

SUICIDE BEFORE AND AFTER THE FALL OF COMMUNISM IN AN EASTERN EUROPEAN SOCIETY

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1. Introduction

Along the centuries, suicide has not always been considered an „interesting” phenomenon. As its linguistic evolution shows, the word "suicide" was for the first time used in latin by the moralists of the 17th century. In French it appeared only around 1734 (Delumeau, 1997: 217), which means that the social reality did not impose its current usage. In the *Bills of Mortality*, John Graunt mentions 222 suicides by hanging (of 229,250 deaths), which represents around 0.01% of all deaths, due to suicides in England in the 1660s – a negligible proportion, it can be said.

Formerly, suicide was interesting only from a moral point of view; the main problem involved was whether man is or not allowed to take a life that he have not given to himself. For example, an Anglican priest, Burton, “is wondering whether all people who have committed suicide are damned as Judas and Pilate. His answer is complex, but eventually benevolent. Those people who died a so quick a death that they could not ask for forgiveness «have to be afraid of the worst»; as to people who did not die quickly, charity requires us to think they had sufficient time to ask for forgiveness. Finally, if somebody has committed suicide «because of lunacy or melancholy ...taking into account the fact the he did it unconsciously, because of his sickness, we have to take this gesture, in the best case, as those Turks who think that all crazy and dement persons are to go directly to Paradise»” (Delumeau, 1997).

The 19th century brought about a change in the discussions on suicide. Beginning with this century, these discussions began to be focused on the factors that influenced the phenomenon of suicide – whether social or psychological causes. The problem of individual responsibility was not important in this type of discourse: the person was seen as manipulated by social and psychological factors that could not be controlled by him/herself. Suicide as a moral problem still remained under discussion, but not in social sciences. The change of the perspective from a *moral perspective* to a

causal one can be interpreted as a removal of individual irresponsibility, as the person who has committed suicide cannot be considered guilty as long as either the societal or the psychological factors are responsible for his/her gesture.

The causal perspective contains two directions: a *psychological point of view*, according to which the causes are inside the person, and a *sociological one*, according to which the social life, intensity of relationships between people are the main causes of suicide. First direction seems to be more "natural", given the fact that, usually, the individuals and not the social groups are those who commit suicide, and many self-slaughters suffer from psychological problems well before they commit suicide (J.C.Chesnais, 1981).

Psychoanalysis – a particular case of the psychological perspective – considers suicide as a self-aggression: an aggressive potential, which cannot be directed towards an external object, is re-directed toward the ego and destroys it. Aggression is unleashed, for example, as a consequence of the loose of an object, which is not only a loose of a relationship, but a profound feeling of frustration because of that lost object (Buda, 1995). The person cannot accept the loose and internalises the object identifying with it. All bad feelings against the object are re-directed towards the person, and determine self-destructive attitudes.

The main objection against the psychoanalytic point of view regards the sample of people studied: all persons studied have had severe psychological problems, and an extension of this theory to all persons who have committed suicide implies the idea that all these persons have psychological sicknesses.

On the other hand, a psychological point of view explains the mechanism of suicide alone, without explaining why the phenomenon is constant in time, on the scale of a nation. Had suicide only psychological causes, why the suicide rate is almost the same for long periods of time? Durkheim is one of the first sociologists who observed this regularity and maintained the hypothesis of a social determination for suicide. Taking into account the mortality-suicide rate as a measure of the tendency towards suicide within a society at a given moment, he observed that each population has, collectively, a well-established suicide tendency. This tendency is inversely proportional to the degree of integration of the individual in society. The laws that he established were confirmed over time by some others researchers: masculine over mortality, relative immunity of married persons, higher intensity of

suicide during the economic crises, and decline of suicide rates during the war periods (Durkheim, 1993).

