

## CHAPTER X

### APPLICATION OF DURKHEMIAN CONCEPT OF SUICIDE TO THE PRESENT STUDY

Durkheim's theory of suicide has long been the dominant influence on the sociological study of suicide. But studies of suicide within the Durkheimian tradition have been discontinuous, preventing cumulative theoretical advance. The discontinuity is partly due to researchers' failure to base their work on a comprehensive, inter subjective interpretation of Suicide. Durkheim's theory gets strong empirical support. Marital-familial status and sex, which he treated in an ad hoc, post-factum way are more important in the study of Suicide. According to Durkheim societies can be abnormal as well, such that the level of integration can be below or above the level of normative regulation. Durkheim's regulation and integration makes it possible to see an analytic distinction between the four forms of suicide. Durkheim's use of the theories of both egoism and anomie to explain familial suicide rates forces consideration of a particularly vexing problem in the theoretical interpretation of suicide, the relationship between egoism and anomie. Integration as the extent of social relations binding a person or a group to others such that they are exposed to the moral demands of the group. Integration may vary from complete embeddedness in a group, the fully connected clique to the pure isolate without social relations. Regulation is defined as the normative or moral demands placed on the individual that come with membership in a group. Durkheim postulated that egoistic suicide results when society fails to integrate the individual in to its fold, while

anomic suicide is the consequence of the failure of society to regulate and maintain integration of the individual, leading to normlessness and a sense of alienation. Durkheim also described the altruistic type of suicide occurring in traditional societies though he later extended it to non-traditional ones. Egoistic suicide ensues when the individual finds life to be meaningless, while altruistic suicide occurs when death appears meaningful. Thus, egoism is defined in the limit as the absence of social relations within a given society, and altruism by the total presence of relations. Egoistic suicide is the suicide of the highly individuated modern man.

The altruist kills himself because he is unhappy, but this unhappiness is distinctive both in its causes and in its effects. While the egoist is unhappy because he sees nothing "real" in the world besides himself. The altruist is sad because the individual seems every thing "unreal". The egoist sees no goal to which he might commit himself, and thus feels useless and without purpose while the altruist commits himself to a goal beyond this world, when world itself is an obstacle and burden to him. Fatalism is a state opposite to anomie in which social regulation is completely instilled in the individual and there is no hope of change against the oppressive discipline of the society. The only way for the individual to be released from this state is to commit suicide. Fatalistic suicide occurs where this regulatory power of norms is "anchored in an authority external to the social aggregate as a whole and to each individual in it vested". Thus the four types of suicide can be differentiated, each from every other, in terms of oppositions on at least one of the three major dimensions viz the existence of norms, their content, and their effective source of regulatory power. The present study shows Durkheim's these typologies relevant in Kerala scenario too.

Here the study shows that the cause of suicide is different from that of Durkheim. Several factors like alcoholism, marital conflicts, and failure in love, low social support and poor relation with family members also cause of suicide in Kerala too. One clear difference between present study and Durkheim study is that in the latter indirect causes are as important as direct causes.

