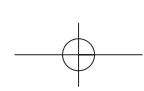

ben fincham, susanne langer,
jonathan scourfield & michael shiner

understanding suicide
a sociological autopsy



Understanding Suicide



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Understanding Suicide

A Sociological Autopsy

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1

Introduction

Suicide is – arguably – a uniquely fascinating topic. In the aftermath of a suicide, those who knew the deceased always dwell on the question ‘why?’ This is in part because the reasons for a suicide are never really knowable, the most obvious witness being dead. It is also perhaps because the non-suicidal majority who put considerable effort into living find it very hard to understand the desire to end life. Perhaps news of a suicide also reminds us of our own frailty. Encountering death, according to Peter Berger ([1967] 1990), causes us to radically question ‘the taken-for-granted “business-as-usual” attitude in which one exists in everyday life’ (p. 43).

Suicide has a very important place in the history of sociology, because of Durkheim’s (2002 [1897]) famous study of the social context of an ostensibly individual act, which was ground-breaking in terms of social scientific theory and method. Suicide is still a standard topic on introductory undergraduate sociology modules, as it remains a powerful illustration of competing paradigms, typically with reference to Durkheim, Douglas (1967) and Atkinson (1978). Our bold aim in this book is to make a new contribution to this classic sociological debate. We take a fresh look at sociological classics and also engage with new data. We assert the value of sociological research on *individual* suicides; we illustrate some ways in which qualitative and quantitative data can be integrated; and we navigate the dual paradigms of objectivism and constructionism. We aim for a methodological and empirical reinvention of the sociology of suicide.

We call our approach a ‘sociological autopsy’ in conscious mimicry of the psychological autopsy studies which are often carried out by

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medical and psychological suicide researchers. The empirical basis of the book is a study of 100 suicide case files from a coroner's office in the UK. The sample includes men and women of all ages and from diverse backgrounds. The research was funded by the UK Economic and Social Research Council (ESRC) and was based in the Cardiff 'node' of the National Centre for Research Methods – Qualitative Research Methods in the Social Sciences: Innovation, Integration and Impact (Qualiti).

In addition to methodological innovation, several important substantive themes are developed in the book. The gendered character of suicidal behaviour is one of these; especially important since around three times as many men kill themselves as women in the UK (and a similar trend is found across most of the world). Suicide across the life-course is another theme, theorised in relation to the social bond and the importance of attachment. The importance of intimate relationships is another thread which runs through the book. Some chapters take a more constructionist approach to the data, exploring the social processes involved in the construction of suicide files, while others lean towards an objectivist reading. And at the end of the book a chapter focuses on the potential implications of qualitatively-driven research for policy and practice in suicide prevention.

Hjelmeland and Knizek (2010) found that only 2.8 per cent of all articles published in the three international suicide research journals in 2005–7 were based on qualitative research. There are many reasons for the marginality of qualitative work on suicide to date. One is that the suicide research field is dominated by psychiatry and psychology. The prominent innovations in recent years have been in genetics research and neuroscience, so suicidology has arguably been becoming more rather than less medical in orientation. The 'psy' sciences are clearly dominated by quantitative approaches and many of the influential researchers in these fields would be positively hostile to qualitative approaches. (It should be noted that the opposite hostility tends to lurk in British schools of sociology.) Sociology is in fact only a bit-part player in terms of worldwide suicide research. Agerbo, Stack and Petersen (2009) found that out of over 30,000 academic papers on suicide published since 1980 (and in the Institute of Science Information database) there were only 400 which could be categorised as sociological. As Stack's (2000a and 2000b) review papers show, where there is sociological research on suicide

it also tends to be quantitative. This is in part because most of it comes from the USA, which has a strong tradition of quantitative 'professional sociology' (Burawoy, 2005), that is, skilled analysis of large data sets to test hypotheses related to sociological theory. This is a very different tradition from the critical, and increasingly cultural, sociology which is dominant in the UK. Much recent and contemporary sociological research on suicide follows in the Durkheimian tradition of quantitative research on suicide rates so there is relatively little individual-level data (and where there are individual-level data they tend to be exclusively quantitative).

