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**SUICIDE**



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*By Emile Durkheim*

TRANSLATED BY JOHN A. SPAULDING AND GEORGE SIMPSON

EDITED WITH AN INTRODUCTION BY GEORGE SIMPSON

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To Those Who, with Durkheim, Understand  
the Life of Reason As Itself a Moral  
Commitment, and Especially to Arthur  
D. Gayer in Economics; Sol W. Gins-  
burg in Psychiatry; Robert S. Lynd in  
Sociology; and Arthur E. Murphy in  
Philosophy



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## EDITOR'S PREFACE

OF THE four major works of the renowned French sociologist, Emile Durkheim, only *Le Suicide* has remained to be translated. *The Elementary Forms of the Religious Life* was first published in English in 1915; the *Division of Labor in Society* in 1933 and *The Rules of Sociological Method* in 1938.<sup>1</sup> Over half a century has gone by since the first edition of *Le Suicide*, yet far more than antiquarian interest attaches to it in the sociological, statistical, philosophical, and psychological disciplines. But the historical significance of the volume in social thought would be enough reason for presenting it to readers in the English-speaking world. As a milestone in social science and an indispensable part in understanding the work of the man who founded and firmly established academic sociology in France and influenced many others outside of France, it should have long since been available in translation.

Though our statistical material today is more refined and broader, and our socio-psychological apparatus better established than was Durkheim's, his work on suicide remains the prototype of systematic, rigorous and unrelenting attack on the subject with the data, techniques, and accumulated knowledge available at any given period. Indeed, *Le Suicide* is among the very first modern examples of consistent and organized use of statistical method in social investigation. In the last decade of the nineteenth century when Durkheim was conducting the investigations incorporated in this work, repositories (governmental or private) of statistical information on this, or any

<sup>1</sup> All of these are now published by the *Free Press*.



other subject, were either rare, skimpy, or badly put together. With characteristic energy and the aid of some of his students, especially Marcel Mauss, Durkheim realigned the available statistics so as to answer the question posed by the general problem and its internal details. At the time, statistical techniques were little developed, and Durkheim was forced at given points to invent them as he went along. The elements of simple correlation were unknown except among the pathfinders in statistical techniques like Galton and Pearson, as were those of multiple and partial correlation, yet Durkheim establishes relationships between series of data by methodological perseverance and inference.

The tables which Durkheim drew up have been left in the translation in their somewhat quaint form, with no attempt to set them up according to present-day standards of statistical presentation. They have that way an historical value, as well as a character of their own. To embellish them would take away the atmosphere in which they were literally forged through necessity. Though more recent data are available, the kind of information Durkheim was trying to impart through them is still the kind that sociologists and actuarialists are interested in. Indeed, one table (on the effect of military life on suicide) has been taken over bodily in one of the best general, recent treatises on suicide.<sup>2</sup>

The maps which Durkheim placed in the text have been put in Appendices here, along with a special table which Durkheim drew up but could not use for reasons he gives in a footnote to it. The maps have been reproduced as they are with the French titles and statistical legends.

But in addition to its historical and methodological import, *Le Suicide* is of abiding significance because of the problem it treats and the sociological approach with which it is handled. (For Durkheim is seeking to establish that what looks like a highly individual and personal phenomenon is explicable through the social structure and its ramifying functions.) And even the revolutionary findings in psychiatry and the refinement and superior competence of contemporary actuarial statistics on this subject have yet to come fully to grips with this. We shall have more to say of it in the introduction.

<sup>2</sup> Dublin, Louis I, and Bunzel, Bessie, *To Be or Not To Be*, New York, 1933, p. 112-113.

