

“A” Level Sociology

A Resource-Based Learning Approach

Deviance and Social Control

Unit M5: Suicide (2)

These Teachers' Notes have been designed to provide you with a knowledge and understanding of the following:

"Consider the sociological issues raised by the study of suicide".

The Aims of this Study Pack are to allow you understand:

1. The Interactionist critique of Durkheim's analysis of suicide.
2. The social construction of suicide.
3. Social Reaction and Neo-Phenomenological approaches to the study of suicide.

The Objectives of this Study Pack are to allow you understand:

1. The way in which Interactionist sociologists reject the idea the idea that we can understand the concept of suicide without reference to the meanings attached to it by individual social actors.
2. The idea that we can only understand suicide as a product of the meaningful categorisations by officials investigating certain kinds of acts.
3. That the social process involved in the creation of suicide statistics is a highly subjective one.
4. The reason for the Interactionist rejection of suicide statistics as "objective" indicators of suicide.

Introduction

For many years, **Durkheim's** analysis of suicide was considered to be a model of sociological analysis, for two main reasons:

1. It provided a relatively precise set of methodological principles for the conduct of social research.
2. Most importantly, it represented research showing how sociologists could analyse social phenomena and construct scientific explanations of that behaviour.

However, Durkheim's analysis came under increasing criticism, within sociology, on two main fronts:

1. **Positivism** - The **Internal critique**:

From the 1930's onwards, with the adoption of a Hypothetico-deductive model of analysis, Durkheim's methodology began to be criticised by positivist sociologists who argued that his form of inductive logic was methodologically inadequate.

2. **Interactionism** - The **External critique**:

From the 1960's onwards, Interactionist sociologists started to question a number of the most basic assumptions of positivist sociology itself - in particular, the idea that the social world can be relatively easily quantified on the basis of agreed "facts" about the social world.

Although both forms of critique derived from different sources, what they have in common is that both stem from a criticism of Durkheim's **methodology** and, in particular, his relatively uncritical approach to the use of secondary sources of data.

By looking at these two forms of criticism, therefore, we should be able to understand something about the present nature of sociological methodology and theory-development and, in addition, the current state of sociological theorising about the nature of suicidal behaviour...

The Internal Critique.

As we have seen, Durkheim's analysis has been criticised within positivist sociology for a variety of reasons. The following represent some of the main methodological problems that positivist sociologists have identified in Durkheim's work.

1. One of the major criticisms of Durkheim's analysis rests upon his use of the concepts of social integration and social regulation. Durkheim gives us no indication about how we can measure "levels of social integration", for example - he simply asks us to assume that such "underlying" concepts are significant in relation to the explanation of suicide.

In this respect, the argument is that we are given no indication about how to **test** these ideas. Durkheim assumes that societies have "normal" levels of social integration and regulation and that suicidal behaviour results from a deviation from these "normal" levels. Thus, if we are given no idea about what constitutes a "**normal**" level, we cannot, by definition, conceptualise "abnormal" levels of integration and regulation.

However, in turn, we could argue that, in principle, it should be possible to devise various empirical tests relating to the concept of social integration, such that we could perhaps measure various "levels of social integration" amongst different individuals and groups in society. There would, of course, be problems surrounding the subjective nature of concepts such as "normal" and "abnormal" levels of social integration but we may be able to avoid the use of such subjective terminology through the use of concepts such as "average levels" and so forth. We might be able to do this through historical analysis, for example, in the attempt to establish "the norm" for a particular society.

This does not, of course, mean that this is possible, rather it is to point-out that this criticism may not necessarily be a valid one...

2. A second criticism is that Durkheim's analysis is based upon a largely uncritical acceptance of official statistics relating to suicide. He gives us little idea about the reliability of the collection of such statistics. If we note that the data relates to societies in the 19th century, we must question how methodically such statistics were recorded in the various countries from which he drew his data. This is a criticism that we will develop further when we look at the "external critique" of Durkheim.

