Suicide in Russia

A macro-sociological study

TANYA JUKKALA
Abstract


This work constitutes a macro-sociological study of suicide. The empirical focus is on suicide mortality in Russia, which is among the highest in the world and has, moreover, developed in a dramatic manner over the second half of the 20th century. Suicide mortality in contemporary Russia is here placed within the context of development over a longer time period through empirical studies on 1) the general and sex- and age-specific developments in suicide over the period 1870–2007, 2) underlying dynamics of Russian suicide mortality 1956–2005 pertaining to differences between age groups, time periods, and particular generations and 3) the continuity in the aggregate-level relationship between heavy alcohol consumption and suicide mortality from late Tsarist period to post-World War II Russia. In addition, a fourth study explores an alternative to Émile Durkheim’s dominating macro-sociological perspective on suicide by making use of Niklas Luhmann’s theory of social systems. With the help of Luhmann’s macro-sociological perspective it is possible to consider suicide and its causes also in terms of processes at the individual level (i.e. at the level of psychic systems) in a manner that contrasts with the ‘holistic’ perspective of Durkheim. The results of the empirical studies show that Russian suicide mortality, despite its exceptionally high level and dramatic changes in the contemporary period, shares many similarities with the patterns seen in Western countries when examined over a longer time period. Societal modernization in particular seems to have contributed to the increased rate of suicide in Russia in a manner similar to what happened earlier in Western Europe. In addition, the positive relationship between heavy alcohol consumption and suicide mortality proved to be remarkably stable across the past one and a half centuries. These results were interpreted using the Luhmannian perspective on suicide developed in this work.

Keywords: Suicide, Russia, historical development, time-series analysis, age-period-cohort analysis, Émile Durkheim, Niklas Luhmann

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A few years ago it dawned on me that everybody past a certain age—regardless of how they look on the outside—pretty much constantly dreams of being able to escape from their lives.

Douglas Coupland, The gum thief
This thesis is based on the following papers, which are referred to in the text by their Roman numerals.


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Introduction

Macro-sociology and suicide in the 21st century

The sociological study of suicide has a history of more than one hundred years that reaches back to the time when the sociological discipline was still in its infancy. It took shape, specifically, in what we know today as the macro-perspective within this discipline. The macro-sociological perspective studies collectives of individuals and focuses on the influence of an external social environment, i.e. social structures, on social relations (Blau 1987).1

The work par excellence that marks the birth of the sociological study of suicide was written by one of the founding fathers of sociology, Émile Durkheim. This theoretical and empirical work Suicide: A study in sociology (Le suicide: Étude de sociologie) was first published in 1897. The book constituted an ambitious attempt to argue for the legitimacy of a scientific discipline of sociology by demonstrating that suicide was socially patterned and should be explained in relation to society’s structures, i.e. sociologically. Durkheim thus demonstrated not only the existence of sociological phenomena per se, but also that seemingly individual (psychological) phenomena such as suicide could ultimately be sociological.

Up to the present day Durkheim’s Suicide has had a major influence on the macro-sociological study of suicide. Although Suicide has been the center of continuous controversy and criticism, few radically diverging macro-sociological perspectives on suicide have been offered as alternatives. Rather, theoretical work within this field of sociology has been largely limited to the recycling, the reinterpretation and the reformulation of the fundamental ideas of the Durkheimian perspective. Put bluntly, more than one hundred years of sociological studies of suicide have not provided much in the way of theoretical development in relation to the subject.

The empirical context of suicide mortality, on the other hand, has changed dramatically since Durkheim’s time. This is especially the case when one considers the changes in the geographical distribution of suicide. In his time Durkheim observed rapidly increasing suicide mortality in the Western European countries. He associated this increase with the great societal transformations caused by the processes of industrialization, urbanization, and

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1 Cf. the micro-sociological perspective that focuses on the internal underlying processes, i.e. individual interaction, through which social relations come into being (Blau 1987).
secularization occurring in the context of these “modern” societies’ rapidly developing capitalist economies. In contrast, Imperial Russia (including what we know today as the Baltic countries, Belarus, Moldova, Ukraine as well as Russia) had among the lowest levels of suicide mortality in Europe. Since the mid-1990s, however, it is exactly in this latter area that we find the highest suicide mortality rates in the world. The increases underlying the high levels of suicide in contemporary Eastern Europe were, moreover, even more dramatic than those that Durkheim was describing in the midst of Western European modernization.

The rapid increase in and high levels of suicide mortality in contemporary Eastern Europe give a new dimension to the sociological study of suicide. This new dimension needs to be understood and incorporated into the general sociological knowledge of suicide. In relation to this, the question of theoretical development becomes actualized. Is the theory of suicide formulated by Durkheim in another empirical context more than one hundred years ago adequate for understanding the developments in suicide in contemporary Eastern Europe? Might there be sociological perspectives that would be better suited for a macro-sociological understanding of suicide in contemporary society? In either case, Eastern Europe constitutes a relatively unexplored empirical context as regards the study of suicide, and it is possible to examine both the adequacy of the traditional Durkheimian sociological perspective or even alternative ones there.

With more than 34,000 annual deaths from suicide2 (figure for 2009, WHO 2013a), Russia is one of the world leaders in terms of this phenomenon. The developments in Russian suicide mortality have been particularly dramatic in connection with the societal events and processes of the last decades of the 20th century – not least, the period of reform of the Soviet economy and bureaucracy known as Perestroika (including Mikhail Gorbachev’s ambitious campaign for reducing alcohol consumption) and the collapse of the Soviet Union and the subsequent period of transition to a capitalist economy. The changes in suicide mortality over these periods and their relationship to factors associated with them have been widely addressed in the literature (e.g. Värnik & Wasserman 1992; Shkolnikov & Nemtsov 1997; Wasserman & Värnik 1998a; Gavrilova et al. 2000; Mäkinen 2000; Brainerd 2001; Nemtsov 2003; Pridemore & Spivak 2003; Gilinskii & Rumyantseva 2004, Pridemore 2007, Minagawa 2013). However, suicide mortality also develops in terms of a process over a longer time period (Rosen 1971) and the long term changes in Russian suicide mortality are still relatively unexplored.

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2 This figure is about the size of the population of Monaco (World Bank 2013a).
Aim

This work aims at obtaining a better understanding of suicide mortality in contemporary Russia by placing it within a wider context of development over a longer time period. Three different studies have been dedicated to this task. The first study focuses on the general and sex- and age-specific developments in suicide mortality in Russia 1870–2007. The second study examines the underlying dynamics of Russian suicide mortality over the second half of the 20th century such as it has been shaped by the differences between age groups, time periods, and particular generations. Finally, the third study investigates continuity in the relationship between alcohol consumption (in terms of heavy drinking) and suicide over the past one and a half centuries.

Moreover, a fourth study makes use of the developments within the tradition of macro-sociological theory after Durkheim in order to explore an alternative perspective on suicide. In particular, Niklas Luhmann’s macro-sociological systems theory is here applied to the sociological phenomenon of suicide. The objective is to both explore new possibilities for understanding suicide mortality in Russia as well as contribute to the theoretical discussion regarding the macro-sociological study of suicide.

Study outline

The following chapter (Durkheim and beyond) discusses the macro-sociological tradition of studying suicide and puts forward an alternative theoretical perspective from which the macro-sociological phenomenon of suicide could be explored. It starts with an overview of Durkheim’s Suicide followed by a discussion of the consequences of Durkheim’s ‘holistic’ positioning as implied in theoretical and empirical work in the Durkheimian tradition. Finally, it is suggested that Luhmann’s theoretical perspective could be interesting to investigate for its potential of providing new insights regarding suicide as an object of sociological study. The subsequent chapter (Studying suicide) addresses some practical issues in the macro-sociological study of suicide such as the definition of suicide and the general validity of official statistics. The following chapter (The empirical context) is devoted to different aspects regarding the empirical context over the study period (1870–2007); Russian history, Russian suicide mortality, and Russian suicide mortality data. Thereafter summaries for the four different studies are provided. A general discussion of the overall results of the present work is

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3 Generation refers here to individuals who share the same year of birth and thereby “a common location in the historical dimension of the social process” (Mannheim 1970, 167). It is used synonymously with the word cohort.
given in the last chapter of this introduction. This is followed by the four studies on which this work is based.
Durkheim and beyond

Durkheim’s Suicide

Durkheim’s Suicide marks the beginning of the macro-sociological study of suicide. It has, without doubt, remained the singularly most important and influential theoretical work with regard to the sociological study of suicide (Lester 1972, 75; Wray et al. 2011). Durkheim was not the first to recognize the social forces behind suicide, on the contrary, his work built on a tradition of empirical studies that had demonstrated the patterning of suicide and related it to a range of social factors. Among the latter were the works of the moral statisticians and scholars such as Adolphe Quetelet (1842) and Henri Morselli (1882). These scholars had, moreover, already highlighted what came to play a significant role in Durkheim’s theory, namely, the increase in suicide mortality in Europe in the 19th century and its relation to the advancement of ‘civilization’ (Quetelet 1842, 81; Morselli 1882, 115–119). Nevertheless, Durkheim was the one who formulated these ideas within a consistent sociological theoretical framework (Giddens 1965; 1971, ix–x), which he created in accordance with his general sociological perspective.

Central to Durkheim’s (1895/1993) sociological perspective, and method, is the idea that social phenomena, or social facts, “constitute a reality sui generis” (54). They are more than a sum of individuals and their individual behavior, just like there is more to animate nature than the inorganic matter, or the inanimate cells, of which it consists (Durkheim 1897/2006, 274–275). Social facts are “beliefs, tendencies and practices of the group taken collectively” (Durkheim 1993, 54), they are characteristics of the group which are imposed on and thereby repeated in individuals (ibid., 56). Social facts can only be explained in relation to other social facts and not in relation to the (psychological) nature of the individuals that constitute their “component elements” (Durkheim 1993, 129). This positioning, which denies ‘methodological individualism’, has been referred to as ‘methodological socialism’ or ‘holism’ (see Lukes 1973/1992, 16–20).

By demonstrating that a seemingly individual act such as suicide could in fact be studied from the sociological perspective (method), which he had outlined, Durkheim made a strong case for the independence of sociology as a scientific discipline with its own subject matter. The societal level of suicide constituted a social fact which should be explained in relation to other social facts. Individual motives for suicide were random and only products
of the real sociological causes that lie behind them and thus not important for understanding the social suicide rate (Durkheim 2006, 104). In order to argue for this conviction Durkheim attempted to demonstrate that neither the variation in the organic-psychological constitution of individuals (mental illness, alcoholism, race, heredity)⁴ (ibid., 4–52), nor the nature of the physical environment (climate, temperature) (ibid., 53–73), nor social imitation⁵ (ibid., 74–94) could account for the patterning (and relative stability) of suicide mortality across societies and social groups, and over time.⁶ While admitting that mental illness and alcoholism could in some cases make certain individuals more prone to suicide these were far from being the underlying causes behind all suicides and therefore must, according to Durkheim, be regarded as random factors just like individual motives for suicide (ibid., 29).⁷

According to Durkheim the variation in suicide mortality could be explained with reference to the levels of social integration and regulation over time and across societies and social groups. He developed a typology of four different kinds of suicide in relation to these social variables. Integration provides individuals with meaning and purpose due to belonging to something greater than, something transcending, the individual. Thus, Durkheim argued, when integration is insufficient and individuals are detached from society they are deprived of meaning and purpose. In this state of egoism there will be an increase in egoistic suicide (ibid., 167–174). Social regulation, on the other hand, works against individual desires and passions, protecting individuals from aspiring to infinite goals and needs that can never be satisfied. Consequently, insufficient regulation leads to a state of uncertainty where liberated individual passions and emotions that can never be satisfied cause a sense of constant disappointment, a state of anomie where there will

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⁴ Durkheim’s dismissal of psychological (and physiological) explanations of suicide also marked his standpoint in a widespread intellectual controversy about the particular nature of suicide, in terms of it being primarily a psychological (or physical) or a sociological phenomenon (Giddens 1965).