There are those, moreover, who look upon *Le Suicide* as still an outstanding, if not the outstanding, work in what is called the study of social causation.<sup>3</sup> And in what has come to be known as the sociology of knowledge, Durkheim's attempts to relate systems of thought to states of the collective conscience involved in the currents of egoism, altruism, and anomy, in this volume, have been of no little influence.<sup>4</sup>

Finally, *Le Suicide* shows Durkheim's fundamental principles of social interpretation in action. His social realism, which sees society as an entity greater than the sum of its parts, with its accompanying concepts of collective representations and the collective conscience, is here applied to a special problem-area, and the results are some of the richest it has ever borne. For Durkheim not only enunciated methodological and heuristic principles (as pre-eminently in *The Rules of Sociological Method*); he also tested them in research of no mean scope. That his work would have to be supplemented, added to, revised, and our knowledge advanced, he would be the first to admit, since he rightly saw scientific endeavor as a great collective undertaking whose findings are handed on from generation to generation and improved upon in the process.

The translation has been made from the edition which appeared in 1930, thirteen years after Durkheim's death and thirty-three years after the first edition in 1897. This edition was supervised by Marcel Mauss. Professor Mauss, in his brief introductory note there, tells us that it was not possible, because of the method of reprinting, to correct the few typographical and editorial errors. With the aid of Dr. John A. Spaulding, I have sought by textual and statistical query, to rectify them wherever they could be discovered.

No index appeared in the French text, and none has been prepared here. Instead, the detailed table of contents which Durkheim drew up has been translated and placed at the back of this book.

For the version of the translation here, I must take full responsibility. Dr. Spaulding and I worked over the first draft, then we both re-worked the second draft. But the final changes I made alone.

Mr. Jerome H. Skolnick, a student of mine, aided in checking

<sup>3</sup> See especially, MacIver, R. M., *Social Causation*, New York, 1942.

<sup>4</sup> See, for example, Parsons, Talcott, *The Structure of Social Action*, Glencoe, Illinois, 1949.



the typescript and in proof-reading. He did not confine his work to routine, and many of his suggestions proved to be of great value to me.

GEORGE SIMPSON

*The City College of New York*

*November 1, 1950.*



## EDITOR'S INTRODUCTION

### THE AETIOLOGY OF SUICIDE

#### I

*T*HE range of Emile Durkheim's analysis of the interconnectedness of suicide with social and natural phenomena is so wide and varied as to preclude treatment of all its avenues and by-roads in the short space of this introduction. Within the confines of one not over-long volume, Durkheim has treated or touched on normal and abnormal psychology, social psychology, anthropology (especially the concept of race), meteorological and other "cosmic" factors, religion, marriage, the family, divorce, primitive rites and customs, social and economic crises, crime (especially homicide) and law and jurisprudence, history, education, and occupational groups. But a short appraisal is still possible because throughout Durkheim's work on each and all of these topics subsidiary to suicide, is the basic theme that suicide which appears to be a phenomenon relating to the individual is actually explicable aetiologically with reference to the social structure and its ramifying functions.

The early chapters in Durkheim's work are devoted to the negation of doctrines which ascribe suicide to extra-social factors, such as mental alienation, the characteristics of race as studied by anthropology, heredity, climate, temperature, and finally to a negation of the doctrine of "imitation," particularly as represented in the works of Gabriel Tarde whose social theory at the time in France had many followers and against whom Durkheim waged unrelenting warfare within the bounds of scholarly and academic amenities. Here in these early chapters Durkheim is involved in a process of elimination: all theses which require resort to individual or other extra-social causes

for suicide are dispatched, leaving only social causes to be considered. This is used as a foundation for reaffirming his thesis stated in his introduction that the suicide-rate is a phenomenon *sui generis*; that is, the *totality* of suicides in a society is a fact separate, distinct, and capable of study in its own terms.

Since, according to Durkheim, suicide cannot be explained by its individual forms, and since the suicide-rate is for him a distinct phenomenon in its own right, he proceeds to relate currents of suicide to social concomitants. It is these social concomitants of suicide which for Durkheim will serve to place any individual suicide in its proper aetiological setting.

From a study of religious affiliation, marriage and the family, and political and national communities, Durkheim is led to the first of his three categories of suicide: namely, egoistic suicide, which results from lack of integration of the individual into society. The stronger the forces throwing the individual onto his own resources, the greater the suicide-rate in the society in which this occurs. With respect to religious society, the suicide-rate is lowest among Catholics, the followers of a religion which closely integrates the individual into the collective life. Protestantism's rate is high and is correlate with the high state of individualism there. Indeed, the advancement of science and knowledge which is an accompaniment of the secularization process under Protestantism, while explaining the universe to man, nevertheless disintegrates the ties of the individual to the group and shows up in higher suicide-rates.