A study on suicide is not a very easy one. One of the problems raised is the quality of the data. Data are disputable because in many cases it cannot be distinguished between suicide, murder or accident. In some countries (Great Britain, for example) there is a special inquiry dedicated to each suspected suicide, which establishes its possible reasons, but the outcome is not certain in all cases (Gelner & others, 1992). "Very secret, suicide is so secret that we do not know even the annual number of suicides. Of course, we have a lot of statistics, but these statistics record only the official suicides and underestimate their real number." (Aries, P.& others, 1997). Another problem in analysing suicides is the definition of this act. If Durkheim's definition of suicide is to be used, with its special emphasis on the consciousness of consequences of suicide on the side of the person who commits it, then the statistical data are almost useless, because nobody knows how conscious the victim was before his/her death.

In the present study I am trying to analyse the data on suicide in Romania between 1983 and 1997, with special details as to the period 1994-1996, taking into account the notion of suicide as a phenomenon with social determinants.

Which are the demographic characteristics of people who commit suicide in Romania? This is the main topic of my present study. We do not know why people commit suicide, whence they find the power to give up their lives, or how they gather so much sadness not to love them. All we can study are the demographic characteristics - age, sex, residence, and marital status - of people who committed suicide during a period of time.

2. A general overview

Chesnais (1981) has been proposed a typology of European countries, taking in account the intensity of the suicide. Hungary is the country with exceptional suicides rates (55,5 la 100000 for men in 1994); the group of German culture countries (Austria, Germany, Swiss, Czech Republic, Slovakia, Danemark) is historical characterized by high rates of suicide, but not so high as in Hungary - 20- 30 suicides for 100000 persons. Romania is part of the group of countries partial industrialized, with profound agricultural traditions with low suicide rates (10-15 suicides for 100000 persons). Data on groups of populations and regions in Romania show the suicide phenomenon recorded high variations, the country seems to be non-homogeneous in the face of this phenomenon.

Looking at the data for years 1983-1997, it can be distinguished three intervals with different levels of suicide rate: 1983-1988, 1989-1991, 1992-1997.

Table 1: The evolution of suicide rate by sex, 1983-1997

	1983	1984	1985	1986	1987	1988	1989	1990	1991
Total	10.9	11.6	11.3	12.5	12.1	11.6	10.9	9.0	9.3
Males	16.7	17.9	17.4	19.2	18.8	17.9	16.5	13.3	14.3
Females	5.3	5.5	5.4	6.0	5.7	5.4	5.5	4.7	4.5

	1992	1993	1994	1995	1996	1997
Total	11.6	12.2	12.7	12.3	12.5	12.7
Males	18.5	19.6	20.6	20.3	21.0	21.5
Females	4.9	5.0	5.1	4.6	4.3	4.2

The period between 1989-1991 is characterized by an average rate less than 10 suicides per 100000 persons; the average rates for the other two periods are around 12 suicides per 100000. The change can be explained taken in account one of Durkheim's rules: the times of revolutions have low suicide rates. The revolution from 1989 was a moment of intensive social life in Romania, and this fact introduces a decrease of suicide rate. After 1992, the moment of revolution is forgotten, and the suicide rate began to increase attaining higher levels than before 1989. The period 1992-1997 is too short to predict a further increase in the suicide rates, but the

anarchy, which characterized the social life in Romania, can be an argument for such an increase.

One of the suicide laws is a constant gap between males and females rates of suicide; males have higher rates of suicide than females. This is one of the differences between suicides and tentative of suicide and one reason for which the two phenomena are not discussed as a whole (Gelder, 1992): the number of tentative of suicide is higher for females than for males. The difference between suicide and tentative of suicide it seems to appear due to the different goals: the people who are trying to commit suicide, and don't succeed don't want to die, they want only to ask for attention because they can't deal with their problems. They need help, but they didn't loose any kind of hope.

The suicide rates confirm the fact that the intensity of the phenomenon is different for the two genders; the suicide rates for males are three toms higher than females rates. It is interesting to see that the trends of the rates are different for the two genders. (*Graph 1*).