Despite the marginal position of sociology within the wider field of suicide research, the best-known sociological approach to the topic, that of Durkheim (2002 [1897]), has been very influential within suicidology and is still very frequently used in contemporary studies. Durkheim's idea was to study the social context of an ostensibly individual act by examining associations between suicide rates and various social factors (such as integration and regulation). This approach has generated considerable debate. Douglas (1967), in an important contribution, argued in opposition to the Durkheimian tradition for a Weberian emphasis on the subjective meanings of suicidal behaviour to social actors. Although his book is often cited now as an important contribution, Douglas's research agenda was not taken up to any noticeable extent. Atkinson (1978) made another important contribution to the sociology of suicide, in deconstructing through careful ethnomethodological research the reliance of published suicide rates on common sense reasoning by coroners in making their verdicts. Atkinson's conclusion was that we can only address suicide prevention through sociological research to a very limited extent, given the problems that there are with knowledge about suicide cases.

These classic contributions, along with Cavan's (1965 [1928]) are discussed in detail in Chapter 2. This chapter sets the context for the rest of the book by summarising some of the main debates about suicide within sociology. It focuses on Durkheim, Cavan, Douglas and Atkinson and concludes by considering the implications of Giddens's theory of structuration and Bourdieu's social praxeology. Chapter 3 justifies, in some detail, the research approach on which the book is based – the sociological autopsy of individual suicides. There is discussion of the qualitatively-driven mixed methods approach and

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also the use of dual paradigms. Some initial illustrations are offered of the kinds of insights a sociological autopsy can provide, with particular reference to the gendered dimension of suicide.

Chapters 4 and 5 take a broadly constructionist approach. In keeping with recent critiques of literature on the body and the life-course, the argument of Chapter 4 is that social identities can, to a certain extent, be constructed post-mortem and in the absence of a living body. This case is made with reference to the sociological autopsy study and it draws on ethnographic approaches to the study of documents. There is discussion of some of the diverse artefacts in the coroners' files: medical reports, witness statements and suicide notes. The identity work revealed in these sources is as much about the living as the dead and is especially bound up with the process of avoiding blame. Chapter 5 turns to the suicide notes that were part of over 40 per cent of case files studied. Suicide notes are highly charged documents full of emotions and ambiguities. We pay attention to the notes' material aspects as well as their content and explore them with a focus on notions of agency, autonomy and the importance of relationships. Suicide notes tend to be the last artefacts created by the deceased and in the inquest files they were the only type of document written by the deceased, rather than about them. Suicide notes therefore constitute an immensely valuable resource to study the explanations and motivations of those about to take their life. While Chapters 4 and 5 take a more constructionist approach than Chapters 6 and 7, all these empirical chapters point to the importance of relationships to a sociological understanding of the context of suicide.

The search for causality has turned out to be challenging for suicidology. The isolation of variables associated with suicidal behaviour does not always sit comfortably with a consideration of the complexity of individual cases. Chapter 6 highlights the limitations of the stimulus-response model of causation and makes the case for a more nuanced psychosocial approach. Through the idea of 'repertoires of action' the argument is made that individual suicidal events can best be understood by the changing relationship people have to their perception of their situation, the perception they have of themselves and the perception they have of what people like them – in their situation – might reasonably do. In Chapter 6 we have focused on providing thick description within the frame-

work of repertoires of action and a more fully theorised perspective on suicide is developed in Chapter 7.

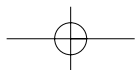
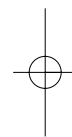
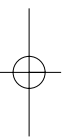
Chapter 7 presents our quantitative analysis and provides a more objectivist reading of the data. This analysis compliments and extends the preceding qualitative work by showing how suicide and its associated meanings and motivations are structured by broader social relations, particularly those associated with the life-course. Drawing on official statistics and data from the sociological autopsy we argue that the relative vulnerability of 'young' men to suicide is often exaggerated and that insufficient attention is paid to the diverse social circumstances of suicidal men and women across the life-course. Bivariate analysis of the 100 cases reveals patterns of suicide that can be seen to map on to conventional features of a socially structured life-course, with young people in crisis, mid-life gendered patterns of work and family and older people in decline. Cases involving the breakdown of intimate relationships are subject to further qualitative analysis because they are central to gendered patterns of suicide and because they illustrate the key emerging themes of attachment and the workings of the social bond. Where relationship breakdown seems to have been the principal trigger, we highlight the role of punishment, over-dependence, sexual jealousy and separation from children.

