Suicidology: A study of suicide trends and theories 1950-1964

Rodney Craig Metzger

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SUICIDOLOGY: A STUDY OF SUICIDE TRENDS AND THEORIES
1950 - 1964

by
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B.A., University of Montana, 1966

Presented in partial fulfillment
of the requirements for the degree of

Master of Arts
UNIVERSITY OF MONTANA
1969

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April 22, 1969
Date
ACKNOWLEDGEMENTS

Without the encouragement and concern of many people in the community of Missoula, Montana this work would not have been attempted, much less completed. Though most of them remain anonymous, I extend my sincere thanks to each and every one. I acknowledge the guidance of my many friends in all that is found to be good; and willingly I claim all weaknesses that are found here.

I am grateful for the valued assistance of my thesis committee: Dr. Idris Evans, Dr. Dee Taylor, and Dr. Gordon Browder—who was also my thesis advisor; as well as Dr. Robert Dwyer, my advisor in undergraduate school.

To my colleagues Robert Gough and Curtis Schwaderer, and my typist Betty Solberg, a since word of appreciation is extended.

I offer a most sincere expression of gratitude for the assistance, encouragement, and counsel of my special friends Phyllis Bagley and Gene Hochhalter, who took me far beyond that which I believed were my limits.

To my parents Edwin and Meta, and the rest of our family—Karen, Iris, Jon, and Todd—I am indebted beyond all measure. Together we have shared in both the better and worse, and now as a family each deserves to share in the honor bestowed upon the completion of this task.
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CHAPTER I

METHODOLOGY AND PURPOSE

Introduction to Study

The theoretical treatment of suicide is one of the classical subjects in sociology, and theory relevant to suicide has been of paramount importance in the establishment of sociology as an independent academic discipline. In addition to sociologists, the act of suicide is studied by a variety of scholars and viewed from numerous perspectives, particularly in the fields of psychology and psychiatry.

The study of suicide is one of the very few cases in which sociology has achieved long-ranged continuity in research and theory. This continuity is all the more important because it commenced with Durkheim's impressive work and clearly reflects his impact on sociology. Accordingly, if progress in science is achieved primarily through continuity in theory and research, then the allocation of even more resources to the study of suicide is justified.¹

It is important to note that even to this day, Emile Durkheim's work on the subject, Le Suicide,² dominates—with only a few exceptions—the sociological works relevant to suicide, and much of the sociological methodology. At this point one might apply the "great man" theory of history as Gibbs did:

Many sociologists study suicide in the intellectual footsteps of the great French sociologist Emile Durkheim. The impression is that had Durkheim investigated stuttering instead of suicide, sociologists would have followed this lead no less diligently. Aside from Durkheim's historical prominence, one must pay particular attention to his most famous work (Le Suicide) in reference to his sociological explanations of social phenomena. Thus sociologists study suicide not only because so many of them are disciples of Durkheim but also because they share Durkheim's motivation— to demonstrate the efficiency and pervasiveness of social causation. It is within this general context that this research is conducted.

**Definition of Suicide**

It is important to this study that both a common and an operational definition of suicide be made. The dictionary defines suicide as "not only the act of taking one's life, but also one who dies from his own hand; and one who attempts, or has a tendency, to commit suicide." Durkheim defines suicide as "all cases of death resulting directly or indirectly from a positive or a negative act of the victim himself, which he knows will produce this result." Stengel, on the other hand, defines suicide as "the fatal act of self-injury undertaken with conscious self-destructive intent."

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4 Ibid.

5 Durkheim, *op. cit.*, p. 44.

The most complete definition of suicide was made by Cavan when she defined it as "the intentional taking of one's own life or the failure, when possible, to save oneself when death threatens." This general connotation of suicide is used in all newer major sociological theories relevant to suicide, and for this reason is used in this research.

**Purpose and Assumptions**

The study of suicide and that of society cannot fully be separated, and thus the study of suicide will help in the understanding of society as a whole. This thesis will provide an up-to-date synthesis of major sociological theories relative to suicide. It will also indicate current suicidal trends in the United States which will either support or refute existing data and theoretical information. It will provide yet another study of the problem of suicide and society, and in its own unique way this research will help sociologists and students to understand both society and the problem of suicide.

In its conclusion, this study will both seek and point out theoretical and practical implications relevant to the question of suicide, and their influence upon both sociology and society. This formidable task will be accomplished in this research, as in all major sociological research, by exploring the relationships between two or more attributes or actions. As Thomlinson states:

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Sociologists want to know the kind and extent of the connections between social events. Efforts to understand, and eventually predict beliefs and behavior profit by the use of hypotheses, experimental design, theories, and the analysis of causation.

In respect to the aforementioned statement, this research is directed to the following assumptions and observations:

A₁: The major sociological theories, relevant to suicide, are abstractions or extensions of Durkheim's theory presented in Le Suicide.

A₂: Age, sex, and ethnic origin are the basic demographic factors used to provide information and indicate trends upon which all major sociological theories relevant to suicide are founded.

O₁: Effects of undetermined factors, influencing the American Indian population in Montana, suggest a discernible increase in their suicide rate when compared with the Montana white and national white/no-white populations.

Methodology

At the outset, a distinction should be drawn between the sociological theory and methodology. This will be done in agreement with Merton's statement:

Sociological theory has for its subject matter certain aspects and results of the interaction of men and is therefore substantive . . . methodology, on the other hand, may be equated to the logic of scientific procedure.⁹

It is in accord with this distinction that this researcher aligns himself with the Durkheimian theoretical approach to the study of suicide.

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However, the study of suicide must be directly accountable to the incidence of collective phenomena or collective conscience. For it is in this way, as Durkheim states, that:

Sociology has its own unique subject matter—the group, a reality *sui generis*—and hence its own methods . . . social facts cannot be explained on the basis of individual psychic processes because the latter do not, by themselves, produce collective representations, emotions, and other group tendencies. These collective phenomena, on the contrary, exert strong pressure on individuals; attributes common to individual members of a group are the consequences of this pressure which may not be apparent to the individuals themselves.¹⁰

One can explain Durkheim's methodology as Timasheff does:

First of all, in observing social facts, preconceptions must be eradicated. Second, the subject matter of every sociological investigation should comprise a group of phenomena defined in advance by certain common external characteristics. Third, the investigator must consider social facts as independent of their individual manifestations.¹¹

In order to reach the above-stated objectives, and to test the hypotheses, the following methodology was employed: Theoretical information was gathered through a thorough review of the literature relevant to suicide, found in variations of academic disciplines. Special emphasis was then placed upon sociological information which included both theoretical explanations of suicide and critiques of existing theories. This exhaustive review of the literature was carried on through various state libraries and through correspondence with the National Library of Congress. Statistical and demographic information, relative to suicide, was obtained


¹¹Ibid.
from a number of government and private agencies. (See Appendix A.) It is to be noted that major sociological studies relevant to suicide, using official statistics or documents, include only those deaths recorded by officials at city, state, or national levels.

Specific information was gathered by contacting only those government and private agencies interested in the problem of suicide or involved in keeping relevant official statistics. Initial contact with the agency was made through the use of a form letter indicating the purpose of this research and requesting the desired information. A letter of endorsement from the Sociology Department of the University of Montana was included. These letters were accompanied by a list of definitions of demographic categories used in this research. Also included was a demographic informational procedure form, much like a questionnaire or answer sheet, which provided boxes or spaces in which the information was to be recorded regarding age, sex, ethnic background, and year of appearance of suicide. (See Appendix B.) When the necessary information was not obtained on the first contact, a follow-up letter was sent.

The analysis of this statistical and demographic information is presented in case-study form in the ensuing chapters. This approach coincides with that employed by Durkheim, and is a method of organizing social data so as to preserve the unitary character of the social object being studied. Expressed somewhat differently, it is an approach which views any social unit as a whole.12

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The following chapter will briefly examine the historical background of suicide in light of its influence and impact on various societies.
CHAPTER II

HISTORY OF SUICIDE

The effect and influence of suicide upon society has been discussed for centuries. According to Stengel, "Suicide appears to be the most personal action an individual can take, yet social relationships play an important part in its causation and it has a profound social impact." \(^1\) Dublin agrees with this basic contention, but places additional emphasis upon the impact of external and societal influence:

Suicide involves both the individual and society. External circumstances over which he has no control affect the character and mold the life of the individual. Over and above subjective and objective personal difficulties is another force—the pressure exerted by the group with its unified moral judgments, its firmly seated mores, and its approved patterns of life. These things all exert most profound influence on the likelihood of suicide. \(^2\)

It is from all this that man reaps his rewards and pays his price—the price of being a social animal and being part of a civilized society.

As Drs. Shneidman and Farberow indicate:

It may be that a certain minimal level or rate of suicide is built into our competitive culture, part of the price we pay for our prized individual freedom to dispose of ourselves as we wish. In a sense, self-destruction reflects the relationship of the individual to his community and to his civilization. \(^3\)


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Thus, as Stengel points out, "Neither the trimphs of scientific medicine nor the rise in the standard of living curb the loss of life by suicide. They have, on the contrary, tended to increase it."  

It is important to note that suicide is neither the rich man's disease nor the poor man's curse. Suicide is very "democratic" and is represented proportionately among all levels of society. The two most striking factors about suicide are: (1) its widespread and serious nature, and (2) its proverbial taboo position.

**Those Who Chose Suicide**

Suicide is listed by the Department of Health, Education and Welfare as one of the ten major causes of death in the United States, and within specific age groups it ranks as high as number three. A recent study indicates the incidence of 19,000 recorded suicides in the United States for a single year, and this was by no means an accurate account of self-induced death. In the United States, statistical indications reveal that the number of men who kill themselves is three times higher than that of women;

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6 Bulletin of the Los Angeles Suicide Prevention Center, Suicide Prevention Center of Los Angeles, California, University of California Press, 1968.


whites twice that of negroes; college students half again as much as their non-collegiate counterpart (for collegians, suicide is the third leading cause of death); single people twice that of those married; and among adults it is more frequently the elderly who kill themselves. Additional statistics show that the rate of suicides is greatest in the Western Mountain Region along the Pacific Coast and here the national ratio of suicides for males and females is reversed—with the rate for females slightly higher than the rate for males.

Statisticians present us with another figure which may be surprising to anyone concerned with the stress of urban living. The rate of suicides in non-metropolitan areas, nationally, is slightly higher than the national metropolitan rate. Only in the Far West is the rate of metropolitan suicides higher than the non-metropolitan population.

Also to be noted is the fact that, as Shneidman and Farberow indicate, suicides are underestimated by as much as one-fourth to one-third per year; and in addition, there are from seven to eight times as many attempted suicides as there are actual suicides.

As previously mentioned, suicide is a taboo topic in our society. Consequently, despite the extent and the seriousness of the problem, little research has been done on the subject. Dr. Shneidman observes that

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9 Edwin S. Shneidman and Philip Mandelkorn, How to Prevent Suicide, a pamphlet of the Public Affairs Committee (New York, 1967), pp. 1-6.

10 "The Tragedy of Suicide in the U. S.," op. cit.

"there's a kind of professional psychic order connected with suicide work. It's an area of work where the investigator always faces a dirty kind of journalistic question."\(^{12}\) Accordingly, Dr. Shneidman indicates that this taboo is the chief reason why there has been so little scientific study of suicide. Fortunately, however, scientists have come to take a more enlightened stand on suicide—notably within the last few decades. Although the act of suicide is still socially taboo in the Western world, education and mental health advances have encouraged its study—and the effective treatment of the suicidal has begun.

One could surmise that although suicide is the utmost personal action an individual can take, social relationships play an important part in its causation and it has a profound social impact. While it seems to be aimed solely at destroying the self, it is also an act of aggression against others. Thus the suicidal act represents both personal unhappiness and the implied belief that the victim's fellowmen are powerless to remedy his condition. It is, therefore, seldom viewed with indifference.

Hendin states, "Suicide is but one barometer of social tension."\(^{13}\) It is to be noted that the study of suicide and that of society cannot be fully separated, and the study of suicide will help in the understanding of society as a whole.


**Historical Background**

Suicide is ubiquitous, and the incidence of suicide is a historical fact. People have been killing themselves since the beginning of recorded history—probably ever since there has been a human species. Yet the action has always been condemned by most men, with only occasional and specific exceptions. Stengel speaks of the historical impact of suicide in this way:

The belief that it [suicide] does not occur in primitive societies has proved to be mistaken; there is no period in history without records of suicides. There are few, if any, individuals to whom the idea of suicide has never occurred.\(^{14}\)

Attitudes toward suicide are closely linked to cultural attitudes and ideologies of death. Thus one can understand the degrees of both similarities and differences in the attitude of various societies toward suicide. One must note that in most periods of history, and in most cultures, their attitude toward suicide have been somewhat similar to their attitude toward homicide. Needless to say, both have been dreaded and, according to various laws and tradition, forbidden.