3. Durkheim's use of an **inductive methodology** has also been criticised, insofar as he has been accused of "making the data fit his theory". In this respect, because he was effectively looking for evidence that would confirm his theory (rather than, as **Popper** argues, looking for evidence to refute the theory), Durkheim simply "ignored" or "explained away" data that did not seem to fit into his general theory. In this respect, the temptation is always to argue that it is the data that is at fault, in some way, rather than the theory being at fault.

The External Critique.

The **Interactionist critique** of both **Durkheim** and **positivist** conceptions of suicide in general by writers such as:

Jack **Douglas** ("The Social Meaning of Suicide", 1967) and
J. **Maxwell Atkinson** ("Discovering Suicide", 1968),

not only enables us to demonstrate an "alternative" interpretation of suicidal behaviour but most importantly, it also helps us to come to terms with Interpretivist methodology.

Both **Douglas** and **Atkinson** begin with the argument that the sources of individual behaviour (social action) are not somehow "external" to the individual:

Social "reality" is constructed consciously and actively by people who mean to do certain things (even though their intentions are not always fulfilled) and who attribute meanings to the behaviour of others. In this respect, the social world is experienced subjectively - it is effectively constructed and reconstructed on a daily basis. The social world, therefore, can be defined as an "elaborate conspiracy" between social actors who behave in ways that suggest - both to themselves and others - that the social world has some kind of meaningful existence.

In this respect, **Douglas**, for example, criticises Durkheim on the basis that Durkheim does **not**, as he claims,

"Explain social facts by reference to other social facts".

On the contrary, what Durkheim does, according to Douglas is to impose a conceptual meaning (his own) upon the behaviour of others in a way that is unjustified, untested and untestable.

The argument, in this respect, is that when Durkheim looked at the social world, his theoretical perspective (ideas about the social world) led him to the belief / assumption that we could define certain "social facts" about the world. Other sociologists, therefore, could, with equal validity, look at that same world and conceptualise other, different, "facts" or even argue that, since such "facts" arise simply from the theoretical position of the observer, there are no such things as "social facts" in the first place - only a mass of meanings which the sociologist, for convenience, chooses to categorise in some way.

Douglas' argument is that Durkheim was mistaken in his belief that we could explain human behaviour without reference to the consciousness of social actors themselves. What Durkheim was doing, therefore, was imposing his own definition of social reality on the world - a definition which, whilst it may or may not be valid, is:

1. No more valid than a definition imposed by any other person.
2. Simply a convenient assumption used by Durkheim in order to pursue his own preferred way of looking at social behaviour.

We can develop this idea further by looking at a related criticism advanced by Douglas and Atkinson, namely that the "facts" Durkheim used in his analysis were not simply things that existed in the social world, waiting to be "discovered" by the sociologist. On the contrary, the facts Durkheim used were simply part of the everyday social construction of reality as defined by social actors who possessed the power to create "official" interpretations of reality.

Thus, in relation to suicide, the "facts" that Durkheim used were simply "definitions of the situation" constructed by social actors such as, he **Police, Doctors** and **Coroners**.

Their role, in the **social construction of suicide**, therefore, was one of providing official definitions of suicidal behaviour and, since different social actors may produce different definitions of the situation, it follows that official statistics relating to suicide are not "facts" in the true sense of the word, but merely the interpretations of one (albeit socially significant) set of social actors. As **Bilton** ("Introductory Sociology", 1990) notes:

"Suicide, far from being a 'social fact', is instead very much the product of meaningful categorisation by officials investigating certain kinds of act, and it cannot be assumed that these officials share the same meanings on which they base their interpretations. Officials, no less than other members of society, necessarily operate with their respective stocks of common-sense knowledge which they cannot help but use to make sense of the reality which they encounter - in this case, suspicious death."

We might suggest, however, that the above is not quite true in the sense that the interpretations of officials are "not simply" their personal interpretations, any more than the judgements presented by a Judge is her / his "personal interpretation" of criminality / innocence.