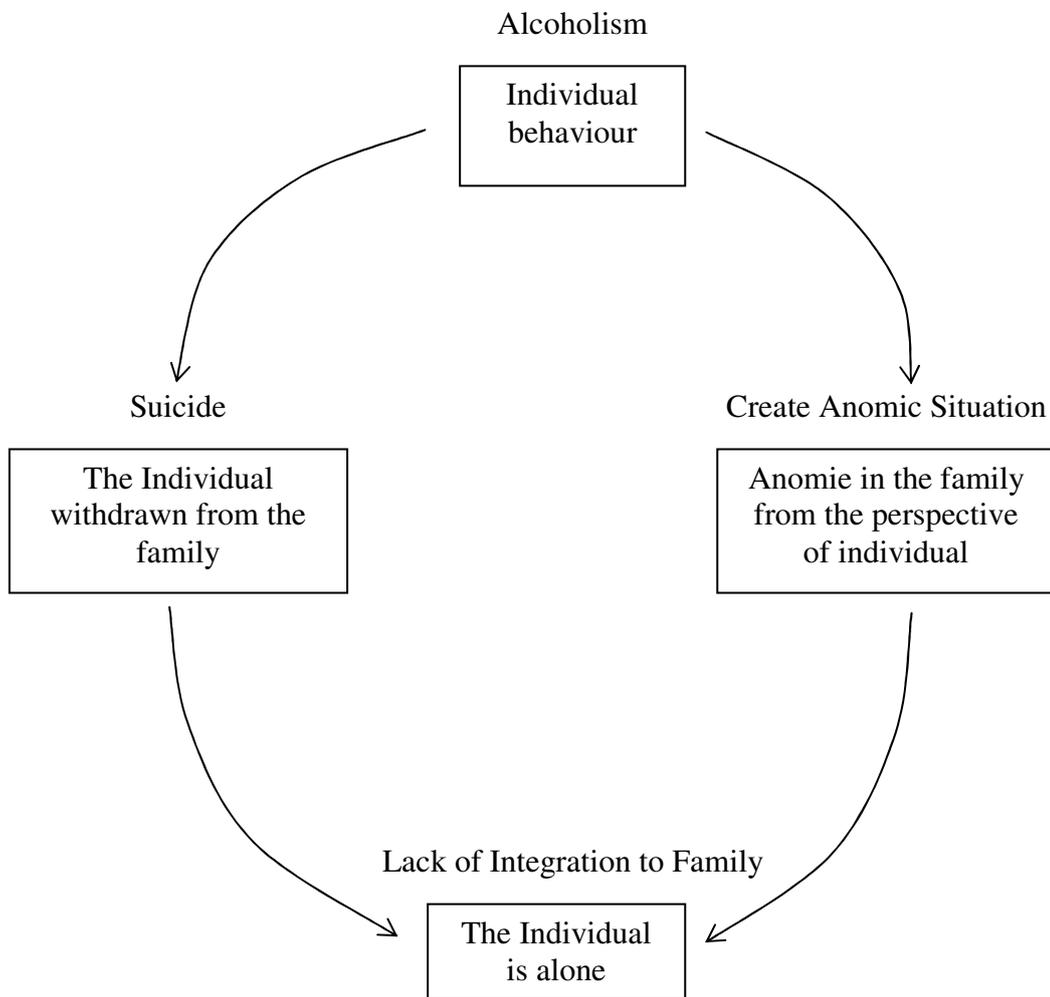
### **Alcohol and suicide**

Sociologists have taken little interest in alcohol abuse as a possible antecedent of suicide. However, a theoretical link between the two phenomena can be postulated that is consistent with Durkheim's suicide theory. According to the findings, one third of the male suicides are attributable to the alcohol factor. The impact of unemployment, family problems and occasional drinking are also found to be fairly strong, and here the indirect effects seem to be at least as important as the direct ones. Just as a sociological perspective is relevant for understanding the genesis of alcohol abuse, so can its consequences (including suicide risk) be approached sociologically and more specifically, it seems possible to postulate a theoretical link between alcohol abuse and suicide which is consistent with Durkheim [1897] well-known assertion that the suicide rate is inversely related to the degree of social integration. By social integration, here referring to the extent and quality of interpersonal relations, there is much to suggest that alcohol abuse has disintegrating effects.

This study observed that as noted above alcohol induced tend to dilute the social network. In addition, it may assume a hostile or disapproving attitude from society at large toward alcohol abuse which may worsen the prospects of heavy drinkers to become socially integrated. The excessive drinkers were poorly integrated,

having deficient social networks. It is recognized that alcoholics have inferior capability for social interaction prior to the onset of alcoholism. They had little or no social support, enjoyed poor relationships with spouses, children and friends and this was typically a result of the subjects' alcohol abuse. Alcohol abuse tends to induce aggressive, reckless behavior that increases the risk of losing personal ties, i.e., leads to weaker social network and perceived low social support among them.

### **Relation between Suicide and alcoholism.**



The study shows that the alcoholism of male members shook the family relations. The socialization pattern of family negatively affected due to parental

alcoholism. The diagram shows alcoholism causes lack of integration to family and creates anomic situation which may cause suicide. Due to alcoholism male members behave in an irresponsible manner in family matters. Most of them had made sound financial burden to the whole family which gradually weakened the family ties. The study shows men often commit suicide after their marriage, sometimes after a long period of alcoholism when they have alienated themselves from their friends and relatives by their conduct. They are the ones who are estranged from their children and who find themselves in a state of solitude and low social support, which sooner or latter ends in suicide.

