
Suicide Later in Life

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Behavioral Health Issues of Older Adults

- ✓ Are not a normal part of aging
- ✓ Are treatable
- ✓ Behavioral Health issues are debilitating and effect overall health and quality of life in older adults
(Geriatric Mental Health Foundation)
- ✓ 10 –28 % of older adults have mental health problems serious enough to need professional care
- ✓ More than 80% of all seniors in need of mental health services do not get the treatment they need

Issues of Suicide in Older Adults

Depression, Suicide and Older Adults

- Older adults are the most rapidly growing population.
- Older adults have had and continue to have one the highest rates of suicide.
- Suicide behavior is more lethal in later life.

Depression, Suicide and Older Adults

- Late life suicide is an increasing concern!
- Birth cohorts tend to carry with them a characteristic propensity to suicide as they age.
- “Baby boomers” (1946 – 1964) have had higher suicide rates than earlier or subsequent birth cohorts.

Depression, Suicide and Older Adults

- High incidence of psychiatric illness in older adults – specifically affective disorders.
- Physical ill health and functional impairments contribute to risk.
 - Perceived health status and impact on pain, function, threats of autonomy and personal integrity.
 - Interpersonal Theory of Suicide (Joiner, et al) – Issues of belongingness and perceived burdensomeness.

Correlates to Suicide in Older Adults

✓Physical Health

- Post Autopsy (PA) studies estimate that physical illness directly contributes to suicide in 70% of victims over 60 years of age
- Suicidal ideation among ill individuals was extremely rare in the absence of clinically significant mood disturbance

Conwell Y., Duberstein, R. and Caine, E.
"Risk Factors for Suicide in Late Life,"
Biological Psychology , 2002; 52: 193-204.

Correlates to Suicide in Older Adults

➤Mental health –

- Independent psychiatric assessment found psychiatric illness in 85 – 90% of suicidal subjects
- Review of studies – mood disorders were a significant predictor
- Recurrent major depression – greatest predictor
- Several studies that examined dementia diagnosis found no significant correlation
- Substance disorders - 3 out of 5 studies showed a significant elevation of risk

Conwell Y., Van Orden, K, Caine, E. "Suicide in older adults"
Psychtri Clin North Am. 2011; Jun;34(2):451-68.

Correlates to Suicide in Older Adults

✓Two studies of Psychological Factors found:

- Higher levels of Neuroticism
- Lower scores on Openness to Experience
 - Muted affect and hedonic responses, constricted range of interests and comfort with the familiar
- Obsessional and anxious traits

Conwell Y., Duberstein, R. and Caine, E.
"Risk Factors for Suicide in Late Life,"
Biological Psychology , 2002; 52: 193-204.

Correlates to Suicide in Older Adults

➤ Social Factors –

- Physical illness
- Loss – life events
- Social isolation
- Loneliness

Conwell Y., Duberstein, R. and Caine, E.
"Risk Factors for Suicide in Late Life,"
Biological Psychology, 2002; 52: 193-204.

SUICIDE IN OLDER ADULTS

✓ APA – 20% of Older Adults who committed suicide saw their physician within the prior 24 hours, 41% in the past week and 75% within the past month

✓ The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited.

Hybels CF and Blazer DG. Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(Nov. 2003):663-696.

✓ Associated with late-onset depression

Depression, Suicide and Older Adults

■ In 2013, according to the CDC, older, white males had one of the highest suicide rates; (32.74 suicides per 100,000 people).

■ The rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide.

Depression, Suicide and Older Adults

- According to the CDC in 2017, the highest suicide rate (20.2%) was among people 45 to 54 years old.
- The second highest rate (20.1 %) occurred in those 85 years and older. An estimated 16,500 older Americans (ages 55 and up) died from suicide in 2017.

Depression, Suicide and Older Adults and Long-Term Care

- Presented at the 2018 Gerontological Society of America Annual Meeting Dr. Briana Mezuk, a University of Michigan epidemiologist, found in 2015 the rate of suicide of older adults in nursing homes in Virginia was nearly the same rate as in the general population.