Such officials make their judgements against a clear structure of rules of evidence. The "commonsense knowledge" to which coroner's, judges and the like refer is rather more substantial a basis for making a judgement than the simple "interpretation of individual's", since any judgement is made against a background of rules and indicators that have been built-up over many years. Whilst this does not invalidate Douglas' basic point (as we will see in a moment), it's important that we do not see the decisions of coroner's, for example, as simple, arbitrary, one's that have no-more validity than the interpretations you or I might make...

If we look in more detail at the social process involved in the construction of "suicide", the above ideas should become a bit more clear...

SOMEONE DIES

Police / Doctors have to make a decision as to whether or not the death was "suspicious"

How do they decide?

They look for "**evidence**" that accords with their "common sense" definitions about what constitutes a "suspicious" death:

- How did the person die?
- Was the victim alone?
- Was there a note left with the body?
- What was the victim's "state of mind"?
- Were elaborate preparations made by the victim?
- Etc.

If the definition of "suspicious death" which such officials hold does not "fit" into the circumstances of the death, then death was not "suspicious"

If the definition used does "fit", then an inquest into the death is held in a Coroner's Court.

For a death to pass the first hurdle on the way to being classified as a "suicide", officials have to classify it as "suspicious". Outline some of the ways in which this "social construction of reality" is open to different interpretations by different officials:

Once a death has passed this first hurdle, the Coroner becomes the most important social actor in the drama, insofar as he or she now has to come to a decision about whether or not the death was a suicide. Since the one person who could actually provide this information is unfortunately dead, the coroner has to attempt to infer information about the deceased that will enable a classification to be made.

Coroner

To infer cause of death, **common-sense indicators** are used:

Was a suicide note found?

What was the mode of death?

Hanging?
Car crash?
Asphyxiation in car?
Etc.

Evidence of relatives:

Was victim "depressed"?
Was victim "worried"?
Was victim under some form of stress?

The history of the victim:

Had this person attempted suicide before?
Did victim have emotional / financial problems?
Did victim have incurable disease?

All of the above factors relate in some way to the victim, and all involve some form of value judgement about such things as:

Whether or not death by hanging is more suspicious than death in a car crash.

The qualifications relatives have for determining such psychological concepts as "depression".

The state of the victim's mind concerning possible financial / emotional "problems".

In addition, a further set of considerations have to be taken into account...

If the victim has left relatives, the position becomes even more complicated, since the coroner has, implicitly, to consider the likely effect upon them of a suicide verdict. For example:

If the victim and his / her family were Catholics, since the Catholic Church views suicide as "self-murder" (that is, as a sin), the coroner may well make reference to the likely consequences of his / her decision upon the victim's relatives. In this respect, it is evident that coroners in Catholic countries are more-reluctant to classify a suspicious death as suicide than coroners in non-Catholic countries...

In countries where suicide is classified as a criminal offence (as it was in Britain until 1961), the "victims" of such a classification would be the relatives who remain alive (especially the deceased's immediate family). In such countries, coroners tend to be more-reluctant to classify a death as suicide than in countries where such a law does not apply.

In addition, where the victim was insured against death, coroners tend to be less likely to classify death as suicide (unless there is over-whelming evidence to the contrary) than in instances where no financial considerations are evident.

Finally, whilst some officials involved in the determination of suicide are very thorough in the collection of evidence, others are more-concerned about not intruding upon the rights / feelings of relatives.

Using the death of the publisher Robert Maxwell as an example, what kind of problems might have faced the coroner in the investigation and classification of Maxwell's death?

From the above, therefore, two main implications are evident:

1. Suicide rates and suicide statistics are not necessarily "facts" in the way that Durkheim assumed. On the contrary, like all official statistics, the determination of suicide involves a social process of interpretation by numerous social actors. In this respect, we have no real way of determining either the reliability or validity of suicide statistics.