⁵ Durkheim’s arguing against social imitation as a force behind the variation in social suicide mortality rates is part of a wider debate between Durkheim and his contemporary Gabriel Tarde about the nature of social reality. Tarde’s social-psychological approach to social phenomena was evidently on a par with Durkheim’s holism. Tarde (1903) conceived of society as constituted by imitation between individuals. Imitation was the essential “social fact” and it could only be understood in relation to “the infinitely subtle facts of [the human] mind”. In sharp contrast to Durkheim, Tarde argued that “the roots […] of sociology strike far down to the depths of the most inward and hidden parts of psychology and physiology.” (87)

⁶ It should be noted that Durkheim’s macro-sociological perspective also undermines philosophical claims about the act of suicide, for example, suicide as an act of individual freedom (Seneca 1786), individual will (Schopenhauer 1969), or as a way to control one’s own death (Szasz 1973). Nor can suicide from the Durkheimian perspective be considered a genuine act against a miserable (Hume 1894) or failed (Nietzsche 2006) life, nor as a response to life’s absurdity (Camus 1991).

⁷ Somewhat contradictorily, as noted by Pope (1976), Durkheim mentions in a footnote that insanity is in fact also a partly social phenomenon (p. 158).
be an increase in anomic suicide (ibid., 207–215). Integration and regulation thus have a protective effect on suicide, but only when their levels are sufficient.

In Durkheim’s view excessive levels of integration and regulation, just like insufficient levels, have an aggravating effect on suicide. Individuals in an excessively integrated society would always put the interests of the collective before their own, which could lead them to ascribe little value to their own lives, so that there would be an increase in altruistic suicides (ibid., 179–186). Correspondingly, in an excessively regulated society, all future opportunities would be fixed and individuals would be in no position to alter the course of their own life. Under such circumstances there would be an increase in fatalistic suicide (ibid., 239: footnote 25).

Durkheim exemplified the variation in the egoistic suicide type according to three forms of integration; religious, domestic and political. The effect of religious integration was seen in the lower levels of suicide mortality in societies that were predominantly Catholic compared to those that were predominantly Protestant. Protestantism tended to produce fewer common beliefs and practices than did Catholicism; it was more individual-oriented and thus less integrating (ibid., 105–125). The effect of domestic integration appeared in the lower suicide mortality among the married and those with children, compared to the unmarried and the childless (ibid., 126–146). The effect of political integration was demonstrated by the decrease in suicide mortality during political upheavals and great national wars, which tended to arouse collective sentiment and thus increase integration (ibid., 160–167). Moreover, Durkheim found that suicide was more common among those more highly educated as the “taste for education” increased in the moral state of egoism caused by a weakening of traditional beliefs and practices (ibid., 123).

The anomic suicide type was observed in the increase in suicide mortality during economic change. Durkheim could show that suicide increased during economic depression as well as economic prosperity, thus it was not the economic condition per se which was causing the variation in suicide but rather the change in it. Durkheim argued that during periods of social change (such as economic change) the regulative forces of society were temporarily disrupted, which resulted in a state of insufficient social regulation, anomic (ibid., 201–207). Moreover, he explained a protective effect of poverty in relation to suicide in terms of its regulative effects; in terms of “it being a restraint in itself” (ibid., 214).

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8 To be correct, Durkheim (2006) argued that marriage did not have the same integrating effect for women as for men, rather, the marital institution was harmful for women and marriage alone elevated the risk for suicide among women. Because married women generally had children, their suicide mortality was, however, lower compared to that of the unmarried women (145-146).
Durkheim found another example of anomie suicides in the positive relationship between divorce and male suicide mortality in particular and in the less protective effect of marriage for men in countries where the institution of marriage had deteriorated, i.e. the countries with higher divorce rates (ibid., 220–239). He claimed that marriage had a regulative effect for men, for their sexual desires in particular, thus with the deterioration of the institution of marriage anomie suicides tended to increase among men. Women’s sexual needs had “less of a mental character” as “her mental life is less developed” and as a result marriage did not protect women from suicide in terms of its regulative effect (ibid., 235). Durkheim reasoned that for women, compared to the men, marriage was disadvantageous if there was no possibility to escape from it if it became intolerable. Consequently, the protective effect of marriage for women was higher, not when divorce rates were low, but when they were high (ibid., 236).

According to Durkheim, altruistic and fatalistic suicides were more common in primitive societies. Altruistic suicides could be found in primitive societies in the form of ritualistic sacrifices, such as in the primitive Hindu custom of women killing themselves upon their husband’s death (ibid., 177). A modern example of altruistic suicides could, however, be found in the high level of suicide mortality in the excessively integrated milieu of the military (ibid., 186–200). Fatalistic suicides were only mentioned in a footnote (ibid., 239; footnote 25) as Durkheim thought that they had little significance for understanding suicide in modern society. He contended that fatalistic suicides were predominantly found among slaves in primitive societies. In modern societies fatalism could, however, be found as the cause behind the excessive risk for suicide among very young husbands as well as married women without children.

In his reasoning individuals who were more involved in social life were also more sensitive to the influence of society and the social factors causing suicide. This provided the explanation for why suicide mortality was higher among men and increased with increasing age (ibid., 263).

Durkheim (1893/1994) was particularly concerned with the increase in suicide in 19th century Western Europe. His claim was that modern society was in a pathological state due to a loss of social solidarity which was the very mechanism holding society together (ibid., 291–294). According to it decreased levels of social integration and regulation were the direct result of this loss and consequently there was a rapid increase in egoistic and anomie suicides in modern society (Durkheim 2006, 330–333). In Durkheim’s view these social causes appear to be more closely related to life in urban settings, and thus, the levels of suicide were higher in urban areas compared to the rural ones (ibid., 16).

The subsequent chapter will consider Durkheim’s empirical findings in relation to the empirical results obtained by subsequent studies in order to
assess the new challenges that the macro-sociological study of suicide might be facing.

Durkheim’s empirical findings in the light of subsequent studies

Regarding Durkheim’s empirical findings Pope (1976) has argued that they do not provide sufficient support for his theory; his data and analyses are inadequate measured by current standards and his operationalizations of theoretical concepts and interpretations of the results can in many instances be questioned. Nevertheless, Durkheim’s empirical analyses have inspired numerous sociological studies on suicide and they continue to be replicated up to the present day.

**Sex**

Durkheim (2006) calculated that on average, four male suicides occur for every female suicide (ibid., 18–19). If a similar calculation of sex ratio is performed on the sex-specific suicide rates of Western Europe (data for the most recent years, 2005–2009), there are currently three male suicides for every female one on average (WHO 2013b). Nevertheless, when comparing countries throughout the world, the sex ratio varies greatly (in some areas of China the female suicide rate even exceeds that of men) (WHO 2013b). In addition, the sex ratio of suicide in industrialized nations seems to have first decreased and later increased during the course of the 20th century (Stack & Danigelis 1985; Travis 1990; Pampel 1998; Stack 1998; Cutright & Fernquist 2003; Möller-Leimkühler 2003), possibly due to women’s increased participation in the labor force and consequent changes in female and male gender roles and sex-specific experiences of social life.

**Age**

A generally increased risk of suicide with increasing age, as found by Durkheim (2006, 49–50), is confirmed by data from the majority of Western European countries in the 1990s (WHO 1999). However, the age structure of suicide also varies greatly the world over. The age-specific distribution of suicide, with increasing suicide rates with increasing age, has been found to be characteristic of industrial societies in particular (Girard 1993). During the last fifty years, however, industrial societies seem to have been experiencing greater increases, relatively, in suicide among young people (Pritchard 1996; Baudelot & Establet 2008). Changes in the age structure of suicide may indicate changes in social conditions, which have different con-
sequences for individuals at different ages (Girard 1993; Pritchard 1996; Baudelot & Establet 2008).

**Marital status and children**

Durkheim’s (2006) findings of a generally lower level of suicide mortality in the married population, compared to the non-married (126–136), have tended to be continually supported in the literature, at least as far as the Western world is concerned (Cavan 1928/1965; Halbwachs 1930/1978; Dublin & Bunzel 1933; Henry & Short 1954; Sainsbury 1955; Gibbs & Martin 1964; Gove 1972; Danigelis & Pope 1979; Smith et al. 1988; Stack 1990a; Trovato 1991; Burnley 1995; Qin et al. 2003; Cutright & Fernquist 2005; Lorant et al. 2005a; Cutright et al. 2006; Cutright et al. 2007). Durkheim (2006) found, moreover, that for the youngest age group the suicide mortality rate was higher among the married, compared to the non-married, especially among men (133–134). Later studies have provided further support for this finding, in some developed countries, among both men and women (Cutright et al. 2006; Cutright et al. 2007).

Durkheim (2006) claimed that deterioration of the marital institution affected male suicide mortality in particular. Thus, higher divorce rates were associated primarily with higher male suicide mortality. In addition to that, men tended to be more protected against suicide through marriage where divorce was uncommon, while women enjoyed this protection where divorce was common (220–239). Positive relationships between divorce and suicide rates have been found on the aggregate level in cross-sectional data in Canada (Trovato 1986), and the United States (Stack 1980a; Breault 1986; Pescosolido & Wright 1990; Burr et al. 1994) and on country level for 21 developed nations (1960–1989) (Cutright and Fernquist 1998). The same relationship has also been found on an aggregate level over time in Canada (Trovato 1987), the United States (Stack 1981; Wasserman 1984), Norway (Stack 1989) and Denmark (Stack 1990b). Pescosolido and Wright (1990) also found some indications of a stronger aggravating effect of divorce on male suicide mortality. Rossow (1993) showed that divorce was positively associated with male suicide mortality in Norway 1911–1990, when controlling for alcohol consumption, but not with female suicide mortality. Norström (1995), on the other hand, found no relationship between divorce and male suicide mortality in Sweden, neither in cross-sectional data nor across time, when controlling for alcohol consumption and other social factors such as unemployment.

In other studies from Western countries, the suicide-protective effect of marriage has been found to be stronger among males (Gove 1972; Danigelis & Pope 1979; Trovato 1991) or even to exist only among males, when controlling for other socio-economic variables (Kposowa 2000; Denney et al. 2009). Thus, although divorce rates could be understood as ‘high’ in contemporary Western nations, according to Durkheim’s standard, marriage
nevertheless continues to have a greater protective effect on male suicide mortality compared to that of the females. Stack (1990a) found that the excess risk of suicide, among the divorced compared to the married, declined for both men and women over time (1959–1980) in the United States as divorce became more common.

Durkheim’s (2006) claim of a protective effect of children on suicide (141–146) was supported in studies by Halbwachs (1930/1978) and Dublin and Bunzel (1933), and more recently also by Danigelis and Pope (1979) in France and by Denney et al. (2009) in the United States. Qin et al. (2003) found a suicide-protective effect of having children less than two years old in Denmark, while among women there was a protective effect of having children up to six years old. A greater number of children also seemed to lower the aggravating effect of high divorce rates on female suicide mortality in counties in the United States (Pescosolido & Wright 1990). Moreover, Fernquist and Cutright (1998) found a negative association between fertility rates and suicide mortality in 21 developed countries (1960–1989).

Socio-economic status

Durkheim (2006) found that poor European countries seemed to have comparatively low suicide mortality rates and, moreover, that the French departments with the most people of independent means were those where suicides were most common. Consequently, Durkheim argued that poverty as such had suicide-protective effects (214). He also found suicide mortality to be more prevalent among the more highly educated (ibid., 116–121). Earlier studies tended to confirm his claim – higher levels of suicide were found among the higher classes and the well-educated (Cavan 1928/1965; Dublin & Bunzel 1933; Sainsbury 1955; Powell 1958). However, these studies also found higher levels of suicide among the very poorest and the unemployed. Later research, for example studies from the United States (Hamermesh & Soss 1974; Stack 1995), Australia (Burnley 1994; Page et al. 2006), and Great Britain (Kreitman et al. 1991) showed that there were higher suicide mortality levels among the lower social classes (i.e. occupations). Qin et al. (2003) found that individuals with low income had an elevated suicide risk in Denmark, while Kposowa (2000) found similar results among males with low income in the United States. A study from Denmark indicated that the elevated risk of suicide among individuals with low-paid and elementary occupations was mediated by their income and employment status (Agerbo et al. 2007). A low level of education was associated with an increased risk of suicide, among males in particular, in some Western Euro-

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9 While Durkheim (2006) explained the suicide-protective effect of poverty with his regulation theory (214), the aggravating effect of education was related to the lack of religious integration which tended to awaken both a desire for knowledge and for death (ibid., 123–125).
pean countries (Lorant et al. 2005b). However, in an individual-level study from New Zealand only unemployment was positively associated with an increased risk of suicide, while education and income were not (Blakely et al. 2003). Moreover, Platt and Hawton’s (2008) review of studies of the relationship between unemployment and suicide found a consistent positive association at the individual as well as aggregate level.