Depression, Suicide and Older Adults and Long-Term Care

- Dr. Mezuk's team also looked at 50,000 suicides among individuals 55 and older in the NVDRS from 2003 to 2015 in 27 states. They found that 2.2% of suicides were related to long-term care. Those individuals who died were older adults living in or moving to long-term care or among their caregivers. (This data did NOT include numbers from California and Florida).

Assessing Suicide Risk

(SAD PERSONS)

Sex	(Male)
Age	(Elderly or adolescent)
Depression	
Previous	Suicide
Ethanol	Abuse
Rational	Thinking loss (psychosis)
Social	Support lacking
Organized	Plan commit suicide
No Spouse	(Divorce>widowed>single)
Sickness	Physical illness

Risk Factors for Suicide in Older Adults (Five D's)

- Psychiatric Illness – **Depression**
- Functional Impairment – **Disability** and **Dependency**
- Physical illness – Multiple Co-morbid **Diseases**
- Social **Disconnectedness**
- Access to lethal (**Deadly**) means

Suicide in Older Adults

✓ Suicide Attempts

- Adolescent ratio of attempted to completed suicides is estimated to be 200:1
- General population ratio is between 8:1 to 30:1
- Older Adult ratio is 4:1
- "Increased lethality of self-destructive behaviors in late life reflects diminished physical resilience and greater isolation as well as greater determination."

Conwell Y., Duberstein, R. and Caine, E.
"Risk Factors for Suicide in Late Life,"
Biological Psychology , 2002; 52: 193-204.

Risk Factors for Suicide Among Older Adults

- Differ from those for younger persons
- Higher prevalence of depression
- More physical illnesses
- Often visits a health-care provider before attempts
- More social isolation
- Higher male-to-female ratio
- Greater use of highly lethal methods
- Fewer attempts per completed suicide

Source: Aging and Mental Health and CDC

**Older Adults who take their own
lives are more likely to have
suffered from a depressive illness
than individuals who kill
themselves at younger ages**

Surgeon General's Call to Action to Prevent Suicide - 1999

✓AIM

- **Awareness** – Appropriately broaden the public's awareness of suicide and its risk factors
- **Intervention** – Enhance services and programs, both population based and clinical care
- **Methodology** – Advance the science of suicide prevention

Suicide Prevention Strategies

- Effective and appropriate clinical care for mental, physical and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal methods of suicide
- Family and community support

Suicide Prevention Strategies

- Support from ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation instincts

Older adults with mental illness are at increased risk, compared with younger adults, for receiving inadequate and inappropriate care

Depressive Disorders in Older Adults

Depression and the Older Adult

- Affects approximately 15 out of every 100 older adults age 65 and older – higher percentage in hospitals and nursing homes
- Affects more older adults in medical settings, up to 37% older patients in primary care – approximately 30% of these patients have major depression the remainder have a variety of depressive syndromes that could also benefit from medical attention (Alexopoulos, Koenig)

Depression and the Older Adult

- Individuals who get depressed for the first time in later life have a depression that is related to medical illness
- Untreated depression can lead to disability , worsening of other illnesses, institutionalization, premature death and suicide (GMHF)
- Community surveys have found that depressive disorders and symptoms account for more disability than medical illness
- With proper diagnosis and treated more than 80% of individuals with depression recover and return to normal lives (GMHF)

Older Adults at Risk for Depression

- Those with co-morbid disorders
- Frail elderly
- Older adults residing in care facilities
- Caregivers of older adults
- Isolated older adults

Causes of Depression in Older Adults

- ✓ Causes may be physical, social, or psychological in origin, including:
 - Specific events in a person's life, such as the death of a spouse, a change in circumstances, or a health problem that limits activities and mobility
 - Medical conditions - Parkinson's disease, hormonal disorders, heart disease, or thyroid problems
 - Chronic pain
 - Nutritional deficiencies
 - Genetic predisposition to the condition
 - Chemical imbalance in the brain

Depression

- ✓ Major Depressive Episode
 - Depressed mood
 - Loss of interest or pleasure
 - Appetite disturbance
 - Insomnia or hypersomnia
 - Psychomotor agitation or retardation

Depression

✓ Major Depressive Episode

- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Decreased concentration indecisiveness
- Thoughts of death or suicide
- Impaired level of functioning

Depressive Disorders in Older Adults

✓ Symptoms:

- Persistent sadness
- Feeling slowed down
- Excessive worries
- Tearfulness
- Feeling worthless or helpless
- Appetite disturbance
- Pacing or fidgeting
- Difficulty sleeping
- Difficulty concentrating
- Somatizations/ physical complaints

Depression and the Older Adult

- Medical illness is the most common stressor associated with major depression and it is the most powerful predictor of poor outcome
- Individuals who get depressed for the first time in later life have a depression that is related to medical illness
- Relationship between physical illness and depression

Late Onset Depression

- Depression occurring for the first time in late life – onset later than age 60
- Usually brought on by another “medical illness”
- When someone is already physically ill, depression is both difficult to recognize and treat
- Greater apathy/ anhedonia
- Less lifetime personality dysfunction
- Cognitive deficits more pronounced
- In some individuals may be a precursor to dementia (Related to Vascular Dementia)

Depression and Dementia

- ✓ Depression is one of the most frequent behavioral symptoms in Alzheimer’s disease.
- ✓ Depressive symptoms occur in various intensity in approximately 50% of demented patients
- ✓ Effects the quality of life of both “patients” and caregivers.
- ✓ Symptoms can include:
 - Abrupt loss of interest, increased irritability, refusal to eat, crying, and sudden deterioration in skills (Rovner)

Depression and Dementia

- Depression is associated with “greater disability in ADL’s, faster cognitive decline, a high rate of nursing home placement, relatively higher mortality and a higher frequency of depression and burden in caregivers”

Starkstein, S and Mizrahi, M. “Depression in Alzheimer’s Disease,” Expert Review of Neurotherapeutics; Jan. 2014; 887-895.

Depression and Alzheimer's Disease

- ✓ AD affects 8 – 15% of individuals over the age of 65
- ✓ Depression that can occur with AD may be different than other depressive disorders in that the neuropathology of AD plays a role in the development of depression
 - ✓ Olin, Katz, Lebowitz, et al "Provisional Diagnostic Criteria for Depression of Alzheimer Disease: Rationale and Background," Amer Journal of Geriatric Psychiatry, 2002
- ✓ Depression co-occurs among 30 – 50% of those with AD

Depression and the "Nursing Home"

- Occurrence 10 times higher than those elderly residing in the community (Rovner)
- 2014 - CDC 47% of individuals in nursing homes have a diagnosis of depression
- NIMH – up to 50% of nursing home residents are affected by significant depressive symptoms
- Associated with distress, disability and poor adjustment to the facility (Rovner)
- Most common cause of weight loss in long term care (Katz)

Depression and the "Nursing Home"

➤ Behavioral Symptoms include:

- Low mood /hopelessness
- Preoccupations with pain and somatic functions
- Poor sleep
- Lack of energy/low motivation

Depression and the “Nursing Home”

➤ Behavioral Symptoms include:

- Loss of appetite and subsequent weight loss
- Withdrawal and isolation
- Uncooperativeness/ refusal of care
- Screaming

Incidence and Prevalence of Depression among Caregivers

- Family Caregiver Alliance 1997 – 58% of caregivers showed clinically significant depressive symptoms

Family Caregiving

- Chronic or long-term conditions in care recipients cause more emotional stress for caregivers. 53% of individuals caring for someone with a mental illness; 50% of those caring for someone with dementia or Alzheimer’s disease.
- Caregivers whose recipient has emotional or mental health problems are more likely than others to report a decline in their own health as a result of caregiving (25% vs. 14%).
“Caregiving in the US (2015)” - National Alliance for Caregiving in collaboration with AARP

Incidence and Prevalence of Depression among Caregivers

- 61 percent of family caregivers of individuals with Alzheimer's and other dementias rated the emotional stress of caregiving as high or very high.
- 33 percent report symptoms of depression.

Alzheimer's Association (2012) Alzheimer's Disease Facts and Figures

Incidence and Prevalence of Depression among Caregivers

- ✓ 20 – 50% of caregivers report depressive disorders or symptoms
- ✓ Higher rates of depression are attributed to those caring for individuals with dementia
 - 30 – 40% of dementia caregivers suffer from depression and emotional stress
- ✓ Caregivers use prescription and psychotropic medications more than non-caregivers

Family Caregiver Alliance 2003

Incidence and Prevalence of Depression among Caregivers

- 1/3 family caregivers of individuals with dementia have symptoms of depression

Alzheimer's Association, 2008; Yaffe and Newcomer, 2002

Incidence and Prevalence of Depression among Caregivers

- ✓ 40 – 70 % of family caregivers have clinically significant symptoms of depression with 25% meeting the diagnostic criteria for major depression.