### **Religion and Suicide**

Almost a century ago, Durkheim provided sociologists with a formidable conceptualization of the link between religion and suicide. The researcher gave the attention to the central theoretical question of how and why religions protect adherents from self-destructive impulses. Durkheimian (1966) view that subordination of the individual to religious beliefs and practices gives life greater meaning and lowers the human tendency towards egoism. Durkheim accepted the finding that more Protestants commit suicide than others. Durkheim's general proposition conceptualized extremes as very weak integration (egoism) or overly strong integration (altruism) produces suicide. In suicide, Durkheim saw religion only as an integrative factor but in later works; he described religion as having regulative aspects. This study also shows that due to lack of integration to religious groups Hindus show higher rate of suicide than people in other religious communities. It is the structure of social relations that bind and constrain the individual rather than the

beliefs or dogmatic pronouncements of the religious institution that protect individuals from suicide. The integration dimension is the extent to which individuals are allowed to act and think for themselves and on their own apart from society. When the researcher analyzed attachment of suicidee towards the religious institution. Those who faced difficulty in agreeing with the statements –religion can strengthen your personal relations, faith in God can solve the problems in your daily life, religion is leisure to the people, religion holds the people together, religious involvement is an outlet for the unwanted thoughts, religion will give an opportunity for the people to communicate with God, division in the religious faith cause for suicide – were considered as having low attachment to religion. Those who showed low attachment to religious have high suicidal tendency. The hypothesis that “Religion plays vital role on suicide” is thus proved here. Here the researcher also agreed with Durkheim’s hypothesis that religious institutions are better counter agents against suicide. The study shows lack of integration to religion ends in egoistic suicide among keralites. Muslims dominated districts like Malappuram and Kasargode show low suicide rate than other districts.

### **Family, marriage and suicide**

The greater the intensity of bonds to family, religion, and related social institutions, the more support and meaning one will derive from life and the less the risk of suicide .The second theoretical interpretation can be derived from Durkheim (1966), in this approach. Ties to spouse is seen as a form of subordination of the individual's inherent self-interest to the interest of the group, children multiply the protection of the individual against destructive egoism and suicide. In this study too

the importance of family in suicide as found. The study showed that the individual who suffered during socialization showed suicidal tendency. The respondents who didn't enjoy healthy relation with family members liked to be in isolation (See chapter VI) Alcoholic behaviour also had broken both individual and family relations. Changes in functions and size in the families contribute reason for high suicide in nuclear families. Low interactions among family members are one of the reasons for high suicide rate in nuclear families. From observation researcher found the fact that instability in family relations was a direct cause of suicide. But economic crisis directly or indirectly shakes family relations. The crisis may be due irresponsibility of family members, alcoholism of male members, loans from banks or private institutions for buying home appliances, building houses, marriage of family members and expenses for health. To Durkheim, men were creatures whose desires were unlimited. Unlike other animals, they are not satiated when their biological needs are fulfilled. "The more one has, the more one wants, since satisfactions received only stimulate instead of filling needs." The lag between aspiration and achievements of family members creates a situation of anomie which leads to suicide.

#### **Causes of suicide in Kerala**

<b>Causes/Year</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Family problems	24.2	21.5	18.7	23.4	21.5	22.4	28.7	37.9	42.2	43.6
Physical illness	14.5	16.2	15.7	15.3	14.7	15.7	14.7	15	16	16.6
Mental illness	8.8	8.7	10.8	12.2	10.8	16.1	15.1	16.7	15.4	15.3
Financial problems	13	14.2	15.2	11.6	16	9.9	0.1	8.2	8.4	6.3
Unemployment	3.1	1.9	2	1	1.4	2.4	1.5	1.1	0.6	0.4

Failure in examination	0.6	0.8	0.9	0.9	0.3	0.78	0.8	0.7	0.5	0.5
Love failure	1.5	1.4	1.6	0.9	0.9	1	0.9	0.78	0.9	1.4
Job related problem	1.8	1.8	2.1	0.7	1.1	0.2	0.4	0.2	0.2	0.4
Drug abuse/addiction										2.7
Others	32.4	33.4	33	33.9	33.2	31.3	24.4	19.4	15.8	12.8

Source SCRB

This study also showed family and religion are two important institutions to protect from suicide.

