

Suicide rate at 25-year high for middle-aged Americans

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The number of middle-aged Americans who committed suicide annually rose by nearly 20 percent between 1999 and 2004, a recent federal analysis of national death data has found. The finding is one more reflection of the social distress that has been deepening throughout the past decade, a period defined by tremendous polarization, indebtedness, and the erosion of working class living standards.

The data, collected in the National Vital Statistics System, had reflected an overall increase in injury mortalities of 5.5 percent over the period. This rate was fuelled by suicides and unintentional drug overdoses, according to a study by the federal Centers for Disease Control and Prevention, published in the December 10 edition of the *Morbidity and Mortality Weekly Report*.

In 2004, there were 16.6 suicides per 100,000 deaths recorded among Americans aged 45 through 54. This is the highest rate recorded by the CDC since 1980, when it began keeping figures on suicide. Among women of that age group, the suicide rate rose by 31 percent. In all, some 32,000 deaths were recorded as suicide in 2004, of which 14,600 were among the middle-aged.

In comparison, suicides among other age groups did not increase substantially. Among 15 to 19 year-olds—a group often considered to be at highest risk for suicide—the rate increased by less than 2 percent. The suicide rate decreased among those 65 and older.

Military veterans represented a significant segment of those who committed suicide. According to a Veterans Affairs study published in October in the *American Journal of Public Health*, veterans took their own lives at a rate of nearly 90 per 100,000 between 1999 and 2004. Younger male veterans were found to be particularly at risk for suicide in that study.

In contrast, VA mental health director Ira Katz told the *New York Times* in an article published February 19, that middle-aged veterans had the highest suicide risk, accounting for perhaps as many as one in five suicides annually. Independent analysis by CBS News of nationwide state death records for 2005, indicated that at least 6,256

veterans had committed suicide over that single year alone.

Taken together, all the data on veterans suggest that members of this subset of the population commit suicide at far higher rates, and those deaths are under-represented in federal reports.

Since the CDC report was published, health officials and the media have offered a variety of possible explanations for the midlife suicide rate increase. Most range from the superficial to the absurd.

The February 19 *New York Times* piece (Midlife Suicide Rises, Puzzling Researchers), for example, describes trying to understand the increase “like discovering the wreckage of a plane crash without finding the black box that recorded flight data just before the aircraft went down.” For officials, the rising number of suicides is “a surprising and baffling public health mystery.”

The *Times* commented that “although an unusual event might cause the suicide rate to spike, like in Thailand after Asia’s economic collapse in 1997, suicide much more frequently punctuates a long series of troubles—mental illness, substance abuse, unemployment, failed romances.”

Health researchers cited by the paper suggest “the prime suspect” for suicides is the use of prescription drugs. In a separate report, the CDC reported that poisoning from prescription and illegal drug overdoses increased by 62 percent over the five-year period to 2004. Among the middle-aged population, the poisoning mortality rate grew 87 percent.

A “sudden drop in the use of hormone-replacement therapy by menopausal women,” “higher rates of depression among baby boomers,” and “a simple statistical fluke” have also been suggested by some experts, the *Times* noted.

While all of these factors no doubt have roles in suicides and depression, there is a relation of personal troubles—mental illness, substance abuse, unemployment, even failed romances—to broad social developments.

One personal example in the *Times* piece touched on the economic realities of modern American life. Linda Cronin, a 43 year-old employed at a gym, took a lethal dose of

prescription drugs in 2006. “After attempting suicide before, she had checked into a residential treatment program not long before she died,” the article explained, “but after a month, her insurance ran out. Her parents had offered to continue the payments but, ... Ms. Cronin did not want to burden them.”

Although suicide is a personal, psychological act, it is also a social and cultural phenomenon. Individuals are very much the product of their social conditions, and the psychological distress in massive numbers of people cannot be explained away as a statistical fluke or baffling mystery.

Rather, like other ills—addiction, domestic violence, homelessness, bankruptcy, school shootings, and on and on—suicides must be understood within the context of a society, and an entire social system, in distress. All have their personal components and complexities, but in a larger sense they are the product of what Marx called the “law of the increasing misery,” an inevitable consequence of the drive by the ruling class to accumulate wealth by squeezing as much profits as possible from the labor of the working class.

Workers’ health, safety, security, happiness, mental stability, intellectual potential, free time, life expectancy—all are subordinated to widening profit margins. “[I]n proportion as capital accumulates, the lot of the laborer, be his payment high or low, must grow worse,” Marx wrote in *Capital*. “The law ... rivets the laborer to capital more firmly than the wedges of Vulcan did Prometheus to the rock. It establishes an accumulation of misery, corresponding with accumulation of capital. Accumulation of wealth at one pole is, therefore, at the same time accumulation of misery, agony of toil, slavery, ignorance, brutality [and] mental degradation at the opposite pole, i.e., on the side of the class that produces its own product in the form of capital.”

In an effort by corporations to continually boost profit margins in the past decade, workers have been burdened with more work, slapped with layoff notices, or forced to endure devastating cuts in compensation. Labor productivity figures increased at record rates as workers worked more hours and carried more responsibilities.

Meanwhile, wages stagnated or declined relative to rising living costs. The possibility of unemployment haunted industrial workers. Between 2000 and 2004, more than three million decent-paying, pensioned jobs were eliminated. Jobs that were created to replace them were by and large in the low-paying retail sector, where workers are frequently uninsured and have little to no job security.

The period of 1999 to 2004 saw an enormous escalation in social inequality. As trillions of dollars were diverted in the form of tax cuts and income gains to the top tenth—and especially the top 1 percent—of the population, less wealth

was spread about in the rest of society. The credit market exploded, and millions of working class families began tapping their home equity for extra income.

In the past two decades, the average work year for employed couples has increased by 700 hours, the equivalent of 17.5 extra workweeks over the year, according to the US National Institute for Occupational Safety and Health. Not surprisingly, a large proportion of the working population experience psychological and physical exhaustion.

Government data from 2004 suggests that 8 percent of American adults, or about 17 million people, had suffered at least one “major depressive episode” during that year. Low wages, mounting job insecurity, and the erosion of benefits all contribute to anxieties and psychological troubles.

Poorer workers are particularly confronted with few career opportunities and multiple family obligations. Many middle-aged blue collar and low-income workers must care for children or make child support payments while simultaneously acting as caregivers for elderly parents.

In the event of a traumatic life event such as a death, divorce, or accident, wage earners do not have the time and cannot afford to grieve or recuperate properly. Without insurance, therapy is out of financial reach. Millions turn instead to prescription drugs, alcohol, or other drugs to manage depression, often aggravating social alienation and doing nothing to remedy the underlying causes of distress.

Since 2004, all the factors driving the increasing social misery have intensified and new ones have developed. The housing market, upon which millions of families relied for extra income, has collapsed, wiping out billions of dollars in home equity. Credit is harder to access, and consumer inflation is steadily rising.

Reflecting this, an October survey conducted by the American Psychological Association found that one in three Americans reported being under “extreme stress.” Economic pressures were far and away reported as the primary source of psychological distress. Heavy financial obligations preclude annual vacations for many families; more than one in four US workers take no vacation time at all in a given year, according to the NIOSH.



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