Suicide in Japan: current status

Nicolas Bosc, Ph.D
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Abstract:

Compared to developed countries, suicide is especially high in Japan, of about 25 deaths per year per 100,000 population. The country ranks as the 2nd largest OECD countries most affected by suicide, and the 8th largest in the world. Suicide affects mainly middle-aged men (35-65 years) and is the leading cause of death among young adults, men and women during their prime working years. The suicide rate is particularly sensitive to the economic situation of the country (recession or economic crisis...) and professional concerns of the person (unemployment, career accidents, financial difficulties, debts...). It has increased by nearly 40% in Japan during the last Asian economic crisis of 1998. Profound cultural and social basis are required to take into account to situate suicide in Japan: it holds a special place in Japanese history through the suicide of samurais and celebrities and sometimes refers to a search for lost honour. In 2006, new sets of measures were adopted by the Japanese government to try to reduce the suicide rate of 20% by 2016.
Ultimate taboo subject, often raising discomfort or preconceived ideas, suicide in Japan is nevertheless a real public health problem that must be approached in an orderly way to be able to see clearer.

1. Suicide in Japan in numbers

The latest statistics from the World Health Organization (WHO) unfortunately confirms the high rate of suicide in Japan, where it is deplored each year more than 30,000 suicides, nearly 25 deaths per 100,000 population (WHO, 2007).

This figure is then nearly two times higher than the world average which was in 2000, 14.5 suicide deaths per 100,000 population (WHO, 2002), and then placed Japan in the world in the 8th largest most affected countries by suicide after Lithuania (38.6 / 100,000 in 2006), Belarus (35.1 in 2003), Russia (32.2 in 2005), Kazakhstan (26.9 in 2009), Hungary (26 in 2005), Slovenia (25.1 in 2005) and Latvia (24.5 in 2005).

Also, in a category more representative of its economic situation, Japan is, after Hungary, in the second place among OECD countries that deplore the most suicides due to their population (see Figure 1).

Comparing statistics of Japan with some French-speaking countries, we can better understand the disturbing presence of suicide in the archipelago where its frequency is about 30% higher (see Figure 2). Also, as noted by WHO, we have to remember that “data on mortality from suicide usually under-estimate the true prevalence of suicide in a population” (WHO, 2002), and that in all countries. It then presupposes the actual number of suicides more important given the fact that suicides are sometimes hidden by the family for fear of stigma, for religious reasons or to benefit from life insurance. Suicide can also be non-recognized when it is masked by person committing it, such as road accidents or, for seniors of “forgetting” to take life-sustaining medicines... For about all this, one can imagine that the suicide rate in Japan, as in other countries, is even higher than the official rate of suicides reported thus worsening the already difficult situation.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Number of suicide per year for 100.000 population</th>
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<table>
<thead>
<tr>
<th>Country</th>
<th>Man</th>
<th>Woman</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium (1999)</td>
<td>27.2</td>
<td>9.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Canada (2004)</td>
<td>17.3</td>
<td>5.4</td>
<td>11.3</td>
</tr>
<tr>
<td>France (2006)</td>
<td>25.5</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td><strong>Japan (2007)</strong></td>
<td><strong>35.8</strong></td>
<td><strong>13.7</strong></td>
<td><strong>24.4</strong></td>
</tr>
<tr>
<td>Swiss (2006)</td>
<td>23.5</td>
<td>11.7</td>
<td>17.5</td>
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**Figure 2.** Suicide rates by gender per 100,000 population in Belgium, Canada, France, Japan and Swiss (OMS, 2007).

### 2. The distribution of suicide in the population

In Japan, suicide affects all ages of the population, especially working class people, whose age is between 45 and 65. Also, we notice that men are twice and sometimes three times more affected than women (see Figure 3).

**Figure 3.** Suicide rates per 100,000 population, by gender and age, Japan, 2007 (OMS, 2007).

For a large number of age groups, suicide then surpasses all other causes of death (see Figure 4). Thus, it is the leading cause of death for men and women during their prime working years, situation described by Kuroki (2010) as “simply shocking, considering that Japan is one of the most developed countries”.

**Figure 4.** Cause of death in Japan by age in 2003 (Kuroki, 2010).
3. Suicide and work

The proximity between the effects of the working world and suicide then seems a Japanese specificity to emphasize, and the link between suicide and unemployment has been highlighted in particular for men and especially studied by Kuroki (2010) (see Figure 5). He thus announces that “in 2007, more than half of people who committed suicide were unemployed”.

![Figure 5](image)

Figure 5. Male suicide rate and male unemployment (Kuroki, 2010).

Also, it is not surprising that recent Asian economic crises have had a direct effect on the increase of suicides in Japan.

Inoue et al. (2007) and Chang et al. (2009) found then correlation between the economic crisis of 1998 and the increase of suicides in Japan, but also the rising of divorce rate and declining number of marriages (see Figure 6).

