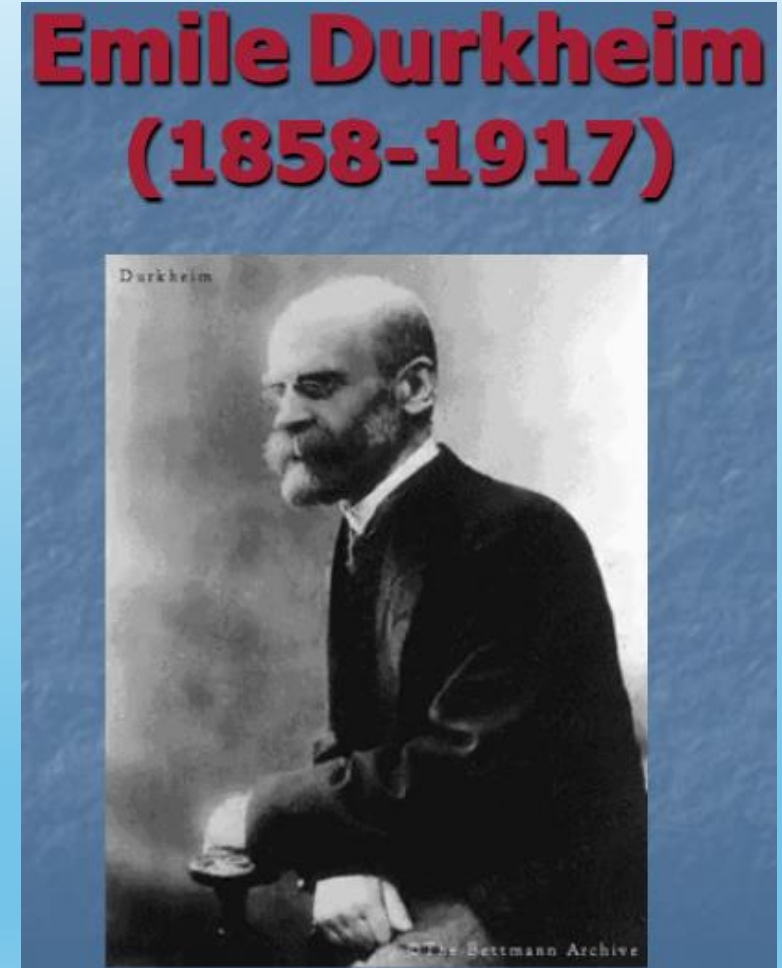


The Social Environment as a Catalyst for Elder Suicide: A Durkheimian Approach

Stephen M. Marson, Ph.D., ACSW

The Fundamental Concept

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.



Clinical Intervention?

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

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Clinical Intervention? (Cont.)

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- Marson, S. M. (2018). The right for the elderly to commit suicide. *Journal of Social Work Values & Ethics*, 15(2), 1–2.
- Rendall, M., Weden, M., Favreault, M., & Waldron, H. (2011). The protective effect of marriage for survival: A review and update. *Demography*, 48(2), 481–506. <https://doi-org.proxy181.nclive.org/10.1007/s13524-011-0032-5>
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- Skelton, R.A. (1900). The increase of suicide. *Current Literature*, 29(5), 559-561.
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What makes elderly suicide ideation different from others?