For example, it might be that a whole class of suicides do not appear in the statistics because the "suicidal individual" manages, in some way, to disguise his or her real intentions - we simply do not have a reliable way of knowing whether or not this is the case (in some ways, this is similar to the idea of "hidden deviants" - people who have committed a deviant act but, because it is not labelled as such they are, to all intents and purposes, not deviant).

Interactionist sociologists often use the concept of "labelling" in their analysis of social behaviour. In what ways is this concept applicable to the social construction of suicide?

2. Given that suicide is itself "a fact" (people do take their own life), how can Interactionist sociologists explain this fact?

Douglas' analysis is illustrative in this respect since:

1. What we call "society" is considered to be the product of the meaningful interaction between individuals. We can conceptualise this interaction as a label ("society") for theoretical convenience, but what we cannot do is to assume that by the act of conceptualisation, society is somehow made to exist externally to individual social actors.

2. In order to understand the social act of suicide, therefore:

a. We must understand how it is socially defined by significant social actors (the police, the medical profession, coroners and so forth)

b. We must attempt to understand the meanings that suicidal individuals "construct" for their actions. For Douglas, the person who intends to commit suicide can - as with any form of labelling process - attempt to convey to others the meaning of their act (through the use of "suicide notes", the way in which they construct their death and so forth).

The researcher, therefore, needs to get as close as possible to the world which he or she is attempting to study and the "most appropriate" methods of investigation involve such things as:

- Participant observation (of the people involved in the social construction process).
- In-depth interviews.
- Personal documents.
- Case studies of individual deaths.

Following the above, therefore, we can now turn to examine two basic forms of Interactionist analysis which seek to answer the question "why do people commit suicide?":

- a. **The "Social Reaction" approach.**
- b. **The "Neo-phenomenological" approach**

Before we look briefly at each of the above, it might be useful to provide a general overview of the "Interactionist" approach to the study of the social world as a means of introducing each of above approaches.

For Interactionists, the meaning of any action (in this particular instance, "suicide") does not have a theoretically or practically separate existence from the people who perceive and define it. What this means, in effect, is that there is not necessarily any commonly-defined meaning to the concept of suicide. Different societies - and different people within the same society - may produce different interpretations about what actually constitutes "suicidal behaviour" (that is, the act of taking one's own life deliberately). In this respect, we - as sociologists for example - cannot simply take it for granted that what we mean by suicide necessarily has the same meaning for other people.

When we talk about suicide statistics, therefore, we are not, according to Interactionists, talking about objective facts. Rather, what we are dealing with is the subjective interpretation (and labelling) of an event (in this instance, the death of someone). As you should be aware, the application of a label (such as "suicide") to an event involves someone creating and applying the label; labels do not arise as if by magic and nor do they lack a purpose. Labels are created by people with the power to make their definition stick and, in this instance, the people with the power to define a particular form of behaviour as "suicide" are coroners, doctors, the police, newspaper reporters and so forth.

The significance of the Interactionist notion of a unity between the subject (in this case, the people who possess the power to define an action) and the object of that definition (in this case, someone dying), can be summarised as follows:

In order to understand the social significance of an event, it is necessary for us to locate that event within a frame of reference. That is, we explain something by referring to the context of that event - we locate it in a symbolic universe by putting it into a social context that sees the event in terms of its relationship to other events.

Thus, the people who define an event as a "suicide" can only produce such an interpretation on the basis of the way in which the event fits into a predefined pattern of thought. In simple terms, in order to define an event as "suicide", we must already have constructed a social definition about what constitutes "suicide".

Behaviour that fits the pattern (behaviour that fits our "taken for granted" view of what constitutes suicide) is thereby defined as suicide. Behaviour that does not fit this pattern is defined in some other way (as "accidental death", "murder" and so forth).