**Suicide Among Primitive Societies**

Attitudes toward suicide are closely linked to cultural ideas of death in both primitive and modern societies. The variety of attitudes toward suicide is as great as the array of cultures studied. In addition to the striking difference in attitudes and moral judgments toward suicide,

the relative frequency of the suicidal act within a specific society varies accordingly. Thus, at times, suicide is taken as a matter of course and incurs neither praise nor blame; elsewhere it is highly censored or, in contrast, regarded as an honorable and courageous act. Obviously, the very existence of a moral attitude—whether in approval or condemnation—indicates that suicide has its influence even on primitive societies.

Paul Bohannan and his associates studied attitudes toward homicide and suicide in six African tribes living in Nigeria, Uganda, and Kenya. According to their findings, among all tribes studied the act of suicide is considered evil.\textsuperscript{15} It is interesting to note their observations of the negative stigma attached to the suicide victim. In some cases, physical contact with the body or surroundings of the suicide are feared to have disastrous effects—even causing suicide among the kin. Various measures are taken to prevent such consequences. In one of the tribes the body must be removed by a person unrelated to the dead man or his kin—this service being repaid by the gift of a bull. In another tribe a sheep has to be killed to pacify the spirit of the suicide. In another, the hut of the suicide victim is pulled down or thoroughly purified in accordance with certain rituals. In several of the East African tribes, the tree on which a person has hanged himself must be felled and burned. Suicide is often regarded as an expression of the wrath of ancestors who are placated by sacrifices. In this case, the body is buried without the usual tribal

rituals. Thus, suicide is dreaded in the community, and a threat of suicide is sometimes used to exert pressure on the family. In some tribes suicide is believed to be due to witchcraft, and the place where it had happened is believed to be a haunt of evil spirits.  

According to the observations of Bohannan and his associates, suicide rates in Africa varied from low to moderate in incidence. These rates can be equated with those of Norway and Italy. About one-half to two-thirds of the suicide victims were males; the majority of these effected their death by hanging. It was found that motivating factors of suicide among the African tribes were much the same as those in Western society, i.e., domestic strife of one kind or another, loss of social status, the frequency of serious illness, the fear of impotence and of being unwanted in old age. In respect to physical illness and being unwanted, Bohannan states:

A man or woman who is ill is, to a large extent, outside the society; unable to take part in communal activity. When an illness first attacks an individual, the support of the community is felt by him or her in the efforts that are made to cure the disease. If all remedies fail, the attitudes change; some people may even attribute the affliction to a supernatural punishment for evil doing. The isolation engendered by this situation may well lead to suicide.

Elwin reports similar findings in his monograph on the Marias, an aboriginal tribe in Central India. His conclusions indicate that they (the Marias) were prone to both suicide and homicide because of their

\引用{Bohannan, op. cit., pp. 35-82.}
impetuous and passionate temperament. The results of these violent actions often culminated in leading the tribesmen to believe themselves involved in supernatural dangers.

According to Elwin's observations, the rate of suicide among the Marias was lower than any found in Europe; but it was uniquely high in comparison to the adjoining tribes and India in general. The rates for the two sexes were much the same, but a higher incidence was shown in the younger ages, and also after the age of forty. Again, the most common method used in committing suicide was hanging. The reasons indicated for suicide were much the same as those found among the African tribes, as well as among literate Western societies. These included such reasons as domestic quarrels, insanity and disease, bereavement, love affairs, and a fear of scandal. Also included in the list of reasons were such factors as insults, and a desire to escape from a physical or domestic situation that had become intolerable.

As with the African tribes, Elwin found in his study of the Marias:

In some cases the torment of disease, the fear of sinister and hostile magic causing it, and the failure of the magicians to effect a cure, led not to the murder of the sorcerer or the doctor, but to the suicide of the patient—particularly when depression aggravated his personal suffering.

The attitude toward suicide in the primitive community of Tikopia was studied by Raymond Firth in 1952. He found the Tikopian attitude

\[19\text{Ibid.}  \quad 20\text{Ibid.}  \quad 21\text{Raymond Firth, "Suicide and Risk Taking in Tikopia Society," Psychiatry, no. 24 (1961), p. 1.}\]
toward suicide to be one of mild disapproval. Christianity, as it is known today, has not had much influence on the islanders' pagan ideology. It is the Tikopian belief that the gods receive the souls of the dead, but not the souls of those who hang themselves. These souls wander about until their ancestral spirits have found them. However, it is interesting to note that the Tikopians believe that the spirits do not object to a man committing suicide by going off to sea in a canoe, or a woman who swims out to sea. These particular methods of suicide are even admired.

In each primitive society a number of motivating circumstances might initiate the suicidal act. In some primitive communities, shame is a common cause of self-destruction, as is revenge or vengeance. Servitude is often another important motive for suicide among primitive people. It is significant to note that among primitive peoples studied in various parts of the world, suicidal motivations are much the same as those found in our more advanced societies. Suicide is a world-wide phenomenon—as common among primitive stocks as among more civilized peoples. In many instances, it is an old established custom and represents traditions which in many cases have become a functional part of religion. Hence, suicide is seemingly apparent in all societies, requiring only that some reason release the underlying desire for death.

Suicide in Oriental Societies

The attitude of Oriental societies toward suicide is seemingly

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22 Ibid.
different, and has thus received considerable attention. One of the oldest Oriental suicidal customs known was suttee. This rite led women to sacrifice themselves willingly upon the flaming pyres of their husbands. According to this Indian custom it was believed that voluntary death was the surest passport to heaven, and that by emolating herself the dutiful wife could atone for the sins of her husband, free him from punishment, and open the gates of Paradise to him. Furthermore, the families and relatives on both sides of the house shared in the marital sacrifice, and the children whose mother committed suttee gained social distinction. It should be pointed out that this Indian custom was officially abolished in the latter part of the 19th century.

In contrast, a religious sect in India known as the Jains thought that people who killed themselves by violent methods were reborn as demons. The irony emanating from this situation was that while patiently waiting to starve to death in certain situations they were praising themselves.

The Buddhist religion originally opposed suicide, on the grounds that a man must live out his naturally allotted life span. However, in new forms of Buddhism, self-surrender culminating in voluntary death has

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has been held in high honor. Even today certain Buddhist sects encourage this kind of suicide, as evidenced by the following Associated Press release of August 19, 1963:

Last week, for the second time, a Buddhist monk in South Vietnam poured petrol over himself and lit it. This violent and horrible death, like the first one in June, was designed to draw attention to the alleged discrimination of the eight million in South Vietnam by the 1,250,000 Roman Catholics.

The last and the best known of the Oriental suicide customs are those found in Japan. Three basic types of suicide developed in Japan: hara-kiri being the ritual, highly-ceremonial in form, reserved for nobility and members of the military caste; shinju, indicating the situation in which a group of people tie themselves together with ropes and thus dispose of themselves in a united suicidal act, many times by drowning; and junshi, in many respects similar to the Indian form of suttee where one follows a lord or master to death.

Only the rare ceremonial suicides of the Oriental cultures have been reported, this being due to their uniqueness and to the nature of scientific inquiry. Not to be ignored is the fact that Oriental cultures today employ suicidal methods used by large numbers of people in other societies. The reasons for suicide are seemingly similar, if not identical, to those given in other cultures both in the Western world and those of primitive extraction.

26 Porterfield, op. cit.
Suicide in the Greek and Roman Societies

In ancient Greece and Rome attitudes toward suicide varied between admiration and condemnation. Some philosophers recommended suicide as a perfect way of gaining freedom from suffering. Others—among whom were Pythagoras, Socrates, and Plato—strongly disapproved of it for reasons similar to those later advanced by Christianity. Socrates saw suicide as an evil in most cases, and asserted that "no man has a right to take his own life, but he must wait until God sends some necessity upon him, as he has now sent upon me." 27

Pythagoras, one of the early Greek philosophers, and spokesman of the Orphic brotherhood, saw suicide as an unmitigated evil. One of the important teachings of the Orphic brotherhood was that of tranmigration of the soul, its purification in the way of birth, and its final reunion with the Divine. It is described in the following manner:

The soul is imprisoned in the body and leaves it at death, and after a period of purification, re-enters another body. This process repeats itself several times, but to make sure that with every new existence the soul should retain its purity or become ever pure and better and thus come ever closer to the final stage where the reunion with the Divine takes place, man must thus follow a certain discipline. 28

Accordingly, Pythagoras viewed suicide as a rebellious act against the gods. It was deemed an action that stemmed from ungodliness and in essence polluted the soul.

28 Ibid., pp. 31-42.
Another traditional philosophy was that of the Epicureans, who took a permissive stand in regard to the right of a person to take his own life. To the Epicureans, death was not the terrifying occurrence it was in the other early philosophies. To them, death was simply the end of an existence—the end to be hastened whenever an individual wished it. The essence of the Epicurean philosophy may be stated as "believing that man is alive to enjoy life, and when life ceases to be enjoyable there is no reason to continue to live."\(^{29}\)

The last of the major Greco-Roman philosophies was that of the Stoics. Their philosophy endorsed the right of the individual to take his life when he wished it, providing that the act was one of reason, will, and integrity. To the Stoics, suicide as the result of despair was weakness, and represented failure; while rational suicide was not uncommon to them, and was endorsed by their community.

Tillich summarizes Stoic philosophy in this way:

The Stoic recommendation of suicide is not directed to those who are conquered by life but to those who have conquered life, and are able to both live and to die and can choose freely between them. Suicide as an escape dictated by fear contradicts the Stoic courage to be.\(^{30}\)

Even though it was condemned, suicide was quite common in Greek and Roman cultures. History records the incidence of suicide in respect to the philosophical and theoretical nature in which it was contemplated.

\(^{29}\)Ibid., pp. 58-64.


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One can only speculate that suicide was caused by many of the same reasons which affect society today.

_Suicide and the Attitude of the Christian Church_

At the outset, Christianity took no direct stand in regard to suicide. There is no direct comment found in the New Testament concerning suicide. There is, in fact, some indication that in its early years the Christian community accepted certain suicidal deaths, this being due to their persecution.

The first clear statements against suicide were initiated by St. Augustine who supported the view that suicide is never justified. The Augustinian point of view prevailed in the Church and at the Council of Arles a series of encyclicals was issued defining their anti-suicide position, which designated a series of punishments for the act. These penalties included: the body of the suicide was to be dragged nude through the streets; the suicide was to be buried at a crossroads with a stake in his heart; the suicide was denied the rites of burial; the state was to confiscate all of the deceased's property; if buried the grave was to be left unmarked.

A change in the trend toward such cruel punishment began to emerge with the writings of John Donne in the mid-17th century. He especially objected to the parasitic point of view that suicide is an irremissible sin—it was committed at the moment of death, when repentance was impossible.

31 Dublin, _op. cit._, pp. 118-123.
He concluded that self-homicide is not a violation of the law nor is it against reason. Though apparently a sin against the law of self-preservation, this, like every other law, admits of exceptions releasing individuals from its restraints.\(^{32}\) Donne's extraordinary departure from the existing attitudes toward suicide has had a significant effect on current thinking and is reflected in the more liberal influences working today.

Suicide is, and always has been, an action that contradicts the valuation of human life, a basic democratic and social ethic. Throughout the years, various societies have responded to this insult by many crude and cruel means. The bodies of suicides, as previously stated, have been dragged through the streets, hung upside in public view, and impaled on sticks at public crossroads.

Reasons for suicide are seemingly common throughout all of recorded history, and as previously noted, cultural and societal attitudes toward suicide range from acceptance to severe condemnation. Thus by studying suicide, both in the abstract and the real sense, one can better understand not only the problem of suicide but society in general, and it is within this basic context that this research is conducted. In the following chapter a comparison and explanation of several of the major sociological theories relevant to suicide is presented.

\(^{32}\text{Ibid.}, \ pp. \ 124-135.\)
CHAPTER III

MAJOR SOCIOLOGICAL APPROACHES TO SUICIDE

Durkheim's "Suicide"

Because EmileDurkheim presented a definite theory about the causes of suicide in his monograph Le Suicide\textsuperscript{1} he deserves special attention. His thinking on this subject exerted a dynamic influence on sociology and on the other social sciences. His main principle was that social facts must be studied as realities external to the individual. He held that the suicidal tendency, which exists everywhere, is the result of collective forces—a social product which is the combination of many individual factors. Since dealing with definite realities, suicide being one of them, sociology must be objective.