Graph 1. The variation of suicide rates by gender, 1983-1997

In 1990 is a year of decline in the rates of suicide for women as well as for males but, if for males this is the year with the lowest level of suicide for entire period, for females is different. Beginning with 1995, the rates of suicide for females are lower than in 1990. One explanation of this difference can be related to the different participation of females and males to the social life in Romania; women are much less involved than males are. This is why important social events have a lower impact on emotional life for females than for males. Women are reacting more to the changes, which directly affect family, personal life, social movements are less interesting for them. It can be seen that the variation of suicide rates for females is lower than for male; the graphic is almost linear for women but with accentuated changes for males.

3. Age

A second difference between tentative suicide and suicide is in the age structure of persons who commit these things: people who succeed in committing suicide have a higher average age than people who try only to die. The highest rates of suicide are recorded in Romania on people older than 40 years, and suicide rates for adolescences and young persons are, generally, low (see *Table 2*).

Table 2: The evolution of suicide rates by age

	1987	1991	1994	1995	1996
0-14 years	0.4	0.3	0.5	0.3	0.4
15-29 years	8.8	6.0	8.6	8.6	7.8
30-44 years	16.1	11.6	17.5	17.0	17.1
45-59 years	21.8	16.0	22.3	22.4	22.8
60-74 years	18.0	16.4	17.6	16.7	17.8
over 75 years	15.1	18.9	22.1	16.2	17.7
Total	12.1	9.3	12.7	12.3	12.5

During the period 1989-1991, the rates of suicide were highest for age group over 75 years, in the other two periods the age category 45-59 years have the highest rates. For old persons - over 75 years loneliness and sickness are possible explanations for a high tendency for suicide, persons between 45-59 are more affected by what is happening in the society; an anomic or totalitarian society makes them to lose the sense of life.

During the period 1994-1996 the highest rates of suicide are recorded for old women, between 60 and 74 in 1995-1996 and over 75 in 1994. The decrease of the suicide rates is recorded for all ages, but more for young age groups (0-14 and 15-29 years).

4. *Marital status*

Data on marital status are available only for 1994-1996. From these data it can be seen that the highest rates are recorded for divorced and widower males (more than 100 cases for 100000 persons) (see *Anexa I*). The rates for widowers and divorced males are closed to each other, and are very high in comparison with the rates for single and married persons. In the interpretation of results it has to be taken in account the fact that the estimations of population on marital status are poor; especially divorced people tend to declare another status than divorced. In this way the denominator of the rates for divorced is lowered, so the rates are highered. Anyway, the differences between married and divorced people are remarkable higher and is not credible to think there are due only to the problems in data quality. On age groups, the suicide rates are the highest for 30-59 years age group and for widowers between 15-19 years and 60-74 years.

Both for women and men, the lowest rates of suicide are recorded at married people so is confirmed the Durkheim's law.

Table 3: The coefficient of protection for different marital status

	Unmarried		Married		Widow(er)		Single	
	<i>women</i>	<i>men</i>	<i>women</i>	<i>men</i>	<i>women</i>	<i>men</i>	<i>women</i>	<i>men</i>
1994	1.6	1.3	1	1	2.9	4.8	2.8	5.3
1995	1.7	1.4	1	1	2.5	4.8	3.6	5.3
1996	1	1.3	1	1	2.6	5.7	2.6	5.5
Average	1.4	1.3	1	1	2.6	5.1	3	5.4

I computed a coefficient of defend given by marriage using the Durkheim's method as a raport bewteen the rates of suicide on each marital status and rates for married people. It can be seen in Table 3 that all the others marital status have a higher coefficient than one, for both sexes. The highest coefficient is recorded for divorced persons (5.4 fo rmales, and 3 for females), for widowers (widows) the values are closed, but for single persons are much lower. It can be supposed the divorced persons have high rates of suicide only sa a result of a selection process - people with psychological problems or a dezorganized life are more exposed to the risk of divorce

and, in the same time, at the risk of suicide. Than they can't have similar rates of suicide with widowers(widowes) because is not resonable to suppose there is a similar selstion process for them. The widows(ers) and divorced persons have a similar life history : a) a period when they lived in the middle of a family; b) the actual state of loneliness. The passing from one state to another is psychological empoverishing and make life hard to be lived. This explanation can be given also for high difference between single and divorced persons. Single persons didn't experiment life with a spouse,they didn't change their status. Not to be alone is problematic, is problematic to change the state from a part of a couple in alone, so the problems of single persons, on one hand, and divorced and widows (widowers) are different and this is why their rates are so different. Of course, the difference in age structure is has to be also taken in account; single persons have a much lower average age than divorced and widowers.

