



FROM THE PRESIDENT

Suicide and the economic depression: Reflections on suicide during the Great Depression

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 dramatic 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 rates 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 fuelled 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. It was later learned that the medical examiner who was called to the scene withheld announcing Reordan's death until after noon the next day (Saturday) just after the bank closed for the weekend. Despite rumours 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 that 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.

Brian L. Mishara, Ph.D
mishara.brian@uqam.ca

References:

- Cook, T. D., Dintze Leonard, and Mark Melvin M. (1980), *The causal analysis of concomitant time series*, Applied Social Psychology Annual, 1, 93-135.
- Edmondson, B. (1987), *Dying for dollars*, American Demographics, 9(10), 14-15.
- Galbraith, J. K. (1954), *The Great Crash 1929*, Boston: Houghton-Mifflin.
- Mishara, B. L. and Balan, B. (2004), *Suicide*. In Encyclopedia of the Great Depression. New York: Macmillan Reference, 948-950.
- Platt, S. D. (1984), *Unemployment and suicidal behaviour: A review of the literature*, Social Science and Medicine, 19, 93-115.
- Stack, S., (1992), *The effect of the media on suicide: The Great Depression.. Suicide and Life-Threatening Behavior*, 22 (2), 255-267.

IFOTES and its role in suicide prevention



Diana Rucli – Director
IFOTES – International
Federation Of Telephone
Emergency Services

IFOTES' (International Federation Of Telephone Emergency Services) history began in 1967 in Geneva (CH), when the main European National Federations of help-lines joined together. Today it has 32 members in 25 Countries, with over 500 hotlines; nearly 25,000 volunteer listeners carefully trained; 600 professionals coaching the volunteers and leading 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.

IFOTES members' hotlines started in the 50s, first closely related to suicide prevention. Further prevention was soon developed for those suffering from depression or loneliness, or being in a state of psychological crisis. Today, they offer emotional support to any person who simply needs to be listened to and be acknowledged, whatever his/her problem may be. The actual mission is to offer an empathetic listening that helps the caller develop resilience and capability to better manage his emotions.

Based on our experience, we are convinced that one of the most powerful ways to support people in distress, prevent suicide and develop emotional well-being is to understand with respect what others are experiencing, which is what we do every day on the phone, and to promote listening skills amongst the population. This has a direct impact on mental health and it refers to what is called "Emotional Health."

Our members have been training volunteers with very different backgrounds for 50 years; the volunteers come from all sections of society and are selected and trained based on their ability to listen empathetically. Their experience testifies that learning communication skills such as listening, giving and receiving empathy, is life-serving, it improves coping skills and emotional well-being.

IFOTES, with the University of Geneva, has recently conducted ground-breaking research into the emotional profile of volunteers. This is both in terms of building up a general picture of the profile of volunteers worldwide, but also looking at the profile of individual volunteers in relation to their helpline work, and their home and family environment. The results of this research has been important for influencing volunteer selection criteria, informing training needs and methodologies, in addition to exploring emotional resilience and wider well-being in society.

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.

IFOTES www.ifotes.org
www.ifotescongress2007.org
International Federation of
Telephone Emergency Services

If you are an organizational member of IASP and would like to feature the work of your organization in the newsletter please contact Jerry Reed, Chair of the Council of Organizational Representatives for IASP at jreed330@comcast.net for criteria for publication.