Instead of seeing in them [suicides] only separate occurrences, unrelated and to be separately studied, the suicides committed in a given society during a given period of time are taken as a whole. It appears that this total is not simply a sum of independent units, a collective total, but is itself a new fact \textit{sui generis}, with its own energy, individuality, and consequently its own nature—a nature, furthermore, dominantly social.\textsuperscript{2}

Durkheim describes society as consisting of not only the sum of its members but also the interaction of these individuals upon one another;

\textsuperscript{1}Emile Durkheim, \textit{Le Suicide}, trans. J. A. Spaulding and G. Simpson (eighth edition; New York: Free Press of Glencoe, 1965). General reference to this work is made throughout this section; only actual quotes are indicated in the footnotes.

\textsuperscript{2}Ibid., p. 46.
plus the material things which plan essential parts in community life. He sees society's lack of cohesiveness as the main cause for suicide.

Thus, the collective parts of society place rigid demands or expectations upon the individuals within the society, and when these cannot be met by the individual he is forced into a state which may lead to suicide. It also might be said that society and its controls, at certain times, demand suicide from a person. Breakdown in social cohesion within a society, causing a person to lose his basis of identity, is another factor which affects suicide.

Each society has a collective inclination to suicide, expressed in the suicide rate which tends to remain constant, as long as no external influence changes the degree of integration of the social group or of the society per se. In essence, suicide varies inversely with the degree of integration of the social group of which the individual forms a part.3

Thus, Durkheim indicates that every individual has a suicidal potential—a tendency to self-destruction. As stated earlier, influences from society have their effects upon increasing this potential within an individual. It is Durkheim's contention that those individuals within a society who have psychic states which appear to have an immediate influence upon the individual cause him to commit suicide; but in reality their effects are manifested within the individual over a long period of time prior to his self-destruction.

It is not mere metaphor to say of each human society that it has a greater or lesser aptitude for suicide; expression is based on the nature of things. Each social group has a collective inclination for the act, quite its own, and the source of all individual

3Ibid., p. 209.
inclination, rather than the result. It is made up of the currents of egoism, ultrasim or anomie running through the society under consideration with the tendencies to languorous melancholy, active renunciation, or exasperated weariness derivation from these currents. These tendencies of the whole social body, by affecting individuals, cause them to commit suicide. The private experiences usually thought to be the approximate causes of suicide have only the influence borrowed from the victim's moral predisposition, itself an echo of the moral state of society. To explain this detachment from life the individual accuses his most immediately surrounding circumstances; life is sad to him because he is sad. Of course his sadness comes to him from without in one sense, however, not from one or another incident of his career but rather from the group to which he belongs. This is why there is nothing which cannot serve as an occasion for suicide. It all depends on the intensity with which suicidagenetic causes have affected the individual.4

The basic problem of sociological research relevant to suicide must be that of interrelating individual suicides with sociological variables. Durkheim did this by basing his study of suicide on the statistical method, but he used a reversed technique of observation in that he descended from the causes to the effects. Thus, his aetiological classifications were completed and supplemented by a morphological one, and vice versa.

Unfortunately, no classification of suicides of sane persons can be made in terms of the morphological types of characteristics, from almost complete lack of the necessary data. To be attempted, it would require descriptions of many individual cases. One would have to know the psychological condition of the suicide at the moment of forming his resolve, how he prepared to accomplish it, how he finally performed it, whether he was agitated or depressed, calm or exalted, anxious or irritated, etc. Now we have such data practically only for some cases of insane suicide, and just such observations and descriptions by alienists have enabled us to establish chief types of suicide where insanity is the determining cause. We have almost no such information for others. Brière de Boismont alone has tried to do this descriptive work for 1,328 cases where the suicide left letters or other records summarized by the author in his book. But

4Ibid., pp. 299-300.
first, this summary is much too brief. Then, the patient's revelations of his condition usually are insufficient if not suspect. He is only too apt to be mistaken concerning himself and the state of his feelings; he may believe that he is acting calmly, though at the peak of nervous excitement. Finally, besides being insufficiently objective, these observations color few too facts to permit definite conclusions. Some very vague dividing lines are perceptible and their suggestions may be utilized; but they are too indefinite to provide a regular classification. Furthermore, in view of the manner of execution of most suicides, proper observations are next to impossible.

But our aim may be achieved by another method. Let us reverse the order of study. Only insofar as the effective causes differ can there be different types of suicide. For each to have its own nature, it must also have special conditions of existence. The same antecedent or group of antecedents cannot sometimes produce one result and sometimes another, or, if so, the difference of the second from the first would itself be without cause, which would contradict the principle of causality. Every proved specific difference between causes, therefore, implies a similar difference between effects. Consequently, we shall be able to determine the social types of suicide by classifying them not directly by their preliminary described characteristics, but by the causes which produced them. Without asking why they differ from one another we will first seek the social conditions responsible for them; then group these conditions in a number of separate classes by the resemblances and differences, and we shall be sure that a specific type of suicide will correspond to each of these classes. In a word, instead of being morphological, our classification will from the start be aetiological.

Durkheim concludes this dissertation as follows:

In all respects this reverse method is the only fitting one for the special problem that we have set ourselves. Indeed we must not forget that what we are studying is the social suicide rate. The only types of interest to us, accordingly, are those contributing to its formation and influencing its variation . . . . If one wants to know the several tributaries of suicide as a collective phenomenon one must regard it in its collective form, that is, through statistical data, from the start. The social rate must be taken directly as the object of analysis; progress must be from the whole to the parts. Clearly, it can only be analyzed with reference to its different causes, for in themselves the units compsoing it are homogeneous, without qualitative difference. We must then immediately discover its causes and later consider its repercussions amongst individuals.

\[5\text{Ibid., pp. 146-68.}\] \[6\text{Ibid.}\]
In comparing suicide rates between countries, questions are raised, for record-keeping techniques vary from country to country or might even be totally absent. It should also be noted that there is an influence of urban living within some countries in comparison with that of the world situation. Urban living seems to have the effect of inducing a greater percentage of suicide. Also, there are definite religious influences upon suicide, with Catholics having a lower rate in comparison with Protestants. The effects of age and sex are also seen; men having committed more suicides, but women having attempted suicide more often. It is seen that with the increase of age there is an increase in the possibility of attempting self-destruction. The influence of income groups is noted—high income groups having the greatest number of suicides. War also has its ramifications—it is felt that suicide declines with the incidence of war and societal stress. There is a direct correlation between marital status and suicide, divorced men having a higher rate than the undivorced. This is equally true of women in the same situation. Lastly, suicide rates between whites and Negroes indicate that the Negro has a lower suicide rate than does the Caucasian.

Durkheim distinguishes the four basic abnormal psychic states from those found in society in general as: (1) maniacal suicide, which is due to hallucinations or delirious conceptions; (2) melancholy suicide, which is connected with the general state of strained depression or sadness, breaking the patient from the bonds of sanity; (3) obsessive suicide, the situation wherein suicide is caused by no motive but is fixed on the idea of death which has taken possession of the person's mind and he is
compelled to kill himself; and (4) impulsive or automatic suicide, also unmotivated, its main difference from obsessive suicide is that it may be an immediate, abrupt impulse to destroy oneself.

Durkheim notes:

There are the psychic states of suicide, but suicides involving insane persons do not constitute the entire genus of suicide, only one variety or portions of it. It, too, has its ramifications and involvements from the different societal influences and factors such as marriage and economic states. But it is to be noticed that the social suicide rate bears no definite relation to the tendency of insanity nor to the tendency of the four categories of neurasthenia.  

In reference to the alcoholic, or the influence of alcohol, Durkheim states that "we have seen that alcoholism is not a determining factor of the particular aptitude of each society, yet alcoholic suicides evidently exist, and in great number." Whereas alcoholism does not have its followers coming from high culture classes, it is to be noted that suicide has most of its victims coming from this class. If the influence of alcohol does affect those of its followers, it is only in a psychopathic condition where it can do so. Accordingly, Durkheim states:

No psychopathic state bears a regular and indisputable relation to suicide. A society does not depend for its number of suicides on having fewer or more neural paths or alcoholics. It is true that degeneration is caused through each of these conditions, but the condition itself is not the fact which determines the action of suicide.  

Durkheim speaks of race as an aggregate of individuals with clearly common traits and he refers to these characteristics as being transmitted through heredity. His definition of race might be stated as "those common

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7 Ibid., pp. 51-81.  
8 Ibid., pp. 147-148.  
9 Ibid., pp. 146-147.
characteristics of an aggregate of people which are transmitted throughout time by heredity."\textsuperscript{10}

According to Durkheim, the influence of suicide exists basically not between different races but between different nations. For example, people of the Germanic nation have a greater incidence of suicide than do those of the Celto-Roman or the Anglo-Saxon nationalities. In comparing the religious differences within these nationalities—comparing Catholics in one nation with those of another; and likewise the Protestant sects of one nation with those of another—one finds that suicide is still greater in all respects in the Germanic nations. Durkheim feels that the reason for this is not blood or heredity but only that of civilization, the society in which persons are reared.

Thus it can be seen that suicide is not transmitted through heredity but through the influence of society upon the individual. It is true that heredity can transmit neurological weaknesses, but the effects of suicide upon this complexity can only be endured and manifested by society.

At any moment the moral constitutions of society establishes the contingent of voluntary deaths. There is, therefore, for each people a collective force of a definite amount of energy, impelling men self-destruction. The victim's act which at first seem to express only his personal temperament are really the supplement and prolongation of the social condition which they express externally.\textsuperscript{11}

Suicidal tendencies have been attributable to climate and seasonal temperature. Climate has been shown not to be a cause of suicide, for within definite zones of climate there are different suicide rates.

\textsuperscript{10}\textit{Ibid.}, pp. 82-107.  \textsuperscript{11}\textit{Ibid.}, p. 299.
Thus it can be concluded that it is not the effect of climate but more truly the effect of civilization or the society which causes the greater or lesser incidence of suicide. On the other hand, temperature seems to be somewhat of a factor, in that during the coldest months (September to February) suicide rates seem to diminish; whereas during the months of March to August suicide rates seem to rise. In the incidence of suicide, spring follows summer, followed by fall, which in turn is followed by winter with the fewest number of suicides. Indications are that with the increase of warm weather there is also an increase of activity, causing complications and manifestations for society.

It is interesting to note that most suicides occur during the day, specifically during the early morning or late afternoon. The reason Durkheim gives for this is that "one is faced in the morning with confronting a new day of active relations and existence within society, and in the early evening or late afternoon he has just completed such a situation."12 Again, the influence of interaction and society can be seen as a determining cause of suicide.

Imitation has also been cited as a cause for suicide. Durkheim maintains that within groups there is a leveling effect, or consciousness of kind, in which people seem to think as a whole or in unison. The same can be seen not only within a specific group but within society in general. Individuals may repeat or commit an act simply because they have heard of it or because its occurrence is transmitted through the consciousness of

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12 Ibid., pp. 104-122.
kind. Suicide may thus be transmitted through this process of contagion. When there is such an effect as mass suicide, it does not appear that this evolves from one or two individual cases, but seems to spring from a general social consensus.

Certain as the contagion of suicide is from individual to individual, imitation never seems to propagate it so much as to affect the social suicide rate. Imitation may give rise to the number of individual cases but does not constitute an equal tendency between two distinct societies or specific groups with society. 13

It was Durkheim's contention that rather than concern himself with individual cases at the outset, it would be much easier to study the causes of suicide first, then refer back to the individual cases with their similarities or linkenesses.

We shall try to determine the productive causes of suicide directly, without concerning ourselves with the forms they assume in particular individuals. Disregarding the individual as such, his motives and his ideas, we shall seek directly the states of the various social environments . . . in terms of which the variations of suicide occur. 14

Durkheim describes three distinct types of suicide, listing egoistic suicide as the first societal type. Its characteristic is that the individual lacks social integration; and as a whole, social solidarity is lacking. In respect to this type, Durkheim indicates that Catholic societies seem to have a distinct advantage over Protestant ones in that it is easier for them to ascribe to, or obtain release through, a confessional. He feels that this essential characteristic of making confessions available to people is a dominating factor with reference to

religion. Thus it is that Protestants show far more suicides than followers of other religions. Even Judaism has a lower rate for suicide than does Protestantism; in fact, the rate is lower than among Catholics. Their inclination toward suicide should be greater, for most of their jobs or lines of work are more squarely based on an intellectual standard than are the other two religions referred to here. Due to this intellectual base there should be more conflict and thus an increase of suicide. However, this is not true and is attributable to the regulations within the Jewish religion.

With Catholicism the confessional is easily accessible to all people within this religion, thus alleviating frustrations and guilt feelings, and thereby reducing their suicide rate. The Protestants are offered less confessional situations and are, therefore, obligated to exert control over themselves. There are no means for external release—the results being extreme frustration, which is reflected in their suicide rate. It is to be noted that both Catholicism and Protestantism prohibit self-sacrifice or destruction, believing life is of divine origin and that God, only, has control or authority in regard to life. But here again, the Protestant is left by himself with a greater degree of inquiry; whereas the Catholic, to some extent, has a ready-made faith with rules which he is to follow.