### **Marital status and Suicide**

For Durkheim the marriage involves both integration into a relationship, and regulation and self regulation resulting from the relationship. The main thrust of Durkheim's theory of egoism-anomie is that social control and suicide are inversely related. He argued otherwise only when trying to explain some anomalous findings for childless married women. Marital status indicates the number of persons with whom an individual interacts in the marital-familial milieu. A married couple with children constitutes a family of three or more. Widowed or divorced persons without children, like unmarried adults, live alone; those with children live in a family of two or more. Married and widowed persons with children are more integrated than married and widowed persons without children. Durkheim's theory of chronic anomie potentially explains the unexpected finding that suicide rates for divorced persons exceed those for single persons. Durkheim implied that divorce usually is preceded by marital discord, and the discord should reduce marital regulation. His findings influenced the development of the theory of anomie and its problematic doctrine

about male-female differences in individuals' need for, and consequently response to, social regulation. This finding suggests that marriage (relative to other marital statuses) protects men better than women. Apparently, the presence of children protects women better than men. If we assume that mothers interact with children more than fathers do, this finding is consistent with Durkheim's theory of egoism.

Contradictory to Durkheim theory in the case of Kerala marriage itself acts as a stress giving mechanism instead of acting as an institution of protection. SCRB (2008) observed that 78% of the respondents were married 18% were unmarried and 4 % were widowed. It shows that due to integration of family members especially towards children completed suicide less among female than male. It is noted that in Kerala marriage is not an institution of protection against the pressures of every day life. The other major danger is that marriage itself is becoming an instrument of distress. It is expected that the institution of marriage provide adequate support and care to the partners and the children. The hostile environment in the family drives the member to distress. Alcoholic husbands make the situation more worse. The marriage can sour where the couple cannot consider each other as equal and consequently the burden of running the family gets thrust on the girl. The selfishness and lack of understanding displayed by either partner can often cause irreparable damage. Being left to an alcoholic husband can trigger the worst reactions. It often goes beyond the limits one is capable of withstanding. All these put together can drive the girl to a wall and quite often she becomes lonely, despairing and suicidal. In fact, after a few years the married women find her own place in her husband's family. Gradually they could pave the way to have good company of her own children. Often the bond with the

children urges her to put up with the unpleasant experiences and continue living. But pain exceeds it ends with attempted suicide among them.

### **Age and suicide**

Age as Durkheim recognized, with some noticeable exceptions show a strong positive relationship with suicide. To explain this finding, Durkheim argued that individuals "become more accessible to suicide as they become older, probably because repeated experiences are needed to reveal the complete emptiness of an egoistic life or the total vanity of limitless ambition." This study also noted that the age group 40 and above showed more tendency to commit suicide. The failure in secondary roles that is economic failures more among in this age group and family related issues affected to this age group than others. Among elderly the causes of suicide are isolation, rejection and feeling of unwanted ness and the feeling of altruism among this age group are due to chronic illness the feeling of burden to family. It also constitutes suicide among elderly.

### **Social status and suicide**

The relation between suicide and social status has long been a matter of particular interest to sociologists. In fact, it has been concluded (Powell, 1958:131) that "the central thesis of the sociological approach to the study of suicide can be stated as follows: the nature and incidence of suicide varies with social status." However, the nature of the relationship still remains uncertain, and the empirical evidence reveals contradictory findings. As early as 1897, Durkheim (1951) noticed that "suicide is exceptionally frequent in the highest classes of society." Cavan (1929) also indicated the relatively high suicide rates for professionals and highly educated

classes. Henry and Short (1957) concluded that “in every case, the category with the highest status position is the category with the highest suicide rate.” Gibbs and Martin (1964), following their major theorem concerning status integration and suicide, predicted that persons in lower-status occupations would probably be found to have some of the lowest suicide rates of any of the occupational groups. But other findings contradict these conclusions. In Kerala suicides of persons in the higher social status might be due to the stress associated with work and high aspiration, whereas in the lower social status, suicides could be due to hopelessness or poverty, unemployment, and insecurity. Educational achievement is more appropriate as an indicator of social status to analyze its relation with suicide. Since we presume that educational achievement manifests the degree of socialization, the level that individuals have reached in the educational system measures the degree to which they have internalized social norms and regulations. It is in this sense that social integration can be operationalized with the concept of status integration.