**Alcohol consumption**

Durkheim (2006) postulated with the help of empirical means, that alcohol consumption was not important in explaining the social suicide rate (25–29). His conclusion that the empirical data showed no relationship between alcohol and suicide was nevertheless questioned in Pope’s (1976) reexamination of Suicide and later by Skog (1991). Moreover, positive aggregate-level relationships between alcohol consumption and suicide mortality have been shown to exist in a number of western countries in more recent studies using cross-sectional data (Norström 1995a; Rossow 1995) as well as time series data (Norström 1988; Rossow 1993; Norström 1995a; Norström 1995b; Mäkelä 1996; Caces and Harford 1998). However, the relationship seems to vary according to differences in ‘drinking cultures’ (Norström 1988; Norström 1995b; Ramstedt 2001) and across age and sex (Caces and Harford 1998; Mäkelä 1996M Ramstedt 2001).

**Religious affiliation**

Numerous studies have focused on the effect of religious integration on suicide. Durkheim’s (2006) initial finding of an aggregate-level protective effect of the Catholic religion on suicide (105–125) has been confirmed in a number of Western countries (Halbwachs 1930/1978; Dublin & Bunzel 1933; Breault 1986; Burr et al. 1994). However, controlling for economic development, Pope and Daniël (1981) aggregate study of 24 industrialized nations 1900–1975 failed to confirm Durkheim’s findings. Similarly, studies from the United States showed no protective effect of Catholicism at the state level when controlling for divorce rates (Stack 1980b), nor at the county level when controlling for other variables relating to integration, economic well-being and population distribution (Kowalski et al. 1987). Pescosolido and Georgianna (1989) found aggregate-level protective effects of Catholicism, but also of some Protestant denominations (predominantly Evangelical) in relation to suicide. Another study by Pescosolido (1990) indicated that the protective or aggravating effects on suicide of different religious denominations seemed to vary according to the particular context within which religious networks were formed; in relation to the strength of the particular denomination in the region, and according to population density. However, Wasserman and Stack (1993) failed to confirm these results in Louisiana, despite great variations in the historical and social context of Catholicism within the state.
Other studies have focused on the suicide-protective effects of being religious in general, religious denomination notwithstanding, emphasizing the protective effect of commitment to core religious beliefs and practices. Stark et al. (1983) found that the level of religiosity, measured in terms of church attendance, was inversely associated with the level of suicide in metropolitan areas of the United States, even when the level of integration (as measured in terms of population turnover) was controlled for. Breault and Barkley (1982) found a negative relationship between indicators of religious integration (the number of religious newspapers and books) and suicide rates in 42 countries. Stack (1983) found similar results for 25 industrial nations in 1970 when measuring religiosity in terms of religious book production (as a percentage of all books), and controlling for industrialization and gender equality. However, the protective effect of religiosity was only associated with female suicide mortality, which was explained in terms of men being relatively more secularized because of their greater involvement in secularized institutions. Fernquist and Cutright (1998) found religiosity to be negatively associated with male and female suicide mortality in 21 developed nations in 1960-1989, when using the same measure of religious book production, and controlling for other integration variables. Another study of countries in Europe and America found a protective effect of religiosity (after adjustment for socio-economic variation) with regard to female suicide mortality. With regard to male suicide mortality this relationship could be found only in the thirteen (of 26) least religious countries (Neeleman & Lewis 1999). Results from a study of the United States 1954–1978 indicated an association between a fall in church attendance and rising suicide rates during that period, among the young in particular (age 15–29), when controlling for other variables (Stack 1983b).

Moreover, studies by Neeleman et al. (1997) and van Tubergen et al. (2005) have emphasized the aggregate-level association between religiousness, suicide tolerance, and suicide rates, suggesting that religious societies would have a lower level of suicide also because of a lower level of tolerance towards suicide. Mäkinen (2007) found support for this in 25 European countries for women only.

Urban life

Durkheim (2006) found that suicide was more of an urban than a rural phenomenon (ibid. 320). This finding has found some support in the subsequent literature (Halbwachs 1930/1978; Dublin & Bunzel 1933). However, a recent review of the literature on rural suicide indicates that they are in many cases more frequent than those in urban areas, although the difference seems to vary across sex and age (Hirsch 2006).
Wars and political upheavals
Durkheim’s (2006) argument of lower suicide mortality during times of greater political integration, for example, during political upheavals and national wars (160–167), seems to have gained some support in the later literature. The effect of political integration on suicide has been studied by investigating the level of suicide during political strikes. Using data from 31 nations, Stack (1982) found a decrease in suicide during such strikes. A study of this relationship in the US, on the other hand, found no evidence of a decrease in suicide during political strikes (Ahlburg 1985). Breault and Barkley’s (1982) study of 42 nations measured the level of political violence as a proxy for political crises, and found it to be inversely related to suicide.

Durkheim’s finding of a lower suicide rate during national wars has found some support in relation to World War I and World War II in later studies (Halbwachs 1930/1978; Dublin & Bunzel 1933; Lunden 1947; Rojcewicz 1971; Sainsbury 1972; O’Malley 1975), however, the effect seemed to pertain not only to the countries at war, but also to neutral countries. Van Tubergen and Ultee (2006) found that the suicide mortality rates in the Netherlands were exceptionally high during the beginning and at the end of World War II. This was explained in terms of high risks of societal exclusion pertaining to particular groups (Jews during the beginning of the war and political delinquents, i.e. Nazis, at the end of the war). Other studies from the United States have shown that the protective effect of war disappears when the full employment during war time (Marshall 1981) or the increase in business activity and the decrease in alcohol consumption (Wasserman 1989), are taken into account.

Changes in economic conditions
Durkheim (2006) found that suicide increased during both periods of economic depression and economic prosperity. He interpreted this to be the result of anomie produced by the economic change as such (201–207). These results were later confirmed in a study by Pierce (1967). Other studies have, however, confirmed only the finding of an increase in suicide during economic depression, while demonstrating, contrary to Durkheim, a negative association between economic prosperity and suicide mortality (Halbwachs 1930/1978; Dublin & Bunzel 1933; Henry & Short 1954; Hamermesh & Soss 1974; Marshall & Hodge 1981; Baudelot & Establet 2008).

Modernization
Durkheim (2006) argued that suicide mortality was increasing in “modern societies” and demonstrated that the majority of Western European nations had been experiencing increasing suicide mortality over the course of the 19th century. The early sociological studies of suicide (Cavan 1928/1965; Dublin & Bunzel 1933; Gibbs & Martin 1964) tended to agree with this pos-
tulation. However, Halbwachs (1930/1978) noted that the increase in suicide in Western Europe had started to level off and even reverse in the early 20th century. Later studies have tended to confirm Halbwachs’ initial findings, demonstrating that a general increase in suicide mortality during the 19th century and into the first half of the 20th century was indeed followed by fluctuating, but generally stable or decreasing rates during the latter half of the 20th century, in several European countries (Mäkinen et al. 2002; Ajdacic-Gross et al. 2006; Baudelot & Establet 2008; Thomas & Gunnell 2010). Some studies have suggested a positive statistical relationship between suicide mortality and indicators of modernity such as urbanization, secularization, and industrialization (Stack 1978; 1993). Mäkinen (1997a) found positive relationships between social variables that can be associated with modernization and suicide mortality, which seemed to disappear or even change direction when countries had reached a certain level of modernization.

Moreover, recent examples of the development in suicide during modernization are somewhat inconclusive, implying a strong influence from the particular society that is being modernized. In Greenland, for example, rapid societal modernization during the latter half of the 20th century has been accompanied by a marked growth in suicide rates (Leineweber et al. 2001). Estimations of national rates of suicide mortality in China, on the other hand, indicate that suicide mortality in fact decreased between 1991 and 2000, despite the ongoing processes of modernization (Yip et al. 2005).

Conclusion
To what extent have the empirical relationships postulated by Durkheim been supported by subsequent studies? Table 1 provides a comparison of Durkheim’s empirical findings and the conclusions that can be drawn from this short review of empirical work in Durkheim’s footsteps.

Durkheim’s findings pertaining to the distribution of suicide in terms of age and sex and the protective effect of marriage and children seem to have been generally supported, although not without exceptions. As regards the aggravating effect of divorce (on male suicide mortality in particular) and the protective effect of national war the results from subsequent studies were also generally affirmative in relation to Durkheim’s findings. With regard to the protective effects of Catholicism and political upheavals, found by Durkheim, subsequent studies have been more inconclusive. Durkheim’s dismissal of alcohol’s detrimental effect on suicide seems, moreover, to have been too hasty given the evidence of such a relationship presented in subsequent studies. The aggravating effect of economic depression on suicide has been further supported in subsequent studies, but it is generally agreed, contrary to Durkheim’s hypothesis, that suicide mortality decreases during periods of economic prosperity. The results from earlier studies in Durkheim’s footsteps tended to confirm his findings of the suicide-protective effects of lower
class positions (poverty) and living in rural areas, while those from later ones have been contradictory. Finally, subsequent studies seem to mainly agree with Durkheim’s general postulate of an aggravating effect of modernization (with some notable exceptions).

Table 1. *Comparison of the relationships between suicide and various factors in Durkheim and subsequent studies*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Effect on suicide mortality/individual risk of suicide&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Durkheim</td>
</tr>
<tr>
<td>Sex: Male</td>
<td>+</td>
</tr>
<tr>
<td>Age: Older</td>
<td>+</td>
</tr>
<tr>
<td>Married</td>
<td>-</td>
</tr>
<tr>
<td>Married + young</td>
<td>+</td>
</tr>
<tr>
<td>Married + male</td>
<td>-</td>
</tr>
<tr>
<td>Divorce</td>
<td>+</td>
</tr>
<tr>
<td>Children</td>
<td>-</td>
</tr>
<tr>
<td>Lower socio-economic status</td>
<td>-</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>0</td>
</tr>
<tr>
<td>Catholicism</td>
<td>-</td>
</tr>
<tr>
<td>Religiosity</td>
<td>-</td>
</tr>
<tr>
<td>Rural areas</td>
<td>-</td>
</tr>
<tr>
<td>War</td>
<td>-</td>
</tr>
<tr>
<td>Political upheavals</td>
<td>-</td>
</tr>
<tr>
<td>Economic prosperity</td>
<td>+</td>
</tr>
<tr>
<td>Economic depression</td>
<td>+</td>
</tr>
<tr>
<td>Modernization</td>
<td>+</td>
</tr>
</tbody>
</table>

<sup>a</sup> – denotes negative relationship; + denotes positive relationship; 0 denotes no relationship

Thus, Durkheim’s empirical findings have been both supported (by his earlier followers in particular) and contradicted by subsequent studies.<sup>10</sup> Moreover, although some general tendencies can be pointed out, the empirical works that follow Durkheim show a great deal of variation regarding the effects of social factors on aggregate-level suicide mortality and individual-level suicide risk, both in a general sense and when broken down by sex and age. This implies in turn that the general macro-sociological causes of suicide (insufficient/excessive integration and regulation in Durkheim’s theory)

<sup>10</sup> With better possibilities of statistical control, subsequent studies have indicated that some of the empirical relationships found by Durkheim may in fact have been spurious, that is, explained by third factors. For example, the protective effect of Catholicism may be due to lower divorce rates in Catholic areas (Stack 1980b), and the positive association between divorce and suicide rates may be a consequence of a positive aggregate-level association between divorce and alcohol consumption (Norström 1995a). It has even been suggested that on the country level the majority of the relationships found by Durkheim could in fact be results of societal modernization, which caused an increase in Durkheim’s social factors of suicide as well as in suicide mortality (Mäkinen 1997a).
are not necessarily found within the same social groups and individuals possessing the same social characteristics across time and space. Empirical studies of the general macro-sociological causes of suicide also require an understanding of how they vary according to measurable social categories and characteristics. For example, an assessment of the variation of suicide according to religious denomination presupposes an understanding of the variation of integration according to denomination. It is thus necessary, first of all, to have a clear understanding of the assumed general macro-sociological causes of suicide.