The proclivity of Protestantism for suicide must relate to the spirit of free inquiry that animates this religion. Let us understand this relationship correctly. Free inquiry itself is only the effect of another cause. When it appears, when men, after having long received their ready-made faith from tradition, claim the right to shape it for themselves, this is not because of intrinsic desireability of free inquiry, for the latter involves as much sorrow
as happiness. But it is because men henceforth need this liberty. This very need can only have one cause. The overthrow of traditional beliefs. Thus, the more numerous the manners of action and thought of religious character are, which are accordingly removed from free inquiry, the more the idea of God presents itself in all depts of existence, and makes individual wills converge to one identical goal. Inversely, the greater the concessions of a confessional group makes to individual judgment, the less it dominates lives, the less its cohesion and vitality. We thus reach the conclusion that the superiority of Protestantism with respect to suicide results from its being less strongly integrated church than the Catholic church.15

The Jews have been forced into a cohesive group because of their need in resisting general hostility and due to the lack of free communication. It can be seen that solidarity obligates them to live in a closer union with one another. Thus, the effects of regulations toward self-destruction or suicide are manifested.

The Jew manages to be both well-instructed and very disinclined to suicide, due to the special origin of his desired state for knowledge. It is a general law that religious minorities, in order to protect themselves better against the hate to which they are exposed, or merely through a sort of emulation, try to surpass in knowledge the populations surrounding them. Thus Protestants themselves show more desire for knowledge when they are a minority of the general population. The Jew, therefore, seeks to learn, not in order to replace his collective prejudices by reflecting thought, but merely to be better armed for the struggle. For him it is a means of offsetting the law.16

Marriage has a deterring effect on suicide, according to Durkheim. The tendency toward suicide should increase as the age of the individual increases, but the danger of suicide by married persons is reduced by one-half in ratio to non-married people. Durkheim indicates this in the following reference:

15 Ibid., p. 159

16 Ibid., pp. 167-168.
on suicide, especially for men; two, married persons of both sexes, twenty years or older, have less inclination to suicide in comparison with unmarried persons; three, the inclination of suicide of married persons in comparison with unmarried persons varies directly with sexes; widowhood has more influence for stimulating a person toward suicide than does marriage, but its influence is less than it is with unmarried persons, and also the amount of suicide for males and females in this situation varies from society to society with reference to sex.\textsuperscript{17}

Thus, marriage presents an immunity toward suicide which can be attributed to two factors: one, the influence of the domestic environment, which has a neutralizing effect; and two, an immunity due to the fact of matrimonial selection. Only certain people with qualities exceptionally desirable are taken into the class of marriage, thus leaving the unfavorables fending for themselves.

It is also to be noted that widows with children are less inclined to suicide than are those without children. The larger the family the less incidence or inclination toward suicide, for there seems to be a greater cohesion within large families.

Facts indicate that in the political society, when great social disturbances and great population wars occur, there is a collected sentiment or a greater degree of group cohesion and solidarity. It is then that individual men are forced to close ranks and fight as a unison in confronting their common danger. Thus, one can conclude that egoistic suicide varies inversely with the degree of integration of the individual into (1) the religious society, (2) the domestic society, and (3) the political society.

Durkheim's second type of suicide, the altruistic, is the product

\textsuperscript{17}Ibid., pp. 171-216.
of high social solidarity. At times the norms of society define and ex­pect certain elements to commit suicide. Suicide of this type is com­monly found among primitive peoples, and displays particular characteris­tics: men on the threshold of old age, stricken with sickness, are ex­pected to commit suicide; women, as in the case of suttee, are expected to commit suicide upon the death of their husbands; followers or servants are expected to end their lives following the death of their chief. With these types of suicides, the individuals are obligated to pursue their own fatal end. These specific types of suicide have been classed as ob­ligatory, altruistic suicide.

Other types of altruistic suicide are the optional and the acute forms. As the name indicates, the optional form of suicide is where a person has the choice whether or not to commit suicide. In this case, society as a whole attaches prestige to the act. An example of this, as previously cited, would be the Japanese hara-kiri.

Where the individual, to some extent, receives joy in sacrificing himself—as in the Hindu religion—the altruistic suicide is considered an acute form. By committing suicide the individual thus obtains a higher form of life. With reference to European societies and altruistic suicide, it is found that soldiers within these societies have a higher incidence of suicide than do the civilian populations. The soldier's principal action is external to himself—he is not allowed to act as an individual, but only as an instrument of the society which he protects. When called upon, his life must be sacrificed at its demand. Thus it is the "military spirit" which completely governs and rules the soldier.
Durkheim labeled his third type of suicide as anomie, and defined it as the product of the loss of individual identity or purpose—in essence, disruption of goals or expectations, a sense of normlessness. In this respect, economic crises have an aggravating effect on suicidal tendencies. It is interesting to note that not only do deaths increase when times become difficult but there is also a greater incidence and increase of suicide when times become exceedingly prosperous. It can thus be shown that whenever there is an unbalance or disruption in the equilibrium of a society, there is a greater impulse to voluntary death.

In many instances, poverty defines and limits a person to those aspirations and desires within reach, and thereby has a greater deterring effect than does the opposite influence. When a person suddenly achieves prosperity he is no longer limited by his previous class standards—they are suddenly useless. He must now both identify and act in accord with his new status; in fact, he imputes general negative implications to the lower class. A dilemma thus arises, causing frustration and anxiety.

It is noted that the number of anomie suicides varies with the number of divorces and separations. These two phenomena emanate from similar causes, but their expressions are exhibited differently. Divorced persons in this type of society have a higher rate of suicides than do other proportions of the same population. It is also true that married persons in this type of society have less immunity to suicide than they do in other societies where marriage is indissoluble. In societies where the institution of divorce has just been introduced, the woman's share in suicide is greater in ratio to those who are married than it is for those who are unmarried.
Durkheim speaks of anomic suicide in this manner:

Certainly, this [anomic suicide] and egoistic suicide have kindred ties. Both spring from society's insufficient presence in individuals. But the sphere of its absence is not the same in both cases. In egoistic suicide it is deficient in truly collective activity, thus depriving the latter of object and meaning. In anomic suicide, society's influence is lacking in the basically individual passions, thus leaving them without a check reign. In spite of their relationship, therefore, the two types are independent of each other. We may offer society everything social in us, and still be unable to control our desires; one may live in an anomic state without being egoistic, and vice versa. These two sorts of suicide, therefore, do not draw their chief recruits from the same social environments; one has its principal field among intellectual careers, the world of thought—the other, the industrial or commercial world.¹⁸

Thus, each suicide has an individuality of its own, which exhibits the special conditions by which the individual is influenced. These conditions, in turn, are shaded by a uniqueness which is common to those found within the specific society.

From Durkheim's preceding statements we can conclude that the relationships of suicide to certain states of social environment are as direct and constant as its relationship to facts of biological and physical nature. The social causes thus determined often explain various occurrences attributed to the influence of material causes.

To summarize, women kill themselves much less often than men because they are much less involved in collective existence. Suicide increases from January to June, but then decreases; social interrelations and activities show similar seasonal fluctuations. The different effects of social activity should then be subject to the same identical rhythm.

¹⁸Ibid., p. 258.
From these facts the conclusion is reached that the social suicide rate can only be explained sociologically. That is, at a given moment the moral constitution of a society establishes the contingent of voluntary death, thus revealing a collective force within the society. It is these tendencies of the whole collective social body which influence and cause individuals to commit suicide.

A society's excessive tolerance to suicide is substantiated in the fact that it originates from within the general state of mind in the society. From them (society) to condemn suicide would be for them to condemn themselves.

The development of the types of suicide can only have reference to two types, the egoistic and anomic, for they result, due to the fact that society does not sufficient integrate its members and it does not keep them under control.19

Suicide is therefore an element of society's normal constitution. For suicide rates to change, a society must change those characteristics which increase its incidence. On the other hand, as Durkheim states:

By increasing the necessity of life and its usefulness and bringing the individual to this contingent, making him a part of the unit as a whole, will then decrease the incidence of suicide. Whatever is an indispensable condition of life cannot fail to be useful, unless life itself is not useful.20

A variety of demographic factors provide the broad base upon which Durkheim's theory is founded. However, age, sex, and ethnic origin provide the basic demographic and statistical foundation. It is in accord with this broad base that other varied demographic factors are incorporated.

19 Ibid., pp. 361-381. 20 Ibid., pp. 381-390.
Cavan's Ecological Theory of Suicide

The ecological approach to the study of human society has been especially influential in the American works on suicide. At the outset, it is necessary to describe three basic types of ecological theories, which are best described by reference to the emphasis of each: (1) dependence of social action on physical environment of the society or social group, with special reference to the city; (2) interrelationships and interdependence of social units as a cause of social action, with special reference being made to general populations; and (3) the emphasis on meanings involved in social interaction initiating the general causes of social action, with special reference being placed upon the imputed meanings and values.

Thus, in all the ecological theories relevant to suicide one of these three causes is considered to be of paramount importance, with theoretical emphasis placed accordingly. It must also be noted that all ecological theories consider, to some degree, all three factors or causal relations. In essence, this approach emphasizes certain population variables as the dominant causes of social disorganization which cause suicide or suicide rates. In accord, anything that produces a decrease in the causal effect of social values will cause an increase in suicide. Therefore, the most important causes of social disorganization are the variables of mobility, social anonymity, and the rate of social-relations contact.

A primary weakness in this approach to suicide is that of the ecological fallacy. This factor is ramified both by the lack of critical tests of theory and failure to provide any significant supporting evidence.
for a hypothesis. Cavan and others (see Appendix D) recognized the nature of the ecological fallacy and indicated that it had to be avoided.

The lack of agreement between these two writers (Durkheim and Morselli) is not so much a matter of difference in statistics as difference in the particular statistics upon which emphasis is placed. Morselli emphasized the ones which supported his point; Durkheim, the ones which supported his. The value of the statistics in both cases is lessened by the fact that no direct relation can be shown between alcoholism and suicide. Only a study of actual cases can determine whether alcoholism and suicide are linked together.21

Cavan, like other ecologists, presents extensive ideas about the relations between the social variables and the individual variables causing suicide. She indicates that some individuals who commit suicide are also victims of social disorganization—this was the basis of her approach. She presents secondary evidence regarding individual suicides, this being done in the form of case histories.22

It can be concluded that the relationship between social variables and individual variables concerning suicide were first considered by Durkheim in the same manner.23

In her theory, Cavan presents several basic stages regarding the causal explanation of suicidal actions. First, the belief that the general social cultural system was of fundamental importance in the causal process of suicide. Thus, the normative definition of the suicidal action given by the general cultural system and expressed in various social responses was significant in the causal process. Of paramount importance

in this respect was the negative definition of the act of suicide given in Western societies, contrasted to positive reaction given in the Oriental societies. Cavan contends that social disorganization must be of critical significance in the ideology of suicide in Western Societies, due to its negative, normative definition.

However, Cavan indicates that an increasing spirit of individualism in the Western societies has led to the development of attitudes less disfavorable to suicide than had previously existed. As she states, "There is in the United States a widespread tendency to regard suicide as a justifiable and a desirable means of resolving difficulties." She proposes that social organization would increase the tendency to suicide only insofar as it caused personal disorganization.

When the personality or interest and the life organization or means of fulfilling the interest complement each other, life tends to go on in a more or less habitual manner. But when for any reason there is a break in the reciprocal relation of subjective interest and external world, a crisis or crucial situation exists and old habits and attitudes are no longer adequate to the situation. If an adjustment cannot readily be made the person finds himself dissatisfied, restless, unhappy, and in time unable efficiently to order his life. He is then personally disorganized.

In essence, Cavan indicates that social disorganization could not be significant in the causation of suicide unless it resulted in personal disorganization.

Needless to say, Durkheim indicated similar manifestations in regard to anomie and egoistics suicide.

In egoistic suicide it is deficient and truly collective activity, thus depriving the latter of object and meaning. In anomic suicide, society's influence is lacking in basically individual passions, thus leaving them without a checkrein . . . . We may offer society everything social in us, and still be unable to control our desires; one may live in an anomic state without being egoistic, and vice versa. These two sorts of suicide, therefore, do not draw their chief recruits from the same social environments; one has its principal field among intellectual careers—the world of thought—the other, the industrial or commercial world.  

Cavan continues by describing five general categories of personal disorganization. These crises situations are: (1) unidentified craving that is frustrated; (2) the recognized wish that is frustrated; (3) the specified wish that is frustrated, (4) mental conflict, and (5) the broken life organization. These crises situations rarely co-exist, and overlap with varying degrees; in this way they prohibit normally sanctioned individual actions.

