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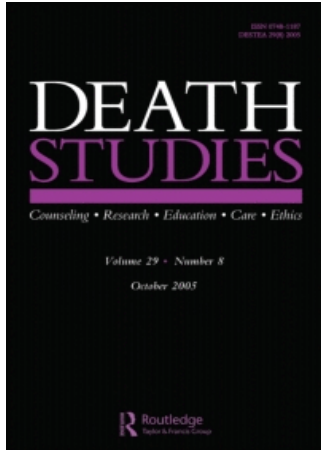
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Death Studies

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t713657620>

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To cite this Article: , 'An Exploration of Gender Differences on the Reasons for Living Inventory among Older Adults', *Death Studies*, 31:6, 573 - 581

To link to this article: DOI: 10.1080/07481180701357033

URL: <http://dx.doi.org/10.1080/07481180701357033>

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AN EXPLORATION OF GENDER DIFFERENCES ON THE REASONS FOR LIVING INVENTORY AMONG OLDER ADULTS

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This study evaluated gender differences on the Reasons for Living Inventory (RFL) specifically among older adults, a population known to have the highest suicide rate among all age groups, with older men being disproportionately at risk. Community-dwelling women (n = 175; M age = 69.0 years; 81% Caucasian) and men (n = 145; M age = 69.5 years; 76% Caucasian) completed the RFL. Results showed no significant gender differences on the RFL subscales and the total score. The rank order of the subscales was also the same for older men and women. An implication of these findings is that the robust gender differences on the RFL found among younger individuals appear to diminish with advancing age, although it is unclear to what extent older men improve in the reasons for staying alive or older women decline in their reasons for staying alive.

Suicide continues to be a major public health problem in the United States. Notably, robust gender differences in completed suicides have been extensively documented. In 2006, suicide was the 8th leading cause of death for men and the 19th leading cause of death for women, amounting to about 33,000 deaths (National Center for Health Statistics, 2006). Important age differences in completed suicides have also been documented, with older adults having the highest risk compared to all other age groups. Specifically, whereas the suicide rate for young adults (ages 25–34) was 12.6 per 100,000 people, the rate for adults 65 years old and older was 18.0 per 100,000 people. The elevated suicide rates of men compared with women remains robust in later life, with older men having the highest suicide rate of any age by gender group.

Received 7 August 2006; accepted 2 November 2006.

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Not only do suicide statistics vary by gender and age, differences in contributory factors also exist between men and women (Canetto, 2001) and between younger and older adults (Duberstein & Conwell, 2000; McIntosh, Santos, Hubbard, & Overholser, 1994). One well-documented difference between genders is help-seeking behavior, which is often discussed in relation to socialization processes (Langhinrichsen-Rohling, Sanders, Crane, & Monson, 1998). For example, women are more often encouraged to express feelings and discuss emotional concerns whereas men are more often encouraged to avoid intimate disclosures. This difference may lead men to have fewer outlets for negative thoughts and emotions, thus causing them to feel more helpless and to turn to suicide as an escape.

Another important gender difference appears in reasons for living should the thought of suicide arise. Indeed, several studies have indicated that men and women differ in the types or magnitudes of "buffers" against suicidal behavior. In one of the first studies in the area, women were significantly higher than men on fear of suicide and moral objections as reasons for living (Linehan, Goodstein, Nielsen, & Chiles, 1983). In a more ethnically diverse sample, undergraduate women attached greater importance than undergraduate men to fear of suicide and moral objections as reasons for living (Ellis & Range, 1991). Women also listed responsibility to family and child concerns as stronger deterrents to suicide than men, although these two areas only approached statistical significance. Among undergraduates (age range = 18–22 years), moral objections, responsibility to family and friends, and fear of suicide were more important deterrents to suicide among women compared to men (Westefeld, Badura, Kiel, & Scheel, 1996). High school girls reported a greater fear of death and injury as reasons for living whereas high school boys indicated a greater fear of social disapproval over having suicidal thoughts (Rich, Kirkpatrick-Smith, Bonner, & Jans, 1992). In a large Swedish sample of adults (age range = 20–65 years), women reported that survival and coping beliefs and concerns for family and children were stronger reasons for staying alive than men whereas men reported that fear of suicide was a stronger reason than women (Dobrov & Thorell, 2004). Overall, these studies suggest that among adolescent and younger adult samples, women generally endorse more reasons for living than men possibly with the exception of fear of social disapproval.