Egoistic suicide is also to be seen, according to Durkheim, where there is slight integration of the individual into family life. The greater the density of the family the greater the immunity of individuals to suicide. The individual characteristics of the spouses is unimportant in explaining the suicide-rate; it is dependent upon the structure of the family and the roles played by its members. In political and national communities, it is Durkheim's thesis that in great crises the suicide-rate falls because then society is more strongly integrated and the individual participates actively in social life. His egoism is restricted and his will to live strengthened.

Having established the variation of the suicide-rate with the degree of integration of social groups, Durkheim is led to consider the fact of suicide in social groups where there is comparatively great in-



tegration of the individual, as in lower societies. Here where the individual's life is rigorously governed by custom and habit, suicide is what he calls altruistic; that is, it results from the individual's taking his own life because of higher commandments, either those of religious sacrifice or unthinking political allegiance. This type of suicide Durkheim finds still existent in modern society in the army where ancient patterns of obedience are rife.

Egoistic suicide and altruistic suicide may be considered to be symptomatic of the way in which the individual is structured into the society; in the first case, inadequately, in the second case, over-adequately. But there is another form of suicide for Durkheim which results from lack of regulation of the individual by society. This he calls anomic suicide, and is in a chronic state in the modern economy. The individual's needs and their satisfaction have been regulated by society; the common beliefs and practices he has learned make him the embodiment of what Durkheim calls the collective conscience. When this regulation of the individual is upset so that his horizon is broadened beyond what he can endure, or contrariwise contracted unduly, conditions for anomic suicide tend toward a maximum. Thus, Durkheim instances sudden wealth as stimulative of suicide on the ground that the newly enriched individual is unable to cope with the new opportunities afforded him. The upper and lower limits of his desires, his scale of life, all are upset. The same type of situation occurs, according to Durkheim, in what he terms conjugal anomy exemplified by divorce. Here marital society no longer exercises its regulative influence upon the partners, and the suicide-rate for the divorced is comparatively high. This anomic situation is more severely reflected among divorced men than among divorced women, since it is the man, according to Durkheim, who has profited more from the regulative influence of marriage.

At this point in his analysis, Durkheim claims that the individual forms of suicide can be properly classified. Now that the three aetiological types—egoistic, altruistic, and anomic—have been established, it is possible, he says, to describe the individual behavior-patterns of those exemplifying these types. The other way around—seeking to find the causes of suicide by investigating the individual types—Durkheim had originally claimed to be fruitless. In addition to tabulating the individual forms of the three different types, Durkheim



seeks to establish that there are individual forms of suicide which display mixed types, such as the ego-anomic, the altruist-anomic, the ego-altruist.

Thus, the statistics available to Durkheim he finds not correlated with biological or cosmic phenomena, but with social phenomena, such as the family, political and economic society, religious groups. This correlation he claims indicates decisively that each society has a collective inclination towards suicide, a rate of self-homicide which is fairly constant for each society so long as the basic conditions of its existence remain the same. This collective inclination conforms, Durkheim believes, to his definition of a social fact given in his treatise, *The Rules of Sociological Method*. That is, this inclination is a reality in itself, exterior to the individual and exercising a coercive effect upon him. In short, the individual inclination to suicide is explicable scientifically only by relation to the collective inclination, and this collective inclination is itself a determined reflection of the structure of the society in which the individual lives.