Lastly, Cavan argues that personally disorganizing crises could be interpreted differently by different individuals. However, she then changes her emphasis and proceeds to argue that certain objectively observed variables were of great importance in determining whether an individual would move toward the direction of committing suicide. These basically consisted of: (1) fixity of idea, (2) lack of objectivity, and (3) aggressive or depressive emotions.

Cavan concludes by arguing that individuals within the same socio-cultural system impute different normative meanings to suicidal actions. Thus, the normative meaning of the suicidal act defines and prescribes,

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27 Durkheim, op. cit., p. 258.

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within its social context, the final choice which determines whether or not an individual commits suicide.

The question of an attitude tolerant of suicide is in part a question of the customs, traditions, and the ideas of the society where the person is reared. Whether or not certain types of temperament more readily adopt 'give up' attitude than other types there are no objective data to show. In their acquired attitude on life people certainly differ; some are aggressive and optimistic, and look forward to new plans when old ones fail; others are easily discouraged and give up without much effort. How much of this difference in attitude toward life is due to innate temperament, how much is due to social experience, it is impossible to judge.

With regard to proneness to disorganization, people differ greatly, both in their ability to adjust to difficult situations and in their exposure to experiences which tend to be disorganizing. The latter difference is especially reflected in varying rates for classes of people, such as the groups by sex, age, etc.\(^{30}\)

Cavan points out the impetus of various social classes and states:

Data are not available to explain the difference between single, married, widowed, and divorced. It is also impossible to separate occupation, religion, and education as factors in their relation to suicide. However, such concepts as age and sex . . . relate closely to social conditions.\(^{31}\)

According to Cavan, three basic demographic factors provide the basis for study: age, sex, and ethnic origin. The importance and influence of other demographic factors are explained in light of these three factors.

In the broadest sense, Cavan presents an abstraction of Durkheim's basic theory, placing special emphasis on the ecological approach. In accord with his theory, Cavan studied the suicidal act as an independent social factor.

\(^{30}\text{Ibid.}, pp. 304-305.\) \(^{31}\text{Ibid.}, pp. 306-324.\)
Gibbs' and Martin's Status Integration Theory of Suicide

Gibbs and Martin direct their work, *Status Integration and Suicide*, to the testing of Durkheim's theory of suicide, and their own approach is quite similar to Durkheim's theory.

At no point in Durkheim's monograph is there an explicit connotative definition of social integration, much less an operational definition. It is not surprising then that there is not a single measure of social integration correlated with suicide rates. Without the specification of the empirical reference for the concept and the operations used in measuring its prevalence, Durkheim's proposition is supported not by its predictive power but by his forceful argument in its defense. Thus, Durkheim's theory is incomplete; and it is to its development that the theory of status integration refers.33

The basic similarity between Durkheim and Gibbs and Martin consists of specific consideration of suicide rates relative to officially defined social categories, with only implicit consideration of any significant personality or individual factors. In essence, their work is purely an extension of Durkheim's basic theory, which places emphasis upon status integration.

It is most important, when using Durkheim's theory as a point of departure, to make careful selection of the type of integration and the empirical variables for its measurement; the selection of type and the operations for its measurement should be governed by, or at least linked to, Durkheim's observation.34

Gibbs and Martin continue by operationally defining the concept of social integration. They conclude that Durkheim's definition of this concept referred to the durability and stability of social relation-

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34 Ibid., pp. 14-16.
ships within a population they complete their operational definition of this concept by adding, "utilization of observable conditions presumably reflect these characteristics."\(^{35}\)

It is to be noted that Gibbs and Martin do not propose that sociologists study real cases of suicide or even case histories. Their basic proposition is to observe role (or status) conflict, which they assume to be the fundamental determinant of the stability and the durability of social relationships within a population.\(^{36}\)

However, they decided it was impossible to observe the degree of role conflict, so proceeded to—in their own words—"shift from the current emphasis on the psychological dimensions of role to its sociological correlate—the concept of status."\(^{37}\) It must be noted that Gibbs and Martin did not specifically define the term "status" but their usage of the term was uniquely similar to their usage of the term "role." The exception was that they identified status with the usual social categories implied by officials, i.e., age, sex, etc.

Gibbs and Martin then proceed to establish the basic postulates of the theory of status integration:

1. The suicide rate of a population varies inversely with the stability and durability of social relationships within that population.

2. Stability and durability of social relationships within a population vary directly with the extent to which the individuals within that population conform to the pattern of socially sanctioned demands and expectations placed upon them by others.

\(^{35}\)Ibid., pp. 16-18. \(^{36}\)Ibid., pp. 18-24. \(^{37}\)Ibid., pp. 24-27.
3. The extent to which individuals in a population conform to patterned and socially sanctioned demands and expectations placed upon them by others varies inversely in the extent to which individuals in that population are confronted with role conflicts.

4. The extent to which individuals in a population are confronted with role conflicts varies directly with the extent which individuals occupy incompatible statuses in that population.

5. The extent to which individuals occupy incompatible statuses in a population varies inversely with the degree of status integration within that population.

From these postulates Gibbs and Martin formulate the following major theorem: "The suicide rate of a population varies inversely with the degree of status integration in that population." Their basic premise is that in a given combination of roles or statuses the greater the role of conflict—defined by Gibbs and Martin as "status configurations"—the more often individuals change to other status configurations. From this they conclude that the lack of occupancy in a status configuration shows how much role or status conflict there is in their configuration.

Gibbs and Martin apply this basic theory to suicide by indicating that when a role configuration is filled with conflict the individual tends to leave it. Or when, for some reason, this isn't possible he leaves it by means of suicide. (Or at least does so with more frequency than others with less role conflict.)

Gibbs and Martin then set out to empirically apply their postulates and theorems to officially defined social categories. However, they encountered numerous difficulties with respect to degrees of correlation.

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38 Ibid., pp. 17-27.  
39 Ibid., pp. 27-31.  
40 Ibid.  
41 Ibid., pp. 34-57.
There are numerous difficulties involved in attempting to develop a measure of the degree of status integration in a population. One major problem is inadequate data. There is no existing source, in fact, for the type of data that would be needed for the ideal test of the major theorem. The dangers of using inadequate data for testing a theorem include the possibility that negative results may stem from inadequacies of the data rather than from lack of validity in the theory. The availability of data, however, cannot be permitted to determine theory.42

In conclusion, Gibbs' and Martin's work relies upon the application of this theory, testing the degree of status integration in relationship to suicide rates according to officially-defined categories of social status. It is to be noted that their theory is an extension of Durkheim's basic work. It is founded upon Durkheim's basic principle and focuses its attention upon testing the degree of status integration in relationship to suicide rates.

Application of this theory is completed in accord with officially defined categories of social status. Age, sex, and ethnic origin are of paramount importance here and in essence are the basic demographic factors or categories of social status upon which Gibb's and Martin's theory is founded.

Henry's and Short's Theory of Suicide

Henry's and Short's work on suicide was directed toward the understanding of aggression.43 They consider both suicide and homicide to be

42 Ibid.
directly related to aggression. Of paramount importance in their work is the attempt to combine psychological and sociological variables which would, in turn, explain the variations in official statistics of suicide and homicide. Thus, Henry and Short proposed that the combination of psychological and sociological orientations would not only explain variations in official statistics, but would also provide an explicit explanation of the fatal human act. 44

They focus their attention on the influence of the business cycle, in reference to its relation to suicide and homicide. They hypothesize that the reactions of both suicide and homicide to the business cycle can be persistently interpreted as aggressive reaction to frustration generated by the flow of economic forces. 45

This basic hypothesis was examined in light of six major assumptions, and various inferences:

Assumption #1. An increase in frustration will cause an increase in aggression, and a decrease in frustration will cause a decrease in aggression.

Assumption #2. For a given population (especially a class group), an increase in aggression leads to an increase in homicide or an increase in suicide; and a decrease in aggression leads to a decrease in homicide or a decrease in suicide. 46

This assumption indicates that both homicide and suicide are linked with aggression, and that within a given class or status group there will be a distinct preference for either homicide or suicide. Thus, within any given class an increase in aggression also leads to an increase in either the suicide or the homicide rate.

References:
In respect to the theory of Henry and Short it must be noted that frustration is directly related to fluctuations of the business cycle which, in turn, directly influences suicide and homicide rates. In essence, a case-effect relationship is established. They conclude that "an increase in frustration will lead us to an increase in homicide or an increase in suicide, and a decrease in frustration will lead us to a decrease in homicide or a decrease in suicide." 47

Continuing with Short's and Henry's assumptions and inferences:

**Assumption #3.** An increase in general economic gains will lead to a general decrease in frustration; and an increase in general economic losses will lead to an increase in frustration.

**Inference #1.** An increase in general economic gains will lead to a general decrease in aggression; and an increase in general economic losses will lead to an increase in aggression.

**Inference #2.** An increase in general economic gains will lead to general decreases in homicide or suicide; and an increase in general economic losses will lead to an increase to suicide or homicide. 48

Henry and Short then offer their crucial hypothesis: "People in higher status categories are more likely to prefer suicide to homicide; people in lower status categories, homicide to suicide." 49 Continuing on within their basic context, Henry and Short then propose to test their hypothesis. They raise the following question: "Why does one person react to frustration by turning the resultant aggression against someone else, while another person reacts to frustration by turning the resultant aggression against himself?" 50

They offer some further assumptions:

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47 Ibid. 48 Ibid. 49 Ibid. 50 Ibid., pp. 64-65.
Assumption #4. An individual will express his aggression against the object to which he imputes generalized responsibility for his frustration.\(^{51}\)

Thus, they indicate that suicides and homicides are the result of aggression expressed inwardly or outwardly as a result of implied sources of responsibility of frustration. Continuing on within their context:

Assumption #5. The direction of imputation of generalized responsibility is determined by the degree of external restraint on the actions of the individual, such that the high degree of external restraint will lead to the imputation of generalized responsibility to alter and a low degree of external restraint will lead to the imputation of generalized responsibility to ego.\(^{52}\)

Henry and Short equate social power with external restraint and conclude that the lower the social economic strata, the greater the feeling of powerlessness. From this they conclude that the degree of variation in suicide is relative to the amount of frustration the business cycle imposed on differing status categories.

They then offer their last assumption:

Assumption #6. The degree of external restraint varies inversely with the social strata.\(^{53}\)

Final inferences are presented:

Inference #3. Social status and external restraint vary inversely and the general imputation of generalized responsibility varies directly with the degree of external restraint, social strata and the imputation of generalized responsibility externally will vary directly. Consequently, lower-class individuals will impute generalized responsibility externally and upper-class individuals will impute general responsibility internally.

Inference #4. Because the external imputation of general responsibility varies directly with the expression of aggression externally, and inversely with the expression of aggression inwardly, lower-class

\(^{51}\)Ibid., pp. 67-97.  \(^{52}\)Ibid.  \(^{53}\)Ibid.
individuals will express aggression externally more than upper-class individuals; and the upper class will express aggression internally more than the lower class.  

Henry and Short indicate that groups with higher status positions react more violently to fluctuations in business cycles than do subordinate status categories with which they are compared. Their observations indicate that for all observed status categories suicide rates rose during those times of depression and fell during times of prosperity.

Martin Gold wrote of Henry and Short:

They hypothesized that, given frustration, members of low statuses are more likely than members of high status categories to commit homicide rather than suicide. Further, they followed Durkheim in assuming that individuals involved in more intimate social relationships are more externally restrained.

One can thus conclude that Henry's and Short's theory of suicide is, in the purest sense, an extension of Durkheim's basic work. Their theory rests not only on the use of officially defined categories, as does Durkheim's, but with the special emphasis upon specific demographic factors or social classes. Of paramount importance in the establishment of officially defined status categories are the demographic factors of age, sex, and ethnic origin.

Not to be overlooked is the fact that Assumption #5 connotes the same imputed meaning as does Durkheim when referring to anomic and egoistic suicide.

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54 Ibid.  
55 Ibid.  
57 Durkheim, op. cit., p. 258.
Gold's Approach to Suicide

At the outset, Gold establishes direct connection with Durkheim's profound influence and basic work in sociology.

No one has contributed more significantly to the establishment of sociology as a separate discipline as Emile Durkheim, and nowhere did he make this separation more secure than in *Suicide*. Then will an article frankly "social-pyschological: in orientation which argues from suicide-rate data, seem incongruous in a Journal issue dedicated to Durkheim's memory? Durkheim would not have found it so for our approach is one he advised.

Gold's purpose is to show that certain psychological and sociological variables determine the choice between homicide and suicide.

Our purpose is to explore the relationships between certain psychological and sociological theories and between relevant data from both disciplines which pertain to the choice of suicide or homicide as an expression of aggression. We will try to show that the choice of suicide or homicide, essentially a psychological problem, is determined in part by the individual's place in the social system. We will focus on socialization as the process by which sociological factors are translated into determinants of a psychological choice between directions of aggression.

