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STIGMATIZATION AND SUICIDAL BEHAVIOR AMONG THE ELDERLY POPULATION IN SERBIA**

Stigma is a negative process of labeling, discrimination and social disqualification, a disgrace which especially affects old people and worsens their psychological state. The upcoming negative trend towards the elderly around the world is so present that we could expect that ageism will become the most prevalent form of discrimination in 21st century. Serbian society has been affected by the process of demographic aging for decades. The impact of aging on mental health is closely related to the social life factors of the elderly, which directly affects their quality of life - the more or less simultaneous biopsychosocial losses, experienced by the elderly, significantly influence the increase in self-isolation or distance from the family, which is less and less ready to take care of old and sick members, which can cause suicidal ideas and suicidal behavior of the elderly. (Self-)isolation of the elderly can also be more broadly socially conditioned, where the quality of institutional and non-institutional care for the elderly plays a dominant role. This increases the pressure on societies, especially affected by "ageistic" challenges, to adequately respond to them - contemporary approach to aging foresees significant forms of sustenance for active, dignified aging through institutional and non-institutional forms of support, which is why it is important to improve them in the direction of destigmatizing members of the elderly population. In this paper, conclusions will be presented based on the analysis of secondary sources on the mentioned issue.

Keywords: *demographic aging, stigmatization of the elderly, ageism, suicidal behavior, active aging, aging with dignity*

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Introduction

The most significant contribution to the study of stigmatization from the perspective of symbolic interactionism and labeling theory was made by the American sociologist of Canadian origin, Erving Goffman. In his book of the same name, he defined stigma as a negative process of labeling, discrimination and social disqualification, as an unwanted and deeply discrediting difference from average normality, which conditions the non-acceptance of a given person in social interactions within various spheres of life (Goffman, 2009: 15). This paper will discuss the social and psychological aspect of discrimination against old people in our social environment and on a global level, due to the fact that the increasing participation of people over 65 in the total population has become an important feature of the modern world (Knežić, 2006: 286). Their considerable social exclusion from various domains of life, such as the domain of work and employment, education and professional training, the domain of social and health protection, freedom, security, access to justice, active participation in the community, the domain of culture, media and information, participation in political and public life and, finally, infrastructure, was established[1]. Considering that, the starting assumption of the paper is that old people in Serbia are a distinctly marginalized and stigmatized social group.

The World Health Organization classifies old people into groups that include the age of 65 and over, respectively 60 and over – the group of *early old age* from 65 to 74 years, *middle old age* from 75 to 84 years and *deep old age* from 85 and several years, whereby the age of 60 to 65 is marked as the beginning of aging[2]. However, it could be said that old age occurs in that period of life when objective signs of stagnation and regression appear on the biological, social and psychological level (Jakič-Kozarčanin, 2003, according to: Dragišić-Labaš, 2001). This means that old age has its own biological aspect, which implies biological, chemical and functional changes in the organism; the psychological aspect, which refers to changes in the individual's psychological functions, and the social aspect, which refers to the individual's social environment, more precisely to society's attitude towards the elderly and their social interaction (Baraković, Mahmutović, 2018: 20). Negative beliefs and attitudes towards older people are increasingly present, especially in the sphere of work, where the prevailing view is that older people can only be passive recipients of social assistance and, therefore, are often accused of being a burden to younger generations (Skirbekk, 2004). The belief

[1] https://www.politika.rs/scc/clanak/394877/Drustvo/Diskriminacija-na-osnovu-starosti (date of access: June 20th, 2023)

[2] https://population.un.org/wpp/publications/files/wpp2017_keyfindings.pdf (date of access: June 22th, 2023)

that older adults are less valuable and not the object of society's interest contributes to fueling ageism, which threatens to become the dominant form of discrimination in the 21st century (Kang, Kim, 2022: 1). Ageism refers to stereotypes, prejudices, and discriminatory actions or attitudes based on chronological age and, accordingly, age stereotypes are fixed beliefs that overgeneralize characteristics, attributes, and behaviors considered common to the elderly as a group (Iversen et al., 2009). It can manifest implicitly, through unconscious thoughts, feelings, and behaviors, and explicitly, through intentional actions or verbal expressions, which can ultimately result in the internalization of ageistic attitudes and stereotypes (Iversen et al., 2009).

Our society fosters different ageisms in its discourse, the most prevalent of which are ageisms against the elderly – older people are often labeled as extremely disobedient and inconsiderate of others; they are criticized because they go to shops, use public transport, hang out, wait in line at the post office or shop, which is why they were especially attacked during the period of application of social and health measures during the COVID-19 virus pandemic (Milojević, 2021: 139). According to some estimates, around 1.4 million citizens of Serbia over the age of 65 are exposed to various forms of discrimination, violence, neglect, marginalization and "reduction"[3]. The elderly make up a quarter of our population, which, on the one hand, indicates the awakening of awareness regarding this social problem in the scientific community and its increased social visibility, and on the other, to the fact that Serbian society has been affected by the process of demographic aging for decades, which basically means an increase in the number and share of the old population in the total population due to the decline in the birth rate (Mihajlović, 2013: 73).

