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Understanding Elder Suicide with Durkheim

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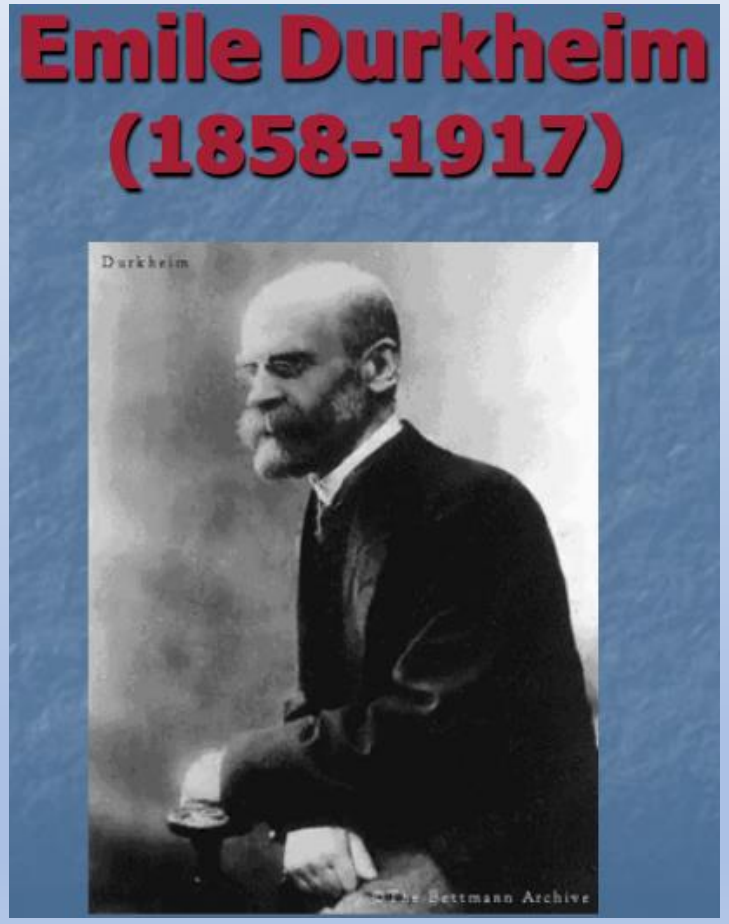
In 1897, Durkheim published a book entitled *Suicide: A Study of Sociology* in which he focused on the social environment that propels a person into suicide. Although Durkheim’s findings were intended for the general population, his research appears to have greater application with elders.



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Clinical Intervention

Contemporary research* clearly demonstrates that Durkheim's theory is applicable and helpful to practicing gerontologists. However, the theory and this presentation is *not* a guide for therapy or clinical intervention. The application of the theory addresses intervention in the social environment and not personal change. Why?

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What makes elderly suicide ideation different from others?

- We know that younger people are likely to verbally or nonverbally express suicidal intentions. Sometimes this is called "a cry for help." With a cry for help, a trained clinician would have the skills to intervene. Elderly people typically *do not* demonstrate the signs of suicidal ideation. Generally speaking, elderly do not "cry for help." When an elderly person makes the decision, the act of suicide is successfully completed *without the classical warning signs*. Elderly are much less likely to make an error in the suicide attempt. By the time a clinician realizes suicidal ideation exists, it's too late.

- Militant elders, who I interviewed, were deeply resentful about suicide intervention. One comment critical toward clinicians' attitudes was: "Like it or not, we're going to fix things so you can't kill yourself." Many elders feel that suicide is a personal decision made by a person with vast experience. Unwanted intervention comes from a young person with little life experience and understanding. Resentment of clinical intervention is high.