As per available data in SCRB (2008) Suicide is Maximum among those with primary and middle school educated persons 51.5% and 40.6% respectively and is least (0.7%) among postgraduates. This study also showed suicide rate is high among primary, secondary and high school educators and those who were from low socio-economic back ground. While correlating findings in this study with Gibbs martin’s status integration theory the people who belonged low status in status configuration were more prone to suicide. The researcher had clearly pictured this idea in the chapter IV.

## **Conclusion**

Durkheim's typology of suicide is egoistic, anomic, altruistic and fatalistic is applied in the present study. The theoretical frame work can be applied in this present study is that of Durkhiem. In the case of egoistic suicide that is due to lack of integration to family, more male members were committing suicide than male. But in the case of female members, they make only attempts and do not wish to die, because women are more integrated to family especially they are bothered about the prospects of children and other family members. Increasing alcoholism and irresponsible nature indicates lack of integration. Among male members which leads to egoistic suicide. This study shows increasing individualization as one of the causes for suicide. The individualization has been measured on the basis of the questions such as the person like to share their dreams, like to share their secrets in their life, like to spend precious moments in their life, like to travel, like to go for shopping, wish to go for ceremony, like to go with places of working and the person wish to approach first, when alone like to spend with and who can wipe out their tears. For all these questions almost all respondents like to be with self, which indicated increasing individualization among respondents. Thus the researcher proved increasing individualization contributes to egoistic suicide.

Here the researcher observed that due to powerful integration of religious groups Christians and Muslims show low suicide rate than Hindus. The thesis proved hypothesis that "religion plays vital role on suicide". It has been dealt in detail in the chapter role of religion in suicide. Due to less religious teaching and non interference of religious leaders into the personal and family matters and also due to low

integration to their religious groups, Hindus showed higher suicide rate than other religious communities.

Durkheim found that those who suffer from low social support came under the category of egoistic suicide. The study measured the social support by using social support scale developed by Kulhra Nehru. The major indicators of low social support are difficulty to find real friends. While in crisis, lack of attention from dear ones, lack of proper support from colleagues and family members, t. They were isolated among their friends and find difficult to get good relations and who can be dependable. The alcoholics, women, Hindus, people from low economic background and less educated suffered due to low social support. Education and economy give power and support and help to make right choices at right time which geared successes. The increase in individualization results in low social support which is the one of the causes of egoistic suicide.

Anomic suicide is mainly due to economic crisis. Taking loan from banks and private institutions for the purpose of marriage of daughter, building or maintenance of home and expense for education and health collapse the economic system of the family. In certain cases the whole burden is born by a member who leads to suicide. Durkheim observed that the psychological distress and hopeless situation come under the category of anomic suicide. In this study it is found that most of the respondents were depressive, Here it is measured depression by using scale of depression (which dealt in the chapter factors responsible for suicide)

Certain factors common to both anomic and egoistic the family break down caused due to anomic situation within the family or lack of integration with family

members or unhealthy family ties caused suicide. The alcoholism causes anomy or lack of integration of man towards his family especially husband towards wife and children increase the risk of suicide. The improper socialization may be due to the situation of anomy which includes parental alcoholism, ill treatments from step parents, quarrelling nature of parents and irresponsible behaviour of parents are products of lack of integration of members within the family.

Altruistic suicide happened due to powerful integration of man towards his social group. This study shows due to powerful integration towards family members, elders who suffers with chronic illness like cancer, tuberculosis and kidney problems committed suicide. They think more about family than themselves. They hope that this unbearable medical expense collapse the economic system of the whole family. They feel that ending their life themselves is better solution for easing financial burden of the family.

Durkheim saw the fatalistic suicide is due to over regulation towards individual. This type of suicide generally seen among people those filled with the feeling of unwantedness. This study shows the feeling of unwantedness is more seen among housewives and adolescents. They felt their absence make others happy and they are burden to family which makes them more suicidal.

**A diagrammatic representation of the causes of suicide-A theoretical model**