It is known that late life carries special risks for the onset of somatic diseases and comorbidity with mental disorders, of which dementia and depression are the most prevalent (Stanimirović, 2017: 7). Internalized age stereotypes can lead to low levels of self-confidence and self-esteem and, therefore, can have a particularly negative impact on the mental health of older people – age is increasingly recognized as a risk factor for increased stress, anxiety, depression and reduced life satisfaction (Iversen et al., 2009; Bryant et al., 2012). In old age, in addition to biological and physical endurance, spiritual strength also weakens, bringing old people to a state of despair, hopelessness, pessimism, depression, which qualifies them as the most vulnerable category of the population with self-destructive activities (Knežić, 2006: 286). Dominant life events are retirement, death of a spouse, departure of children from the family, i.e. "symptom of an empty family nest" or some serious organic disease and, consequently, an intense feel-

[3] Ibid.

ing of loneliness, which is why these factors are recognized as suicidogenic (Dragišić-Labaš, 2001: 366). According to the report of the World Health Organization, people over 60 most often commit suicide, with the largest number of suicides of that age group being from Southeastern Europe[4]. Therefore, the second part of the paper will be devoted to the social problem of suicidal behavior of the elderly.

I believe that it is important to empirically examine the connection between the process of aging, stigmatization and suicide of the elderly, and this paper should serve as a guideline for that endeavor. For now, it remains at the level of supposition, which is why the goal of the paper is not to make generalizations, but to theoretically expose the phenomenon based on secondary material. I became interested in this topic during my undergraduate studies, when, dealing with the sociological aspects of mental disorders, we devoted an entire class to the topic of "suicide of the elderly" and found that the topic was biased, which could also be a reflection of the stigma faced by the elderly people in general. For this reason, I would like to arouse the interest of the wider academic public in Serbia with this paper and to possibly raise some important questions that could be asked in future researches.

1. Stigmatization - conceptual framework

1.1. Theoretical definition of marginalization and stigmatization in sociology

Since stigmatization stems from marginalization, it is necessary to first define marginalization as a broader concept. Marginalization is one of the indicators of the development and democracy of a society – the greater the number of people in a society who are marginalized, the more underdeveloped or less developed the society is, in a humane and social sense. At the same time, it is also a social process, causally connected with social inequality, social exclusion, distribution of social power, discrimination, stigmatization, social frustration or deprivation and so on (Milosavljević, Jugović, 2009: 9-11). Excluding certain groups of people from social processes and relations, which is essentially marginalization, means depriving them of the opportunity to participate in various spheres of social life – thus, perpetrating "social violence" against them (Ibid).

In domestic literature, we come across many definitions of marginalization, where each of these definitions emphasizes one of the aspects of marginalization as the main one. Considering the topic of this paper, it is appropriate to operationalize marginalization by reducing it to some important and interconnected characteristics of marginalized groups, due to which this group, metaphorically speaking, finds itself in the gap

[4] http://www.danas.co.yu/20021016/terazije.htm (date of access: June 20th, 2023)

between "two worlds" – *social isolation*; *social subordination*; *social immobility*; *social inhibition* and *social instability* (Milosavljević, Jugović, 2009: 19-20). Based on that, as typical marginalized groups in our society, it is possible to single out Roma, AIDS patients, convicts in prisons, people with developmental disabilities, people with mental health disorders, refugees, homosexuals, juvenile delinquents, prostitutes, drug addicts, homeless people and old persons (Šagrić et al., 2007: 49).

The share of people over 65 in Serbia is among the highest in the world – according to the estimates of the Republic Institute of Statistics from 2012, it is 17.4%, and projections based on vital statistics testify to its further increase (Solarević, Pavlović, 2018: 52). In Serbia, according to the results of the 2011 census, the participation of people over the age of 60 in the total population amounted to 23%, which means that, expressed in absolute numbers, in Serbia (without Kosovo and Metohija), about 1,684,289 people were registered over 60 years old, which is an increase of about 40% compared to 1991 (Zdravković, 2016: 293). We are even talking about the phenomenon of the aging of the elderly, the intensification of which is noted especially in the inter-census period (2002-2011), which means that in the age composition of the elderly, the number and share of "elderly" old persons is increasing, primarily those aged 80 and over, as a result of which the average age of the contingent of the elderly population is also increasing (Mihajlović, 2013; Zdravković, 2016). According to the latest estimates of the United Nations, in the next forty years, the most pronounced depopulation zone will be located in Serbia and the eastern edge of the European Union (Solarević, Pavlović, 2018: 52). Demographic aging can become a threat to social stability through generational tensions, which could happen due to the decreasing number of working-age population, which will be forced to support an increasing number of elderly people (Solarević, Pavlović: 54)[5].