The aggregate of individual views on life is more than the sum of the individual views to Durkheim. It is an existence in itself; what he calls the collective conscience, the totality of beliefs and practices, of folkways and *mores*. It is the repository of common sentiments, a well-spring from which each individual conscience draws its moral sustenance. Where these common sentiments rigorously guide the individual, as in Catholicism, and condemn the taking of one's own life, there the suicide-rate is low; where these common sentiments lay great stress on individualism, innovation and free thought, the hold over the individual slackens, he is tenuously bound to society, and can the more easily be led to suicide. The latter is the case with Protestantism. In lower societies, the collective conscience, according to Durkheim, holds individual life of little value, and self-immolation through suicide is the reflection of the society at work in the individual. And in higher societies where sudden crises upset the adjustment to which the individual has become habituated through the common sentiments and beliefs, anomy appears which shows itself in a rising suicide-rate.

Suicide, like crime, is for Durkheim no indication of immorality *per se*. In fact, a given number of suicides are to be expected in a given type of society. But where the rate increases rapidly, it is symp-

tomatic of the breakdown of the collective conscience, and of a basic flaw in the social fabric. But suicide and criminality are not correlative, as some criminologists had claimed, although both when excessive may indicate that the social structure is not operating normally.

The suicide-rate which Durkheim found increasing rapidly through the nineteenth century cannot be halted in its upward curve by education, exhortation, or repression, he says. For Durkheim all ameliorative measures must go to the question of social structure. Egoistic suicide can be reduced by reintegrating the individual into group-life, giving him strong allegiances through a strengthened collective conscience. This can be accomplished in no small part, he thinks, through the re-establishment of occupational groups, compact voluntary associations based on work-interests. This is the same recommendation he made in the second edition of his *Division of Labor in Society* apropos of the infelicitous workings of that phenomenon. The occupational group will also serve to limit the number of anomic suicides. In the case of conjugal anomy, his solution is in greater freedom and equality for women.

Thus, suicide for Durkheim shows up the deep crisis in modern society, just as the study of any other social fact would. No social fact to him has been explained until it has been seen in its full and complete nexus with all other social facts and with the fundamental structure of society.

## II

Since Durkheim's work on suicide, the chief advances in our knowledge of the subject have come from actuarial statistics and psychoanalytic psychiatry. Durkheim's own approach has been carried forward, tested, and applied further by his student and friend, Maurice Halbwachs, in *Les Causes du Suicide*.<sup>1</sup> For the argument here, it must be noted (as Parsons has already pointed out) that Halbwachs saw that there is no antithesis such as Durkheim posited, between the social and the psychopathological explanations of suicide, but that they are complementary.<sup>2</sup>

The actuarialists have studied the overall extent and trends of suicide, related it to race and color incidence, age and sex distribu-

<sup>1</sup> Paris, 1930.

<sup>2</sup> Parsons, Talcott, *The Structure of Social Action*, New York, 1937, p. 326.



tion, urban and rural areas, seasonality (what Durkheim calls "cosmic" factors), economic conditions, religious affiliation, marital status. But the actuarialists have formulated no thorough-going, consistent and systematic hypothesis concerning the causes of suicide, which is what Durkheim is after. A sound compendium of actuarial work on this subject can be found in Louis I. Dublin's and Bessie Bunzel's book, *To Be or Not To Be*.<sup>3</sup> But for their interpretative framework, Dublin and Bunzel have had to fall back upon modern developments in psychiatry and mental hygiene.<sup>4</sup>

Durkheim is skeptical about the reliability of the statistics on suicide with regard to motives, on the ground that recording of motives is done by untrained enumerators in offices of vital statistics, as well as that the motives ascribed by suicides to their acts are unreliable. But the inadequacy of statistics on suicide generally has been even more trenchantly pointed up by psychoanalysts. Gregory Zilboorg has this to say: ". . . Statistical data on suicide as they are compiled today deserve little if any credence; it has been repeatedly pointed out by scientific students of the problem that suicide cannot be subject to statistical evaluation, since all too many suicides are not reported as such. Those who kill themselves through automobile accidents are almost never recorded as suicides; those who sustain serious injuries during an attempt to commit suicide and die weeks or months later of these injuries or of intercurrent infections are never registered as suicides; a great many genuine suicides are concealed by families; and suicidal attempts, no matter how serious, never find their way into the tables of vital statistics. It is obvious that under these circumstances the statistical data available cover the smallest and probably the least representative number of suicides; one is justified, therefore, in discarding them as nearly useless in a scientific evaluation of the problem."<sup>5</sup>

Moreover, Fenichel, following Brill and Menninger, has pointed

<sup>3</sup> New York, 1933.