An important gap in the extant literature concerns potential gender differences in reasons for living among older adults. In one of the few studies in the area, older women were higher than older men in total reasons for living (Range & Stringer, 1996), but the sample sizes were small especially for the older men ($n = 22$). At present, there are few data to firmly document whether the gender differences found among younger individuals remain constant, widen, or narrow with advancing age.

However, several important age differences have already been documented regarding suicide. For example, suicidal younger adults are more often in stable health, stressed by divorce, struggling with limited finances, worried about the future, and likely to attempt suicide with a drug overdose. In contrast, suicidal older adults are more often widowed, in deteriorating health and experiencing multiple health problems, struggling with bereavement from a variety of sources, socially isolated, oriented toward the past more than the future, and likely to attempt suicide using a firearm (McIntosh et al., 1994). Moreover, in one of the first studies of age-differences in reasons for living, older adults endorsed moral objections and child-related concerns as stronger reasons for not committing suicide compared with younger adults (Miller, Segal, & Coolidge, 2001). Because of the robust gender differences in completed suicide across several samples of relatively young adults, the purpose of the present study was to examine potential gender differences in protective factors against suicide (specifically, reasons for living) to address whether the gender-related patterns among younger adults generalize to the older adult population.

Method

Participants and Procedure

The full sample consisted of 320 community-dwelling older adults who were recruited through senior centers, newspaper advertisements, and by undergraduate students who received extra credit for their recruitment of older adult family members. Participants anonymously completed a questionnaire packet. Two groups were formed based on gender.

The female participants ($n = 175$) ranged in age from 60 to 90 years old (M age = 69.0 years, $SD = 7.0$) and their ethnicities were

reported as follows: 80.6% Caucasian, 4.6% Hispanic, 10.3% African American, and 4.0% other. Level of education ranged from 8 to 22 years ($M = 13.4$ years, $SD = 2.6$). The male participants ($n = 145$) ranged in age from 60 to 93 years old (M age = 69.5 years, $SD = 7.5$) and ethnicities were reported as follows: 76.1% Caucasian, 8.4% Hispanic, 10.6% African American, and 4.9% other. Level of education ranged from 7 to 26 years ($M = 14.8$ years, $SD = 3.3$).

Initial demographic results indicated that the male and female participants shared relatively similar demographic qualities. Average age and ethnic background were not significantly different between women and men. Although there was a statistically significant difference between women and men on level of education, $t(314) = 4.16, p < .01$, this difference was equal to a little over 1 year of school (women, $M = 13.4$ years; men, $M = 14.8$ years).

Measures

Reasons for Living Inventory (RFL; Linehan et al., 1983) is a 48-item self-report measure developed to assess a range of adaptive characteristics that might be lacking in suicidal individuals rather than maladaptive characteristics that might be present using items that assess potential reasons for not committing suicide should the thought arise. Respondents answer using a 6-point Likert scale ranging from 1 (*extremely unimportant*) to 6 (*extremely important*), with higher scores indicating higher reasons for living. This measure includes six separate subscales: Survival and Coping Beliefs, Responsibility to Family, Child-Related Concerns, Fear of Suicide, Fear of Social Disapproval, and Moral Objections (Linehan et al., 1983). The number of items for each subscale ranges from 3 to 24. Subscale and total scores are divided by the number of items, therefore scores range from 1 to 6. The RFL has a solid theoretical base, is widely used in clinical research, and has ample evidence of reliability and validity (Osman et al., 1993; Range, 2005; Range & Knott, 1997).

Results

A series of independent t tests were conducted on mean RFL subscales and the Total score among older women and men

TABLE 1 Main Scores on the RFL among Older Men and Women

RFL scales	Men's <i>M</i> (<i>SD</i>)	Women's <i>M</i> (<i>SD</i>)	<i>t</i> test	<i>p</i> value	Cohen's <i>d</i>
Total score	4.22 (.73)	4.25 (.84)	-.20	.85	.03
Survival and coping beliefs	4.78 (.82)	4.80 (.98)	-.29	.77	.02
Responsibility to family	4.77 (1.00)	4.79 (1.12)	-.13	.90	.02
Child-Related Concerns	4.59 (1.36)	4.78 (1.30)	-1.25	.21	.14
Fear of suicide	2.45 (1.15)	2.40 (1.16)	.38	.70	.04
Fear of social disapproval	2.98 (1.42)	2.89 (1.60)	.49	.63	.06
Moral objections	3.91 (1.61)	4.22 (1.80)	-1.61	.11	.18