The elderly in Serbia are marginalized in multiple ways – they are the poorest social group, without systemic support and subject to ageist prejudices (Ljubičić, Dragišić Labaš, 2018: 105). If old age causes a certain social reaction from the environment, on the basis of which pressure is exerted on members of certain demographic cohorts to always behave in accordance with the socially established model of behavior, then we apostrophize stigmatization as an aspect of their marginalization[6]. In a causal sense, stigmatization is related to the socio-psychological phenomenon of stereotyping, by which the typification of certain groups of people is based on a distorted image and,

[5] With historically low fertility rates, the number of people over 80 years old in Europe is expected to increase from 22 million in 2008 to 61 million by 2060 (Solarević, Pavlović, 2018: 52).

[6] The word "stigma" is of Greek origin and is translated as "to stand out" or "to mark" – it refers to the marks that in ancient Greece were applied with a red-hot iron and marked someone as a slave, criminal or traitor – therefore, as a person who should avoid, especially in public places (Milosavljević, Jugović, 2009: 43).

thanks to this, people are able to identify and target "critical" social groups. The end result of such wrong and mostly unjustified generalizations is stigmatization, rooted in the socially structured model of normality – everything that is different and unpredictable in relation to what is pre-defined as normal and predictable, is understood as deviant (unreal, unexpected and unacceptable). When it comes to old people, the discourse of society often insists on the difference between *them* (the undisciplined and privileged) and *us* (the disciplined, able-bodied population), which is why the discourse that infantilizes old people becomes dominant, i.e. treated as completely helpless and, on the basis of that, the state has the legitimacy to control them, punish them and, if necessary, make decisions on their behalf (Milojević, 2021: 140). The results of a research show that one of the important problems of the elderly is related to their social exclusion, which can relate to various aspects of life – social relations, participation in cultural activities and access to various services in the local community, bad neighborly relations and inadequate access to material goods (Walker et al. 2006, according to: Knežić, 2011: 57).

1.1.1. Discrimination based on age as a form of stigmatization

Ageism, in addition to sexism and racism, is considered one of the most widespread prejudices of modern society, the intensity of which ranges from prejudice to discrimination and can be deemed as a direct product of socialization and the value system adopted by it[7]. The term "ageism" means systemic stereotyping and discrimination based on age (Solarević, Pavlović, 2018: 54). Two basic components of ageism are *prejudice* and *discrimination*. As the first aim is to devalue a certain group of people and subject them to certain stereotypes, i.e. negative generalizations (in the case of old people, these would be stereotypes about their physical incapacity, unsociability, dissatisfaction with life, etc.), in extreme cases they can turn into gerontophobia – strong, unreasonable fear of old age and old people, that is, hatred towards them. Discrimination implies the active implementation of prejudices in certain ways and, accordingly, on the institutional and social level, and in the case of the elderly, it can be manifested in several ways – as the denial of certain services to the elderly (social or health care, housing or employment issues); the unavailability of certain services (for example, the right to vouchers for vacations in spas in Serbia is currently denied to persons over 80 years old); the impossibility of exercising certain rights and the absence of special rights

[7] The term "ageism" was first used by gerontologist Robert N. Butler in 1969. It is composed of two words – *age*, translated as year, and *-ism*, which denotes a system or theory in a derogatory, negative sense. He compared the phenomenon of discriminatory attitude towards the elderly to racism and sexism (Baraković, Mahmutović, 2018: 23).

and services that would enable the elderly to meet their specific needs and achieve a satisfactory quality of life (Simić, Simić, 2008: 55). As such, ageism has at least a two-fold negative effect on the elderly – firstly, negative stereotypes about the elderly and the aging process, which are rooted in society and the current value system, lead to the elderly being belittled and portrayed as less valuable members of society; secondly, such attitudes are accepted and transmitted to new generations, first of all, through mass media, literature, seemingly harmless jokes at the expense of old people and caricature of old people and old age, using certain terminology that carries with it a negative connotation (Ibid). An indirect way of spreading prejudices is striking – by continuously promoting and glorifying youth, beauty, strength and power. Such a trend makes the population group of the elderly vulnerable, the elderly are marginalized and discriminated against, and many old people are rejected by society – due to low income, poverty, lack of family support, incapacity or illness (Simić, Simić, 2008: 56).