Unemployment, financial difficulties, debt (Chen et al., 2010), career-accidents... all under the strong influence of “social stigma” (Chen et al., 2009) are then factors which strongly influence the number of suicides.
4. The place of suicide in Japanese culture

Also, Chang et al. (2009) put forward a hypothesis that can explain the fact that Japan has responded so strongly to the economic crisis compared to other Asian countries, with a 39% increase in suicide rates between 1997 and 1998.

They highlight the “permissive attitude toward suicide in Japanese society”, Japanese businessmen “used to have a strong bond to the company, akin to the ancient samurais’ loyalty to their lords. They were severely challenged when becoming the target of corporate restructuring following the economic crisis and might feel betrayed by the company (Takei, Kawai et Mori, 2000). Indeed, Japanese suicide rates reached a post-war peak in 1998 (Shiho et al., 2005)”.

More engaged, Chen et al. (2009) speak of a “tradition of suicide” citing sociologists who see in Japanese culture a “value orientations” that contribute to the high suicide rate the country is facing: i) monism (the feeling of unity between the material and the spiritual, where everything makes one), ii) groupism (way to promote the general thinking and behaviour of the group), iii) accommodationism (tendency to adapt and find compromises despite different views) and iv) the presence of an authoritarian family spirit.

All this has been given to suicide over time, a special place for its implementation and symbols that accompany it... “Seppuku” and “aesthetics of death” (Fuse, 1980) is then considered by some as a way to renewed lost honour.

Let’s include also the “fads” and the increase of suicide after the excessive media coverage of celebrities’ suicides (see Kaga, 2009), a improper communication around hazardous (see Kaga, 2009), a too great facility for suicidal people to gather on the internet specialized sites, find information and get prepared for their acting out... (see Crump, 2006 and Hitosugi, 2007).
Finally let’s mention that suicide has a high financial cost for the Japanese society. On September 7, 2010, a government study evaluating the impact of mental suffering and suicide on the economy, estimates to nearly US$ 35 billion “the cost incurred last year in Japan by work stoppages of depression and loss of earnings due to people who have ended their day, added to the price of various allowances and medical costs to treat people suffering” (Le Monde, 10/09/07).

5. Measures for the future

Today, the suicide rate in Japan is stable and remains substantially as high as the record rate occurred during the 1998 economic crisis, and unlike other countries, it seems that social policies have not yet managed to achieve satisfactory results.

Suicide and attempted suicide are complex phenomena that combine biological, psychological, psychiatric and social factors. The interaction of these factors is often difficult to decipher and depend on each case, on very individual situation the person encounters. There is no unique preventative measure or treatment that can obviate suicide, and instead, the approach will be mostly multidisciplinary, involving various complementary actions.

In this way, and in order to reverse the tendency, the Japanese Government adopted in June 2006, the “Basic Law of Suicide Prevention” defining new policies for actions and prevention to reduce suicide rate at least 20% by 2016.

For this, various initiatives have been advanced (Kaga et al. (2009)):

1) promoting research on suicide;
2) improvement of mental health and social support with i) more appropriate care for psychiatric troubles and ii) a campaign on the "work-life" theme to reduce deaths from overwork;
3) improving the financial situation of individuals with i) training for unemployed and part-time workers, ii) modification of legislation on temporary work and iii) the establishment of appropriate legal measures to avoid over-indebtedness;
4) regular removal of illegal and harmful content on the Internet;
5) education programs of children in schools around their "value" and their "potential"...;
6) the establishment of cooperation with the emergency services to track over time people with suicidal tendencies.

Confirming the willingness of the government to tackle the scourge of suicide the Prime Minister Naoto Kan said in September 2010 “that this high rate proved ill-being of the country. There are many causes of suicide. Tackling them could help
build a society with less suffering” (Le Monde, 07/09/10).

**Conclusion**

Japan now seems willing to face the challenge of reducing the high rate of suicide than the population knows. After many years mainly devoted to economic development, attitudes now seem to evolve towards the better condition of the individual and the population.

In practical terms, Japan will therefore have to adopt many measures and make major investments to tackle suicide which threatens its population, and hope for a reversal of the curve that is not yet present: researches, psychosocial work, medical framework, community interventions, legislation improvement, involvement of different partners... are all challenges that must be met to enable the Japanese population to break free from this scourge.

The cultural context will be also an important parameter to take into account given the major role it plays in suicidal behaviour. Indeed, as claimed by the WHO (2002), “what has a positive effect in preventing suicide in one place may be ineffective or even counterproductive in another cultural setting”, it is essential today to continue to focus on the Japanese socio-cultural realities in order to propose measures of prevention and caring tailored to its population.
Bibliography


Illustration picture of a “Life hotline” for suicide prevention where we can read “Do not keep you suffer for yourself, share it with us”.

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