Although much of Gold's theory is directly related to, and gains impetus from, Henry's and Short's theory--and much of his work is concerned with criticizing their work--it is not intended as such. On the contrary, it is an attempt to build and amplify a portion of their theoretical structure.

Henry's and Short's theory will be examined from a social-psychological point of view. Where they have dealt separately with the psychological and sociological antecedents of suicide and homicide, we will suggest some child-rearing links which mediate between social structural variables and interpersonal determinants of behavior. Second, we will examine the way in which Henry and Short tested their hypotheses about the choice of suicide or homicide. It seems to us

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58 Gold, op. cit., p. 651.  
59 Ibid.
that a more proper methodology is needed, and we suggest a possible alternative. Finally, we will use the suggested methodology to test their hypotheses.60

Gold contends that parental punishment is a deciding factor in shaping the values concerning the expression of aggression and that "physical punishment leads to outward expression [of aggression], while children punished psychologically should turn their aggression against themselves."61

He indicates that the socialization of aggression is the fundamental determinant in the preference for homicide or suicide. Secondly, the type of socialization normally associated with outward expression of aggression is found more among lower-class individuals than among upper-class individuals, and that the type of socialization normally associated with inward expression of aggression is found more among upper-class individuals than among lower-class individuals.62

Gold describes what he calls the suicide-murder-ratio (SMR). "In order to compute an SMR for category, it is necessary to have data on the suicide rate and the homicide rate for the same population and for the same time period."63 Once this is accomplished the SMR is established by "dividing the suicide rate by the sum of the suicide rate and the comparable homicide rate."64

He then proceeds to apply this to various demographic categories, and states, "In every year from 1930 to 1940 whites clearly chose suicide over homicide more often than did non-whites."65

60 Ibid., p. 652.  61 Ibid., p. 655.  62 Ibid., pp. 655-656.
63 Ibid., p. 657.  64 Ibid.  65 Ibid., p. 658.
Gold then brings forth another factor, that of verbal ability, and indicates that expression of aggression and social class position are very closely related to this factor.

We have cited evidence that a pivotal child-rearing variable—type of punishment—is related to position in the social structure. We have tried to show why this relationship exists: Outward aggression seems to be more disturbing to the interpersonal relationships inherent to the middle class than those of the working class; outward aggression is more consistent with the role of men than women in our society; and, verbal ability is closely related to recruitment into social classes in our society and may have a good deal to do with the way parents punish children. It is a short step from these arguments to the choice of suicide or homicide.66

In conclusion, Gold's theory—stated in the simplest form—indicates that lower-class individuals will show a preference for homicide over suicide, and upper-class individuals will show a preference for suicide over homicide. The reason for this is that lower-class individuals tend to express aggression outward more than inward while upper-class individuals tend to express aggression inward rather than outward. This is due to class differences in the socialization of aggression.

His theory of suicide may be identified, according to his own description, as an extension of Durkheim's basic work. His theoretical presentation incorporates much of Durkheim's basic philosophy, in accord with Henry's and Short's theoretical presentation.

It is to be noted that Gold's entire suicide-murder-ratio is based upon officially-defined social categories consisting of basic demographic factors such as age, sex, and ethnic origin. In essence, these three

66 Ibid., p. 661.
basic demographic factors provide the foundation upon which this entire theory is founded. Thus, the implication of three basic demographic factors again provide the foundation for yet another sociological theory relevant to suicide.

**Conclusion**

Durkheim's work on suicide presents a most unique and influential interpretation of suicide. It was of prime importance in the establishment of sociology as an independent academic discipline, and has had profound influence upon theoretical approaches to suicide which have appeared since, either directly or indirectly. It must be pointed out that all theories do not fall within the direct Durkheimian tradition but, needless to say, do have fundamental elements in common with his work.

Thus we can conclude that major sociological theories relevant to suicide are abstractions or extensions of Durkheim's theory. As a consequence, certain common elements are found in each of these works which in essence unite them with Durkheim and provide the broad theoretical foundations of the sociology of suicide and, in essence, a portion of the theoretical framework of sociology.

We can also conclude that age, sex, and ethnic origin do provide the basic information upon which all major sociological theories relevant to suicide are founded. Major sociological theories relevant to suicide are founded upon the use of officially defined social categories, which in essence are composed of the basic demographic factors: age, sex, and ethnic origin. These factors are basically used as the foundation of
officially defined social categories due to their positive degree of predictability and observable characteristics for recording. For it is seemingly difficult to change one's sex or one's ethnic origin, and it is even possible to determine medically, with extreme predictability, one's age.

Continuing on in this frame of reference, the following chapter will examine various psychological approaches to the problem of suicide.
CHAPTER IV

PSYCHOLOGICAL THEORIES RELEVANT TO SUICIDE

The act of self-destruction involves a complicated interplay of forces. It is, in the purest sense, the outcome of the struggle between acceptance and rejection of life. The struggle exists both internally and externally; that is, with regard to the conflict that exists within the individual and those conflicts which exist between the individual and his immediate environment. Thus, the psychological approach contends that circumstances in the social milieu do not produce the suicidal act—the impulse is motivated from within. The fact that it expresses itself more frequently in certain situations indicates that specific conditions stimulate, or at least do not discourage, the impulse.

In short, the psycho-analytical approach to suicide attempts to explain what it is within the individual that makes him turn upon himself in a self-destructive manner as a response to the pressure of his inner existence and social environment. As Bosselman states,

We look for a characteristic pattern of mental-emotional turmoil which predisposes to self-destruction and we look for common factors of the environmental situation—in the interpersonal relationship—which appear to be significant determinants . . . . This means that along with objective observation of the facts about suicide we must study human motivations.¹

Since this research is primarily interested in the sociological aspects and theories of suicide, psychological theories of suicide have been noticeably omitted. However, this approach to the problem of suicide shall not be totally deleted. It is within this context that this section will both recognize the present a brief discussion of those psychological theories relevant to suicide. An excellent detailed discussion of psychological theories may be found in Farberow and Shneidman's work, *The Cry for Help.* The theories cited in this work are discussed herein, together with additional references. Thus the following discussion incorporates and extracts much of what is found in their presentation. Only general reference will be made to the actual work of each individual author.

Sigmund Freud did not deal directly with the problem of suicide, and described only one patient who actually made a suicide attempt. In his noted work, *Mourning and Melancholia,* he stated that self-hatred seen in depression originated in anger toward a love object that the individual turned back on himself. This theory implied that what appeared to be self-destruction was at least partially an act of homicide directed against another person. At the early stage of his psychoanalytic theory, aggression was regarded as perversion of a sexual drive, and a reaction to frustration. Freud later indicated a preference for instinctual explanations which, in turn, led him to see aggression as the manifestation of a death instinct. He arrived at the conclusion that certain aspects

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of behavior could not be fitted into that concept, however wide the scope of the drive serving the preservation of the self and the species was extended. He assumed that from the beginning of life there was, side by side with the sexual drive, a tendency toward disintegration and destruction which he called the death instinct. Thus, aspects of human behavior could best be understood as results of interplay between the sexual drive and the death instinct or as the expressions of the interplay between love and hate.

Karl Menninger, a major figure still working with the problem of suicide continues to accept and utilize the concept of a death instinct. In his work, Man Against Himself, he interprets all forms of behavior inimical to health and life as the continued expression of the death instinct directed against the self, of which suicide indicates an extreme form of manifestation. He introduces three concepts of suicide. The first is chronic suicide, under which he includes asceticism and martyrdom, neurotic individualism, alcoholic addiction, anti-social behavior, and psychoses. His second concept is focal suicide, under which he includes self-mutilation, malingering, polysurgery, propulsive accidents, impotence, and frigidity. Lastly, he lists organic suicide, wherein he discusses the psychological factors of organic disease.

Suicidal behavior evolves when diffusion of the aggressive drive from the sexual drive occurs and thus destructive behavior emerges. The process in the melancholic where there is a real aggressive explosion

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directed toward the self is described as a regressively incorporative one, with aggression appearing as a means of possession destruction. Thus, self-destruction occurs because of the confusion between subject and object.

In short, Menninger's theory elaborates upon the role of the aggressive drive in suicidal behavior, indicating that within it can be seen at least three basic elements: the wish to kill, the wish to be killed, and the wish to die. Thus, self-destructive activity emerges when there is incomplete or inefficient functioning of a neutralizing device of love.

Carl Jung described the self as being the center which maintains contact between the individual and the world and presented a theory in which the monopolistic role of the ego is denied. He indicated that there must be minimal contact between the ego and the self in order for life to be meaningful. Thus danger occurs, in respect to suicidal action, because the self has both a bright and dark side. The latter, when it prevails, may make death seem more desirable than life. The person with suicidal tendencies has longings—rarely conscious—for spiritual rebirth. In suicide, death is seen as the death of the ego, which has lost contact with the self and must return to the womb of the magna matter to re-establish contact and be reborn. In essence, the danger is that the archetypal force of the magna matter—which has both life-giving and life-destroying aspects—may result in self-destruction rather than rebirth.

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The suicidal act occurs when (1) a dead-end situation prevails, with the feeling that life has no meaning and that the meaning can be redeemed only through psychological rebirth; (2) the ego is enveloped by conflict; (3) the resentment may reach murderous proportions with rage directed against the person "responsible"—in which case suicide may then be an attempt to prevent such murderous acts; and (4) a lack of vitality makes possible to find some acting-out substitute to release the tension.

Last to be discussed is Alfred Adler's theory of personality development. He presents a psychological theory in which suicide is essential as one of its dynamics. The Adlerian theory of personality dynamics sees the individual as a unified and unique whole, at all times directed by one overall striving. Adler has named this striving, variously, a striving from below to above, a striving from a minus situation to a plus situation, or a striving for superiority, or perfection, or completion. In essence, it is a striving for a goal of success.

Adler indicates that the concrete representation of success corresponds altogether with the subjective conception of the individual and may take on the greatest variety of forms. He feels that the individual is not necessarily aware of his particular goal of success and in this sense is unconscious of it. However, the final goal can be inferred if we study all his (the potential suicide) actions and expressions together, looking for the common denominator that permits a common understanding of them all as parts of a coherent and self-consistent picture.

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All primary drives and other motives are subordinated to, and in the service of, this main striving. The individual cannot be considered in isolation, but must be considered as part of his social context. Not only is the individual influenced by his social setting, but his actions are, in turn, socially effective.

Thus, the Adlerian theory states that the individual must be seen as part of his social context and as a unique, unified whole striving for success that he defines in his own subjective terms—all of which he may not be aware of. Some of the characteristics of adjustment such as mental-disorder striving, mental-health striving, and the adequacy of social interest—which is the capacity to understand and accept the social interrelatedness of the individual to human life—must be evaluated. Social interest is seen as innate in the form of dispositions or attitudes that, when developed, become part of the individual's goal of success. Exogenous factors in situations may require more social interest than the neurotically-disposed person has available, resulting in the threat to self-esteem and the formulation of protective symptoms.

The following symptoms and characteristics are indicated: (1) pampered life-style, in which the suicidal tendency develops in a person whose method of living has always been dependent on the achievement and support of others; (2) inferiority feelings and self-centered goals, where self-esteem is low and suicide may offer the feelings of mastery over life and death; (3) degree of activity which is high among suicides; and (4) veiled aggression in which the suicide hopes to hurt others by hurting himself and maneuvers to influence others by creating sympathy.
Even though psychological and sociological theories relevant to suicide differ in respect to their conception and focus, important common elements must be noted. In both cases the ultimate aspect of concern and focus of attention is placed upon the suicidal act, with difference existing between emphasis placed upon individual factors or societal factors. However, they both share a seemingly deterministic view of human behavior in which a person is subjected to forces of which he is not fully aware, and in many instances has no control over.
CHAPTER V
SUICIDE TRENDS 1950 – 1964

Introduction

It is of paramount importance, at the outset, to establish the goals and purpose of this chapter. The currents and trends in suicide in both the United States and in Montana will be described and outlined, with special reference given to the American Indian population of Montana. This minority population will be contrasted to the major national non-white population, as well as to both the Montana and the U.S. white populations. We will establish that there is in recent years a discernible increase in the suicide rates of the American Indian population in Montana. Thus, influence of undetermined factors has ramifications in the suicide rates of this population.