Zarit, S (2006) "Assessment of Family Caregivers: A Research Perspective in Family Caregiver Alliance." (Eds.), Caregiver Assessment: Voices and Views from the Field. Report from a National Consensus Development Conference (Vol. II) San Francisco: Family Caregiver Alliance – Updated November 2012.

Caregiving and Depression

- ✓ Family caregivers face a range of health risks and serious illnesses themselves
- ✓ Family caregivers experience high rates of depression, stress and other mental health problems
- ✓ Elderly spousal caregivers experiencing mental or emotional strain have a 63% higher risk of dying than non-caregivers.

*Family Caregiver Alliance 2007
National Policy Statement*

Incidence and Prevalence of Depression among Caregivers

- Care recipients behavior is an overwhelming predictor of caregiver depression.

Schulz, R, O'Brien, A, et al. "Psychiatric and Physical Morbidity effect of Dementia Caregiving: Prevalence, Correlates and Causes," Gerontologist. 1995 Dec;35 (6): 771-791.

Depression Scales

- Geriatric Depression Scale - (Yesavage)
- Patient Health Questionnaire PHQ-9 for Depression
- Center for Epidemiologic Studies Depression Scale
- Beck Depression Protocol
- Hamilton Depression Rating Scale
- Cornell Scale for Depression in Dementia

Geriatric Depression Scale (Yesavage)

- Self administered
- Established validity for the elderly
- A score > 8 has a 90% sensitivity and 80% specificity in detecting depression in the elderly

Behavioral Interventions for Depression

- ✓ Structured activities
- ✓ Maintain social contacts
- ✓ Exercise
- ✓ Sleep hygiene
- ✓ Relaxation techniques
- ✓ Consistent staff
- ✓ Issues of autonomy and choice

Behavioral Interventions for Depression

- **Structured activities** – Be sure to schedule activities consistently during the week whether it be volunteering, visits to museums, fishing or religious activities, etc.
- **Maintain social contacts** - Involving yourself with family and friends will help eliminate the feeling of isolation.
- **Sleep hygiene** - Go to bed at the same time every night. Before bed try and maintain a calm and quiet environment -- do activities such as reading or taking a warm bath (and make sure to avoid caffeine and alcohol!).

Behavioral Interventions for Depression

- **Get outside** - Exposure to bright light for 30 minutes a day through artificial light, or perhaps even sunlight, can help with your circadian rhythm. This ensures a good night's sleep, and in turn, helps your physical and mental health.
- **Exercise** - 20 - 30 minutes of walking or other "aerobic" exercise at least 3 times a week means healthy "endorphins" being released regularly. It's also a great way to withstand and/or release stress. Remember to talk to your doctor first!

Behavioral Interventions for Depression

- **Negative Thoughts** – Be aware of ruminations of negative thoughts and redirect them to positive ones. This takes dedication and perseverance!
- **Relaxation Techniques** – Yoga, music, and visualization are important tools when trying to release stress and create positive energy.

Therapy and the Older Adult

- ✓ Life review/reminiscing
- ✓ Psychotherapy
 - Cognitive Behavioral Therapy
 - Problem Solving Therapy
 - Insight Oriented Therapy
 - Family Therapy
 - Psycho-educational Approaches
- ✓ Religious/Spiritual needs
- ✓ Support groups

Therapy and the Older Adult

- ✓ For older adults, especially those who are in good physical health, combining psychotherapy with antidepressant medication appears to provide the most benefit.
- ✓ One study showed that about 80 percent of older adults with depression recovered with this kind of combined treatment and had lower recurrence rates than with psychotherapy or medication alone.

Reynolds, C, Frank E, Perel JM, et al "Nortriptyline and interpersonal psychotherapy as maintenance therapies for recurrent major depression: a randomized controlled trial in patients older than 59 years." Journal of the American Medical Association, 1999; 281(1): 39-45.