Chapter 8 concludes the book, first by critically assessing its contribution to research and theory on suicide. There is then a discussion of some key documents which underpin suicide prevention strategy in the UK. Practice implications of the theoretical and pragmatic observations made throughout the work are discussed in relation to a range of relevant professions.

The book's authors have a range of different academic backgrounds within the social sciences and humanities. Coincidentally, all of us studied History as undergraduates. Ben Fincham is now primarily a sociologist, with a particular interest in work. Jonathan Scourfield is a social work academic with a particular interest in gender. Michael Shiner is a criminologist with a background in research methodology and a recent developing interest in psychoanalysis. Susanne Langer is an anthropologist, albeit one who has worked in research groups which are more focused on sociology and on medicine. We note this diversity to explain the use of concepts from outside of sociology or at least outside of the more predictable

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field of medical sociology. We hope our combination of interests leads to an exploration of the potential for creative new social science approaches to an old topic.



2

The Sociology of Suicide – A Critical Appreciation

There is currently little dialogue between sociology and suicide studies, which may seem surprising given the central role that Durkheim's (2002 [1897]) *Suicide* played in the construction of sociology as a distinct discipline. Although a series of influential studies followed in the wake of Durkheim's, emanating from various schools of thought, suicide has ceased to be of much interest to mainstream sociology. While contemporary sociologists have little to say on the subject, suicidology is dominated by various disciplines allied to medicine, including psychology, psychiatry and epidemiology. In this chapter, and in much of what follows, our aim is to re-engage with, and hopefully reinvigorate, the sociology of suicide. We begin here by reviewing four key studies that have been selected to illustrate the main sociological perspectives that have been applied to the subject. We start, inevitably, with Durkheim, before moving onto the work of Cavan (1965 [1928]), Douglas (1967) and Atkinson (1978). Coverage of these studies is followed by a brief review of more recent developments, which leads into a broader discussion of some key epistemological and ontological questions that we believe are fundamental to any sociology of suicide. Our answers to the questions we pose are rooted in a form of principled pragmatism: that is, we seek to transcend the unhelpful oppositions and dichotomies that have tended to dominate sociology, such as those that are often drawn between subjectivism and objectivism, social structure and human agency, the individual and the collective (Jenks, 1998). In so doing, we hope to move towards a more rounded analytical approach.

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A retrospective

The study of suicide has a long history, stretching back several centuries. Early writers on the subject tended to focus on the moral implications of the act, but such considerations were displaced towards the end of the eighteenth century when apparently rapidly rising rates of suicide across much of Europe stimulated more objective concerns about the determinants of suicide. 'In terms of sheer bulk of material', suicide proved 'one of the most discussed social problems of the nineteenth century' (Giddens, 1965: 4). Considerable attention was given, at this time, to explaining differential suicide rates in terms of racial and climatic factors, while it was generally taken for granted that there was a close relationship between suicide and mental disorder. The publication of Durkheim's *Le Suicide* in 1897 represented a watershed. This work not only signalled the arrival of a distinctly sociological approach to the study of suicide, but was also a landmark in the development of sociology more generally. According to a volume honouring the centennial of its publication, *Le Suicide* is widely considered to be one of the three most important works ever written in the social sciences (Lester, 1994).

The studies featured below are all seminal works in the sociology of suicide and represent a range of distinct traditions or schools of thought. As well as providing historical 'depth' (Giddens, 1965), these studies are of considerable contemporary interest, not least because they identify a series of themes and controversies that remain central to our understanding of suicide. More than this, the works of Durkheim, Cavan, Douglas and Atkinson remind us that, for all that has changed, considerable continuities remain, both in relation to the nature of suicide and the way in which it is understood. By paying attention to such work we hope to see further than we might otherwise have done and to avoid the pit falls of chronocentricism, whereby disciplines lose sight of their past, only to get caught up in a recurring cycle of reinvention and new beginnings (Rock, 2005).