The processes of the origin and development of ageism can be traced through four forms of this social phenomenon – the most important are *institutional ageism*, which refers to the types of processing missions, rules and practices that discriminate against individuals and/or groups because of their age, and *intentional ageism*, in which they use discriminatory ideas, attitudes, rules or practices towards the elderly despite being aware that they are based on prejudice against this population (Milner, Norman & Milner, 2012: 20). The World Health Organization (WHO) demystified myths about aging, publishing a publication of the same name in 2008, which highlighted the most common, widely accepted myths common to most cultures, namely – myths about how people should expect their mental and physical health to improve worsen over time; that creativity and contribution are hallmarks of a younger age; that most adults want to be in peace and solitude; that spending on the aging population is a pure waste of resources; that the experience of ancient people is less relevant for modern society; that old people are not suitable for jobs, that old people are expected to "step aside" etc. (WHO, 2018, according to: Baraković, Mahmutović, 2018: 24).

The consequence of stigmatization that Goffman wrote about is the acceptance of a negative, socially constructed image of oneself and its becoming part of one's identity. In this sense, old people and people who are aging often adopt these attitudes and attitudes towards their own and other people's aging – they accept passivity, and physical and psychological deterioration as inevitable (Goffman, 2009; Rodin, 1985: 1272). As a result, they withdraw from social life, accepting the prevailing opinion that they have nothing to offer and are no longer needed or useful. This vicious circle – adapting old people to stereotypes again and again, pushes old people more and more into isolation and intensifies their psychophysical deterioration, and at the social level contributes

to strengthening the misunderstanding of the process of aging, old age and old people (Rodin, 1985: 1275).

That ageism is rooted in all spheres of society is also shown by the results of certain researches, according to which people who are professionally engaged in providing help and support to old people, knowingly or unknowingly, tend to discriminate against older patients and users of services. One study from 1968 revealed that social workers have less empathy and are more dismissive of elderly clients (Mittens & Wood, 1986, according to: Rodin, 1985); then, research from 1989 and 1997 shows that employees who work with the elderly perceive their users as physically disabled and dependent on professional help (Riverson, 1989; Reynolds, 1997, according to: Rodin, 1985). Research conducted at the beginning of this millennium did not show any significant progress – the elderly are most often excluded from medical research, their operations are most often cancelled, and they are less often admitted to hospitals for examination and treatment when they have heart problems; furthermore, women after the age of 65 are not scheduled for regular check-ups for the prevention of breast cancer; among future nurses, working with elderly patients is perceived as the most undesirable, regardless of the level of income and the possibility of advancement in the service (Williams, 2000; Castle et al., 2007, according to: Rodin, 1985).

Certain authors identify the media as the main "culprits" for society's attitudes towards age and aging, in two ways – by imposing the cult of youth through media content, which has led to a repulsive attitude of young people towards old age, but also among old people themselves, as and by media promotion of the idea of the undesirability of visible physical and mental changes related to the aging process, compared to the physical and mental characteristics of young people, which resulted in a strong presence of ageism, discrimination and bigotry directed at old people, as well as a negative self-perception of members of this population. Namely, numerous studies, carried out from the 1980s onwards, have confirmed the undoubted influence of the media on the perception of old people and age, with the general conclusion that old people are marginalized by the media and that media representation is largely based on stereotypes that lead to prejudice and stigmatization, i.e. ageism (Baraković, Mahmutović, 2018: 23).

Along with multidimensional marginalization comes self-stigmatization, which can have two outcomes – refusal to accept help and support, because the elderly believe that they do not deserve it, or the old person's strong dependence on other people's help, because there is a belief that they do not have the personal capacity for self-care (Ljubičić, Dragišić Labaš, 2018: 91). Perception based on negative stereotypes affects the self-perception and overall social interaction of old people, as well as their need to hide their age and their effort to substitute physical appearance for the insecurity and

discomfort caused by their unfavorable age status in society (Polić, 2005, according to: Baraković, Mahmutović, 2018: 25). Socially acceptable criteria of adequate adaptation to aging include – conformity between internal mental state and external circumstances; then, the continuity between the past experience and the current way of adaptation; acceptance of the inevitability of old age, as well as the existence of a certain degree of satisfaction resulting from security and relaxation due to the lack of responsibility (Simić et al., 2007: 84).

2. Socio-psychological changes in the period of involution - an example of suicidal behaviour of the elderly in Serbia

Instead of being seen as a natural course of life, old age is increasingly seen as a problem, which is why prejudices and negative attitudes towards the elderly, inhumane thinking about their needs and the lack of intergenerational solidarity are increasingly present (Solarević, Pavlović, 2018: 53). However, in old age there can be a change in cognition, memory, the personality itself and its mood and behavior, which is why it is sometimes difficult to distinguish whether the slowing down of mental processes is a consequence of old age, some psychophysiological disease (depression, hyperthyroidism, etc.) or simply, socially conditioned. The findings of numerous researches in the field of gerontology and geriatric psychiatry indicated that the impact of aging on mental health is closely related to the social life factors of the elderly (Ibid). Thus, an American gerontological study, focused on living conditions and care of the elderly, showed that the prevalence of mental disorders in people over 65 years old, who live in the community, is 15 to 25%, while, for people who are placed in the hospital, the same prevalence is 27 to 55% (Simić et al., 2007: 78).