Now, whilst this may just seem like a rather tortuous way of saying that we must know the meaning of the term "suicide" before we can define behaviour as being a suicide, the implications of this idea are fairly wide-reaching. If we have to socially construct a definition of an event, then two ideas follow from this:

1. We always know in advance what the event means - if we did not then that event is inexplicable.
2. We cannot, in the last instance, ever hope to understand the social world in objective way. The only way we can understand the meaning of an event is in terms of the definition that is applied to it by thinking, conscious, human beings.

In short, knowledge that is **supposedly objective** is, in reality, totally **subjective** - it is particular to the people who are observing the event. This idea, if correct, has fairly devastating implications for our understanding of not just the social world, but also the natural world, since this idea has interesting implications for the way in which we can view scientific knowledge and the social processes involved in its creation.

Having looked briefly at the basic theoretical background to Interpretivist ideas about the "social construction of reality", we can now turn to look at the two approaches to the study of suicide noted above.

1. The Social Reaction Approach to Suicide.

This approach to the explanation of suicide emphasises the importance of studying the social reaction of others to the "potentially suicidal" individual and is probably best-illustrated by the work of:

1. **Rushing** ("Deviant Behaviour and Social Process", 1975):

In this instance, the argument is that suicide (or attempted suicide) is frequently preceded by some form of deviant behaviour (such as alcoholism, drug abuse or economic failure):

The labelling of the individual as a deviant weakens his / her self-esteem, frequently leads to social isolation and, in such instances makes the possibility of suicidal behaviour more likely.

2. **Kobler and Stotland** ("The End of Hope", 1964):

In their investigation of a "suicide epidemic" in a mental hospital, Kobler and Stotland sought to understand suicide in terms of:

a. The patients' perception of their situation:

For the majority, the hospital was seen as a "last hope" for a successful recovery.

b. The staffs' perception of the situation:

They found that the staff were generally demoralised about their work.

c. The relationship between these two "definitions of the situation".

In this respect, the demoralisation of the staff was being translated into "unintentionally negative" responses to their patients' situation. This, in turn, was interpreted by their patients as being, almost literally, the "end of hope".

In the above respect, **Kobler and Stotland** argue that "suicidal behaviour" is preceded by two things:

1. Firstly, the individual must define him / herself as being "helpless" and, in this respect, looks to others for help.
2. Secondly, the individual perceives others as defining his / her situation as "hopeless".

Whilst the above clearly explained the "suicide epidemic" in the mental hospital in terms of the interaction between patients and staff (and the "special circumstances" that arose in this situation), it is debatable as to whether this form of explanation is significantly "more plausible" than Durkheim's, insofar as:

- a. Kobler and Stotland fail to account for the fact that some individuals become "helpless" whilst others do not.
- b. They fail to explain why "negative labelling" produces suicidal behaviour in some people but not in others.

How do you think Durkheim might have tried to explain the "suicide epidemic" investigated by Kobler and Stotland?

2. The Neo-phenomenological Approach to Suicide.

Jacobs (in "Social Problems": No. 15, 1967) wanted to understand how "suicidal individuals" defined their social situation and, to this end, conducted an extensive study of suicide notes left by "successful" suicides. Jacobs concluded that:

1. The individual must believe that their situation is intolerable / not solvable.
2. They must believe that death is the only answer.
3. They must define their situation as being beyond their power to control.

Again, a number of methodological problems arise in the above:

1. Only a minority of suicides leave a note.
2. Suicide notes are frequently ambiguous and difficult to interpret:

In addition, we have no way of knowing whether or not the suicidal individual is "telling the truth" or simply rationalising the situation. In this respect, Jacobs provides no way of differentiating between the two; he simply assumes that the suicide note is "the truth", as defined by the suicidal individual.

3. Suicide notes might explain how an individual "justifies" his / her behaviour, but they do not tell us very much about why a person was in that situation in the first place.

4. What is the significance of "leaving a suicide note"? Such a form of analysis gives us little indication about why some people feel it necessary to leave a note, whilst others do not...