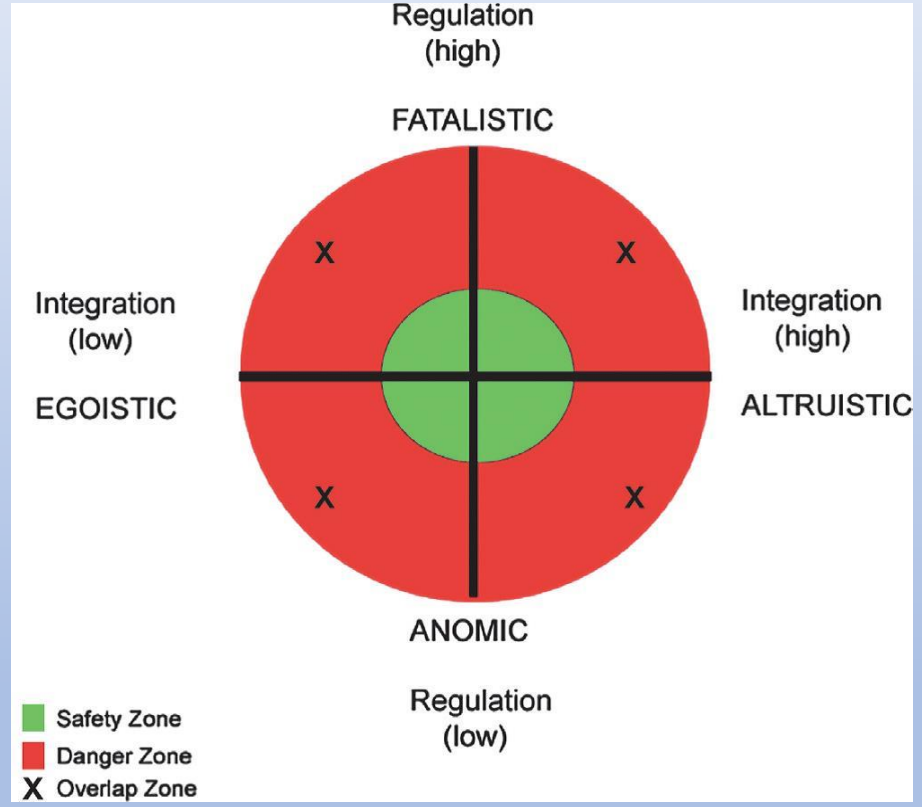
Parts of Durkheim’s Theory

Addressing the social environment *before* suicidal ideation emerges is the best strategy. Durkheim’s theory provides an excellent strategy to successfully address suicide ideation among older populations and it can be applied across cultures.

In examining suicide notes and public documents throughout Europe, Durkheim uncover unmistakable patterns and labeled them:

- **Fatalistic – over social regulation**
- **Anomic – lack of social regulation**
- **Egoistic – lack of social integration**
- **Altruistic – over social integration**

The Model



From: Marson, S. M., & Powell, R. M. (2011). Suicide among elders: a Durkheimian proposal. *International Journal of Ageing & Later Life*, 6(1), 59–79.

Durkheim's scales are relative. There are degrees of social environmental impact to can propel an elder to suicide. The green zone is the part of the scale where suicide ideation is nonexistent or nonproblematic. Moving in the red zone indicates that suicide ideation has increased to the degree where suicide is most likely to occur.

Durkheim stressed the concept of balance. Too much of any is harmful. His concepts are paired and represent extremes of a continuum:

Fatalistic ---------- Anomic
Egoistic ---------- Altruistic

Fatalistic Suicide

- Fatalistic suicide can best be described as a social environment in which there is no change, no hope for change, a *controlled ecosystem* with little or no self-determination. Total social, psychological and physical stagnation is the hallmark.
    1. No social role or social responsibilities.
    2. Bed-ridden with no hope of recovery
    3. No control over bowel and bladder
    4. Nursing home [understaffed, Medicaid only, weak & routine activities]
- Durkheim thought that fatalism was theoretical and not practical. He was wrong [see: Marson, S.M. & Lillis, J. P. (2019). Durkheim's greatest blunder. *The Journal of Sociology and Social Welfare*, 46(2), 155-177.]
- Probably the most common type of gerontological suicide.

Anomic Suicide

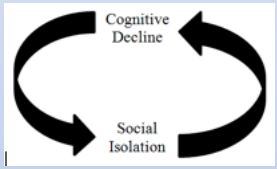
- Anomic suicide can best be described as a social environment in which there is rapid and unmerciful social change in which the individual is propelled to lose a sense of self, social role or personal identity. For an individual with vast life experience the hallmark is multiple, uncontrollable environmental loses with no social replacement.