The ratio of masculin and feminin suicide rates on marital status are presente in Table 4. The greatest difference is between the widower/widow and divorced. The change of status - from married to widower or divorced - seems to affect males more than females.

Tabel 4 : Ratio of suicide rates masculine/feminin on civil status

	Unmarried	Married	Widow (er)	Single
1994	3.7	4.6	7.7	8.6
1995	4.1	4.8	9.2	7.1
1996	6.6	4.8	10.6	10
Average	4.8	4.7	9.2	8.6

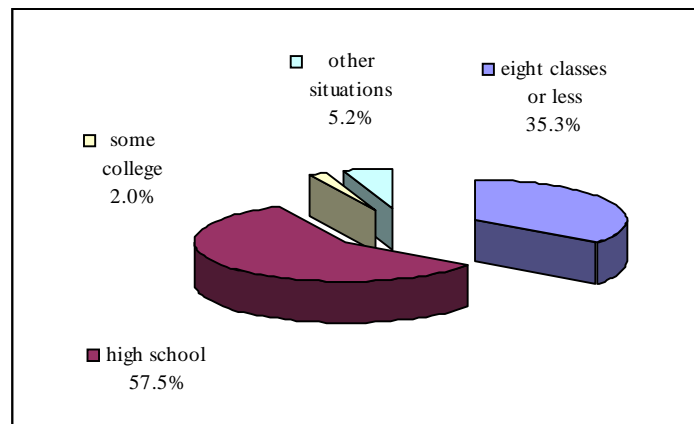
source: CCSSDM, author computing

The disparition of the partner affect deeper the life of males than the life of women, and this make men more willing to marry again or to commit suicide. The women are regulated the marriage life, their disparition means a disparition of an entire way of life.On the other hand, the presence of children can be helpful fo rwomen but can be a burden for men.

5. *Level of education. Methods of suicide.*

The structure on education for persons who committed suicide is very similar with the structure in population, more than this, the proportion of persons with an college degree is lower than in the population. This is remarkable because is generallt assumed that persons with higher level of education are more willing to commit suicide than persons with lower level of education (Chesnais, 1981)

Graph 2: Suicides on level of education, 1996



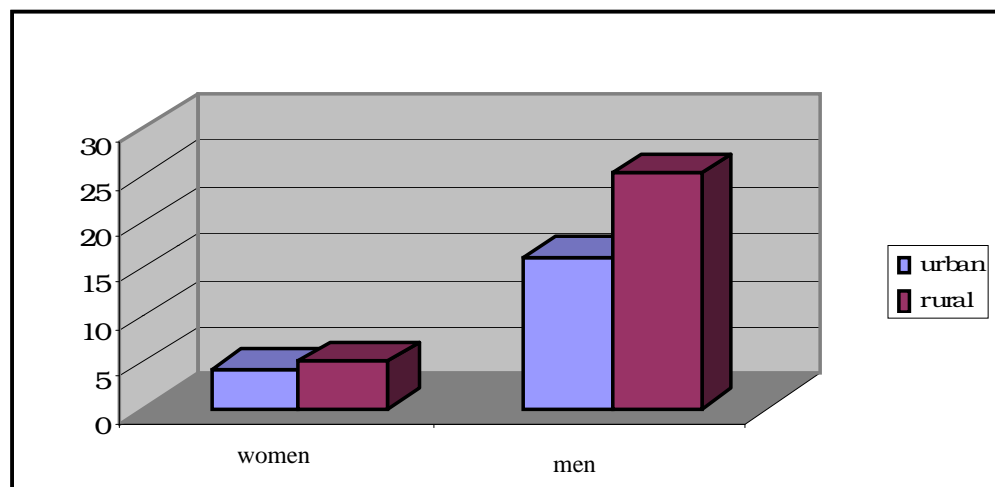
It is generally supposed that a higher level of education is resulting in a change of personality - a higher level of reflexivity, more things to be think, more individualism and all these factors increase the probability of committing suicide. In Romania the kinship ties are still strong and people with higher education don't seem to be more individualistic oriented than the others. Family is still very important because a collee degree doesn't mean necessarily a good job, or enough money to live. The position in society is strongly dependent of the position of the family, so people, at all level of education, need to keep kinship ties strong.

