

09 - Suicide and sociology

Suicide and sociology

© SPMM Course 1 Thus societal-labelling may occur in one-off crises situations or as a gradual shift from acceptance to labelling, depending on contingencies i.e. the effect of such deviances on others concerned. This might explain the fact that numerous voice hearers live in the community without a diagnosis of schizophrenia and the results from community surveys always showing higher prevalence compared to clinical samples for almost all mental illnesses. 1 Once labelled as mentally ill, the labelled person takes up the role of being a mentally ill individual in the society. This new identity sanctions him certain privileges as a compensation for the loss of other privileges. Apart from the societal reaction, selflabelling will serve to strengthen beliefs with regard to the given role.

Original labelling theory is empirical without much experimental support. A modified labelling theory is now used to explain the effect of stigma on relapses of mental illnesses. Suicide and sociology Durkheim, often adored as the father of sociology, described a sociological model of suicide and described 4 types of suicides. According to him, both an unusually 'tight' bondage and a weak adherence to defined societal values can contribute to suicide. These are called altruistic and anomic suicides respectively. Other 2 types are described below.

The Social Origins of Depression Brown and Harris (1978) studied social & economic circumstances associated with the onset of depression in women living in inner London in 1978. They identified 4 'vulnerability factors': 1. Absence of a close confiding relationship; 2. Loss of mother before age of 11; Durkheim's model Explanation Altruistic suicide Individual is overly attached to social norms and dies for the sake of the society (i.e. for others in the society) e.g. self-molestation among Buddhist monks in Tibet Egoistic suicide Excessive individualism, but low social integration. No cohesive group attachment Fatalistic suicide Society's control on the individual is very strong such that it interferes with moral values and personal goals Anomic suicide Individual feels that he has no guidance or regulations from the societal system; feels disillusioned

© SPMM Course 3. Lack of employment outside home; 4. Having 3 or more children under 15 living at home. Brown et al.'s further work has revealed the following factors for depression (elaborated by Morris & Morris, 2000); 1. Predisposing factors: these occur before the age of 17. a. Sexual abuse b. Parental indifference c. Parental loss d. Physical abuse (See Brown & Harris original vulnerability factors above) 2. Precipitating factors include a. Acute severe life event b. Chronic stress more than 4 weeks c. Lack of social support 3. Maintaining factors include a. Further negative life events b. Persistent poor quality social support c. Poor coping style: i. Self-blame and helplessness ii. Denial of problems iii. Inability to solve problems iv. Blaming others or external forces d. Inability to obtain adequate social support: i. Fear of intimacy ii. Denial of need for intimacy

iii.Enmeshed intimate relationship e. Low educational level 4. Relieving factors may include a. Positive life events such as i.Fresh or potential fresh start: new role, positive change ii.Removal from source of stress: e.g. separation from violent husband iii.Anchoring: role change and increased security iv.Difficulty neutralisation: ending a difficulty v.Goal attainment. b. Improved quality and consistency of support

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