Jack **Douglas** ("The Social Meaning of Suicide", 1967), argues that in order to understand the social meaning of suicide we have to do two things:

1. Carry-out a detailed analysis of the meaning of particular suicidal acts through:

- a. Interviews with survivors
- b. Case studies of suicides
- c. Documentary evidence (personal diaries and so forth).

2. Look for recurring patterns of meaning, such as:

Revenge
Cries for help
Escape
Repentance

In this respect, because suicidal individuals have some form of cultural concept of the meaning of suicide (that is, an idea about what others in society mean by suicide - for example, that there is "something wrong" with the individual, that people are somehow "driven by others" to commit suicide), suicides can effectively "revenge themselves" in death - by blaming others - in a way that proved impossible in life.

Finally, **Baechler** ("Suicides", 1979) argued that suicide was not simply an end in itself, but also, most importantly, a means to an end. Thus, Baechler argued that suicidal behaviour was simply an extreme form of social strategy adopted for the achievement of certain social ends. In this respect, Baechler identified four main types of strategy:

1. **Escapist:**

The suicide is fleeing from an intolerable social situation.

2. **Aggressive:**

The intention is to harm others by blaming them for forcing the individual to commit suicide.

3. **Oblative:**

The suicide is designed to draw attention to some political / moral ideal.

4. **Ludic:**

The attempt at suicide is a "calculated gamble" with life and death.

One way of understanding the "meaning of suicide" might be to study people who have attempted suicide and lived. What methodological problems can you identify, in this respect, that might invalidate such a form of analysis?

Hint: Can we make a distinction between the meaning involved in a "successful" and an "unsuccessful" attempt at suicide?

To complete this section it is worth looking briefly at the work of Barry **Hindess** ("The Use of Official Statistics in Sociology", 1973), since Hindess has been highly-critical of the "Interactionist approach" to both the process of data collection and the general implications of this approach for our understanding of the social world.

According to **Hindess**, questions of **validity** are crucial. If official statistics are "no more" than the interpretations of coroners and are, therefore, to be considered invalid (as writers such as Douglas and Maxwell Atkinson argue), then on the same basis the work of such writers is "no more" than the interpretations of (Interactionist) sociologists...

Hindess argues that such writers, whilst criticising the social construction of suicide statistics simply ask us to believe that their interpretations of the "reality" of suicide are more valid than Durkheim's. The problem, according to Hindess, is that such writers provide us with no basis for the evaluation of such a claim - why, in short, should we believe that their approach is somehow "more valid" than Durkheim's?

This echoes, you may recall, **Dorkin's** objection to religious ideology, insofar as it is ultimately based upon "faith" rather than evidence.

The logical conclusion of the work of Interactionist sociology is that everything is relative to everything else - everything, in theoretical terms, is "up for grabs" - and sociology becomes, according to Hindess, a fairly worthless, pointless and impossible task (since if all the sociologist is doing is interpreting the social world, why should their interpretations be any more valid than the interpretations of the police, doctors, coroners and so forth?).

This type of criticism can be levelled at a great deal of Interactionist sociology. The observations of Interactionists have supposedly greater validity (they claim) because they somehow reflect the reality of a situation (the sociologist gets close to their object of study in a way that "positivist / realist" sociologists do not). However:

- a. We are asked to "take it on trust" that this is what interpretive sociology is able to do.
- b. Why should the ability to "get close to your object of study" be any more advantageous than studying social behaviour from a distance?

Being involved in the activities you are studying may give the sociologist less of a picture of "reality" because, to get involved means accepting the assumptions about a social situation held by the people in that situation - and there is no guarantee that the actors involved actually understand why they behave as they do (such understanding being, of course, the task of the sociologist...).

Hindess agrees with people like Douglas that "ultimately" official statistics are difficult to interpret (as we have seen, in the case of suicide, although individual cases may appear in the same statistical category - "suicide", "murder", "accidental death" and the like - they may not necessarily refer to the same phenomenon. For example, some deaths classed as suicide may have been accidental whilst, more probably, some deaths not categorised as suicide may have, in fact, been suicide). However, he argues that this form of "ultimate uncertainty" is a feature of all social and natural science. "Ultimately", as Popper has noted, we cannot be certain of anything...