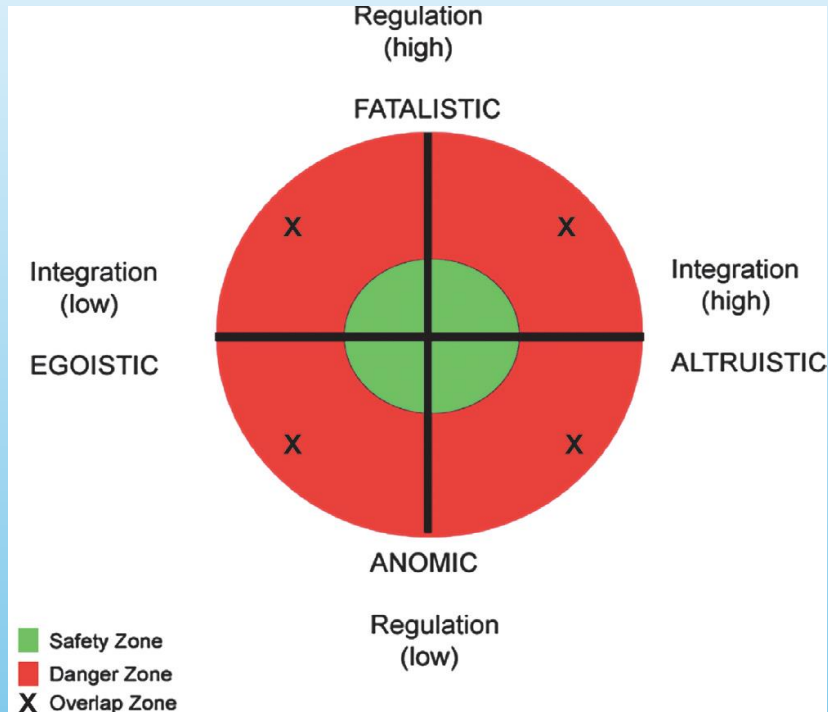
- **A cry for help?!**
- **A personal decision: Leave me alone!**

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



From: Marson, S.M. (2019). *Elder Suicide: Durkheim's Vision*. NASW Press.

Durkheim's scales are relative. There are degrees of social environmental impact 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 bowl 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.]

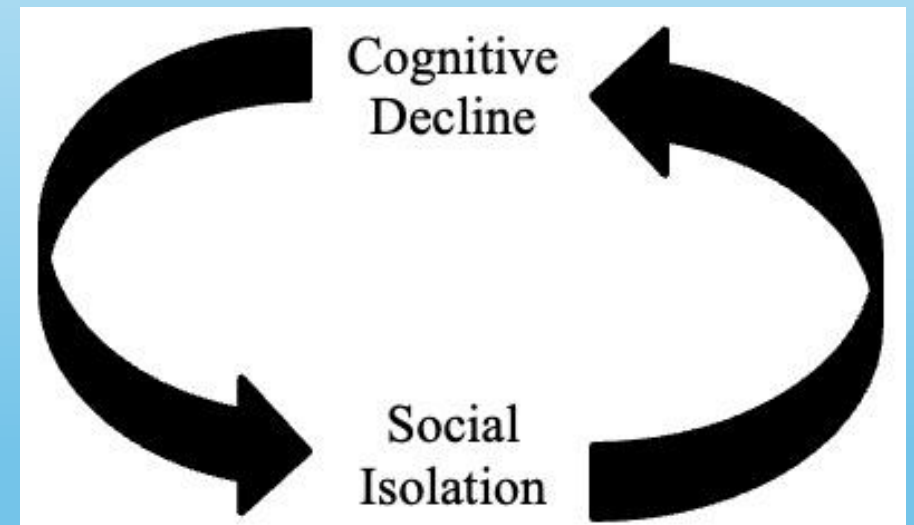
* Marson, S. (2009). What do you say when a resident loses control? *The Internet Journal of Geriatrics and Gerontology*, 4(2) retrieved at <https://ispub.com/IJGG/4/2/5348>

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 losses 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 losses 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. Natural v. unnatural social disengagement.
 2. Mental health problems (depression)
 3. Cognitive decline
 4. Physical health (hearing loss)
 5. Drugs and alcohol
 6. Nutrition
- Of all the social types of suicide, egoistic was the first Durkheim observed because of his close friend's suicide.