It is necessary to point out the basic differences existing in the population bases of the United States and Montana, as indicated in Table 1. In Montana the male population, both white and non-white, are the majority populations. However, the opposite is true for the United States with the female white and non-white populations containing the major population concentrations. The general population increases in Montana do not parallel the general population increases in the United States. Neither do increases according to sex or age coincide for the two populations. (See Appendix C.)
### TABLE 1

#### POPULATION CHARACTERISTICS

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<th>United States</th>
<th>1950</th>
<th>1955</th>
<th>1960</th>
<th>1964</th>
</tr>
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<tbody>
<tr>
<td>Total population</td>
<td>150,697,361</td>
<td>164,308,000</td>
<td>179,323,175</td>
<td>193,818,000</td>
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<tr>
<td>Total male</td>
<td>74,833,239</td>
<td>81,068,000</td>
<td>88,331,494</td>
<td>95,114,000</td>
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<tr>
<td>Total female</td>
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<td>83,240,000</td>
<td>90,991,681</td>
<td>98,705,000</td>
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<tr>
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<td>67,129,192</td>
<td>72,431,000</td>
<td>78,367,149</td>
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<tr>
<td>White female</td>
<td>67,812,836</td>
<td>74,110,000</td>
<td>80,464,583</td>
<td>86,823,000</td>
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<td>7,704,047</td>
<td>8,637,000</td>
<td>9,964,345</td>
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<td>8,051,286</td>
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<td>11,882,000</td>
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<table>
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<th>1950</th>
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<th>1960</th>
<th>1964</th>
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<td>420,932</td>
<td>435,319</td>
<td>447,575</td>
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<tr>
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<td>218,972</td>
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<td>221,755</td>
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<td>203,293</td>
<td>212,683</td>
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<td>6,529</td>
<td>6,868</td>
<td>7,778</td>
</tr>
<tr>
<td>Non-white female</td>
<td>5,094</td>
<td>5,659</td>
<td>6,269</td>
<td>6,863</td>
</tr>
</tbody>
</table>

*Negroes compose the major portion of this population

+American Indians compose the major portion of this population

(These figures represent populations from 15 years of age and up)


**Trends and Rates**

Suicide rates, both crude and adjusted—this being the rates in which age and sex distributions are kept constant—vary from year to year. From 1950 to 1964 the suicide rate for the U.S. white population has remained consistently higher than the U.S. non-white population for the same time period. In comparison, one finds that the white suicide rate in Montana exceeds the non-white suicide rate only in 1950 and 1955, with far greater incidence being reported in the non-white population in 1960 and 1964. Both white and non-white suicide rates in Montana surpass the national white and non-white suicide rates—with the exception of the national non-white rate in 1955. As shown in Figure 1, the Montana suicide rate has remained consistently higher than the U.S. rate over this fifteen-year period. Suicide rates for all four population bases decreased in 1955 from those of 1950. In fact, the suicide rate for the American Indian population in Montana indicated zero incidence, and fell far below the rate of the national non-white population.

As indicated in Figure 2, Montana suicide rates surpassed the national rates for the fifteen-year period studied in all age groups except the 35-54 year group. Even though there was a general decline in suicide rates for all age groups in 1955, U.S. rates for the age group of 15-34 declined far less—in comparison with the 1950 rate—than did the same population in Montana. However, Montana increased substantially in 1960 and 1964, and nearly equalled the rate recorded in 1950. This is not the case of the U.S. population in the age group of 15-34 years. In this age group, the U.S. rate has remained consistently higher for all
FIGURE 1

TOTAL AGE-ADJUSTED SUICIDE RATES BY COLOR
FOR UNITED STATES AND MONTANA
1950......1964
(Rate per 100,000 population)

These figures represent populations from 15 years of age and up

FIGURE 2

TOTAL SUICIDE RATES BY AGE FOR UNITED STATES AND MONTANA
1950......1964
(Rate per 100,000 population)

periods studied between 1950 and 1964. As with the 35-54 year group, the rate lowered in 1955. It then increased substantially and in 1964 it approximates the suicide rate found in 1950. In contrast, the suicide rate for this 15-34 group decreased in the Montana population.

In the age group of 55 years and older, suicide rates show a similar pattern to those found in the 15-34 group, with Montana being consistently higher for the entire time period studied; and again indicating a drop in both the U.S. and the Montana suicide rates for the year 1965. For the period studied, the U.S. suicide rate for this age group has consistently lowered—which is not true for the same population in Montana. On the contrary, the Montana suicide rate for this group of 55 years and older has increased approximately one-fifth to one-fourth over the same age group for the years 1960 and 1964.

Additional study, relating to age and sex, indicates approximately the same general trends for the time period of 1950-1964. As previously indicated, suicide rates for all age groups—for the U.S. in general, and for Montana—were generally lower in 1955 in contrast to those found in 1950; the exceptions being the Montana female rates for the age groups of 25-34 and 35-54 years. In 1960, suicide rates rose for all age groups of both sexes (see Table 2) and continued to rise until 1964 where suicide rates equalled, if not surpassed, the rates found in 1950—the exceptions being the age groups for both the U.S. and the Montana populations. It should be noted that the increase in suicide rates for both males and females occurs primarily in the younger age group, and begins to level off, or equalize, those rates found in 1950 through the middle age groups.
### TABLE 2

**TOTAL SUICIDE RATE BY SEX AND AGE**

(Rate per 100,000 population)

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<thead>
<tr>
<th></th>
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<th>Montana</th>
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<tbody>
<tr>
<td></td>
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<td>1955</td>
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<td></td>
<td>F 10.1</td>
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<tr>
<td>75-</td>
<td>M 58.3</td>
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<tr>
<td></td>
<td>F 8.1</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Both sex and age are important characteristics in the quantitative analysis of suicide. The frequency of suicide differs at each age period of life—and differs greatly among males in comparison to females. The rate for males rises steadily, and skyrockets in the older age group that of the female population rises with gradual steps. However, it must be noted that not all male populations are increasing with alarming rates nor are all female populations increasing at slow rates. (See Figure 3.) On the contrary, the white male populations in both the U.S. and Montana have maintained themselves at the same level, or even decreased—particularly in the years 1955 through 1964. A slight increase in the suicide rates is to be noted in the U.S. white male population, with major increases occurring in 1960 and 1964. One finds a dynamic contrast in the rate for the Montana non-white male population when compared to the other male populations. Here there is a steady decrease in the suicide rate from 1950 to 1955, at which time a direct reverse in the suicide trend occurs, with this population's suicide rate skyrocketing far above all other rates both male and female.

As previously stated, suicide rates for the U.S. in white and non-white female populations show a gradual increase—primarily in 1960 and 1964. However, a reverse trend is noted in the female population of Montana. For the Montana white and non-white populations, suicide rates either maintain approximately the same rate for 1950 and 1955, or decrease somewhat. However, the rates for these two populations appear to skyrocket to 1960, again leveling off—or even slightly decreasing—in 1964. It can be noted that the suicide rate of the white female population of
FIGURE 3

TOTAL AGE-ADJUSTED SUICIDE RATES BY COLOR AND SEX
FOR UNITED STATES AND MONTANA
1950......1964
(Rate per 100,000 population)


* Negroes compose the major portion of this rate
+ American Indians compose the major portion of this rate
Montana for the years 1960 and 1964 again equals, or slightly surpasses, the suicide rate found in 1950. The suicide rate for the Montana non-white population increases dynamically from 1955 to 1960, and then decreases slightly in 1964. It is interesting to note that the non-white female population of Montana has the highest suicide rate for all female populations and is, in fact, only surpassed by the rates for the U.S. white and the Montana white and non-white male populations.

Implications and Conclusions

It can be seen that suicide rates in Montana are consistently higher than the suicide rates for the United States—with few exceptions. It may well be that these figures are a good index of the difficulties confronting the rural and farm populations, of which farm surplus and continued migration to the cities are symptoms of basic economic and social maladjustment.

One can speculate on the causes for this marked change in the suicide picture. Undoubtedly, the general condition of the entire population of the United States has greatly improved both economically and socially, with specific improvements in the areas of housing and health. These improvements may be noted in the reduction rates, with specific reference to deaths from tuberculosis and other serious infections. It may also be contended that working conditions have generally improved, resulting in both better trained workmen and in safer working environments. On the other hand, the impact and influence of organization on society has lessened the federal government's concern for both the rural community and the problems of the farm. Consequently, the suicide rate
for predominantly rural states such as Montana far exceed those rates for the United States in general. Also to be noted is the fact that most rural states have extremely high concentrations of aged persons. It would seem to be true for the state of Montana, as indicated in the comment: "Montana has a larger proportion of young people, a deficiency in productive ages, and a larger proportion of old people than the nation."¹ In this sense, high suicide rates may be manifestations of extreme degrees of social isolation resulting in greater feelings of anonymity, the result being increases in suicide rates.

One may contend that suicide rates decreased in 1955 for all populations due to the initiation of new federal programs which directly affected them. Programs such as Medicare and Medicaid were first being contemplated and introduced which, in turn, directly affected older populations throughout the country. Also, civil rights programs were being introduced which, in turn, increased minority populations' rights and involvement in society. The introduction and involvement of the Office of Economic Opportunity has also provided for minority groups both better living and working conditions. Also, the federal government has provided for the American Indian population increasing opportunities in respect to education and work-related training.

The introduction of these seemingly positive programs has introduced into both the white and non-white populations changes which have, in turn, influenced the degree of integration for the specific social groups, or

¹Harald A. Pedersen, Montana's Human Resources, Age and Sex Distribution, Montana Agriculture Experiment Station, Montana State College, Bozeman, Montana (May 1962), circular #234.
society per se. Thus one can only surmise that, as Durkheim states, "suicide varies inversely with the degree of integration of the social group of which the individual forms a part."\(^2\) However, one can also conjecture that the high suicide rates might, in fact, not be due to the lack of integration and a state of normlessness but, on the contrary, be the resulting ramifications of excessive norms and cohesiveness.

So we conclude that effects of undetermined factors influencing the American Indian population in Montana indicates a discernible increase in their suicide rate when compared with the Montana white and national white/non-white populations. We also contend that no general conclusions can be drawn about the causes of suicide except to state that no single factor is responsible. The study of suicide is concerned with a highly complex phenomena involving a great multitude of causes. Even when one cause seems to dominate the picture, additional thorough investigation often discloses the fact that it does not stand alone but is bound up with various other considerations lying hidden and confused beneath the surface.

The following chapter will present an examination and discussion of the nature and uses of official statistics.

\(^2\)Durkheim, *op. cit.*, p. 209.
CHAPTER VI

THE USE AND VALIDITY OF OFFICIAL STATISTICS
AND DEMOGRAPHIC INFORMATION

Since the 18th century men have concerned themselves with the systematic process of enumeration. In the broadest sense, enumeration has become the cornerstone of knowledge. Although this general epistemological assumption was first incorporated and applied to the natural sciences, it has come to influence and, in fact, dominate man's thought concerning human affairs. Those concerned with comprehending the immoral or deviate actions of a society have generally relied upon official statistics for their basis of enumeration.

Most of the studies and theories relevant to suicide have in some way incorporated or involved the use of official statistics. Indeed, as seen in this research, official statistics play a major role in the establishment and construction of major sociological theories relevant to suicide.

In referring to official statistics, Leonard indicates:

Without factual information you are resorting to armchair theorizing and are at the mercy of personal bias and guesswork. If statistics are used well they can form the basis of very good inductive studies in which contrasting facts adhering to certain behavior, sociological factors, and cultural and historical variation may be studied and shifted in a process from which conclusions may be made or adjusted.¹

Some of the more important reasons for the general reliance upon the official statistics of suicide seem to be: (1) early sociologists who started the study of suicide felt that official statistics indicated the incidence and existence of social phenomena, consequently official statistics merited careful study; (2) sociologists have come to consider suicide to be the result of general social phenomena which can be observed only by comparing the variations in suicide rates between many different societies and sub-cultures (the sociological approach being directly related to Durkheim's basic work and theory); (3) suicides were rare in all societies and have always been the point of much speculation and question; thus, if sociologists wanted large numbers of suicides to treat statistically, they had to rely upon the only sources that covered huge populations, these being agencies related to the government which were directed to keep officials records of suicides; (4) once the early studies of suicide had been formulated in statistical terms and tested with the use of official statistics, it was a natural procedure for any sociologist to follow the same tradition; (5) use of official statistics is also the fastest and easiest thing to do; to set up additional statistical bureaus for the coverage of suicide rates of millions of people would be totally financially unfeasible.

However, as previously stated, suicide rates are suspected of being grossly underestimated in the statistics based on cause-of-death certification. Even government agencies responsible for official record keeping reveal the inadequacies of official statistics.

Comprehensive statistics on computed suicides in the United States do not exist . . . . But it is possible to predict a suicide pattern—
at least in terms of age, sex, race, marital status, and geographic
region. Even though we know that all suicides are not reported as
such, the tabulations available to us provide a variety of indices.2

In light of these facts, students of suicide accept official sta-
tistics of suicide as adequate, reliable, and valid; this being based on
two general assumptions: (1) the number and the degree of validity err-
ors committed by officials in deciding what deaths are suicide are few
and certainly insignificant; (2) any errors committed in the designation
of suicide or in the collections of the data on suicide rates are certainly
randomized so that they do not introduce any systematic bias that would
give an unreliable estimate of the relative distribution of suicides.

