

Politics and suicide

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Received: 12/8/2016; Revised: 13/8/2016; Accepted: 14/8/2016

Summary

Objective: To place the paper, ‘Recent cohort effects in suicide in Scotland: a legacy of the 1980s?’ by Parkinson *et al.* (2016) in context, and to comment on its significance.

Conclusion: Theories regarding the factors which lead to suicide have changed over time, from the influence of Satan, to the centrality of mental disorder. Emil Durkheim speculated that social factors were of great importance, but this view has been neglected if not completely ignored. The work by Parkinson *et al.* (2016) demonstrates that changes in society which are commercially and technologically driven impact on suicide rate. This finding must be drawn to the attention to the community in general.

Discussion

‘Recent cohort effects in suicide in Scotland: a legacy of the 1980s?’ by Parkinson *et al.* (2016) is a paper of profound importance in our understanding of suicide.

For many hundreds of years, suicide was considered to be a moral/religious issue, with causative factors lurking in the lack of faith and strength of the decedent, and the wiles and temptations of Satan. Then in the early 19th Century, the theory was advanced that all or almost all suicide was the direct result of mental disorder (Berrios, 1996).

In the late 19th Century, Emile Durkheim (1897/1951) argued that suicide is largely a social phenomenon, rather than the result of individual psychopathology (although, he agreed a role for mental disorders in some cases). He proposed the important social factors were social integration (attachment to society providing a sense of purpose and meaning) and moral regulation (the healthy society providing limits to the aspirations, behaviour and thereby, the disappointments of the individual).

The importance of factors other than mental disorder in the etiology of suicide abound. The ‘Interpersonal Theory of Suicide’ (from the USA) described by Joiner (2005) has received international attention and states that suicide occurs when individuals experience loneliness and feel they are a burden to themselves and community members. Other theories include the ‘Strain Theory of Suicide’ (from China) (Zhang and Zhao, 2013) and the ‘Cry of pain/Entrapment’ model of suicide (from Scotland) (Stark *et al.*, 2011). Other facts which demonstrate importance of socio-eco-cultural factors include the relative differences in the suicide rates of different countries, which cannot be attributed to collection practices.

Nevertheless, the claim that mental disorder is the cause of suicide in at least 90% of cases persists (Insel, 2013), and an expressed, extreme view is that “a psychiatric disorder is a necessary condition for suicide to occur” (Mosciki, 1997).

We propose that the importance of mental disorder in suicide has been exaggerated and this has been made possible by the use of the ‘psychological autopsy’, which has been heavily criticised (Hjelmeland *et al.*, 2012), and the medicalisation of the human condition, which leads to disappointment being classified as depressive disorder and individual responses being classified as personality disorders (Pridmore, 2011).

Durkheim’s (1897/1951) seminal paper came from observations in Western Europe at the time of the Industrial Revolution, when society changed in response to commercial and technological advances/factors.

More recently, neoliberal politics (which includes extensive economic liberalisation) may have adversely impacted on the health of the working class of Scotland (Collins and McCartney, 2011).

In ‘Recent cohort effects in suicide in Scotland: a legacy of the 1980s?’ Parkinson *et al.* (2016) demonstrate what Durkheim had believed, that changes in society which are commercially and technologically driven impact on suicide rate. This finding needs to be drawn to the attention to the community in general (including our politicians).

Another recent paper on the high rate of death in Scotland (compared to England; Smith *et al.*, 2016) proposes the need for an investigation, in that country, of ‘childhood adversity and attachment experience’. Suicide is a response to a host of (often interlocking) factors, and it may transpire that the experiences of children are different in these two countries. But, the bigger picture, as reported by Parkinson *et al.* (2016), which will shape the experiences of parents, must also be given prominence.

References

- Berrios G. The History of Mental Symptoms. Cambridge: Cambridge University Press, 1996.
- Collins C, McCartney G. The impact of neoliberal “political attack” on health: the case of the “Scottish effect”. In *J Health Serv* 2011; 41: 501-523.
- Durkheim, E. *Suicide: A Study in Sociology*. New York: Free Press, 1951 (Originally published in French in 1897; translated and published in English in 1951.)
- Insel T (2013) *Toward a new understanding of mental illness*. Filmed January 2013 at TEDxCaltech. Available at: www.ted.com/talks/thomas_insel_toward_a_new_understanding_of_mental_illness (accessed 10 August 2016).
- Hjelmeland H, Dieserud G, Knizek B, et al. Psychological autopsy studies as diagnostic tools: are they methodologically flawed? *Death Studies* 2012; 36: 605–626.
- Joiner T. *Why People Die by Suicide*. Cambridge, MA: Harvard University Press, 2005.
- Mosciki E. Identification of suicide risk factors using epidemiological studies. *Psychiatr Clin North Am* 1997; 20: 499-517.
- Parkinson J, Minton J, Lewsey J, Bouttell J, McCartney G. Recent cohort effects in suicide in Scotland: a legacy of the 1980s? *J Epidemiol Community Health* 2016;:1-7. Doi: 10.1136/jech-2016-207296.
- Pridmore S. Medicalisation of Suicide. *Malaysian J Med Sci* 2011; 18:78-83.
- Stark C, Riordan V, O’Connor R. A conceptual model of suicide in rural areas. *Rural Remote Health* 2011; 11: 1622.
- Smith M, Williamson A, Walsh D, McCartney G. Is there a link between childhood adversity, attachment style and Scotland’s excess mortality? Evidence, challenges and

potential research. BMC Public Health 2016 Jul 28;16:655. doi: 10.1186/s12889-016-3201-z.

Zhang J, Zhao S. Effects of value strains on psychopathology of Chinese rural youths. Asian J Psychiatr 2013; 6: 510-514.