Altruistic Suicide

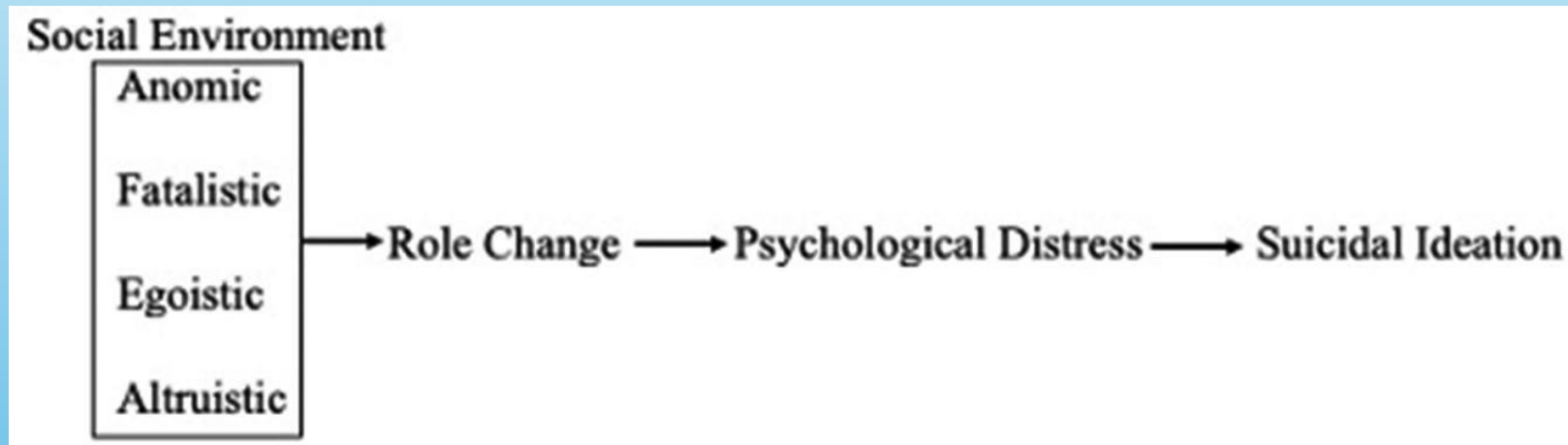
- Altruistic suicide as a social structure in which the individual's social world strangles her/him into an uncompromising social roles. The individual is of secondary importance within a group, culture, or society.
 1. Lacks value or unable to contribute to group or society
 2. Cultures that stress 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.
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Linking Macro and Micro Theories

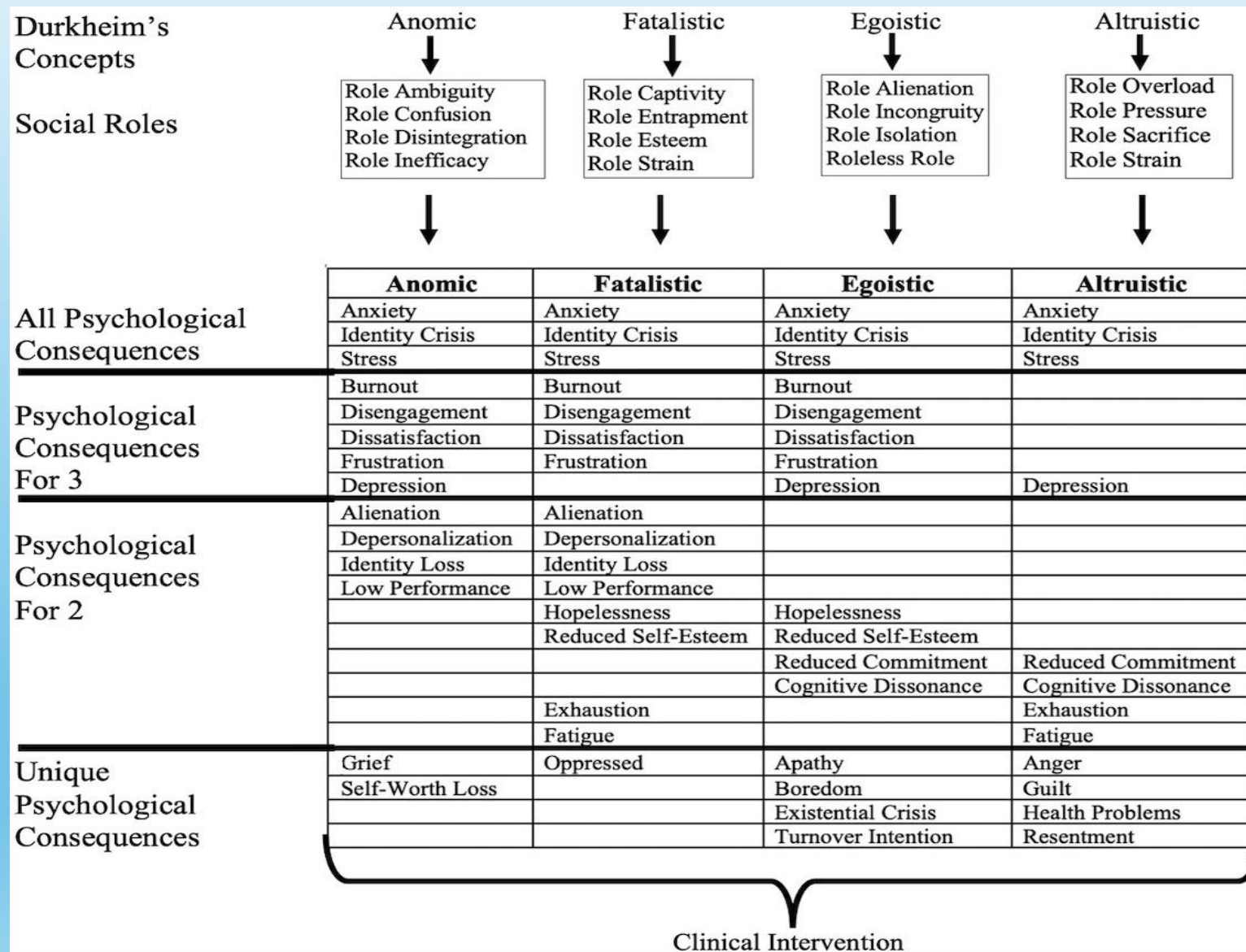
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Linking the Social Environment to Psychotherapy