Interventions for Suicide Prevention in Older Adults

Importance of Social Connectedness in Later Life

- ✓ Well-being – general improvement
- ✓ Cognition – improved memory
- ✓ Physical health – subjective perceptions
- ✓ Functional impairments – strength; energy, self care

By targeting social engagement can
we reduce suicide risk in older
adults?!

ENGAGE Intervention

(Alexopoulos and Arean 2014)

- ✓ ENGAGE works by engaging the older adult in pleasant activities that are reinforcing – “reward exposure”.
- ✓ Patients re-engage in social activities they may have stopped doing due to depression or functional limitations. Some were never engaged at all.
- ✓ Focus is on social activities.

ENGAGE Intervention Cont.

(Alexopoulos and Arean 2014)

Increase social engagement leads to an increase in positive connections and contributions which decreases loneliness and burdensomeness consequently decreasing suicide risk.

ENGAGE Intervention Cont.

(Alexopoulos and Arean 2014)

- ✓ 10 psychotherapy sessions in the home
- ✓ Problem solving treatment.
- ✓ “Action Plans” – to teach the skill of increasing social engagement.
- ✓ Also targets increasing pleasant and physical activities.

ENGAGE Intervention Cont. (Alexopoulos and Arean 2014)

- ✓ Barriers are addressed
- ✓ Family included in session
- ✓ Action plan is developed in session

ENGAGE Intervention Cont. (Alexopoulos
and Arean 2014)

- ✓ All study participants were willing to develop engagement goals each session.
- ✓ Study participants believed increase in social engagement would assist in more positive mood and well-being.
- ✓ Action plans assisted to keep participants on track.

The Senior Connection (TSC 2016)

Yeates Conwell, University of Rochester

- ✓ 368 primary care patients ≥ 60 years who feel they are burden or lonely.
- ✓ Intervention – Trained Peer companions supervised by aging services network.
- ✓ Outcome measures – depression, suicidal ideation, “structural” and psychological connectedness.

The Senior Connection (TSC 2016)

Yeates Conwell, University of Rochester

- ✓ Volunteers ≥ 55 years old
- ✓ Trained
- ✓ Weekly connection
- ✓ Primarily friendly visiting; some instrumental activities

The Senior Connection (TSC 2016)

Yeates Conwell, University of Rochester

✓ Outcomes:

- 52% felt less lonely
- 34% closer ties with more people
- 34% more satisfied with their life

The Senior Connection (TSC 2016)

Yeates Conwell, University of Rochester

- ✓ Peer companionship reduces perceived burden; depression and anxiety
- ✓ Promising intervention for reducing late-life mental health problems that elevate suicide risk.
- ✓ Low cost
- ✓ Easily implemented nationwide

Evidenced-Based Practices for Older Adults

Evidence-Based Practices for Older Adults with Behavioral Health Issues
Depression in Older Adults

✓ **Healthy IDEAS** - (Identifying Depression, Empowering Activities for Seniors) – Integrates depression awareness and management into existing case management services.

- Screens, educates, links to services and utilizes behavioral approaches.
- Evidenced based Disease Self Management for Depression – NCOA Model Health Program.

Evidence-Based Practices for Older Adults with Behavioral Health Issues
Depression in Older Adults

✓ **PEARLS** -(Program to Encourage Active Rewarding Lives for Seniors) – Utilizes existing community-based programs.

- Problem solving treatment, social and physical activation, PEARL's counselor offers visitation.

✓ **Gatekeeper Program** – Trains non-traditional sources to identify and refer older community residing elders to services.

Collaborative Approaches for Older Adults with Behavioral Health Issues
Outreach Programs

✓ Multidisciplinary outreach services takes services to where older adults reside – home and community based settings

- Psycho geriatric Assessment and Treatment in City Housing (PATCH) Baltimore, MD – Gatekeeper program with “assertive community treatment”.

Evidence-Based Practices for Older Adults with Behavioral Health Issues
Depression in Older Adults

- ✓ **Interventions for Family Caregivers** – (Mittelman)
 - combination of counseling sessions, support group, education and ongoing support.
 - Assists in delaying nursing home placement.
 - Improved caregiver depression and health outcomes.