The following chapter will take a closer look at Durkheim’s macro-sociological explanation of suicide by exploring theoretical work in the Durkheimian tradition. The focus is on the tendency among Durkheim’s followers to reconsider the importance of individual reasons for suicide on the one hand, and to dismiss his systematic typology of the sociological causes of suicide on the other. It is argued that these modifications of Durkheim’s theory suggest that his holistic positioning does not allow for a sufficiently complex understanding of the macro-sociological causes of suicide.

Durkheim’s theory in the light of subsequent studies

Despite a significant volume of theoretical work that has followed in Durkheim’s footsteps, the dominant position of Durkheim’s theory has never been seriously threatened. One reason for this might be that the works of Durkheim’s successors have remained more or less close to the Durkheimian perspective. Perhaps the groundbreaking character of Durkheim’s Suicide and its status as one of the major works within the sociological discipline has both inspired scholars to build on this work, and simultaneously discouraged any major divergence from it. Nevertheless, theoretical work on suicide in the Durkheimian tradition has highlighted problematic aspects of the Durkheimian perspective both explicitly and implicitly.

Durkheim’s successors do not seem to have been convinced about his argument that the individual reasons for suicide were irrelevant for the variation in suicide mortality and only products of societal causes. Later scholars of macro-sociological theories on suicide seem to have paid more attention to the interaction between sociological causes and individual reasons for suicide. Halbwachs (1930/1978) argued, contrary to Durkheim, that the sociological causes of suicide were impossible to separate from the individual or psychological reasons for suicide. The individual motives for suicide as well as the individual’s psychological constitution were neither unimportant for a sociological understanding of suicide nor random – they were social in terms of being always related to society and were produced by, and varied according to, societal conditions (287–289). Cavan and Sainsbury also emphasized the relationship between ecological-level conditions and individual
reasons for suicide. Cavan (1928/1965) argued that social disorganization on the ecological level increased the risk for personal disorganization, defined as “a lack of adjustment and harmony between the interests which constitute personality and the external world in which life must be lived”, and consequently for suicide (108). Sainsbury (1955) added that social disorganization not only had an impact on personal disorganization, but could also be thought to determine the onset of personal crises and form individual personalities and through this, individual dispositions towards suicide (23).

Some studies have gone even further in exploring the relationship between the sociological and individual (psychological) in relation to suicide. Henry and Short’s (1954) study on suicide and homicide combined sociological and psychological theory to explain variations in these two forms of aggression. Aggression was related to frustration through psychological theory, while sociological theory was employed to explain variation in frustration; business cycles caused variation in status positions, while the inability to maintain a position in a status hierarchy (interference with “goal response”) caused frustration (14).

Giddens (1965) argued that an ad hoc combination of sociological and psychological concepts (like that of Henry and Short above), is not sufficient for a systematic theory of suicide; it is necessary to form it around “a generalized understanding of relationships between social structure and personality” (13). In a subsequent work he (1966) connected Durkheim’s social states of egoism and anomie with a psychoanalytic theory of depressive states that could be linked to suicide. According to Giddens it could be claimed that Durkheim’s state of egoism tended to push individuals towards social isolation, while that of anomie deprived individuals of defined and reasonable goals which tended to create a pathological discrepancy between individual aspirations and accomplishments. Social isolation and the pathological discrepancy between aspirations and accomplishments in turn constituted depressive states which were central in the suicidal personality structure being described in psychoanalytic theory. However, the link between sociological and psychological factors thus established would only hold under the assumption that suicides were preceded by depression.

While Durkheim’s followers seem to have been emphasizing the individual-psychological reasons for suicide to a greater extent than Durkheim did, it could nevertheless be argued that they did not differ too much from his general position. They all seem to ascribe primary importance to extra-individual, sociological factors, while the individual-psychological processes that are assumed to lead to suicide are products of them (cf. Anderberg 1989, 121). Thus, they end up reinforcing the Durkheimian perspective in the sense that individual reasons for suicide remain insignificant once the macro-sociological factors have been accounted for. These efforts are somewhat curious considering that studying the extra-individual, sociological factors of suicide would in fact be perfectly sufficient per se from a macro-sociological
perspective. Let us return to this point after having considered how Durkheim’s followers have dealt with his systematic typology of the sociological causes of suicide.

Several of Durkheim’s followers have chosen not to apply his typology of the causes of suicide in its entirety. Their exclusion of altruism and that of fatalism, in particular, from their explanations of the variation in suicide mortality, seems natural considering that Durkheim himself claimed that these types of suicide were unimportant in modern society. Their reasons for omitting either one of the (positive) effects of integration and regulation, which were after all complementary in Durkheim’s theory, should however be explored further.

Halbwachs (1930/1978) emphasized the importance of the strength of collective life (including that of family life and religious practice), in relation to suicide (318–320). He argued that with the weakening of collective life, individuals were more likely to offend one another, and without the support of society they had less strength to “resist the impulse to suicide” (ibid., 320), thus clearly advocating a suicide-protective effect of integration. He, moreover, dismissed both the altruistic and anomic suicide types, arguing that altruistic suicides were in fact self-sacrifices and not suicides (ibid., 308) and that anomie was a relative phenomenon that existed in all societies (ibid., 320–322). Gibbs and Martin (1964) also focused solely on Durkheim’s concept of integration, which they specified and operationalized in their theory on suicide and ‘status integration’. They argued that social integration implied the strength and stability of social relationships, which could in turn be related to the extent that individuals held compatible social statuses, i.e. the level of ‘status integration’. Consequently, suicide mortality varied inversely with the level of status integration (16–27).

Cavan (1928/1965) argued that social disorganization resulted in personal disorganization and suicide due to “confused and conflicting standards” to which individuals would find themselves unable to adjust. On the other hand suicides also occurred under conditions of social organization among individuals who were unable to meet the demands of customs and institutions (108). Thus Cavan’s concept of social disorganization resembles Durkheim’s social regulation. The fact that suicides can result from conditions of both social disorganization and organization also links the concepts to Durkheim’s continuum of insufficient – (sufficient) – excessive regulation i.e. to anomic and fatalistic suicides. Likewise, Sainsbury’s (1955) association between social isolation (less social participation) and suicide comes close to Durkheim’s association between anomie and suicide. Social isolation, according to Sainsbury, implies a lack of influence from society, which tends to result in the development of suicide-prone personalities. Individuals need values and standards through which they can be controlled and in relation to which they can order their lives, and as a result develop stable (and less suicide-prone) personalities (89–90). Henry and Short’s (1954) theory
on suicide and homicide explained the direction of violence in relation to the amount of external control, which was negatively associated with suicide (ibid., 75) and positively associated with homicide (ibid., 97); thus they also seem to associate suicide with Durkheim’s regulation theory.

There are, however, theories that have made use of both of Durkheim’s concepts of integration and regulation. Giddens (1966) distinguished between integration and regulation in relation to corresponding psychological concepts, as explained above. Pescosolido and colleagues (Pescosolido & Georgianna 1989; Pescosolido 1990; Pescosolido & Wright 1990), moreover, used a network perspective where they distinguished between (both insufficient and excessive) integration and regulation in terms of potential functions of networks, which can be further understood in relation to their structures and the larger cultural context.

The consequent rejection of Durkheim’s original idea of integration and regulation as two distinct, complementary social causes of suicide by his followers can perhaps be understood in relation to the nature of these social causes of suicide. It has been claimed that the concepts of integration and regulation are in fact identical in terms of (macro-) sociological concepts (Johnson 1965; Pope 1976, 55–56), while being possible to distinguish in terms of individual perceptions of aspects of micro-level integration (Thorlindsson and Bjarnason, 1998). These claims find some indirect support in that even Durkheim, despite his persistency on the adequacy of his holistic positioning, found himself compelled to both give individual-level definitions of his sociological causes of suicide and individual-level explanations of empirical relationships (Johnson 1965; Thorlindsson & Bjarnason 1998; Watson & Coulter 2008). In relation to this, it is also interesting to note that the theories of Giddens (1966) and Pescosolido and colleagues (Pescosolido & Georgianna 1989; Pescolido 1990; Pescosolido & Wright 1990), described above, do in fact manage to make a distinction between the two concepts of integration and regulation. What these theories have in common is their attempt to extend Durkheim’s theory to the micro-level, in the sense of combining it with a psychological theory and a network approach respectively.

Could the above-described patterns of theoretical modifications of Suicide, which Durkheim’s successors have been occupied with, perhaps indicate an underlying problem? Both the reintroduction of the individual rea-

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11 The egoistic suicide, Durkheim (2006) argued, is characterized by “languor”, “lothness to act” and “detached melancholy”; a “general depression” (244–246), while the altruistic suicide is “active”; facing his death with a sense of conviction or passion (246–267). The anomic suicide in turn, takes its individual form in over-excited feelings of anger, disappointment, irritation and disgust with life (247–250).

12 For example, when the lower protection of marriage for the female suicide tendency compared to that of males is explained in terms of biological differences between the sexes (Durkheim 2006, 235).
sons for suicide into the macro-sociological theorizing on suicide as well as
the tendency of focusing on only one of Durkheim’s social causes of suicide
could be seen as attempts to circumvent the limitations posed by Durkheim’s
holism. Lukes (1973/1992) has pointed out that the most fundamental and
fruitful critique of Durkheim’s Suicide is that against its holism (220–222);
“suicide precisely *is* a motivated act arising out of, and perhaps intended to
affect, a particular situation”, thus, “explaining suicide – and explaining
suicide rates – must involve explaining why people commit it” (ibid. 221).
This idea echoes Tosti’s (1898) illustrative critique of Durkheim: “Social
fact exhibits properties of its own, but what is its point of departure, if not
the combination of individuals? These latter undoubtedly are an essential
factor of the social phenomenon, for the same reason that the elements of
chemical combination are essential factors of the chemical compound”
(474).

The discussion above does not imply that the macro-sociological study of
suicide would be insufficient *per se*, only that even a strictly macro-
sociological perspective requires a *sociological theoretical understanding* of
what the act of suicide and its macro-sociological causes mean when consid-
ered in relation to the individual. This should moreover be understood as
something different than a *psychological understanding* of suicide. A socio-
logical understanding on individual level still refers to social processes and
individuals in a social milieu, while a psychological understanding focuses
on individual’s interior psychological processes (see Watson & Coulter
2008). Durkheim’s grand vision was that of a macro-sociological sociology.
However, sociology evolved differently and also came to include individu-
level or micro-sociological perspectives on sociological phenomena. Even
from a macro-sociological perspective there have been attempts to take the
individual seriously, in a sociological sense. Such a perspective might be
promising with regard to the future of the macro-sociological study of sui-
cide.

**Exploring a new perspective**

In the present work the macro-sociological phenomenon of suicide is ex-
plored from Niklas Luhmann’s theoretical perspective. Luhmann’s theory
has some particular features that make it possibly relevant for this task.

First, it is a general sociological theory in the sense of claiming “to en-
compass all of sociology’s potential topics” (Luhmann 1995, 15), and it
should thus be applicable to suicide taken as a macro-sociological phenome-
on.

Second, Luhmann’s (1995) theory of social systems is non-holistic and
thus represents an alternative to Durkheim’s idea that society consists of
individuals and also determines their behavior. It focuses on social systems
(interactions, organizations, society) of communication and locates individuals in their environment. The individual, in turn, is represented by two different systems – a psychic system (mind) which processes consciousness and an organic system (body) which processes life (ibid., 18–20). All systems are self-referential with regard to their operations, which as a consequence cannot be determined by other systems (ibid., 350). Thus the act of suicide must be understood in relation to the individual regarded as body and mind.

Third, the system-theoretical approach considers not only systems as such, but also the relations between them (Baecker 2001; Tosini 2006). For example, social and psychic systems evolve together (Luhmann 1995, 217), and it is possible for human beings to commit suicide because the psychic system is able to interfere with the living system (Luhmann 1990, 118). Thus, Luhmann’s theoretical perspective also accommodates the relationships between body, mind, and society.

