

# **Suicide trends in Sweden, 1920-2000: The impact of solidarity, gender roles, and work-family policies**

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## INTRODUCTION

Sweden's suicide rate became common knowledge in the early 1960s after then-American President Dwight D. Eisenhower implicated the country's socialist economy as its cause. During a 1960 Republican National Committee breakfast, he described Sweden as a "friendly European country" with a "socialist philosophy" whose "rate of suicide [had] gone up almost unbelievably" (Eisenhower, 1960: 605). The "experiment of almost complete paternalism" of Sweden's socialist system, he asserted, was responsible for the increased suicide rate of the 1950s (Eisenhower, 1960: 605).

Sweden's suicide rate was high at the time of Eisenhower's pronouncement; about 20 persons committed suicide per 100,000 inhabitants (rate of 31 per 100,000 for males and 9 per 100,000 for females). By comparison, the rate of suicide in the United States was low (8 per 100,000). Since the 1950s, however, Sweden has experienced a decline in its overall suicide rate, but the decline occurred at different times for demographic groups. Males experienced an earlier decline in their suicide rates than did females. The suicide rate of middle-aged and older males (45-64 and 65+) peaked in the 1950s. The suicide rate of younger males (aged 25-44) and of middle-aged females (45-64) peaked in the 1960s, whereas younger and older females (aged 25-44 and 65+) peaked later in the 1970s. The cause of the differential peaks in suicide is the subject of this paper.

## THEORETICAL BACKGROUND

In the research to be reported, I adopt Durkheim's assertion that suicide is a reflection of social life; the suicide rate changes when society changes. My research examines the association between major historical developments in the social welfare system and the timing of the rise and fall of suicide rates among age-sex groups in Sweden. Particularly important in the development of the social welfare system was the concomitant growth in the ideology of solidarity as manifested in work-family policies and changing gender roles.

People live their lives within a collective identity, as part of the wider community and society where shared norms and values set appropriate parameters for behavior. They also they have an identity that is couched in social roles, such as parent, spouse, and worker. Changes in the collective identity and social roles in Sweden, I argue, were the factors that most impacted suicide in Sweden.

Revolutionary social and political changes in gender ideology in Swedish society began before World War II. The Social Democratic movement, which began in the early 1900s but gained substantial momentum after World War II, placed the ideology of solidarity as a central and permanent component in the Swedish way of life.

The movement toward solidarity among Swedes reflects a distinct change from their previous collective identity that might best be described as the Protestants in Max Weber's *Protestant Ethic and the Spirit of Capitalism*. The individual worked hard and did not rely on others for help. This individualistic orientation and work-centered mentality was particularly important

for males and resulted in them elevating their work identity/social role over other possibilities (e.g. father or brother).

The work-family policies of the Social Democratic movement in Sweden shifted women into the labor force, while providing social benefits to families to accommodate dual-earning households. These matters likely impacted the suicide rate of women. Role conflict and status integration theories (Gibbs and Martin 1964) posit that persons who simultaneously occupy multiple roles when these roles are “incompatible” (not normative) experience greater conflict and consequently are more prone to suicide. For example, the role of mother-wife-worker is considered incompatible when female labor force participation is not the norm in the society and gender roles follow a more traditional form. The “role accumulation” hypothesis finds support for the opposite situation; when gender roles are more contemporary, the simultaneous occupation of several social roles among women results in a lowered suicide risk through better physical and mental health. These hypotheses are explored in the paper, within the context of social developments in Sweden, female labor force participation, and age-sex specific suicide rates.

## DATA AND METHODS

The analysis documents the development of solidarity as manifested in work-family policies, female labor force participation, and changing gender roles.

The dependent variable is the annual suicide rate, calculated per 100,000 mid-year population estimates by age groups (25-44, 45-64, and 65 and older) and sex from 1920 to 2000 (National Board of Health and Welfare, 1920-1949; Statistical Yearbook, Sweden, 1950-2000). Rates were averaged over three consecutive years to “smooth” the data to slow the variation over time rather than retain a “rough” and “noisy” time series. The “moving” average suicide rates, as they are termed, were calculated with a weighted average of the yearly suicide rates, and its preceding and succeeding values. Analyses by gender were directly standardized to the midpoint index of the time series, a procedure that is desirable when a rate is compared in the same population over a long period of time. Standardization minimizes the effects of the population composition on comparisons of the suicide rate over time. The population of Sweden has aged considerably between 1920 and 2000, and the standardized suicide rate controls for such change.

The following measures are obtained for six demographic groups, males and females aged 25-44, 45-64, and 65 and older: (1) changes and implementations of influential work-family policies, (2) gender equality, and (3) role incompatibility.

Changes and implementations of Swedish *work-family policies* and laws are obtained from the Swedish Social Insurance Agency (“Försäkringskassan”) and the Ministry of Health and Social Affairs. Dates of policy changes are recorded as dummy variables where “1” indicates the introduction of the policy or change and “0” represents years before the policy took effect. Policy changes reflect the gender structure and are predicted to impact families in significant ways and consequently the suicide rate. These policies include:

- Earnings-related maternity, paternity, parental, and family leaves;
- Early childhood education and day-care;
- Individualized income taxation of spouses
- Shift from single to dual-earner policies
- Shift from sole to joint custody norm
- Enforcement of shared economic responsibility through maintenance system for families

*Gender equality* is measured by a number of indicators that reflect a conscious effort on the part of the Swedish government to equalize opportunities, rights, and responsibilities for women and men. Sweden has aimed for an equal distribution of women and men in all areas of society. To measure the development and effectiveness of these policies, the following indicators are used:

- Gender distribution in election outcomes (voting behavior)
- Use of parental leave days by gender
- Labor force status by gender
- Female representation in local government
- Ratio of males to females in higher education

*Role incompatibility* (role conflict/role strain) measures were selected on the basic assumption that employment and parenthood (particularly motherhood) were incompatible activities and with the understanding that the work-parenthood dilemma responds to the specific gender structure in the society, creating potential conflict of roles. Selected indicators include:

- Labor force participation by age-sex groups
- Married female labor force participation
- Labor force participation of females with children under age 6

Data analysis will include time series regression with the age-sex suicide rate as the dependent variable and measures of work-family policies, gender equality, and role incompatibility as the independent variables.

## INITIAL RESULTS

My previous research on this topic indicated that the work role began to weaken as a basis for one's identity, particularly among males after World War II. For males the impact of changing gender roles and the growth in solidarity resulted in an earlier decline in their suicide rates than among females. This lends support to the hypothesis that the identity of males was centered on the work role and that this contributed to the country's high suicide rate. Females' suicide rates were not as quickly impacted by the attitudinal and social changes in the country; their suicide rates continued to climb. I argue that women experienced an adjustment period, and this is reflected in their later peak in suicide. The growth of solidarity and the resultant social welfare system post World War II allowed women to focus on work and family. This adjustment period is responsible for the gender differences in the suicide rate decline; the female suicide rate continued to rise while the male rate declined.

The analysis is underway and I expect the results to provide a longitudinal view of the changing relationships among work-family policy implementations and modifications, and the changing gender structure.