Although modern research destroys some myths about age, such as the prejudice about senility, according to which every old person sooner or later becomes senile; then, the myth about the inefficiency of the elderly; the belief that the elderly do not have the capacity to change and accept changes – such beliefs continue to exist and thus feed ageism. Despite the fact that in the period of involution, a decrease in mental and physical functions is expected, as well as a person's ability to fully master new and complicated situations[8], a person can be completely mentally preserved and capable of creating even in late life, while a person's ability to change, in this case, depends more

[8] In the broadest sense, aging can be seen as part of a natural process that consists of two phases – the first phase (*evolution*) includes growth and development, while the second phase (*involution*) begins with the weakening of physical functions and results in the final period of life, i.e. old age (Radaković, 2020: 558).

and more on previous life experience, primary structure of personality and social factors, and less and less on age (Simić et al., 2007: 79-80).

However, family sociologists have pointed out that the key characteristics of aging as a life cycle are numerous biopsychosocial losses – death of a spouse, decline in physical health, retirement, departure of children from the "family nest", loss of social position and/or social security, which is why old people spend a lot of emotional and physical energy in the grieving process, in adapting to the changes that have occurred as a result of the losses, and in recovering from the stress after the loss. Loss at this age, more than at others, is accompanied by the appearance of self-isolation or distance from the family, which, on the other hand, is less and less ready to take care of its old and sick members, shifting the responsibility for that to social and health institutions. Finally, the isolation of the elderly can be more broadly socially conditioned, where the quality of (out)institutional care for the elderly plays a dominant role (Erikson, 1982; Sholevar, 1995). The generational gap and conflict bring with them revaluations of the generations themselves in the family. While traditional societies *a priori* valued the elderly, and where respect for parents, grandparents was even ritually expressed, the period of modernity, and especially late modernity, changes this relationship. According to the theory of modernization, the development of technology and medicine led to an increased life expectancy, a decrease in the number of younger cohorts, which led to the revaluation of old people. From a relatively small number of people who lived to old age in the past, and had the status of those with superior predispositions, today the demographic pyramid is increasingly moving towards the elderly, and children and younger people are seen as valuable (Ayalon, Tesch-Römer, 2018).

It has been empirically confirmed that aging can be a significant threat to the psychological well-being of older adults, by identifying a significant correlation between age and stress, anxiety, depression and reduced life satisfaction – old people who have experienced discrimination based on chronological age are more exposed to stressors and depression, and an individual who believes he is too old is more susceptible to the negative consequences of aging, such as decreased self-efficacy and increased negative emotions (Snape & Redman, 2003; Tougas et al., 2004; Eibach et al., 2010, according to: Kang, Kim, 2022: 2). A recent analysis of studies, conducted on this topic, showed that depression is an outcome of aging in 54% of cases, with negative age stereotypes being associated with higher levels of depression, loneliness and lower morale, while perceived ageism negatively affects active aging (life satisfaction, subjective health and self-perception of health) and on general mental health and well-being (Zhang et al., 2019; Fernandez-Ballesteros et al., 2017, Sabik, 2013, according to: Kang, Kim, 2022: 9). A special problem is that, as already mentioned, the elderly are prone to

self-stigmatization, which is why they often deny the existence or seriousness of emotional problems, so as not to be a burden to their family members and society (Hajdú, 2020: 577).

2.1. Socio-demographic characteristics as predictors of suicidal behavior of elderly people in Serbia

The French sociologist Émile Durkheim offered a sociological typology of suicides, dividing them into egoistic, altruistic and anomic, whereby the first occurs as a consequence of the loss of social interest or insufficient social integration, that is, increased individualization, the second as a consequence of insufficient individualization or excessive social integration, and thirdly as the result of social crises, which arose as a consequence of the violation of social norms, as a result of which society is unable to direct the individual and exercise control over him (Dirkem, 1997). Another way to approach the problem of suicide of the elderly is by looking at it as an inability to cope with current developmental problems imposed by a certain age (Knežić, 2011: 61). Although there are few countries that have criminalized suicide, moral and social stigma is what most often accompanies this act, shifting the focus from the condemnation of suicide as a sin or crime to suicide as a mental disorder (Jovanović, 2020: 535). Suicide and attempted suicide are not criminalized in Serbia, but inciting and assisting suicide is (Jovanović, 2020: 536)[9].