Consequently, exploring the macro-sociological phenomenon of suicide from Luhmann’s perspective may be fruitful for arriving at new theoretical insights of suicide and its causes in relation to the individual. Before continuing with the macro-sociological study of suicide, it is first necessary to address certain fundamental aspects of the issue. These pertain to the definition of suicide and to the methods that have been used to measure its occurrence.
Studying suicide

Defining suicide

Any definition of suicide is bound to be partly determined by a common sense understanding of it (Douglas 1967/1973, 382–383). At this point, a definition of suicide does however seem necessary. The aim is not to take sides among the “endless, confusing, unresolvable arguments over defining suicide” (ibid., 382), only to arrive at a definition that is sufficient for the present work. In relation to this aim, two aspects could be pointed out as being particularly important. First, because this work aims to include an understanding of suicide in terms of an individual act, the definition of suicide should not exclude the individual as the actor. Second, as this work includes a theoretical exploration of the act of suicide, the definition should not be too narrow insofar as it might exclude cases which ought to be included from the theoretical perspective to be investigated. Some classical definitions of suicide will be compared below in order to explore how these aspects might be expressed in a definition of suicide.

Because Durkheim argued that individual suicides were only products of underlying social causes, his definition of suicide is particularly interesting in terms of how it handles the individual in relation to suicide, i.e. in terms of a “passive” actor. In this regard it thus represents the opposite of a definition of suicide where the individual is the (active) actor. According to Durkheim (2006), “the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result” (xlii). It should be noted that Durkheim’s definition of suicide thus includes both refraining from action, for example by refusing to eat, and indirect actions, for example, committing a crime for which the punishment is death (ibid., xl). Moreover, suicide requires knowledge of the result of the act; “a victim of hallucination, who throws himself from an upper window thinking it on a level with the ground” does not commit suicide. However, Durkheim deliberately excludes from his definition the question of whether the victim intended, or perhaps even desired to die. For him the act of suicide is characterized by rejection of life,
and whether death is sought and desired, or just accepted as an “unfortunate consequence” of the act, makes no essential difference (ibid., xli).13

It could be argued that it is by excluding intention and desire to die from the definition of the act of suicide that Durkheim deprives the individual of relevance in her role as the actor. If the real causes of suicide are external to individuals, their own intentions and desires regarding their actions are irrelevant and do not add to the (sociological) understanding of suicide. It should be noted, moreover, that including knowledge about death as a result of the act in the definition of the act of suicide is not entirely unproblematic. As pointed out by Schütz (1943) the results of actions cannot be predicted, only estimated as likelihoods in relation to everyday knowledge.

Durkheim’s disciple Halbwachs (1930/1978) defined suicide as meaning “every case of death that results from an act accomplished by the victim himself with the intention of, or with a view to, killing himself, and which is not a sacrifice” (308, first emphasis mine). In contrast to Durkheim’s definition, intention has been included here, implying the importance of the individual as the actor in relation to the act of suicide. Beyond that, Halbwachs argued against Durkheim in postulating that the act of suicide should also include a desire to die. If a person committed an act knowing, but not desiring, that it would result in that person’s own death, then it must be understood as an act of self-sacrifice; something different from suicide (ibid. 291–309). This definition would exclude, for example, acts of self inflicted death committed for the purpose of protesting 14, where a desire to die is not necessarily present.

The practice of excluding self-sacrifices from the definition of the act of suicide implies that the motive for suicide should not be any other than to die (cf. Anderberg 1989, 47–55). Defining suicide based on the motive is, however, problematic because it narrows the concept down whereby relevant cases risk being excluded (ibid., 54). This can be exemplified by contrasting Halbwachs’ definition with other definitions based on alternative motives for suicide. For example, Baechler (1979) defined suicide in terms of “all behavior that seeks and finds the solution to an existential problem by making an attempt on the life of the subject” (11, emphasis mine). Similarly, Shneidman (1985/2004) defined suicide as “a conscious act of self-induced annihilation, best understood as a multi-dimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best

13 Durkheim added that the intent of an actor could not be observed. In relation to this, it has been pointed out that an individual’s knowledge of whether his act will result in suicide is equally difficult to assess (Douglas 1967/1973, 379; Pope 1976, 10).

14 An example of such an act is that of Tunisian street vendor Mohamed Bouazizi who poured inflammable liquid over his body and set himself alight in order to protest against the humiliating treatment that he had experienced from local police officers. It is widely acknowledged that Bouazizi’s act inspired the revolt that ended President Zine El Abidine Ben Ali's 23-year-rule of Tunisia.
solution” (203, emphasis mine). Thus both of these definitions indicate that in order for an act to be labelled as suicide, its motive should have been that of finding a solution. If Halbwachs’ definition of suicide is considered in terms of implying a death-as-a-motive criteria and the latter ones of Baechler and Shneidman in terms of implying a solution-as-a-motive criteria, these definitions must be understood as being mutually exclusive. That is to say that the same deaths would not be labeled as suicide according to them, insofar as potential acts of suicide were not committed with both of the motives of dying and finding a solution. In this sense they are narrow, or exclusive.

Thus, for the purpose of the present work the definition of suicide should include intention in order to signify an understanding of suicide as an individual act. Moreover, motives should be excluded from this definition in order not to make it too narrow or exclusive. With this in mind, the definition of suicide provided by the World Health Organization seems sufficient. According to this definition suicide is “the act of deliberately killing oneself” (WHO 2013c), a definition that includes intention and excludes any assumptions about the motive for suicide.\textsuperscript{15}

Empirical studies of suicide also require an operational definition, i.e. a definition of suicide in relation to the actual cases of death that are studied as suicides. In the present work the empirical material constitutes register data on suicide mortality, that is, deaths for which the cause has been classified as suicide by the relevant authorities. According to the International Classification of Diseases’ (ICD) systems for classification, these refer to the deaths assigned to the category “intentional self-harm” (classes X60–X84) (ICD 2010).

Suicide data

The validity of official suicide statistics depends on the accuracy of the classification of deaths as suicides and has consequently been questioned due to potential inadequacies in this process. Put simply, there are two possible kinds of error that can be made which have consequences for the official statistics: either a death from another cause is erroneously classified as sui-

\textsuperscript{15} Anderberg’s (1989) definition of suicide would likewise be sufficient for the present work insofar as it includes intention and disregards the motive. In terms of also taking into account that suicide is not necessarily the result of one simple action, but can be the result of a complex chain of actions, including those of the actor as well as those of others, it does however seem somewhat complex for the present work. According to Anderberg suicide has been committed when a person “has instigated a course of events, of which he is an active or passive participant, where the great majority of his simple actions (or action-constituents) are performed with the intention to shorten life, for whatever motive, good or bad, and from which death follows in the way he had planned or at least in a way he could accept” (56).
cide, or a suicide is erroneously classified under some other cause of death.\footnote{A third kind of error could, however, be added to this. It refers to the cases of suicide deaths which might not be recorded by the relevant authorities in the first place.} The former case seems to be a rare occurrence (O’Carroll 1989). In relation to the latter, however, scholars have argued that actual suicides are likely to be “hidden” under other categories of death; most commonly under the category of death due to injury of undetermined intent (Holding & Barraclough 1975; Nordentoft et al. 1993; Ohberg & Lonqvist 1998) but also among other categories such as accidental poisoning (Barraclough 1974), single occupant car accidents (Phillips 1977; 1979), pedestrian deaths (Phillips & Ruth 1993) and deaths from ill-defined conditions (Nordentoft et al. 1993; Phillips & Ruth 1993). The extent to which misclassification can be expected to occur, and more importantly, whether there is any systematic variation in it, is crucial for determining the adequacy of official suicide data.

Perhaps the most serious critique of official suicide data was put forward by Douglas (1967/1973). He argued that official suicide statistics are socially constructed in the sense of mirroring cultural attitudes, meanings and expectations in relation to suicide, which in turn guide the coroners (or other equivalent officials)\footnote{The coroner is the judicial officer who inquires into violent, unnatural and sudden deaths. The classification of these deaths is in different countries handled by different officials, such as coroners, medical examiners, medical doctors or forensic pathologist. The varying competence of these officials may also be relevant in relation to variations in the process of classifying suicides.} in the classification of deaths (together with the coroners’ personal beliefs, manner of performing their job, etc.). Thus, for example, less suicide-tolerant cultures would make greater efforts to hide suicides under other categories of death and consequently have lower “suicide rates”. Moreover, the expectations pertaining to who commits suicide would be reflected in the variation of “suicide” across social categories (ibid. 163–229).

A number of studies have attempted to test the potential effect of social construction of (or systematic misreporting in) suicide rates within and between countries, over time, and in relation to social causes of suicide. For example, variation in suicide rates across coroners’ districts in England and Wales has been shown to be unaffected by the particular coroner responsible for the classification of deaths (Sainsbury & Barraclough 1968). It has been suggested that cross-cultural variations in the classification of causes of death may account for differences in suicide rates between Denmark and England (e.g. Atkinson et al. 1975), however, not for those between England and Scotland (Ross & Kreitman 1975). Moreover, the existence of national differences in suicide, which are independent of national practices in reporting cause-specific deaths, is supported by the fact that immigrant groups tend to have suicide rates corresponding to the rates in their home countries (Sainsbury & Barraclough 1968; Whitlock 1971). Other studies have indi-
cated that possible misclassifications of suicides as other causes of death would not be of such magnitude as to affect the relative levels of suicide across countries (Barraclough 1973; Sainsbury & Jenkins 1982; Birt et al. 2003) or religious denominations (van Tubergen et al. 2005).

Moreover, changes in suicide rates over time have been found to be fairly independent of changes in legal and administrative events which might produce changes in coroners’ definition of suicide (Sainsbury & Jenkins 1982). Pearson-Nelson et al. (2004) also found that revisions of the World Health Organization’s International Classification of Diseases (ICD) from 1950 onwards (ICD-6 to ICD-10) had no overall effect on the suicide mortality rates in the 71 countries being studied, although potentially associated changes were found in some countries. Birt et al. (2003) found that misclassification could not explain temporal patterning of suicide in the EU countries.

Finally, O’Carroll (1989) has argued that the number of equivocal cases is not of sufficient magnitude to produce statistical artifacts in terms of certain observable patterns in suicide mortality in Western countries (e.g. men’s higher suicide rates or the rapid increase in suicide mortality among the young during the latter half of the 20th century). Moreover, Pescosolido and Mendelsohn (1986) tested whether the relationships between suicide and social factors were affected by differences in cause-of-death classification processes between county groups in the United States, in order to detect a possible effect of systematic misclassification. While suicides appeared to be underreported, misclassification seemed to have little effect on the empirical relationships between suicide mortality and the sociological cause variables.

In conclusion, elements of “social construction” are likely to be present in the official reporting of suicide rates, and the likelihood of misclassification error, underreporting of suicide in particular, means that certain caution should generally be employed when interpreting suicide rates. However, official data on suicide seem to also reflect ‘actual’ variation in suicide, which would validate the empirical investigation of them.
Russia: a century and a half of societal change

In the last decades of the 19th century, Tsarist Russia was still an agrarian society. The abolition of serfdom in 1861 allowed for an initial process of industrialization and consequent urbanization. At the end of this first period of industrialization, in 1911, 86.1 percent of the Russian population still lived in villages (Ellison 1965). At the same time Russia was on the verge of major political changes. A growing dissatisfaction with the Tsarist government had culminated in a first, if unsuccessful, Russian revolution in 1905. This was followed by a period of political turbulence and continued dissatisfaction with Tsarist rule, not least in relation to the great losses that Russia experienced in World War I. Towards the end of the war, in 1917, successful revolutions against the Tsar took place. The revolutions of 1917 were followed by a period of civil war, which ended with the victory of the Bolshevik party and with the formation of the Soviet Union in 1922 (Westwood 1993).

The process of Russian industrialization was taken up anew in the late 1920s in a dynamic manner. Josef Stalin’s ambitious plan of forced industrialization marked the beginning of a process that would change Russia from a still mainly agrarian society to an important industrial power, in only half a century. The rapid growth in industry was reflected in the increase in the urban population; between 1926 and 1940 the urban population almost doubled, reaching 34 percent (Pivovarov 2003). In the period of Stalin’s rule the Soviet populace was subjected to an immense amount of pressure in terms of political terror, harsh agrarian reforms, famines and great human losses during World War II. Paradoxically this period also saw continuing economic growth (Westwood 1993).

Political terror ended, at least in theory, in the mid-1950s after the death of Stalin. At the same time, economic growth started to slow down. From the mid-1960s, the Soviet leadership was assumed by Leonid Brezhnev, and the period that would come to be known subsequently as the years of “Brezhnev stagnation” began. This stagnation referred not only to the economic decline that occurred from the early 1970s onwards, but also to the increasingly apparent social decay and the beginning of the collapse of the political system. The shortcomings of Russian industry were seen in its inability to meet the basic consumer demands of the population and in its failure to keep up with
technological development in the West and the production of modern industrial goods (Suny 1998). By 1976, the urban population had doubled again compared with the 1940s, reaching 68 percent (Pivovarov 2003).