<sup>4</sup> A similar situation holds with an earlier sociological study, Ruth S. Cavan's *Suicide* (Chicago, 1928). Here too actuarial and social statistics are presented, along with psychological case-histories, but the crucial relationship—that of the individual case-histories of suicide to the basic elements in the social structure—has been left relatively untouched.

<sup>5</sup> "Suicide Among Civilized and Primitive Races," *American Journal of Psychiatry*, vol. 92, 1935-36.



out the prevalence of "partial suicides," where death does not occur but which consist of "self-destructive actions, during melancholic states, carried out as self-punishment, as an expression of certain delusions or without any rationalization." The term, "partial suicides," Fenichel concludes, "is absolutely correct in so far as the underlying unconscious mechanisms are identical with those of suicide." <sup>6</sup> It is clear that these "partial suicides" never find their way into the statistics of suicide. From the aetiological standpoint, they are identical with consummated suicides; but of them all, Fenichel writes: "The factors, doubtlessly quantitative in nature, that determine whether or when the result is to be a suicide, a manic attack, or a recovery are still unknown." <sup>7</sup>

And even where statistical regularity appears to be ascertainable, a methodologist of science writes: "What makes the statistical regularity of long-run human conduct so striking is the fact that it shows itself in acts which are not the simple outcomes of a few mechanical forces, like the movements of spun coins, but in masses of close decisions of a very complex sort." He then goes on to instance the statistics of female suicides in New York City.<sup>8</sup>

It appears inescapable to state that until we have better records and more literate statistical classification in terms of psychiatric nomenclature, we can draw few binding conclusions concerning regularity in terms of age, ethnic groups, social status, etc. As an example, we may point out that Durkheim, Dublin and Bunzel, and others show little if any suicide among children, whereas Zilboorg has deemed it significant enough to make a special study.<sup>9</sup>

A further result of the unreliability of the statistics is that they have led to a conclusion that is fairly widespread that suicide grows as civilization advances. This thesis has been seriously challenged by Zilboorg. He concludes that suicide is evidently "as old as the human race, it is probably as old as murder and almost as old as natural death. *The lower the cultural niveau of the race, the more*

<sup>6</sup> Fenichel, Otto, *The Psychoanalytic Theory of Neurosis*, New York, W. W. Norton and Company, Inc., 1945, p. 401.

<sup>7</sup> *Ibid.*

<sup>8</sup> Larrabee, Harold A., *Reliable Knowledge*, Boston, Houghton Mifflin Company, 1945, p. 436.

<sup>9</sup> Zilboorg, Gregory, "Considerations on Suicide, with Particular Reference to that of the Young," *American Journal of Orthopsychiatry*, VIII, 1937.

*deep-seated the suicidal impulse appears.* [Italics not in original]. . . . The man of today, as far as suicide is concerned, is deficient, indeed, as compared with his forefathers who possessed a suicidal ideology, mythology, and an unsurpassed technique."<sup>10</sup> Zilboorg speaks of a traditional, almost instinctive bias, one of whose two chief elements is "the misconception that the rate of suicide increases with the development of our civilization, that in some unknown way civilization fosters suicidal tendencies within us."<sup>11</sup>

A statement of Steinmetz re-enforces Zilboorg's view. From his study of suicide among primitive people, Steinmetz reached the conclusion that "it seems probable from the data I have been able to collect that there is a greater propensity to suicide among savage than among civilized peoples."<sup>12</sup> Whether Steinmetz' conclusion would still hold if we had adequate data on suicides and partial suicides, will remain an unsolved question until we have broken through the thorny thickets of unreliable recording and squeamish acknowledgement.