  1. Retirement/SES, income, relationships, sexuality, culture, admissions to facility
  2. Normal coping skills enables protective shield from single losses, but perfect storm loses propel toward suicide

- Durkheim thought that anomic suicide was most prominent, but it proves not to be in gerontology.

Egoistic Suicide

- Egoistic suicide is best described as a social environment in which the individual is isolated and lacks social connection with others. Social disengagement is prominent.



  1. Cognitive decline
  2. Physical health (particularly, presbycusis)
  3. Drugs and alcohol
  4. Nutrition
  5. Grandchildren and others fear of the appearance of an elderly person
- Of all the social types of suicide, egoistic was the first Durkheim observed as a result of his close friend’s suicide.

Altruistic Suicide

- Altruistic suicide is best described as social environment in which the individual's world strangles her/him into an uncompromising social roles. The individual is of secondary importance within a group, culture, or society.
  1. Lacks value or unable to contribute to group or society
  2. Cultures that stress high regard for honor and/or family
  3. Religions that stress contributions
  4. Poor health with estates, wills, life insurance, etc.
- Durkheim does *not* use the dictionary definition of "altruistic." People find the use of the term confusing and have difficulty applying it to practice.

Assessment

- Traditional diagnostic paradigm is problematic
- Even use of qualitative and quantitative methods
  - Traditional social histories
  - Scales of measurement*
- Monitoring designs are helpful to demonstrate patterns

* Many appropriate scales are found in Marson, S.M. (2019). *Elder Suicide: Durkheim's Vision.* Washington, DC: NASW Press.

Physician Assisted Suicide and Euthanasia

- Conflicts among culture, religion and law.
- The double-edge sword: pain killers that accelerate death.
- Position of militant elderly.
- Durkheim’s position on personal autonomy and balance.

General Remarks

- Is Durkheim's theory easy to learn?
  - No. It takes and effort. The gerontologist has to complete a paradigm shift. The medical is ineffective in addressing elder suicide.
- Is Durkheim’s theory powerful as an aid to addressing suicide?
  - YES. Once a person envisions the power and influence of the social environment, a profound understanding of suicide emerges.
- Balance between extremes is a major key in understanding and intervening.

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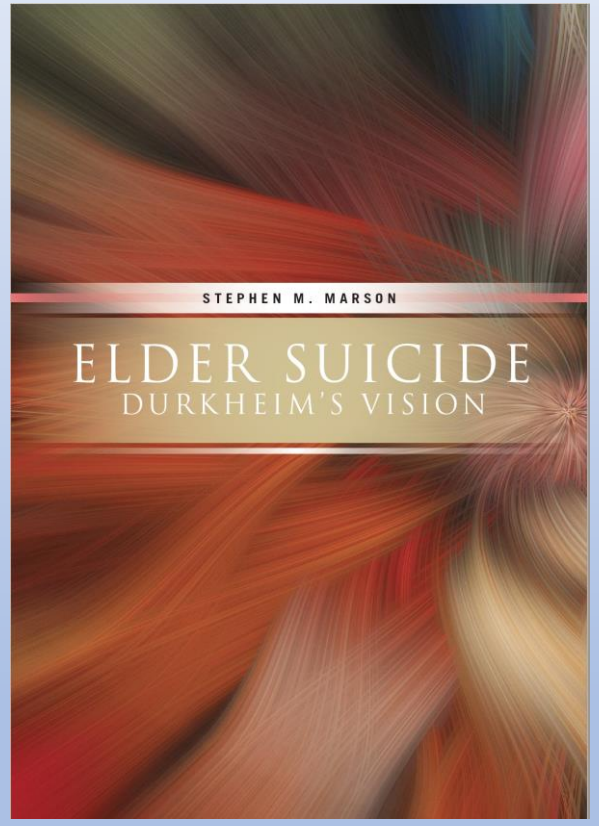
For more information see:



https://www.amazon.com/Elder-Suicide-Durkheims-Stephen-Marson/dp/0871015412/ref=sr_1_6?keywords=Stephen+M.+Marson&qid=1569153183&sr=8-6

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Questions and Answers

If you have additional questions, email smarson@nc.rr.com

A webpage entitled “Elder Suicide” is under construction and can be found at a temporary URL:

https://www.marson-and-associates.com/Suicide/SuicideIndex.html

When the webpage has a permanent URL, the new home will be announced on the old address.