With its newly gained freedom and democracy following Mikhail Gorbachev’s mid-1980s political reforms (perestroika and glasnost), the Soviet populace again experienced a sense of optimism about the future. Nevertheless, the reforms resulted in the final collapse of the entire Soviet system. From 1989 the Soviet government began losing its authority over the constituent republics of the Soviet Union, as witnessed by the declarations of independence by the Baltic States. In 1991 the Soviet Union was finally dismantled, and the Russian Federation was born. Boris Yeltsin, the elected president of the Russian Soviet Federative Socialist Republic, had been gradually gaining power over Russia while Gorbachev had been losing control over the Soviet Union (Suny 1998). In the midst of the political chaos after 1991 Yeltsin launched his “shock therapy” program to shift the command economy to a market economy. This resulted in rapidly spiraling inflation during which millions of Russians lost their savings, and provided an opportunity for a minority in privileged positions close to power to amass great fortunes. National income fell steeply during the following years, unemployment increased and those who managed to keep their jobs saw a considerable reduction in their salaries (Sakwa 1996). Industrial enterprises fought for survival, mainly by reducing employment (Ahrend 2004).

The political developments of the 21st century, with the popular presidency of Vladimir Putin, have been marked by a reduction in freedom and democracy (McFaul & Stoner-Weiss 2008; Shevtsova 2009). Economic developments indicate a mixed picture. Gross domestic product (GDP) has been increasing rapidly on the one hand, by more than 5 times between 2000 and 2011, reaching 13.1 per capita (World Bank 2013b). Russian industry, on the other hand, while having recovered from the chaos after 1991, has remained at a disadvantage when compared with its international competitors, with the exception of resource-based production (Ahrend 2004). As for the population, high income inequality and widespread poverty prevail in present-day Russia (Semenov & Kichigina 2012).

Growing in the shadow

From the late 1860s onwards, the subject of suicide was given extensive attention in public debate both in terms of the frequent reporting on single cases of suicide in the Russian press and as regards increasing popular and scientific interest in Russian suicide statistics. Despite the incomplete and unreliable statistics of the time, the idea that suicide mortality was increasing in Russia, as in Western Europe, became generally accepted in the 1870s. This idea was scientifically confirmed as Russian ‘moral statistics’ ad-
vanced; for example with the appearance of A. V. Likhachev’s comprehensive study on suicide in European Russia in 1882 (although Likhachev was indeed critical of the validity of his data). As had been the case in Western Europe, the increase in suicide mortality was generally discussed in terms of one of the many “pathologies” of modern urban civilization (Paperno 1997, 70–83; Morrissey 2006, 177–194).

At the same time, the Czech philosopher Thomas Masaryk published his sociological study on suicide Suicide and the meaning of civilization (Der Selbstmord als sociale Massenerscheinung der modernen Civilisation). Masaryk (1881/1970) described the increasing number of suicide deaths in Europe as “the bloody sacrifices of the civilizing process”. They were a consequence of the struggle for free thought, which fed irreligiosity as characterized by “intellectual and moral anarchy” (ibid., 169). According to Masaryk’s figures, Russian suicide mortality was very low compared to that in the other European countries (ibid., 45). This was explained in relation to Russia’s lesser degree of civilization and emancipation of free thought (ibid., 112–113). When Durkheim (2006) some years later wrote about Russia’s comparatively low level of suicide mortality in the European context, he dismissed the case of Russia in terms of being “only geographically European” (xlvii–xlviii). In contrast, Masaryk (1881/1970) maintained that the “sickness of the modern world” was particularly painful for Russians (ibid., 212). Because they were accustomed to strong religious leadership, the disintegration of the Church in Russia demonstrated “modern instability par excellence” (ibid., 212), and many suicides were presumably occurring among the Russian “nihilists” (ibid., 213: footnote 243).

Some thirty years after Masaryk’s study on suicide, one year after Durkheim’s Suicide first appeared in its Russian translation, Russian sociologist Pitirim Sorokin (1913/2002) published an essay on suicide in Russia. Not unlike Durkheim, he attributed increasing suicide rates to the chaotic organization of modern (Russian) society, where the “community of beliefs, customs, morals, interests has disappeared” and to the loneliness and isolation of individuals from society that resulted from this. In the mass of individuals in this society an individual’s own life had become devalued (ibid., 91). The remedy to suicide, according to Sorokin, had already been pointed out by Christ and Dostoevsky: “It runs “love one another”, do not be indifferent to one another, do not look upon one another as simple “numbers” or “pawns”, but as people who need the help of others, spiritual comfort and encouragement, material assistance and support” (ibid., 96).

A “remedy” to the increasing suicide rates did however appear in the form of war; at least the available sources suggest that suicide mortality was decreasing during World War I as well as during the ensuing Russian Civil War (Koni 1967). Judging by the scarce data concerning the period immediately after the Russian Civil War, it seems that suicide mortality then increased again in the 1920s (Central Statistical Bureau 1929). Discussions
about suicide “waves” and “epidemics” continued in the media and in public
debate, constituting at that point an important tool for diagnosing the post-
revolutionary societal condition (Pinnow 1998, 43–58). Apparently disturbed
by the implications of suicide in relation to the utopian idea of Soviet socie-
ty, the Bolshevik party tried to educate the people about the immorality of
the act of suicide; of taking a life which belonged first and foremost to the
(Soviet) social body (ibid., 61–62). From the end of the 1920s, statistics on
suicide disappeared from the media, and there were no more scientific stud-
ies on the subject. Suicide became a phenomenon of capitalist countries,
absent in Soviet society to the extent that even the word “suicide” disap-
peared from encyclopedic dictionaries (Ambrumova & Postovalova 1989).

The secrecy surrounding suicide, together with deaths from cholera,
plague, homicide, and occupational accidents, ended in 1988 as a conse-
quence of Gorbachev’s political reforms. And, the data on suicide were
again made accessible to the public (Ruzicka 1996). By the time they be-
came known, Russia had turned into one of the world’s leaders in terms of
its suicide rate. Indeed, in 1994 when Russian suicide mortality ‘peaked’ the
figure of 42.4 cases per 100,000 of the population was almost four times
higher than the average of the EU countries18 combined (WHO 2013a).

Russian suicide mortality had been continuing to increase since the 1960s,
and while it sank dramatically during Gorbachev’s anti-alcohol campaign, it
increased in a particularly rapid manner following the break-up of the Soviet
Union (Pridemore & Spivak, 2003). Russia was not alone in this develop-
ment; the changes in Russian suicide mortality up to the late 1990s were
paralleled in several of the former Soviet republics: Belarus, Kazakhstan, the
Baltic States, and Ukraine (Värnik & Wasserman 1992; Mäkinen 2000).

The increase in suicide in Eastern Europe, and in Russia in particular, af-
fter 1991 has been associated with increased levels of general stress
(Gavrilova 2000; Mäkinen 2000), the ‘anomic’ societal effects produced by
the rapid social change (Mäkinen 2000; Pridemore et al. 2007; Minagawa
2013), deteriorating macro-economic conditions (Brainerd 2001), and to the
“feedback” effects resulting from an overall declining life expectancy, with
loss of family members and friends (Brainerd 2001). Andreeva et al. (2008)
studied regional variation in suicide mortality in the post-transition period
and found that suicide mortality was highest in the areas where opportunities
for improving living standard through either legal or shadow-economic ac-
tivities were lacking. Moreover, both in Russia (Nemtsov 2003; Pridemore
& Chamlin 2006; Razvodovsky 2009a; Nemtsov 2011) and in Eastern Eu-
rope in general (Mäkinen 2000; Landberg 2008) the changes in suicide mor-
tality have been associated with corresponding changes in alcohol consump-
tion, not least with regard to the decrease in suicide during Gorbachev’s anti-

18 The figure for the EU refers to the EU prior to the accession of additional former Soviet
countries in 2004.
alcohol campaign (Wasserman & Värnik 1998a; Wasserman et al. 1998). The effect of alcohol consumption on suicide is particularly accentuated in Russia (Landberg 2008), and it has been suggested that the style of drinking large quantities of alcohol, mainly in the form of spirits (vodka), in a relatively short time period (heavy episodic drinking), might be particularly important for the alcohol-suicide link in Russia (Pridemore 2006; Razvodovsky 2009b).

Moreover, Mäkinen’s (2006) study of suicide mortality in Eastern Europe before and after the Communist period indicated that in addition to the great increase in suicide mortality in general during the 20th century, suicide had moved geographically from urban areas to rural ones and also socially from higher to lower classes. These changes, similar to those seen during the process of modernization in Western countries, were correspondingly attributed to processes of societal modernization in the region.

The increase in suicide during the latter half of the 20th century was, however, not the only health problem that the Russian population was experiencing; it was part of an ever greater “mortality crisis” (Leon et al. 1997; Leon & Shkolnikov 1998; Shkolnikov et al. 2001), which was taking place not only in Russia but in a number of former Soviet countries (Brainerd & Cutler 2005). Life expectancy at birth in Russia in 1994 was 64.0 years compared to 77.4 years in the EU countries (World Bank 2013c). The increase in suicide played an important role in this mortality crisis (Meslé et al. 2002), contributing 5.1 percent to the change in mortality between 1990 and 1994 (Notzon et al. 1998). In 1994, the share of deaths from suicide was considerably higher in Russia, 2.6 percent, compared to the EU countries, 1.8 percent (WHO 2013a).

**Russian suicide data**

As is the case with much of the historical mortality data concerning sensitive subjects (Hardy 1994), the quality of the suicide data from Tsarist Russia may be open to dispute. The data used for the period 1870–1894, produced by the Central Statistical Committee, have been described as the most complete and accurate in the Tsarist period (see Mäkinen 2006). It is nevertheless probable that not all suicides were recorded in Tsarist Russia (Novoselskii, 1955).

The former USSR created its own shortened versions of the International Classification of Diseases (ICD) systems for classification of the causes of death (Ruzicka 1996). As regards the data on violent mortality from the Soviet period, they are considered as being generally reliable (Wasserman & Värnik, 1998b), thanks mainly to the secrecy surrounding these data which meant that there was no reason not to keep them as accurate as possible.
Since 1999 the Russian classification system has been revised in order to make it correspond more closely to the latest version of the ICD (Gavrilova et al. 2008). With regard to the suicide data for the post-Soviet period, the quality may have worsened. Great increases in “injury deaths of undetermined intent” (Värnik et al. 2010) and in mortality from “ill-defined conditions” (Gavrilova et al., 2008), are likely to be “hiding” a proportion of suicides.
Summary of the articles

Paper I

*The historical development of suicide mortality in Russia, 1870–2007.*

The first paper focuses on the development in Russian suicide mortality over a longer time period in order to provide a context within which the contemporary high level might be better understood. Annual sex- and age-specific suicide mortality data for the period between 1870 and 2007 were studied, where available.

Russian suicide mortality increased eleven-fold over the period. From a suicide rate of 2.6 per 100,000 there was a five-fold increase up to 1956 (12.8). Suicides increased in a particularly consistent manner between 1956 and 1984, up to 37.7 per 100,000. After a decrease in 1985–1986 the suicide rate peaked at 42.1 per 100,000 in 1994. In contrast, the data from the 2000s show a decreasing trend. The increase in Russian suicide mortality occurred over the period of modernization (industrialization, urbanization and secularization) of Russian society, which began in the 1870s and continued in a rapid manner from the 1920s onward. As similar increases in suicide mortality have been recorded in the majority of Western countries over the course of modernization, it is concluded that societal modernization is likely to have played an important part in the long-term processes in Russian suicide mortality between 1870 and 2007.

Trends in male and female suicide mortality developed in a similar way over the entire period of the study, although male suicide mortality was clearly higher at all time points, especially after 1990. The suicide sex ratio decreased between 1870 and 1894, from 4.2 to 3, and increased somewhat again up to 1956 (3.5). Between 1991 and 1994 it increased rapidly and reached its highest level over the period, 5.6. No convergence of male and female suicide rates, such as has been seen in many Western countries, could be found to coincide with women’s increased participation in the labor force during the Soviet period. This discrepancy is discussed in terms of the potentially suicide-protective effect of women’s ‘double burden’, that is, of working and still having to take care of the family in accordance with Soviet ideals concerning the female gender role. A subsequent divergence of male and female suicide rates, with the more unfavorable development in men’s suicide mortality, nevertheless accords with developments seen in Western
industrialized nations towards the end of the 20th century. Men’s increased vulnerability to suicide is considered in relation to the effect of changes in the female gender role on that of males and more generally in terms of “maladaptive” coping behaviors among males (alcohol consumption in particular).