### III

Modern developments in motive-analysis and in the description of the fundamental characteristics of the emotional life were unknown to Durkheim, of course. Sigmund Freud had only just begun his investigations of the "unconscious" drives in human behavior when *Le Suicide* appeared, and it was to be more than a quarter of a century before his views were widely accepted after continual clinical confirmation, by which time Emile Durkheim was no longer among us. But today, over half a century since *Le Suicide* was first published, psychoanalytic psychiatry has done not overmuch to relate its revolutionary findings concerning human motives to sociological discoveries (with the exception of some ingenious references by Zilboorg). Indeed, there are psychoanalysts who appear to hold that the fundamental patterns of behavior set in infancy are not seriously affected by social factors at all, and that neuroses are not cured by social analysis. This view seems to rest on the postulate that since

<sup>10</sup> *American Journal of Psychiatry*, vol. 92, 1935-36, p. 1361, 1362.

<sup>11</sup> *Op. cit.*, p. 1351.

<sup>12</sup> Steinmetz, S. R., "Suicide Among Primitive People," *American Anthropologist*, 1894, quoted in Zilboorg, *op. cit.*, p. 1352.



therapy is and must be individual, and mental illness related back to the evolution of the psyche, there is no social aetiology ascribable to individual case-histories. Karl A. Menninger exemplifies this tendency.<sup>13</sup> From the wealth of case-history data and from his extensive and magistral clinical work, Menninger finds himself able to say only a few words in a concluding chapter titled "Social Techniques in the Service of Reconstruction," and even these few words end with the final conclusion that to the death-instinct there must be opposed the life-instinct, by calling forth from man his will to conquer his own self-annihilatory drives. But Menninger fails to analyze the relation between these self-annihilatory drives and the manner in which they are called forth by social factors, and also what social factors must be strengthened or called into being in order to overcome these drives.

#### IV

Though psychoanalytic psychiatry holds that within the corpus of its interpretative principles of behavior there are tools for ferreting out the causes of suicide, no one yet seems ready to commit himself unreservedly to a set of aetiological postulates, based either on empirical data or deduction from verified principles. Zilboorg writes: ". . . It is clear that the problem of suicide from the scientific point of view remains unsolved. Neither common sense nor clinical psychopathology has found a causal or even a strict empirical solution."<sup>14</sup>

In 1918 at a psychoanalytic symposium on suicide in Vienna, Sigmund Freud summarized the discussions as follows: "Despite the valuable material obtained in this discussion, we have not succeeded in arriving at any definite conclusion. . . . Let us therefore refrain from forming an opinion until the time comes when experience will have solved the problem."<sup>15</sup> Since then, extensive work has been done on suicide by expert, highly trained psychoanalysts including Freud, Zilboorg, Abraham, Menninger, Brill, and others.

But an important methodological obstacle must be pointed out, an obstacle which is almost impossible wholly to overcome at the pres-

<sup>13</sup> *Man Against Himself*, New York, Harcourt, Brace and Company, 1938.

<sup>14</sup> "Differential Diagnostic Types of Suicide," *Archives of Neurology and Psychiatry*, vol. 35, 1936, p. 271.

<sup>15</sup> Quoted by Zilboorg, citation note 14 above, p. 272.

ent time. Unless the individual who commits suicide has been under constant and long-time psychiatric examination (either through psychoanalysis or clinical study with full and copious life-history records), an interpretation and classification of his suicide becomes an *ex post facto* reconstruction of his life-history. This is extremely difficult, and probably impossible in most cases. Not even the most ardent opinion-poller or attitude-tester can go around interviewing suicides, and representative samples of a population can scarcely be investigated solely on the anticipatory ground that some of the items in the sample will commit suicide.