Emile Durkheim (2002 [1897]) *Suicide: A Study in Sociology*

Durkheim's study of suicide was formulated in the midst of a broader struggle to establish sociology as a recognised academic discipline and was explicitly geared towards vindicating the approach he advo-

cated in *Rules of Sociological Method*. According to Durkheim the 'basic proposition that social facts are objective', which 'we consider the fundamental principle of the sociologic method' 'finds a new and especially conclusive proof in moral statistics and above all in the statistics of suicide' (2002: 274). Among the principle targets of Durkheim's polemic were those, such as Esquirol, who advocated the psychiatric thesis, arguing that mental disorder was the main cause of suicide, and those, such as Tarde, who offered a competing conception of sociology based on the study of micro-interactions among individuals (Giddens, 1965). Condemning such thinking as 'reductionist', Durkheim insisted that: 'Sociological method as we practice it rests wholly on the basic principle that social facts must be studied as things, that is, as realities external to the individual' (2002: xxxvi). Suicide was well suited to illustrating this point because it appears to be wholly 'an individual action affecting the individual only' (2002: xlv). If such an 'obviously' individual phenomenon can be shown to have an external reality then the general proposition has been proven beyond doubt. In developing his thesis, Durkheim did not limit himself to delineating a sociological analysis of suicide, moreover, but proceeded 'as if the role of psychology in the explanation of suicide would be a subordinate one' (Giddens, 1965: 5).

For Durkheim then, sociology should focus on suicide rates rather than individual cases, which should be left to psychology. The suicide rate of a society or community, he maintained, 'is not simply a sum of independent units, a collective total, but is itself a new social fact *sui generis*, with its own unity, individuality and consequently its own nature' (2002: xlv). Disregarding the individual, Durkheim sought 'directly the states of the various social environments...in terms of which the variations of suicide occur', only then returning to the individual to see 'how these general causes become individualized so as to produce the homicidal results involved' (2002: 104). Using official suicide records, covering France and other parts of Europe, Durkheim rejected inherited insanity, psychological imitation, race and various 'cosmic' factors as possible determinants of the distribution of suicide, whilst also noting that certain categories of people are more likely to commit suicide than others. Suicide rates, for example, were found to be higher among men than women, Protestants than Catholics or Jews, the wealthy than the poor and

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single people than married people. It was also noted that suicide rates tend to increase during times of economic change or instability, but decrease in times of war. Most, if not all, of these patterns had already been documented by other writers and Durkheim took much of his material from the likes of Legoyt, Morselli and Wagner. Consequently, the originality of *Suicide* lay not in its empirical analysis, but in the insistence on developing a coherent sociological theory to explain what had already been observed by others (Giddens, 1965).

Having rejected the main explanations of the time, Durkheim insists that the distribution of suicide is determined by aspects of social structure. Suicide rates, he notes, vary between societies, but show considerable consistency and regularity over time, prompting the conclusion that: 'At each moment of its history, therefore, each society has a definite aptitude for suicide' (2002: xlv). This aptitude, Durkheim argues, is a function of the 'collective conscience' or the shared beliefs and sentiments that bind people together and from which each individual conscience draws its moral sustenance. The workings of the collective conscience are, therefore, said to be tied up with the nature of social solidarity and the social bond: 'Man's characteristic privilege is that the bond he accepts is not physical but moral; that is, social. He is governed not by a material environment brutally imposed on him, but by a conscience superior to his own, the superiority of which he feels' (2002: 213). Based on his statistical analysis, Durkheim identifies three main types of suicide: egoistic, anomic and altruistic; which he attributes to different types of social structure. Additionally, the sharp increases in the suicide rate that were apparent during the nineteenth century are considered symptomatic of a deep crisis in modern society; one that was rooted in the weakening of the collective conscience and the growth of individualism. As the predominant forms of suicide in modern society, moreover, egoistic and anomic suicide are considered to be products of a low level of 'integration' and a dearth of regulative norms respectively.

Egoistic suicide, insists Durkheim (2002: 173), 'well deserved' its name:

Egoism is not merely a contributing factor in it; it is its generating cause. In this case the bond attaching man to life relaxes because that attaching him to society is itself slack. The incidents of private life which seem the direct inspiration of suicide and are considered

its determining causes are in reality only incidental causes. The individual yields to the slightest shock of circumstances because the state of society has made him a ready prey to suicide.

Within this category of suicide, Durkheim discusses the role of religious affiliation, marriage and the family as well as political and national communities. Religion, he argues, reduces the suicide rate, not because of specific teachings or prohibitions, but because it constitutes a society built on common beliefs and practices. The more numerous and strong these 'collective states of mind', the stronger the integration of the community and the greater the protection offered to its members. Protestantism was judged to be less consistent than Catholicism or Judaism in this regard due to its emphasis on religious individualism and free inquiry, with the result that it created 'a less strongly integrated church' (2002: 114) and its moderating effect on suicide was reduced. The taste for free inquiry, Durkheim insists, can only be aroused if accompanied by a taste for learning, so that intellectual activity increases with the suicide rate due to the influence of religious disorganisation: 'Man seeks to learn and man kills himself because of the loss of cohesion in his religious society; he does not kill himself because of his learning' (2002: 123).