Hindess argues, in this respect that, as far as is humanly possible, the sociologist must attempt to ensure that his / her data is:

- a. representative (of whatever is being studied).
- b. Internally consistent (to ensure that each unit that is supposed to refer to a given phenomenon actually does refer to it).

In addition, as **Keat and Urry** ("Social theory As Science", 1975) note:

"...the significance of the socially constructed nature of [official] statistics varies. Suicides are such that it is necessary to reconstruct the probable intentions of the agent prior to his death. to do so clearly requires coroners and officials to use all sorts of background knowledge and interpretive procedures to make sense of the agent's intentions; thus, the officially produced rates of suicide are essentially social constructions. However, it does not follow that anything like the same problem is faced with official statistics relating to income, wealth, housing, births and non-suicidal deaths."

We can add to this Hindess' observation that sociologists are well-aware that official statistics involve such things as omissions from the data and everyday interpretations of the actors involved. These things should be taken into account when the reliability / validity of data is considered. The simple observation that statistics are "socially produced" does not, in itself, invalidate their use by sociologists. What we need to do, therefore, is to use a critical awareness of the potential limitations of statistical data - to understand such things as:

- Who produced it.
- Why they produced it.
- The circumstances under which it was produced.

Thus, in relation to Durkheim, the statistical regularities he found when analysing suicide data points us towards some underlying logic in their production. For example, although the construction of such data is clearly dependent upon official interpretations, the consistency of the data indicates that, within certain limitations, officials were / are applying a reasonably logical, more-or-less generally consistent set of interpretations to the behaviour they classify.

Thus, in terms of the broad sweep of such data there is little reason to suppose that it is somehow invalid (that it does not reflect the behaviour it is supposed to reflect). Clearly, there will be some cases when a real suicide is classified as accidental death, for example, but in general terms suicide data - because of the level of internal consistency it shows - can be taken as generally reliable and valid for the purposes of sociological analysis.

As Durkheim has demonstrated, suicide data shows a clear internal consistency over many years and if there was no logic to its collection / production (that is, it was produced randomly, haphazardly and so forth) then the data would be unlikely to demonstrate such consistency. What this effectively means, therefore, is that although suicide data is, by definition, socially produced to an extent that is much greater than usual, we can attempt, following Hindess, to allow for possible omissions, everyday forms of interpretation and so forth when we attempt to explain suicide on the initial basis of an analysis of suicide statistics...

Summary

1. Durkheim has been criticised (by positivist sociologists) for his failure to operationalise the concepts of social integration and regulation.
2. The reliability and validity of Durkheim's suicide data is open to doubt.
3. Douglas and Maxwell Atkinson have questioned Durkheim's assumption that official suicide statistics represent objective data.
4. "Suicide" is a social category that is created by the interpretation of significant social actors (such as coroners).
5. Interactionists have offered a variety of explanations as to why individuals commit suicide, but it is debatable as to whether or not they have significantly improved upon Durkheim's analysis.
6. Hindess argues that, used with care and understanding, social statistics are a reliable and valid form of data collection.

Additionally, in terms of the different skill domains you are required to demonstrate, you should also feel confident that you can:

Examination Questions.

1. Outline and assess the different ways in which sociologists have approached the study of suicide (25 marks).
2. "What is defined as a suicide is more a matter of what the coroner thinks, than what the dead person intended". Discuss with reference to recent studies of suicide (25 marks).
3. Evaluate the usefulness of official statistics to a sociological understanding of suicide (8 marks).
4. Evaluate the claim put forward by some sociologists that the nature and extent of suicide is socially constructed (25 marks).
5. Compare and contrast any two sociological approaches to the study of suicide (25 marks).