(see Table 1). As can be seen in the table, no significant gender differences emerged, and the effect sizes were all small. Moreover, the rank order of the subscales was the same for older women and men (rank order from highest to lowest: Survival and Coping Beliefs, Responsibility to Family, Child-Related Concerns, Moral Objections, Fear of Social Disapproval, and Fear of Suicide). Similarly among older women and men, positive expectations about the future and beliefs about one's ability to cope with problems (women, $M = 4.80$; men, $M = 4.78$) as well as responsibility to one's family (women, $M = 4.79$; men, $M = 4.77$) were strong reasons for staying alive. In contrast, fears about the pain involved in a suicidal act (women, $M = 2.40$; men, $M = 2.45$) and worries about what others would think (women, $M = 2.89$; men, $M = 2.98$) were weak reasons for staying alive, suggesting that fear does not appear to be a strong deterrent for committing suicide among older women and men. Correlations computed between years of education and the RFL subscales were all weak and not statistically significant, indicating that the differences in education between women and men were not likely to have influenced the results.

Discussion

This study found no significant gender differences on the RFL subscales and the Total score among a relatively large sample of

community-dwelling older adults. The rank order of the RFL subscales was also the same for older women and men. The fact that no gender differences emerged stand in sharp contrast to similar studies among younger adults (Ellis & Range, 1991; Linehan et al., 1983; Rich et al., 1992; Westefeld et al., 1996) that have consistently found greater reasons for living among women. From a developmental perspective, it remains unclear whether or to what extent reasons for living among women decline with advancing age or whether or to what extent reasons for living among men increase with advancing age, with the net effect of a convergence of reasons for living among men and women in later life. Sadly, the gerontological literature suggests that declining reasons for living among older women may be more accurate. With advancing age, women are more likely than men to live in poverty (Canetto, 2001; Olson, 2001), experience spousal bereavement (Canetto, 2001; Whitbourne, 2005), live alone (Canetto, 2001), and fulfill a caregiver role for another family member (Olson, 2001). Societal attitudes toward older women are also more pejorative and negative than toward older men (Canetto, 2001), and older women are also more likely to suffer from depression, experience greater psychological distress and more frequent negative feelings, and have a poorer subjective sense of well-being than older men (Canetto, 2001; Whitbourne, 2005). As quality of life for older women becomes disproportionately impaired, concomitant decreases in reasons for living may emerge.

Another possibility is that the serious and common challenges associated with growing old (e.g., physical health problems, sensory declines, social losses, reduced financial resources) may serve to negate or "cancel out" gender differences in reasons for living from earlier in life. In a recent study (Segal, Levenson, & Coolidge, *in press*), physical health status was the strongest predictor of reasons for living among older adults, whereas the predictive effects of depression and life stress were negligible. Because most elderly men and women alike suffer from chronic health problems (Whitbourne, 2005), their reasons for staying alive would be similarly affected.

The results of this study stand in some contrast to those reported by Range and Stringer (1996) who found that older women were higher than older men on total reasons for living. One difference in the samples between the two studies is that the

participants in the present study were, on average, 9 years older than the participants in the Range and Stringer study. Given that increased age is associated with increased risk for the challenges of aging noted earlier, it is possible that gender differences in reasons for living become minimized around the seventh decade of life as stressors for both genders accumulate.

A limitation of the present study was its non-clinical population, which limits potential generalizability. It remains an open question whether gender differences in reasons for living would emerge among psychiatrically impaired older adults or among suicidal older adults. Another limitation was the non-random, convenience sample with little ethnic diversity. Future studies should explore gender differences in reasons for living among diverse ethnic and cultural groups across the lifespan to more completely tease apart protective factors that lead minority groups to have lower suicide rates than the majority group (National Center for Health Statistics, 2006). Future studies might investigate gender differences in reasons for living in middle-aged adults to more clearly document the stage of life in which gender differences become muted and in the young-old and old-old to examine the full trajectory of reasons for living in later life. Future studies might also evaluate the relationships between reasons for living and various forms of psychopathology, such as mood disorders, anxiety disorders, eating disorders, substance-related disorders, psychotic disorders, and personality disorders. Other forms of coping and resiliency against suicidal behavior should also be examined (e.g., family cohesion, religiosity), as important gender differences in these constructs may emerge and be used to inform prevention and intervention among at-risk older adults.

Because suicides occur in a cultural context, and because important age differences have been reported regarding attitudes about suicide (Segal, Mincic, Coolidge, & O'Riley, 2004) and knowledge about suicide (Segal, 2000), gender differences regarding beliefs and knowledge about suicide should also be examined. Despite these limitations, the present results indicate no gender differences in reasons for living in community living older adults (most in their 60s and 70s). Differences in reasons for living do not seem to explain why older men are at a significantly disproportionate risk for completing suicide.

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