The protection offered by society is also said to be evident in relation to family and political life. Thus, Durkheim argues, egoistic suicide can be seen where there is slight integration of the individual into the family, so that the greater the density of the family the greater the immunity to suicide. The individual characteristics of the spouse are considered unimportant in explaining the suicide rate, which is said to depend upon the structure of the family and the roles played by its members. With the proviso that 'too early' marriages have an aggravating influence, Durkheim identified a general 'law' that married persons of both sexes benefit from a 'coefficient of preservation' in comparison with unmarried persons. This 'immunity of married persons', he goes on to show, has little to do with marriage – or 'conjugal society' – *per se* and is due largely to the influence of 'family society' (2002: 146):

...the fact remains that the family is the essential factor in the immunity of married persons, that is, the family as the whole group of parents and children. Of course, since husband and wife are

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members, they too share in producing this result, however not as husband or wife but as father or mother, as functionaries of the family association.

Family density is considered important because of its impact on family functioning, so that the stronger the family is constituted the greater the protection it offers. The same 'law' is said to apply to political societies, with Durkheim arguing that the suicide rate falls during political upheavals and great wars because society is more strongly integrated and the individual participates more actively in collective life, thereby restricting his egoism and strengthening his will to live.

Just as egoistic suicide is tied to 'excessive individuation' where 'man has become detached from society', altruistic suicide is tied to 'insufficient individuation' where 'social integration is too strong' (Durkheim, 2002: 175). If individuals are bound too tightly to the collective, the argument goes, they value society more than themselves. In contrast to egoistic suicide, which is rooted in 'man's' inability to find a basis for existence in life, altruistic suicide occurs when 'this basis for existence appears to man situated beyond life itself' (2002: 219). In general, Durkheim considers altruistic suicide to be characteristic of 'lower societies', where life is rigorously governed by custom and habit, though it is, he notes, also to be found in modern societies where traditional forms of 'mechanical solidarity' persist such as in the military.

While egoistic and altruistic suicide are attributed to different levels of integration into society, the third of Durkheim's main types of suicide is said to result from 'man's activity lacking regulation and his consequent sufferings' (2002: 219). Anomie, it is argued, is a regular and specific factor in suicide in modern societies, one of the springs from which suicide feeds: hence, by virtue of its origins, this third type is called anomic suicide. When society is disturbed by some painful crisis or abrupt transition, the collective conscience is weakened and society becomes momentarily incapable of regulating individual's desires and their satisfaction. Consequently, a state of normlessness may prevail, upsetting the balance of people's circumstances and broadening their horizons beyond that which they can endure. Anomic suicide is similar to egoistic suicide in that they both 'spring from society's insufficient presence in individuals', but the nature of

this absence is different: in egoistic suicide, society is deficient in a 'truly collective activity', whereas in anomic suicide, society's influence is lacking in the 'basically individual passions' leaving them unchecked (2002: 219). Given these differences, Durkheim argued, egoistic and anomic suicide tend to arise in different social environments: namely, intellectual careers or the 'world of thought' and the industrial or commercial world respectively. Industrial and financial crises were said to increase suicide rates, not because of the poverty and hardship they entail, but because the collective order is disturbed and society's regulatory capacity is compromised. So it is that suicide rates were said to increase in times of boom as well as bust.

Another division of anomic suicides is said to result from a weakening of matrimonial regulation due to divorce. The suicidal consequence of divorce were found to be peculiar to men – a pattern that was explained by the suggestion that, for women, marital regulation is a restraint without any great advantages, so that divorce offers a source of protection. While women need liberty, Durkheim argues, men require restraint and widespread, legally sanctioned, divorce weakens the extent to which marriage serves this function: 'in countries where marriage is strongly tempered by divorce', he notes, 'the immunity of the married man is inevitably less. As he resembles the unmarried man under this regime, he inevitably loses some of his own advantages. Consequently, the total number of suicides rises' (2002: 235).