From the point of view of methods used for suicide, the majority of people - over 80% of men and 65% of women have as cause of death asfixia. Less people - around 10% of men and 25% of women – used poison to commit suicide. In the others cases the cause of death was burning?? and traumatical lesions.

6. *Where they live?*

It is supposed (Durkheim, 1993) the town makes people more willing to commit suicide than the village, because the town is the place of anonymity and weak ties. The data for Romania after 1990 don't support this idea. In 1991 is a shift in the ratio of rural -urban suicide rates: the suicide rates are now higher in rural areas than in urban areas. The distribution of suicides on age categories shows the shift was mainly a result of the change of the ratio for the age categories 40-44 years, 50-54 years and 60-64 years, the suicide rates became higher in urban than in rural areas for these categories of age. The distribution on sex shows the shift was determined by the shift in males rates: the rates of suicide were greater in rural areas only for males, not also for females. So the men with the age between 40-54 years are mainly responsible for the shift in ratio of urban/ rural suicide rates (Graph 3).

Graph 3: Suicide rates on gender and type of location. 1995



The change observed is not only a characteristic of Romania. Chesnais, for example, observed that the Paris region has the lowest suicide rates in France, even if is a big city. The same observation was made for London.(Gelder & others, 1992) Great Britain and France are countries with a high level of urbanization where the rural area is not a classical village, their situation is almost incomparable with Romania, where 45% of population still live in rural areas. What is the explanation for such a change in Romania? After 1990 the land was returned to the people who

owned it before 1945, or to their successors and, on the other hand, the rate of unemployment (which affect mainly urban population) grew up. People who returned in the villages left long time ago villages, they were not adapted to the agricultural work, they left a higher level of comfort. All these are stress factors, which can have as a result an increase in suicide rates.

7. *Nationalities. Counties.*

Census from 1992 in Romania found 8% of population has a Hungarian ethnicity. Between 1994-1996, 21% of the suicide cases are due to the people with Hungarian ethnicity which can be translated as a three times higher rates of suicide for Hungarians than for Romanians. It is interesting to observe the Hungarian population from Romania has a similar suicidar behavior as Hungarian population - high rates, even if they are living in the middle of a population with low rates of suicide.

I tried to found some determinants of rates of suicide at the county level. The number of suicide at county level is too low (around 50) to compute rates, so I computed rates for three years (1994-1996). In *Anexa 2* and *Anexa 3* there are estimated two path model for suicides; in first model there are taken in account all counties (40 plus Bucharest), in the second model there are taken in account only counties with less than 10% Hungarian population.

The most important predictor for suicide in first model is the proportion of Hungarian population from the county. This is an important factor due to the big differences in suicide rates of Romanians and Hungarians, the higher the number of Hungarians in a county, the higher suicide rates for that county, and the richer is a county, the lower suicide rates. A second predictor is the number of cars for 1000 people, a powerful measure of the richness in Romania.

Because the behavior relative to suicide of Hungarians is so much different and has a huge impact on the path model, I estimated another model only for counties with less than 10% Hungarians in population(*Anexa 3*). A powerful factor is now the number of people who are employed, but not self-employed. The dependence between the suicide rates and the number of employees for 1000 persons can be explained by the fact that these are counties with a high level of urbanization (path coefficient: 0.39) and low percent of people who studied only at primary level (path coefficient -

0.53). The factor of material capital - number of cars for 1000 people - has also a negative and significant impact (-0.42) on suicide rates.

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