Based on these understandings, we come to the conclusion that suicide among members of the elderly population represents a significant public health problem, because suicide rates in this population are significantly higher compared to the rest of the population (middle-aged, young adults and adolescents) and that, as a phenomenon, it has social background. That old age represents a statistically significant risk factor for suicide, and that suicide rates are higher in countries where a large number of old people live and where the birth rate is lower, is confirmed by international statistical data – in most countries of the world, the highest suicide rates are among the population aged

[9] Article 119 of the *Criminal Code* of the Republic of Serbia incriminates suicide as follows – (1) Whoever incites another to commit suicide or assists in committing suicide, will be punished by imprisonment for a term of six months to five years; (2) Whoever assists another in committing suicide, according to the provisions of Article 117 of this Law, and if suicide is committed or attempted, will be punished by imprisonment in secret from three months to three years; (3) Whoever commits the offense referred to in paragraph 1 of this article against a minor or a person in a state of reduced sanity, will be punished by imprisonment for a period of two to ten years; (4) If the act referred to in paragraph 1 of this Article is committed against a child or a mentally incompetent person, the perpetrator will be punished in accordance with Article 114 of this Law; (5) Whoever acts cruelly or inhumanely towards another person, who is in a position of subordination or dependence, and because of such behavior commits or attempts suicide which can be attributed to the negligence of the perpetrator, will be punished by imprisonment for a period of six months to five years (according to: Jovanović, 2020: 536).

over 65 years (Bauer et al., 1997; Conwell et al., 1990; Kirsling, 1986; Leenaars, 1995; McIntosh, 1992, according to: Knežić, 2011: 60)[10].

The results of the longitudinal research on suicide in Serbia showed that, in the observed period (1990-2014), every third person who committed suicide was 60 years old or older (Dragišić Labaš, 2019: 103). According to domestic research, the etiology of suicide of old people is found in combined factors – their loneliness, neglect, death of a spouse, poverty, alcoholism, somatic illness, susceptibility to social anomie, depression or dementia, but also sociodemographic characteristics (gender, age, marital status etc.) (Dragišić-Labaš, 2001: 367). The absence of social support and social isolation can be singled out as relevant suicide factors for the elderly group – it has been shown that the elderly who live alone are more prone to suicide and that loneliness and reduced social interaction are important predictors of suicide. Among widows, divorcees and people who live alone, there is a higher risk of suicide, and this risk is particularly high among men. The analysis of farewell letters of old people showed that there are often contents that indicate depression, isolation, loneliness and exhaustion from life – control studies showed that the effects of physical illness are very often mediated by mental health factors, primarily depression and social isolation (Knežić, 2006; 2011: 287; 61-63). Thus, for example, hearing handicap represents both a medical and a social problem, because hearing loss in the elderly (*presbiascusis*) leads to their isolation, disrupts their social activities and increases the feeling of disability, creating disturbances in mood (depression) and emotions (anxiety) (Dragutinović et al., 2011: 37)[11].

These factors add up to a general change in socialization patterns. Namely, the educational pattern, characteristic of the period up to the 1970s, implied the absence of emotions, attention and tenderness towards children, and from then until today, there was a so-called boomerang effect, since now children do not listen to parental needs in old age, looking at the old as *those who only need to die* (Bobić, 2013). There is also a well-established view of old age according to which depression is a normal part of aging

[10] Suicide, as a cause of death in the elderly population (even in developed countries such as the USA and Canada), is in thirteenth place, while suicide rates increase with age in both sexes, especially in the age group of 75 years and over. In the US, the highest suicide rates are among men over the age of 85; in Canada the overall suicide rate is 11.9, while among elderly men it is 22.7 and among women 5.5; standardized suicide rates in the countries of the European Union (1980-2006) for men range from 39.13 to 54.52, and for women from 13.9 to 17.27 (Amore et al., 2012: 268).

[11] A frequent, accompanying unpleasant symptom of sensorineural hearing damage is *tinnitus* – an abnormal noise (buzzing) in the ears and head that impairs the quality of communication and the entire social life of old people, which is manifested by the manifestation of symptoms of depression in those who have been hard of hearing for more than a year (Dragutinović et al., 2011: 37-38). Hearing loss is the most common chronic disease in the US – more than 9 million Americans over the age of 65, three out of five of whom do not use hearing amplifiers, have been found to have been sad and depressed for more than two weeks in the previous year (Lutman, Spencer, 1990, according to: Dragutinović et al., 2011: 30).

and a natural reaction to mostly negative life changes, and, according to some authors, even ¾ of the suicides of the elderly could be avoided by adequate treatment of depression (Beautrais, 2002, according to: Knežić, 2011: 61). The feeling of loneliness, combined with old age, illness and helplessness, can intensify various (ir)rational fears, where these same fears can lead to arbitrary abandonment of life and where the fear of life overrides the fear of death. This is how we come to the fact that the elderly face problems concerning human dignity and the meaning of further living (Knežić, 2011: 55-56). Consequently, social networks, and, above all, good relationships with partners, children, grandchildren, relatives and friends, are recognized as an important factor for achieving the well-being and life satisfaction of the elderly (Dragišić Labaš, 2016: 81). The elderly often, after retirement, socialize more intensively with their peers, and gerontologists consider this type of contact very important for a faster and better adaptation to the aging process (Stoller & Earl, 1983; Ward, 1978; Fisher, Reid, Melendez, 1989, according to: Dragišić Labaš, 2016: 84).