Social Environment is the Catalyst for Suicide



Social Environment and Role Change



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**

Resources:

- Many appropriate scales are found in Marson, S.M. (2019). *Elder Suicide: Durkheim's Vision*. Washington, DC: NASW Press.
- Andrews, Arlene. 2007. *Social History Assessment*. Sage Publications.
- <https://marson-and-associates.com/Suicide/Q&Q.html>

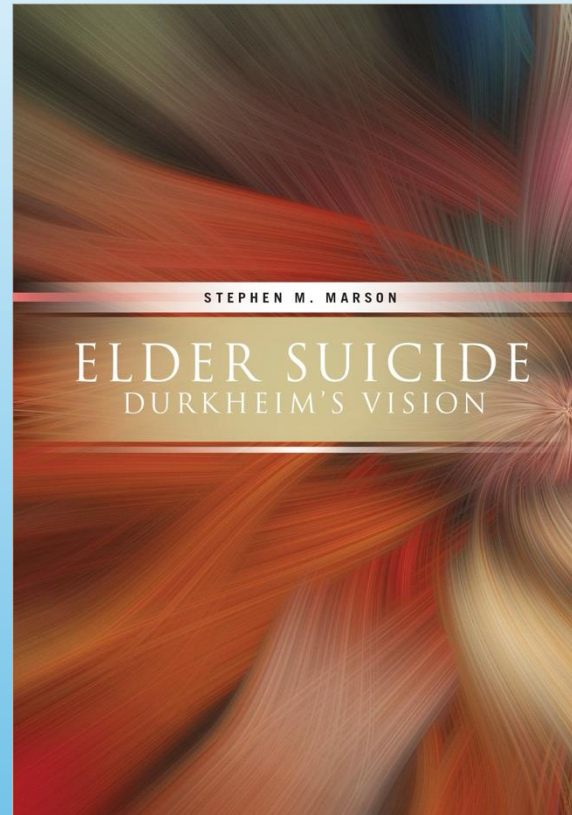
Physician Assisted Suicide and Euthanasia

- 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 time and effort. The clinical social worker must complete a paradigm shift. The medical model is ineffective in addressing suicide prevention.
- 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.

For More Information see



<https://naswpress.org/product/elder-suicide/>

NASW offers CEU credit for reading this book

Questions and Answers

If you have additional questions, email
smarson3@outlook.com

A webpage entitled “Elder Suicide” can be found at:
<https://www.marson-and-associates.com/Suicide/SuicideIndex.html>