In the post-World War II period differences in age-specific suicide rates became more marked. Between 1956 and 1984 there was a generally greater increase in suicide mortality for every subsequent age group. From the late 1990s this trend reversed and the older age groups (35+) experienced generally greater decreases in suicide mortality compared to the youngest (18–34). These changes in age-specific patterns bear a clear resemblance to those seen in Western countries over the course of societal modernization, although they occurred simultaneously among men and women in the Russian context. The relative increase in suicide among the young since the late 1990s is discussed in relation to the lack of employment opportunities for young Russians, which may hinder important developmental steps on the path to adulthood. The most favorable development in suicide from 1994 onwards was among middle aged men (ages 35–64), who previously experienced the most alarming increase in their suicide mortality rates.

Seen over the longue durée, the high level of suicide in contemporary Russia could be associated with the process of modernization, while further exacerbated by large societal changes and other mechanisms such as (male) alcohol consumption. The findings highlight that using data from a longer time period helps contextualize and elucidate contemporary processes and thus provides another window of understanding on this most complex phenomena.

Paper II

Age, period, and cohort effects on suicide mortality in Russia, 1956–2005.

The second paper attempts to differentiate between underlying period and cohort effects in relation to the overall development in suicide mortality in Russia during the period between 1956 and 2005. Period effects are thought as being attributable to events and processes in the social environment occurring at the same time as the changes in suicide. Cohort effects, in turn, represent the “long arm of history” such as it has molded the psychological constitutions of different generations by making them, for instance, more or less prone to commit suicide.

A cohort is a group of people having a certain age at a certain time point. Thus, cohort effects in relation to suicide are closely intertwined with those pertaining to the period and also those related to the age distribution of suicide. Consequently, cohort analyses are conducted by including them as a
component in an age, period and cohort (APC) analysis. Sex- and age-specific suicide mortality data were here analyzed by means of both descriptive analysis and APC modeling with log-linear Poisson regression. In the APC models the effects of both of the period and cohort variables were mutually adjusted, while that of the age variable was held constant with linear and curvilinear approximations of the trend in age structure.

The descriptive analyses showed very marked period-related effects pertaining to the five-year periods of 1986–1990 and 1991–1995 among most male and female age groups and cohorts. There was a large decrease in 1986–1990 (following Gorbachev’s political reforms, including his anti-alcohol campaign) and an increase in 1991–1995 (following the break-up of the Soviet Union). Estimates of period-specific relative risks in suicide mortality from the APC models further indicated that period effects were not limited to those seen in 1986–1990 and 1991–1995, but that there were discernible effects during the entire period between 1956 and 2005. Except for the decrease in 1986–1990 and a decrease in the period 2001–2005, period-specific relative risk estimates showed a continuous increase.

The descriptive analyses also indicated that the level of suicide mortality increased for every subsequent cohort among the older male and female cohorts. The APC models gave support to these findings: the cohort-specific relative risk estimates showed an increasing trend for the male cohorts born between 1891 and 1931 and for the female cohorts born between 1891 and 1911. As regards the subsequent male and female cohorts, the trend in cohort-specific relative suicide risk was decreasing.

Taken together the results were interpreted to indicate that the immediate societal events and processes that influenced suicide mortality in Russia over the period 1956–2005 seemed to have had a mainly elevating effect on it. On the other hand, the younger male and female generations (born after 1931 and 1911 respectively) seem to have had a lower cohort-related suicide risk.

The earlier onset of the decreasing trend in suicide risk for female cohorts is discussed in relation to differences in male and female experiences of the Stalin period. The decreasing suicide risk for the younger generations is moreover discussed in relation to their possibly more advantageous overall life experiences. First, they grew up with generally improving economic conditions. Secondly, they grew up in the midst of modernization and thus were perhaps more adjusted to life in modernizing and modern Russia. Older generations, after all, had to readjust from the traditional life that they were used to.
Paper III

*Alcohol and suicide in Russia, 1870–1894 and 1956–2005: Evidence for the continuation of a harmful drinking culture across time?*

The third paper investigates the aggregate-level relationship between heavy drinking and suicide in Tsarist European Russia in the period between 1870 and 1894 and in post-World War II Russia, between 1956 and 2005. The specific focus on heavy drinking builds on the suggestion from previous studies that the relationship between alcohol and suicide varies from country to country depending on country-specific drinking styles. Moreover, the previously observed strong relationship between alcohol consumption and suicide mortality in Russia has been associated with the Russian way of drinking – high amounts of alcohol (mainly vodka) during relatively short time periods. Alcohol poisoning mortality data was used as a proxy for heavy drinking in accordance with previous studies. The relationship between mortality from alcohol poisoning and that from suicide was examined with time-series analytical techniques using ARIMA (autoregressive integrated moving average) modeling. With this technique the series are filtered from any eventual time-trends in order to avoid spurious relationships due to correlating trends, while the potential effects of third factors are being controlled for.

The data showed a decreasing trend in heavy drinking in Russia for the period between 1870 and 1894, in contrast to the sharp increase in heavy drinking in the post-World War II period. Suicide on the other hand was increasing in both study periods, although the increase was far greater in the latter period. The strength of the heavy drinking–suicide relation nevertheless remained unchanged across time, with a ten percent increase in heavy drinking resulting in a 3.5 percent increase in suicide in Tsarist Russia and a 3.8 percent increase in post-World War II Russia.

The finding of a significant and consistent association between heavy drinking and the occurrence of suicide in both Tsarist- and post-World War II Russia indicates a remarkably stable effect of heavy drinking on suicide mortality in the country. In particular when considering the multitude of societal, economical and political changes that occurred in Russia across the timeframe and the much higher level of heavy drinking in the post-World War II period compared to the Tsarist period. This emphasizes the importance of a particular culture of heavy-drinking (of spirits) in the alcohol–suicide relation in the Russian context.
Suicide as a withdrawal from communication: A new Luhmannian perspective on an old sociological problem.

The fourth paper attempts to explore a perspective on suicide that could constitute a theoretical alternative to Durkheim’s views, which have been dominant for over a century. In particular, Niklas Luhmann’s theory of social systems is applied to an examination of suicide as a macro-sociological phenomenon. Luhmann’s system-theoretical approach focuses on autopoietic systems, i.e. systems that are self-referential and closed through their self-producing operations, and consequently, differentiated from their environment (including other systems in their environment). Social systems of communication (interactions, organizations, society) are central to Luhmann’s theory in that they constitute the subject matter of sociology. The individual is represented by two different systems – a psychic system (mind) which processes consciousness and an organic system (body) which processes life. Psychic systems are relevant for social systems in that they constitute the necessary conditions for their communication. They themselves cannot communicate, but rather only participate in the communication of social systems. Stated otherwise, social systems use psychic systems for their communication. Communication in social systems occurs according to particular conditions that psychic systems must meet in order to participate in communication. Functionally differentiated social systems have their own particular media (money in the economic system, truth in science, belief in religion, justice in the legal system, power in the system of politics, love in intimate relationships, and so forth) that make their communication more probable.

This paper argues that suicide can be understood from a Luhmannian perspective in terms of a withdrawal of the psychic system (individual consciousness) from communication in social systems in its environment. In committing suicide, the psychic system instead turns towards the body and eliminates it; thereby putting an end to the conscious desire for participation in communication. Although the psychic system is fascinated by and desires to participate in communication, communication always occurs under specific conditions, which implies that constraints are imposed on the psychic system. When such constraints become overly demanding, or when the psychic system lacks access to the appropriate medium that can make communication probable, a wish to withdraw from communication may arise within the psychic system. That is to say that “productive causes” (an increased probability) of suicide mortality can emanate from social contexts in which the conditions for communication are demanding. The variation in suicide mortality across societies, social groups, and over time can then be understood
against the variations in the conditions for communication and the demands that they imply.

If discussed in relation to Durkheim’s macro-sociological causes of suicide, the level of participation in communication can be compared to the level of integration, where a high level of participation implies a high level of integration. On the other hand, the constraints implied by participation in communication can be related to the level of regulation of goals and needs in society insofar as social goals and needs are formulated in relation to and attained through participation in the communication of social systems.

The employment of a Luhmannian perspective is particularly interesting in respect to an explanation of the causes of suicide in modern society. Luhmann maintains that societal modernization can be understood in terms of a differentiation of society’s various functions into different social systems. As a result, psychic systems need to participate in the communications of a multiplicity of social systems in order to access various social functions (or social goals and desires). Insofar as each system has its own conditions for communication, this would imply an increasing number of constraints with which psychic systems need to comply. In this sense, Luhmann’s theory may be said to imply that suicide in modern society results from the pressure (or even impossibility) to meet a variety of conditions for communication so that the psychic system can access the various societal functions of social systems. In Durkheim’s terms, the emphasis would then be on altruism and fatalism, or on excessive levels of integration and regulation. In addition, participation in a multitude of different social systems can entail a multitude of different goals and needs, at times in conflict with each other, which could be understood as a kind of anomie.

In contrast to Durkheim’s perspective, the Luhmannian view on suicide has its starting point in an understanding of suicide and its causes in relation to the individual regarded as body and mind. Nevertheless, there is a gap between the macro-sociological conditions for communication and individual-level experiences of participation in communication, and the meaning of the latter can only be presumed – and not understood – from a macro-sociological perspective. Consequently, the mechanisms between these levels require further theoretical and empirical work on the micro-sociological level. Insofar as Luhmann’s theoretical perspective may provide a starting point for constructing a macro-micro theoretical framework, it seems potentially useful for the future development of the sociological understanding of suicide.
Discussion

Aspects of suicide mortality in Russia

Russia has one of the highest suicide mortality rates in the world, 24.2 cases per 100,000 of the population in 2009, more than double the average for the member countries of the European Union in the same year (WHO 2013a). The rapid increase in suicide over the latter half of the 20th century, and the dramatic fluctuations during the 1980s (the forty percent decrease 1982–1984) and the 1990s (a 60 percent increase 1992–1994) (Paper I) are also exceptional. These are matched only by the developments in other former Soviet republics in the same period, i.e. those observed in Belarus, Kazakhstan, the Baltic States, and Ukraine (Värnik & Wasserman 1992; Mäkinen 2000).

However, the present work (Paper I) has also revealed that the development in Russian suicide mortality over a much longer time period, i.e. the last one and a half centuries, shows many similarities with that seen in the West. Suicide mortality increased in Russia across the period of Russian modernization, as it did in a number of Western nations (Mäkinen et al. 2002; Baudelot & Establet 2008; Adjacic-Gross et al. 2010; Thomas & Gunnell 2010) during the 19th century and the first half of the 20th century, i.e. the period of Western modernization. Moreover, the increased sex-differential in suicide due to a greater increase in suicide among males, during recent decades in Russia, corresponds to developments in the West during the latter half of the 20th century (Cutright & Fernquist 2003; Möller-Leimkühler 2003). The age-specific developments in Russian suicide mortality during the latter half of the 20th century, where suicide rates first grew increasingly higher for every subsequent age group and then fell more quickly among older age groups, also finds correlates in the West (e.g. Mäkinen et al. 2002; Donaldson & Hiller 2007; Adjacic-Gross et al. 2010). In particular, the resulting relative increase in suicide among young Russians can be compared with the relative increase in suicide mortality among the young that has been observed for a number of industrialized nations during the later decades of the 20th century (Pritchard 1996; Baudelot & Establet 2008).

An important implication of these results is that, just as in Western countries, societal modernization has been an important factor in the development of Russian suicide mortality, and contributed to the high levels of suicide in contemporary Russia. This conclusion accords with Mäkinen’s study (2006)
where changes in the spatial distribution of suicide mortality in Eastern Europe before and after the Communist period were attributed to Eastern European modernization. This was based on the finding that suicide had moved geographically from urban areas to rural ones and also socially from higher to lower classes, in a similar manner as during Western modernization.