Self-destructive behaviors of the elderly often lead to premature death and are common in institutional settings (psychiatric hospitals, nursing homes, etc.), especially in the physically ill and dependent on the help of others. In the case of old people staying in psychiatric hospitals, suicidal factors can be grouped, so it is possible to single out – *health* (loss of physical and/or mental health – severe organic disease or alcohol addiction); *economic* (financial difficulties); *family* (related to family dysfunction – bad relations with children, abuse by a family member, children leaving the family, etc.) and *socio-psychological factors* (feeling of loneliness, due to lack of friends, up to social isolation) (Dragišić Labaš, 2019 : 67-68). Gender differences were found when it comes to certain factors – for example, loneliness and alcohol use are more common in old men than in women; women cite the death of a child as the cause of suicide attempts, and in a much larger number of cases they are mentally and physically abused by members of the immediate family (mainly sons and sons-in-law). Gender equality is present when it comes to financial difficulties and bad relationships with children as risk factors (Dragišić Labaš, 2019: 103-104).

Suicidal behavior of old people ranges from feelings of hopelessness, through indirect self-destructive behavior, self-injury, to suicide (Dragišić Labaš, 2019: 104). The act of suicide among the elderly is more planned and less impulsive, and the use of more violent methods is present compared to the young. Also, elderly people do not communicate directly about their intention, that is, their warning signs have a lower chance of being visible, because they often live alone (Amore et al., 2012: 267-269). However, there are some subtle signs, associated with the conscious or unconscious intention to die – refusal to take food and water in order to starve, not taking prescribed

medicines, up to extreme personal neglect, for which, in the professional literature, the term is used term "*sub-intentional suicide*" (Farberow, 1980, according to: Amore et al., 2012: 267)[12]. Refusal of medical intervention and artificial prolongation of life is the right of every person, a morally and legally accepted type of passive euthanasia. The prevalence of passive euthanasia, and especially social euthanasia[13], in the opinion of many, justifies the legalization of active euthanasia, i.e. the intentional deprivation of life of an incurable (and/or elderly) patient, at his or her valid request, as the right to a dignified death (Jovanović, 2020: 543-546).

When there is a direct way of committing suicide, the most common among the elderly is suicide by hanging (in over 50% of cases), followed by strangulation or drowning, poisoning, and the least common is the use of firearms (Penev, 2016: 198-201)[14]. Finally, a significantly higher number of suicide attempts was recorded among old people than among young people – the suicide rate for the population aged 75 and over in Serbia is three times higher than for the age group from 15 to 24 years old, and there is also a general trend, according to in which suicide is three to four times more common among men than among women, and these differences by gender, in favor of men, increase with age (Dragišić-Labaš, 2001; Knežić, 2011)[15].

Conclusion

Analysis of the problem of stigmatization of old people in our society using secondary sources, showed that positive perceptions and attitudes about aging could have a positive effect on the psychological well-being of old people, which should be systematically worked on (Briant et al., 2012). (Self-)isolation of the elderly can be, and most often is, socially conditioned. Therefore, on the one hand, it is necessary to reject

[12] The term refers to indirect self-destructive behavior, which means the decision not to accept recommended medical therapy and other therapies. Such behaviors, although not directly suicidal, significantly increase the chance of death (Farberow, 1980, according to: Amore et al., 2012: 267-268). According to *The Law on Patients Rights*, the patient, except in exceptional cases, has the right to decide on everything concerning his life and health, which means confirming the principle of autonomy, i.e. abandoning the paternalistic approach regarding the application of medical measures (Jovanović, 2020: 546).

[13] It implies the discharge of incurable and elderly patients from the hospital, so that the family can take care of them (Jovanović, 2020: 545).

[14] Hanging is characterized by easy availability and high mortality. Regarding suicide by poisoning, an interesting fact is that it was the second most common way of committing suicide among old men and women in Serbia until 1990. After that, it remains second in order among women, and third among men, primarily due to the increased use of firearms, which became significantly more available after 1990 (Penev, 2016: 202).