Nevertheless, official suicide rates are seemingly inadequate and
in the purest sense lack validity. This fact is recognized and openly
admitted to by those agencies responsible for keeping official statistics.
It must also be noted that many students of suicide have increased the
ambiguities and deficiencies found in the concepts of suicide.

Most students agree with Stengel that "they study of the disparities
and fluctuations of the suicide rates in the same country is of greater
scientific value than the comparison between different countries."3 How-
ever, they have been oblivious of the need to consider the formal mean-
ings(s) of the term "suicide." Most students have generally considered
suicide to be a form of intentional or voluntary taking of one's own life.

2 The Tragedy of Suicide in the U.S., U.S. Department of HEW, Public
Health Service, National Institute of Mental Health pamphlet no. 1558
(Bethesda, Maryland, 1965).

3 Erwin Stengel, Suicide and Attempted Suicide (Baltimore, Md.:
Therefore, there has been a great lack of consideration in terms of operationalizing this concept. In the strictest sense, this has linked sociological theories of suicide to the official statistics on suicide through necessity.

Thus, one may question the use of official statistics labeled "suicide statistics" in contrast to the same phenomenon studied by students of suicide. One may contend that regardless of how reliable officials measure whatever they do these figures cannot be taken as operational definitions of formal concepts used as reliable measures of any consistent set of phenomena. What the term "suicide" means to the different groups of individuals involved in categorization can only be decided by investigation of these agencies. One may conclude that formal definitions used by students of suicide and by officials gathering suicide statistics may or may not coincide.

One must also recognize that suicides are labeled such by a number of different officials. It is assumed that these many different officials impute to the various causes of death when indicated a standardized and uniform definition of suicide. Also to be noted is the fact that officials categorize and define a post-hoc situation. That is, a situation in which all acts have transpired and final definition must be made in accord with remaining facts. The primary difficulty with such definitions in regard to suicide is in determining whether or not the individual has actually killed himself. The categorization of this situation may be affected by numerous variables such as the length of time between actual death and the discovery of the body, the definition of suicide imputed by
the examining official, social stigma, and family status and their ability to conceal the evidence.

Officials responsible for defining such situations may often disregard their duties, as seen in the following statement: "I don't often sign suicide death certificates because of the stigma attached to—and the hardship placed on—the family survivors. I don't think many of my associates do, either." Thus, one may contend as does Ari Kiev, social psychologist at Cornell University Medical College:

The figures only tell us how good the recording systems are, so it's really hard to know the accurate number of people [who actually commit suicide] . . . with 20,000 [suicides] as a report figure, it is very possible that there are some 40,000 or 50,000 who actually die by suicide. There is a great tendency to deny it, to cover it up, to minimize it because of the stigma associated with it.5

Needless to say, imputation of the official category of the cause of death is the outcome of complex actions involving the physical scene, the sequence of events, the significant others of the deceased, officials, the public, and the specific official who must define the situation and if necessary, label it as "suicide."

One last discrepancy is to be noted. Neither officials nor official agencies on the state or national levels which are responsible for gathering and tabulating the official rates have figures which coincide with each other. Thus, one may question both the reliability and the validity of official sources.

4 Personal communication with a medical practitioner (name withheld by request), June 6, 1968, Missoula, Montana.

5 Stated in an interview on the TODAY television show, November 14, 1968.
However, students of suicide may assert with some confidence that the validity and the reliability of statistics have steadily improved over the last 150 years, so that today they present a close approximation to the real rates. Or at least they are close enough so that although the official rates are still unreliable or invalid to some degree, the degree of invalidity or unreliability is not sufficient to significantly bias any test made with them. Also, the relatively high degree of stability of the statistics on suicide rates support the assumption that the statistics are valid and reliable measures of some real phenomena that occur with the stable rates themselves.

Last, though it is undoubtedly true that there are many invalid categorizations of the causes of death by officials, it can be safely assumed that all such categorizations are randomized so that for each death wrongly omitted, there will be one wrongly added; likewise, the distribution of these errors will be the same for all societies and/or sub-cultures.
CHAPTER VII

SUMMARY AND CONCLUSIONS

The fundamental purpose of this research was to study the implications and ramifications of suicide, both in the theoretical and in the practical sense. First, the major sociological theories relevant to suicide were reviewed and compared; second, the use of basic demographic factors in all major sociological theories relevant to suicide was indicated; third, the currents and trends in suicide rates for both the United States and in Montana were described and outlined, with special reference given to the American Indian population of Montana.

Theoretical information for this study was gathered through a comprehensive review of available literature on the subject of suicide. Special emphasis was placed upon sociological information which included both theoretical explanations of suicide and critiques of existing theories. A detailed report outlining the method of gathering the information is reported on page 6. Statistical and demographic information was compiled by contacting both government and private agencies interested in the problems of suicide, or involved in the keeping of official statistics. Some agencies contacted provided the researcher with further possible sources of theoretical information.

Conclusions

The major findings of this research support the basic assumptions
and observations as previously stated. Again we affirm that the major sociological theories relevant to suicide are abstractions or extensions of Durkheim's basic theory. There are within each of the works reviewed common elements which in essence unite the theories to that of Durkheim and provide the broad theoretical foundation of the sociology of suicide.

We also conclude that age, sex, and ethnic origin (race and color) provide the basic information upon which major sociological theories relevant to suicide are founded. These theories are totally founded upon the use of official statistics and officially defined social categories.

Lastly, we conclude that the ramifications and effects of undetermined factors, influencing the American Indian population in Montana have initiated discernible increases in their suicide rates, as evidenced when compared with those of the Montana white and national white/non-white populations.

Recommendations for Further Study

The fact that even today few definite conclusions can be drawn about the cause of suicide indicates the great need for research in this area. The general observations, assumptions, and indications of the early sociological theories relevant to suicide seem to basically hold true. However, additional studies are needed to test their actual degree of relevance and validity in our progressing complex society. Several questions have been brought to our attention, which indicate possible avenues for further research:

(1) In respect to raising or lowering suicide rates, what
influence do government programs have on economically deprived individuals, especially ethnic minorities?

(2) What actual influence does class have in respect to officials recording or labeling suicides as such?

(3) What is the actual validity and reliability of official statistics on suicide?

(4) Why are suicide rates higher in both the West Coast and the Rocky Mountain states?

This research provides yet another study in the problems of suicide and society. In its own unique way this thesis will help sociologists and students to understand both society and the problem of suicide. It provides an up-to-date synthesis of major sociological theories relevant to suicide and an indication of apparent trends in suicide. In its broadest sense, this research will contribute to the general body of scientific knowledge, will provide a basic foundation for future research, and will assist in understanding the growing problem of suicide.
BIBLIOGRAPHY


Journals


Pamphlets


Miscellaneous

Dr. Ari Kiev, Social Psychologist of Cornell University Medical College, quoted from an interview on the TODAY television show (NBC) November 14, 1968.

Personal communication with a medical practitioner (name withheld by request), June 6, 1968, Missoula, Montana.

SOURCES OF OFFICIAL STATISTICAL AND DEMOGRAPHIC INFORMATION

Crisis Clinic, Inc.
Seattle, Washington

Montana Division of Vocational Rehabilitation
Helena, Montana

Montana State Registrar
Montana State Board of Health
Helena, Montana

National Institute of Mental Health
Chevy Chase, Maryland

Suicide Prevention Center
Los Angeles, California

U.S. Department of Health, Education and Welfare
Public Health Service
Division of Indian Health
Billings, Montana

U.S. Department of Health, Education and Welfare
Public Health Service
Division of Indian Health
Washington, D.C.

U.S. Department of Health, Education and Welfare
Public Health Service
U.S. Census Division
Silver Spring, Maryland

U.S. Department of Health, Education and Welfare
Public Health Service
Department of Vital Statistics
Washington, D.C.
APPENDIX B
June 26, 1968

Bureau of Indian Affairs
Federal Building
Billings, Montana 59101

To whom it may concern:

I am a graduate student in Sociology at the University of Montana in the process of writing my thesis; and I would appreciate your assistance. My topic is "Suicide" and my objective is to compare the white and non-white suicide rates from 1950-1964 according to three categories: age, sex, and ethnic background.

Enclosed you will find a letter of endorsement for this project from the Department of Sociology, University of Montana.

I need data in the form of raw numbers, crude and adjusted rates, from your office. This data must be relevant to the time period of 1950-1964, and in the demographic categories of age, sex, and ethnic background. (See attached sheet for definition of these factors.) This data may be placed on the enclosed form.

I would sincerely appreciate any assistance and information you might be able to provide.

If, upon completion of the project, you would like a statement of the facts explored, and their indications, I shall be more than happy to provide them.

Thank you for your time and consideration.

Sincerely,

Rodney C. Metzger

Encs. 3
Dear Sirs:

Mr. Rodney Metzger is a graduate student at the University of Montana and is presently working on a master's thesis in sociology, dealing with the problem of suicide. This letter is to certify that Mr. Metzger is a bona fide graduate student in this department, and that we will appreciate any assistance you can give him in the collection of necessary data and other information required in his research.

Sincerely,

I. S. Evans, Chairman
Department of Sociology, Anthropology, and Social Welfare
DEMOGRAPHIC FACTORS

1. Age: to be broken down into categories of ten years, beginning with the age of fifteen. 15–24, 25–34, etc.

2. Sex: to be characterized by data relevant to raw numbers, crude and adjusted rates.

3. Ethnic background: will refer to only two categories—the white population and the non-white population. In Montana, non-white will refer to the American Indian population.
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### U. S. SUICIDE CHARACTERISTICS

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#### U. S. Total Age and Sex Characteristics of Suicide

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# MONTANA SUICIDE CHARACTERISTICS

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* Negroes compose the major portion of this population

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| F     | 3    | 0    | 1    | 4    |
| 25-34 |      |      |      |      |
| M     | 13   | 3    | 7    | 2    |
| F     | 3    | 3    | 4    | 5    |
| 35-44 |      |      |      |      |
| M     | 16   | 14   | 18   | 14   |
| F     | 4    | 3    | 3    | 6    |
| 45-54 |      |      |      |      |
| M     | 17   | 14   | 19   | 15   |
| F     | 2    | 3    | 8    | 6    |
| 55-64 |      |      |      |      |
| M     | 21   | 11   | 21   | 10   |
| F     | 3    | 1    | 3    | 2    |
| 65-74 |      |      |      |      |
| M     | 20   | 11   | 10   | 5    |
| F     | 5    | 0    | 3    | 2    |
| 75-   |      |      |      |      |
| M     | 7    | 6    | 3    | 9    |
| F     | 2    | 0    | 2    | 2    |

* American Indians compose the major portion of this population.

---

Health Services & Bureau of Medical Services, U.S. Department of HEW, Public Health Service, Division of Indian Health Services, U.S. Department of HEW, Public Health Service, Division of Indian Health Services, Vital Statistics of the United States, Department of HEW, Public Health Service, 1950-64, Washington, D.C.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
## TOTAL SUICIDE RATE BY AGE

(Rate per 100,000 population)

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TOTAL U. S. SUICIDE RATE
BY AGE AND COLOR
(Rate per 100,000 population)

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*Negroes compose the major portion of this population

### TOTAL MONTANA SUICIDE RATE

#### BY AGE AND COLOR

(Projected rate per 100,000 population)

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*American Indians compose the major portion of this population

Source: Montana State Board of Health, Helena, Montana; U.S. Department of HEW, Public Health Service, Division of Indian Affairs, Billings, Montana; Bureau of Medical Services, U.S. Department of HEW, Public Health Service, Division of Indian Health, Silver Spring, Maryland; Vital Health Statistics of the United States, U.S. Department of HEW, Public Health Service, Washington, D.C.
### TOTAL U. S. SUICIDE RATE
### BY AGE, SEX, AND COLOR

(Rate per 100,000 population)

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*Negroes compose the major portion of this rate


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TOTAL MONTANA SUICIDE RATE
BY AGE, SEX, AND COLOR

(Projected rate per 100,000 population)

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*American Indians compose all of this rate


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RECOMMENDED READING LIST

Presented here are the major sociological psychological texts and manuscripts used in this research. Additional references are cited for the convenience of persons interested in the major psychological and sociological works relevant to suicide. A complete and detailed bibliography of works relevant to this subject may be found in The Cry for Help by Farberow and Shneidman (listed below).

Books


Boismont, Brierre de. Du Suicide et de la Folie Suicide (Paris: Bailliere, 1856).


______ and Bessie Bunzel. To Be or Not to Be (New York: Harrison Smith and Robert Haas, 1933).


**Journals and Pamphlets**


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Gargas, S. "Suicide in The Netherlands," The American Journal of Sociology, XXXVII (1932), pp. 697-713.