To some small degree this obstacle has been overcome by psychoanalytic psychiatrists who have re-examined the records of patients who were under treatment or examination and who committed suicide then or later, or of patients who attempted suicide unsuccessfully or toyed with the idea while under treatment. Zilboorg particularly concerned himself with this problem, in a close study of institutionalized cases, and his conclusions must therefore be looked upon as a fairly definitive statement of where psychoanalytic psychiatry stands in this regard. He found that suicide appeared in those suffering from depressive psychoses, compulsive neuroses, and schizophrenia, and was led to the conclusion: "Evidently there is no single clinical entity recognized in psychiatry that is immune to the suicidal drive."<sup>16</sup> Suicide, according to Zilboorg, "is to be viewed rather as a reaction of a developmental nature which is universal and common to the mentally sick of all types and probably also to many so-called normal persons."<sup>17</sup> He feels that "further psychoanalytic studies . . . will probably permit one later to subject the data to statistical tabulation and thus facilitate and probably corroborate the work on the clinical typology of suicides."<sup>18</sup>

## V

But from the body of principles in psychoanalytic psychiatry we are led to certain aetiological principles concerning suicide. It is the basic hypothesis here that interrelating psychoanalytic discoveries on the motives for suicide with the social conditions under which sui-

<sup>16</sup> *Op. cit.*, p. 282.

<sup>17</sup> *Op. cit.*, p. 289.

<sup>18</sup> *Op. cit.*, p. 285.



cide occurs, offers the most fruitful method of advancing our knowledge of the phenomenon. This hypothesis leads to the forging of several subsidiary ones.

In attempting to arrive at such hypotheses, we must neglect the hortatory and speculative views on suicide expressed by some philosophers. Neither William James in his essay "Is Life Worth Living?" with his call to vital existence, nor Immanuel Kant in his ethical treatises with his rather prudish view that suicide is a violation of the moral law, can come to terms with modern scientific data. It is not enough to dislike the fact of suicide to assuage its havoc in human life. Nor does the defense by David Hume of the individual's right to commit suicide, nor the suicide's harmony with the denial of the will to live as in Schopenhauer, advance our scientific understanding. To announce that human beings have a social or philosophical right to commit suicide does not tell us why they do so. And until we know why they do so, we may condemn it as do James and Kant, or defend it as do Hume and Schopenhauer, but we cannot control it.

From the standpoint of psychoanalytic psychiatry, it may be said that every individual has what we may call a suicide-potential, a tendency to self-murder which varies in degree of intensity from individual to individual. To be sure, this intensity has never been measured by psychometricians, and the difficulty of measuring it is obvious and great. The degree of intensity of this potential is established in infancy and early childhood by the fears, anxieties, frustrations, loves and hatreds engendered in the individual by the family-environment in terms of eliminatory processes, weaning, sex-education, sibling rivalry, rejection or over-acceptance by the parents, degree of dependence. Where through excessive mother-love, father-rejection, inferiority induced by siblings, the individual is not readied for responsible adulthood according to the customs and mores of the society he is to participate in, the suicide-potential of an individual may be very high. At the other extreme, is the individual whose rearing has channeled the basic psychic configurations into work-activities or other activities, with no promises or rewards not possible in the world of reality; here the suicide-potential of the individual is slight. But slight as it may be, the woes, trials, and tribulations of adulthood may aggravate it to a point where self-murder becomes



a possibility. Suicide is an ego-manifestation even though it is an annihilation of the ego. It is a pain inflicted on the ego, which, in being a compensation for guilt or a relief from anxiety, may be the only form of release, the utmost in going "beyond the pleasure principle."

Emotions therefore are not simple qualities of behavior explicable in terms of an immediate situation; they relate back to the life-history of the individual. Feelings of melancholia, depression, or any of the other states which Durkheim describes when he comes to classifying what he calls the morphological types of suicide in terms of their social causes, are not those of the moment of suicide; they have a long history in the individual, and although he may be stimulated to suicide by what looks like an immediate cause, no such stimulus would have resulted in the self-murder unless the underlying patterns of behavior had already been set. In the sense that all human beings have been subjected to the process of frustration and repression, of guilt and anxiety, to that extent suicide is a potential outlet under given kinds of emotional stress. That certain individuals resort to it requires investigation into the intensity with which these feelings are operative in them, as against their weaker operation in those who do not resort to it.

The most widely accepted view today in psychoanalysis is that suicide is most often a form of "displacement"; that is, the desire to kill someone who has thwarted the individual is turned back on the individual himself. Or technically stated: the suicide murders the introjected object and expiates guilt for wanting to murder the object. The ego is satisfied and the superego mollified through self-murder.