[15] For more informations see: Dragišić-Labaš, S. (2019). Egzogeni faktori u etiologiji suicidalnog ponašanja starih osoba. *Engrami*, 21(3-4), str. 88-89.

ageism based on prejudices, negative attitudes and generalizations, because the normalization of discrimination in the discourse leads to the normalization of discriminatory social practices (Milojević, 2022: 141). On the other hand, there is increasing pressure on societies, especially affected by ageist challenges, to adequately respond to them – the modern approach to aging foresees significant forms of dignified aging through institutional and non-institutional forms of support, which is why it is important to improve them in the direction of destigmatizing members of the elderly population (Knežić , 2011; Stanimirović, 2017; Radaković, 2020).

As a proposal to improve the social position of people in the third age in Serbia, the model of active aging is often promoted, which, despite efforts for its implementation, still exists only nominally. *Active* (*successful*, *positive* or *healthy*) *aging* represents continuous adaptation to old age, during which the individual learns to live with deterioration in cognitive and physical functioning, i.e., it is a process by which chances for physical, social and mental well-being are used in the most favorable way, in order to have a better quality of life in old age (Dragišić Labaš, 2016: 24; Bobić, 2013: 142)[16]. However, old age in Serbia is still lived according to the principle of reliance on one's own resources (social networks and professional status, material resources, etc.) and personal initiative in designing everyday life (Ljubičić, Dragišić Labaš, 2018: 105-106). In the conditions of a favorable mental and social climate, where it is not under the impact of poverty, discrimination and segregation, the elderly population can be well integrated, satisfied with their social place and role and constructive in their own way (Simić et al., 2007: 84). Demographic changes create a need to strengthen cohesion between generations, with the family playing the most important role in providing social support and care for the elderly in Serbia. A more present intergenerational solidarity in society would enable adaptation of the environment to all ages, a more active role of the elderly, their social and cultural participation, as well as an understanding of the needs and respect for the rights and specificities of the elderly (Solarević, Pavlović, 2018: 52-53). However, the aging of the world's population and the slowing of the birth rate will continue in the future, which will cause a deficit of young people who could care for the growing number of elderly people.

Suicidal ideas are not an inevitable consequence of aging, involution and related disability and depression, but mainly of weak social support (Dragišić Labaš, 2019: 104). Good mental health and quality of life are correlated with the level of social activity among members of the elderly population and, therefore, our society should en-

[16] Active aging includes the following components – paid work/work engagement after retirement (not necessarily of the market type); lifelong learning and education; voluntary activities and active leisure and health care (Bobić, 2013: 143).

sure that the elderly have adequate opportunities to socialize with their peers, to attend cultural events and participate in workshops that will teach them various skills, such as computer programming, painting, dancing or language learning (Radaković, 2020: 565). Therefore, in connection with the prevention of suicide of the elderly, it is very important to point out the reasons for living, which include beliefs and expectations that can reduce the risk of suicide – these can be *responsibility towards family and relatives*; *fear of suicide* and *fear of social condemnation* (Amore et al., 2012: 268-269). In addition, it should be borne in mind that extensive social networks can satisfy the emotional and instrumental needs of the elderly, and help them face hopelessness, which has been identified as one of the main suicidal factors. Consequently, in aging societies, the relationship between elderly parents and adult children becomes a topic of extreme importance – establishing a harmonious relationship between parents and children in all stages of the life cycle contributes to the quality of life of both (Dragišić Labaš, 2018: 156)[17]. Intergenerational bonding and solidarity would, both qualitatively and quantitatively, lead to a better state in the field of active aging, and thus to a greater degree of respect for the rights of the elderly and preservation of their dignity (Solarević, Pavlović, 2018: 54; Radaković, 2020).

Respecting Durkheim's position that suicide is deeply determined by the social environment (Durkhem, 1997), the prevention of suicide of elderly people in Serbia should be devoted to the form of a more systematic and organized care of the whole society for this part of the population at risk of suicide, and implement actions to preserve their dignity – in the "open community" (material assistance from centers for social work, local communities and the Red Cross; then, the organization of various social activities within pensioners clubs; services of the health field service and tele-appeal service; psychotherapeutic and sociotherapeutic treatment in psychiatric institutions etc.), or within marriage and family counseling centers for the elderly, since the post-parental stage is considered the longest period in the married life cycle (Dragišić Labaš, 2001: 373-374; Radaković, 2020: 565-566). We should not lose sight of the fact that all of us, including the people dear to us, will one day belong to the population of the elderly. Let this knowledge motivate us, at the social level, to (choose to) fight for active and dignified aging as the norm.

[17] According to the results of a research (Dragišić Labaš, 2016), "intimacy based on distance" proved to be the desired model of the relationship between children and elderly parents – respondents prefer or look for this kind of relationship, but only a fifth of them managed to establish it (according to: Dragišić Labaš, 2018: 157).

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