In terms of understanding the high level of suicide mortality in contemporary Russia, the factor of modernization should thus be considered as a complementary explanation to short-term causal factors associated with the societal developments that occurred over the second half of the 20th century. The latter refers for example, to the dramatic ‘transitional’ changes after 1991 (Pridemore et al. 2007) and the effects associated with them, e.g. deteriorating macro-economic conditions (Brainerd 2001), increased levels of stress (Mäkinen 2000), and growing alcohol consumption (Nemtsov 2003).

In Paper II it was demonstrated that societal events and processes occurring over the second half of the 20th century (i.e. period-specific factors) had mainly elevated Russian suicide mortality while there had been a simultaneous suppressing effect of generation-specific (or cohort-specific) factors, i.e. such associated with particular generations’ experiences over their life courses. When the effects of both of these variables as well as that of the age variable were mutually adjusted in an age, period and cohort model, there was a positive trend in the period-specific relative risk in suicide over the timeframe of the study (except 1982–1984) while the estimate of the cohort-specific relative risks showed a negative trend for every successive male and female generation born after 1931 and 1911 respectively.

This suggested that two different processes may have been working counter to each other in the developments in suicide mortality over the period 1956–2005. On the one hand, the Russian populace seems to have been experiencing a particularly difficult period. On the other, it could be suggested that the younger male and female generations (born after 1931 and 1911 respectively) would have enjoyed an easier overall experience over the course of their lives. After all, the Soviet economy improved greatly from the 1920s onwards. In addition, these younger generations would plausibly have been better adapted to life in modern society as compared to the older generations who had to adapt to an entirely different form of societal organization considering the traditional one that they had known previously. These generation-specific developments in suicide could thus be seen to accord with Halbwachs’ (1930/1978) postulate that the increase in suicide during modernization would level off or decrease at a certain level of “civilization” (312–315). This argument was supported by his own findings as well as in later studies from the West (Mäkinen et al. 2002; Ajdacic-Gross et al. 2006; Baudelot & Establet 2008; Thomas & Gunnell 2010). The decrease in suicide among younger generations in Russia found in Paper II, could thus indicate that a decrease or leveling-off in suicide mortality at a certain point of
societal modernization could be associated with a generational shift towards lower cohort-related risk for suicide.

Finally, in Paper III it was found that the magnitude of the positive relationship between heavy alcohol consumption and suicide mortality shows a remarkable consistency over time. The association between heavy alcohol consumption and the occurrence of suicide was almost identical in both Tsarist- and post-World War II Russia, despite the great societal, economic, and political changes across the period. This not only supports previous suggestions of a relationship between alcohol consumption and suicide mortality in the Russian context (Nemtsov 2003; Pridemore & Chamlin 2006; Landberg 2008; Razvodovsky 2009a; Nemtsov 2011), but also underlines the importance of the particular form of heavy drinking (of spirits) in this relationship in Russia (Pridemore 2006; Razvodovsky 2009b). This result is particularly important as studies have shown repeatedly that relationships between social factors and suicide tend to change over time, even within the same societal context (e.g. Pope & Danigelis 1981; Breault 1986; Mäkinen 1997a). It is also important in the context of Durkheim’s (2006) argument that alcohol consumption has no significance for the social suicide rate (25–29).

The stable effect of heavy alcohol consumption on suicide may possibly be associated with its being a particular cultural trait. Heavy drinking of spirits is a characteristic of the Russian alcohol culture (Chenet et al. 1998; Ryan 1995), with deep historical roots (White 1996; Mäkinen & Reitan 2006). The particular importance of cultural factors, as compared to the more immediate changes in the social environment, has been previously emphasized in explaining the variation in suicide mortality between Eastern European countries (Mäkinen 2006). A number of studies have, moreover, emphasized the importance of cultural factors of suicide in general (e.g. Dublin & Bunzel 1933; Farber 1968; Kral 1994; Mäkinen 1997b).

Macro-sociological factors of suicide revisited

The present work implied that two factors seem to have had particular importance in relation to the developments in suicide mortality in Russia, namely, modernization and (heavy) alcohol consumption. How can these factors be explained in relation to the more general macro-sociological causes of suicide implied by the Durkheimian framework and the Luhmannian approach that was explored in Paper IV?

According to the Durkheimian framework, variations in suicide mortality can only be explained in relation to the levels of social integration and regulation. The former provides individuals with a sense of purpose through belonging to something greater than oneself, while the latter regulates goals and needs and protects individuals from the disappointments associated with
limitless aspirations that can never be satisfied. The Luhmannian framework instead suggests that suicide can be interpreted in terms of an individual’s (psychic system’s) withdrawal from communication as it is motivated by the pressure of having to meet particular conditions of communication in social systems. These conditions refer to particular communication media that individuals need access to in order to participate in communication, such as love in intimate relationships, money in the economic system, power in the political system, truth in the scientific system, and so forth.

From the Durkheimian perspective, increased suicide mortality in modernizing societies is explained in relation to such societies’ insufficient levels of social integration and regulation. Egoism prevails against a background of excessive individualism in which individuals have become detached from the collective that provides their lives with meaning. Anomie, on the other hand, is born from an exaggerated belief in progress that spills over into all areas of life in terms of limitless needs and desires and results in a feeling of constant disappointment (Durkheim 2006, 331–333). These social currents are felt as a “collective sadness” that leads an abnormally high number of individuals to suicide (ibid., 333). The focus from the Durkheimian perspective is thus on modern societies’ insufficiencies, on what they have lost in comparison to traditional societies. From the Luhmannian perspective the focus is rather on what modern societies positively imply in relation to suicide.

From a Luhmannian perspective, an increase in suicide mortality during modernization can be understood in relation to changes in the conditions for communication (i.e., in the media of communication) implied by modernization. In this regard, modernization implies a societal differentiation whereby societal functions are increasingly divided into different social systems (Luhmann 1982, 78ff). Individuals, as a consequence, cannot avoid participating in an increasing number of social systems that have differing requirements (different media) for participation. This brings increasing pressure to bear on individual psychic systems as they must meet and comply with a growing variety of system-specific conditions for communication. Individuals must constantly comply with a growing range of more or less explicit social rules and norms as they move between a growing number of different social contexts. In addition, not only does the inability to meet the conditions for communication within a given system mean exclusion from that system; exclusion from one system might be used as grounds for exclusion by other systems as well (Luhmann 1997, 70). Against this background, it can be argued that modern society places enormous pressure on individuals to meet the demands for participation in communication in various social systems. Added to this is the fear of exclusion, which may be as real as exclusion per se. In this respect, suicide can be understood as a way to deal with the pressure that participation in communication implies – it is the final withdrawal from communication and its demands.
As regards the factor of alcohol consumption, this was dismissed by Durkheim in terms of being irrelevant for the social suicide rate. Skog (1991) has pointed out that Durkheim regarded the relation between alcohol consumption and suicide only in terms of the mechanism of alcoholism, and that he viewed alcoholism (similarly to mental illness) as primarily an individual-level variable. Skog instead argues that alcohol consumption can be associated with suicide not only through alcoholism, which may weaken social integration, but also through intoxication, which produces *acute anomie*. Moreover, alcohol consumption can be conceptualized in terms of behavior on the collective level, i.e., as a social fact which produces, for example, a certain number of alcoholics and occasions when members of a population are intoxicated. The latter occurrences are themselves social facts which, in turn, cause variations in the social suicide rate between societies and across time (Skog 1985; 1991). Consequently, although Durkheim did not regard alcohol consumption as being of importance for the social suicide rate, it appears that the macro-level alcohol-suicide relationship can be explained in accordance with his theory.

From a Luhmannian perspective, the association between the level of alcohol consumption and suicide would need to be considered in terms of how alcohol consumption affects the conditions of communication. It can be argued that alcohol consumption affects the conditions of communication from the point of view of both social systems and the individual (the psychic system). The conditions for communication in social systems can be affected when participants in communication are alcohol abusers or when they are momentarily intoxicated, such as in the ways alcoholism and the emotions released through intoxication can affect the family and other personal relations. Alcoholism and intoxication can also affect the ability of individuals to meet the conditions of communication in social systems, such as their ability to perform adequately at work, as a parent, as a partner, etc. Furthermore, alcohol consumption may at times be implied in the conditions for communication in the sense that individuals may be expected to consume alcohol in order to participate in the communication of social systems, such as at certain social gatherings or business meetings. Expectations to drink can then impose pressure on the psychic system if one does not enjoy or cannot adequately handle the modification of personality that alcohol consumption can produce. A focus on the effects of alcohol in relation to both social systems and an individual’s possibilities to participate in them thus appears to be important for understanding the complex relation between alcohol consumption and suicide.

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19 Skog (1991) also suggests that alcohol abuse may be an alternative solution to suicide, and that the two have a common social etiology. In this case, however, suicide and alcohol consumption would be negatively associated. Nevertheless, Skog argued that alcohol consumption would be an alternative to suicide mainly for individuals who were poorly integrated from the beginning, thus it might very well only delay the suicide rather than prevent it entirely.
alcohol consumption and suicide. This might be particularly important for understanding cross-cultural variations in the effects of alcohol consumption on suicide (see Norström 1988; 1995b; Ramstedt 2001).

Luhmann and beyond

The Luhmannian macro-sociological perspective on suicide that was presented in Paper IV emphasizes the importance of understanding suicide as an individual act, even from a macro-sociological perspective. Insofar as Luhmann’s theoretical perspective regards both individuals (psychic systems) and society (social systems) as self-referential in terms of their operations, suicides would ultimately be the result of internal processes within psychic systems and could not be understood apart from these. This contrasts with Durkheim’s much-criticized holistic position (see e.g. Tosti 1898; Lukes 1973/1992), which views the individual reasons for suicide as products of social factors only. From this it follows that they themselves would be irrelevant for a sociological understanding of suicide mortality.

Luhmann’s theoretical perspective is clear in terms of its limits. It is primarily concerned with social systems, regards psychic systems as located in their environment, and considers psychic systems as important for social systems only as they constitute their necessary conditions. Luhmann argues that psychic systems want to participate in the communication of social systems, but can do so only if they meet the particular conditions of communication in those systems; if they have access to the appropriate communication media. On the basis of this relation between psychic and social systems (as seen from the perspective of social systems), it was argued in Paper IV that the individual act of suicide can be understood as a withdrawal from communication when the conditions of communication have become too demanding. However, the possibilities individuals possess to meet the conditions of communication, as well as their experiences of the pressure that the need to communicate may exert upon them, can only be presumed – and not understood – from the perspective of social systems.

In this respect it is evident that a comprehensive sociological understanding of suicide in relation to the individual can only be achieved through a view on suicide that considers the individual’s relation to society from the perspective of the individual (see e.g. Lindberg 1998). This implies that a macro-sociological perspective on suicide needs to include a micro-sociological understanding in order to really move beyond Durkheim’s holism. Although Luhmann’s theoretical perspective alone does not allow for such an understanding of suicide, it nevertheless contains the promise of a way in which to connect micro- and macro-level analyses (Misheva 2011). Insofar as it provides individuals (psychic systems) with the possibility of
independent action, it may allow for the development of a theoretical perspective on suicide that includes a focus on the psychic system and its relationships with society, its interactions, and its organizations as well as with the individual’s body as an organic system of which the main process is life. The Durkheimian perspective on suicide, in contrast, does not allow for this possibility because it in fact denies any importance to the individual in relation to the act of suicide. In this way the Luhmannian framework may thus provide a possibility for reconsidering the macro-micro-dilemma in the sociological study of suicide, something that, as argued by Wray et al. (2011), is necessary in order for sociology to remain relevant for the multidisciplinary study of suicide.

Baudelot and Establet (2008) maintain that “the sociology of suicide teaches us nothing about suicide insofar as it is an individual tragedy” (8). One of the primary aims of the present discussion has been to challenge such views insofar as they tend to restrict the problematic of suicide (at least at the level of individuals) to the research field of psychology. The present discussion is grounded upon the conviction that sociology possesses much unexplored potential for arriving at a better understanding of not only suicide, but also individual psychology in general in its concreteness and complexity (Durkheim 1993, 237). However, this potential does not reside solely in further improvement of the macro-sociological perspective, but rather in sociology’s ability to consider social phenomena from both the perspective of society as well as that of the individual, something that necessarily involves the possibility of building bridges between these two perspectives. Luhmann’s theory of autopoietic systems, with its discussion of both social and psychic systems, seems to constitute a fruitful starting point for such an undertaking.
References


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