Having delineated the three main types of suicide, Durkheim outlines the individual behaviour-patterns that exemplify them, arguing that the various currents which generate suicide should be followed from their social origins to their individual manifestations. Each victim of suicide, he notes, gives his act 'a personal stamp' which expresses his temperament and particular circumstances, but which cannot be explained by the social and general causes of the phenomenon. Nonetheless, Durkheim insists, these causes 'must stamp the suicides they determine with a shade all their own, a special mark expressive of them' and 'this collective mark we must find' (2002: 241). Noting that the collective mark can only be approximated, he proceeds 'deductively', emphasising the most general and striking characteristics without having an objective criteria for selection. Acts and agents, it is argued, may be classified into a certain number of 'species', which correspond to the main types of

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suicide and accord with the nature of their social causes, providing 'prolongations of these causes inside of individuals' (2002: 250). The different types of suicide Durkheim identifies are not, by his own admission, always found in a state of purity and isolation, but are very often combined with one another, giving rise to composite or mixed varieties. A 'peculiar' affinity is noted between egoism and anomie, which Durkheim notes, is unsurprising given that these factors are 'usually merely two different aspects of one moral state' (2002: 251).

Whilst recognising that the general characteristics of suicide are complicated by various nuances depending on the personal temperament and specific circumstances of the victim, Durkheim maintains that the immediate antecedents of individual cases are not their determining causes. This is evident, he argues, because these 'individual peculiarities' retain approximately the same relative frequency, while the suicide rate varies considerably. There is, moreover, 'nothing which cannot serve as an occasion for suicide. It all depends on the intensity with which suidogenetic causes have affected the individual' (2002: 264): or, put another way: 'no unhappiness in life necessarily causes a man to kill himself unless he is otherwise so inclined' (2002: 270). The causes of suicide are, therefore, said to be found in the nature of societies themselves for: 'Here at last we are face to face with real laws' (2002: 263):

The conclusion from all these facts is that the social suicide-rate can be explained only sociologically. At any given moment the moral constitution 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 to self-destruction. The victim's acts which at first seem to express only his personal temperament are really the supplement and prolongation of a social condition which they express externally.

This collective force, Durkheim explains, is made up of the currents of egoism, altruism and or anomie running through society, which, 'by affecting individuals, cause them to commit suicide' (2002: 264). The private experiences that are usually thought to be the proximate causes of suicide, he insists, only borrow their influence from the victim's moral predisposition, which is, itself, an echo of the

moral state of society. As proof of the reality of collective tendencies, Durkheim points to the uniformity of their effects: the regularity of statistical data, he argues, implies the existence of collective tendencies exterior to the individual, which can be directly established in a considerable number of important cases.

Ruth S. Cavan (1965) [1928] *Suicide*

Working under the auspices of the Chicago School, Cavan was one of the first to apply an ecological perspective to suicide. Although Durkheim's work is barely mentioned by Cavan, comparisons between the two studies are instructive. Cavan describes her approach as 'social psychology' and uses a mixed methods approach to develop the central argument that suicide results from social and personal disorganisation. Her book can be regarded as an important early contribution, but strangely Cavan's work is not often cited in contemporary studies of suicide. (Durkheim, however, seems to be a compulsory reference).

Part one of Cavan's study approaches the problem of suicide from the point of view of the group and addresses the questions: 'What phases of social organization develop the tendency to commit suicide, and what phases control and inhibit it or build up alternative types of conduct?' (1965: 11). After a brief historical survey of attitudes to suicide, Cavan turns to contemporary factors, drawing on official statistics, which are said to provide the best basis for comparing suicide rates of different groups, tracing trends, and discovering what factors are associated with suicide. Much of the statistical data is sourced from other writers, including some, such as Morselli, who Durkheim also drew from, though these sources are updated and supplemented with data from the United States. Cavan, like Durkheim before her, uses official statistics to disprove explanations of suicide based on climate and racial temperament, while also drawing attention to differences between religious groups and between urban and rural communities. In so doing, she identifies a range of 'influential determinants' of the suicide rate, including the attitudes and customs of national groups, the breakdown of customs among immigrants, the organising effect and creeds of religious groups and the conditions of urban or rural life.

From here, Cavan goes on to discuss suicide in 'very primitive' and 'very rigid' social organisations or what she also refers to as 'preliterate' and 'oriental' groups. The preliterate situation is said to show the

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