Integrating Mental Health Services in Primary Care

- ✓ **PRISM-E (SAMHSA)** –(Primary Care Research in Substance Abuse and Mental Health for the Elderly) comparing two types of care models for delivery of mental health services to older adults.
 - 50 clinical settings – managed care, community health clinics, VA system and group practice settings.
 - Diverse ethnic/ minority and rural/ urban populations.
 - Largest study of depression and alcohol uses in older adults.
 - The firsts effectiveness study of integration in older adults.

Evidence-Based Practices for Older Adults with Behavioral Health Issues

Suicide Prevention

- ✓ Supportive interventions including screening, psycho-education and group activities.
- ✓ Telephone-based supportive interventions.
- ✓ Protocol driven treatment delivered by a case manager (IMPACT; PROSPECT).

Integrating Mental Health Services in Primary Care

✓IMPACT (Hartford Foundation) - (Improving Mood Promoting Access to Collaborative Treatment for Late Life Depression)

- Identification of older adults in need.
- 12 month access to depression care manager and support.
- PCP manages anti-depressant medications.
- Brief psychotherapy.
- Case supervision by a psychiatrist.

Integrating Mental Health Services in Primary Care

✓ PROSPECT (NIMH) - Prevention of Suicide in Primary Care Elderly: Collaborative Trial

- Sought to decrease risk factors including barriers to accessing health care and the presence of untreated mental illness.
- Identification of older adults in need.
- Case management links to appropriate service.
- Depression – care management and suicide prevention.

Collaborative Approaches for Older Adults with Behavioral Health Issues

✓Colorado's Senior Reach

- Community-involved identification of older adults who need emotional or physical support and connection to community services.
- 70 % of seniors previously had “fallen through the cracks”.

Collaborative Approaches for Older Adults with Behavioral Health Issues

✓Colorado's Senior Reach Cont.

- 90 % who were referred have accepted mental health services.
- Program enables individuals to access service before serious problems arise.
- Senior Reach has found that building strong collaborative community relationships that enhance ongoing services to older adults is the key to prevention of more serious problems.

- Without effective and adequate **multidisciplinary care**, older adults are at risk for significant **disability** and **impairment**, including:
 - Impaired independent and community- based functioning
 - Compromised quality of life
 - Cognitive impairment
 - Increased caregiver stress
 - Poor health outcomes
 - Increased mortality

Stephen Bartels, MD, MS

Accessing Services

- Assess individual needs for community resources
- Explore options with client and family
- Take a multi-faceted approach
- Foster partnerships between agencies
- Provider support and information throughout the referral process

In 2017 there were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).

Resources

- ✓ Geriatric Mental Health Foundation - www.gmhfonline.org
- ✓ National Council on Aging – Older Adults and Suicide Brief - <https://www.ncoa.org/wp-content/uploads/Older-Americans-Issue-Brief-4-Preventing-Suicide-508.pdf>
- ✓ Medline Plus (NIH) – www.medlineplus.gov
- ✓ American Foundation for Prevention of Suicide - <https://afsp.org/>
- ✓ Suicide Prevention Resource Center - <http://www.sprc.org/video/reaching-older-adults>

Resources

- SAMHSA-HRSA Center for Integrated Health Solutions – <https://www.integration.samhsa.gov/integrated-care-models/older-adults>
- The State of Mental Health and Aging in America - http://www.cdc.gov/aging/pdf/mental_health.pdf
- National Council on Aging - <https://www.ncoa.org/center-for-healthy-aging/behavioral-health/older-americans-behavioral-health-series/>

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Mental Health needs of Older Adults

- Multidisciplinary approach
- Consumer input
- Stakeholder-generated principles – CSP/CASSP
- Culturally competent
- All levels of interagency collaboration
- Toward the aim of dispelling stigma
- Integrated at the community level
- Continuum of care from prevention to treatment

SAMHSA Strategic plan Substance Abuse and Mental Health Issues facing Older Adults 2001 - 2006

**WHAT MAKES THE ENGINE GO?
DESIRE, DESIRE, DESIRE.
THE LONGING FOR THE DANCE
STIRS IN THE BURIED LIFE.
ONE SEASON ONLY,
AND IT'S DONE.**

STANLEY KUNITZ
