rather than psychological counselling
- GPs are trusted

Note this is a small qualitative study with homogeneous group

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