All of the emotions manifested in suicides are, then, explicable in terms of the life-history of the individual, particularly the channeling of the basic psychic configurations through the family. It may thus be possible to do what Durkheim thought was impossible—namely, classify suicides originally in terms of motives and what he calls morphologically. For the emotions of the suicide are psychogenic and unilateral in the sense that the individual emotion-structure has been laid down in infancy and childhood. It has been said that individual behavior must thus be construed not only as determined, but as *over-determined*, in the sense that it is relatively

difficult to overcome the original structuring of the emotional life in the early years. But this recognition that behavior is what has been called over-determined can establish a situation where intelligence may redirect it.

Suicidal behavior is behavior which has not been redirected. The resurgence of old psychic wounds and frustrations more than offsets what life has to offer at present or in prospect. But it is important to investigate precisely what causes the resurgence, unless it is contended that no matter what life holds in store for the individual, his suicide-potential is so overwhelming that sooner or later it will win out. The struggle of the individual to win out over the death-instinct may thus be seen as a battle won, or partially or wholly lost, in infancy or childhood through the family and the schoolroom; or which is refought in the clinic or analytic room to a new stalemate or victory.

At this point, psychoanalytic psychiatry has failed to push the issue into the social realm. The basic reason for this failure lies in the preoccupation of psychoanalysis with therapy, that is, with the cure of mental illness. Now this type of therapy is obviously individual, and requires the recognition by the individual of his unconscious desires and wishes, the manner in which they have been frustrated and repressed, and the psychic toll they have taken of him. Through this recognition arrived at through "free association" in the analytic room (although on occasion possible also in clinic where depth-analysis proves unnecessary), the individual discovers why he behaves the way he does and is within the limits of the neurosis-intensity able to orient his behavior into new channels.

But though this type of therapy is necessarily individual and requires that the individual piece together the motivation-nexus for his conduct, this does not mean that social factors have not been causally involved in the neurosis. Neuroses, and suicide seems to present profound neurotic elements even when committed by a so-called normal person, must be treated medically as an individual phenomenon, but their causes may lie deep in the *social* life-history of the individual.

## VI

The basic problem for social research must be to interrelate the life-histories of individual suicides and attempted suicides with socio-



logical variables, on the hypothesis that certain social environments may (a) induce or (b) perpetuate or (c) aggravate the suicide-potential. If we can correlate for masses of data, suicides or attempted suicides with their having been induced, perpetuated, or aggravated by certain social environments, then we are in a position to establish laws of *generalized occurrence*.

It was Durkheim's contention that it was impossible to start an aetiological investigation of suicide as a *social* phenomenon by seeking to establish types of individual behavior in suicides. We now know better, and with the unflagging ability Durkheim always showed in utilizing the findings of psychologic science, there is every precedent in his work for believing that he would strive to bring his sociological analysis into harmony with psychoanalysis.

Below are offered some hypotheses for research today. Basic to all of these hypotheses is the underlying major hypothesis that suicidal behavior is a combination of psycho-instinctual impulse and social precipitation.

*Problems of Collection of Data.* We must investigate the possibility of getting matched samples so that individuals with the same social background may be compared—as to those who commit suicide and those who do not. This raises the intricate methodological problem whether there is any identity of social background on the emotional level. Reliable statistics on suicide cannot be compiled unless we have ready-at-hand accurate and painstakingly recorded psychiatric life-histories on all. This requires that the intimate life of the family be recorded in so far as it affects the individual, and that this be done from early age.

*Hypotheses as Regards the Family.* The emotional patterns of those attempting or committing suicide are laid down in infancy and early childhood by familial relationships. Socialization in the family is a process of frustration for all, and thus suicide is a potential outlet for everybody. It is necessary to find the relation of later social precipitants of suicide to the early emotional patterning.

Moreover, it is necessary to seek to interrelate the case-histories of suicides and attempted suicides with the type of family-rearing, including such variables as ethnic group, religious affiliation, income-group, size of family and place of the individual suicide in the family, educational level.