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Stephen M. Marson

University of North Carolina at Pembroke, Professor Emeritus, smarson@nc.rr.com

J. Porter Lillis

University of North Carolina at Pembroke, john.lillis@uncp.edu

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Cover Page Footnote

Durkheim's Greatest Blunder 1, 2 1An earlier version of the paper was Presented at the Eastern Sociological Society, February 22, 2018 (Baltimore, MD). 2 Special thanks for copy editing must be offered to Kathleen Hoffman of Culpeper, VA.

Durkheim's Greatest Blunder

Stephen M. Marson

J. Porter Lillis

University of North Carolina at Pembroke

In describing fatalism in Suicide, Durkheim executes two blunders. The first can be categorized in errors of commission while the second should be included in errors of omission. In the error of commission area, he hypothesizes two platforms for existence of fatalistic suicide. Without employing theory-embedded data, he contends that infertility is a catalyst for fatalistic suicide. Later, he asserts that slavery is fertile soil for fatalistic suicide. Although there is suicidal data in these two arenas, a closer inspection demonstrates that these are not characteristics of fatalistic suicide. For errors of omission, he failed to systematically observe two social factors for which data was available during his time of study. Poverty and poor health existed in a social environment which is best described by Durkheim's vision of fatalistic suicide. He missed observing and collecting the available data to lend support for the empirical existence of fatalistic suicide. These four social factors are discussed.

Key Terms: Suicide, Durkheim, Fatalism, Poverty, Health, Slavery

Introduction

Although all sociological scholars will not agree, most sociologists envision Durkheim's work on suicide (Durkheim, 1897) to be an elegant masterpiece of sociological research that has held true for over 100 years (Abrutyn & Mueller, 2014; Baller, Levchak, & Schultz, 2010; Classen & Dunn, 2010; Helmut, 2010;

Maimon, Browning, & Brooks-Gunn, 2010). However, with the sharp criticism leveled against Durkheim by Nolan, Triplett, and McDonough (2010) and Besnard (1973), the question must be asked "Does Durkheim's *Suicide* have applications in the world of a practitioner who must address suicide on a daily basis?" Davenport and Davenport (1987), Marson and Powell (2012) and Marson (2019) demonstrate Durkheim's work to be an effective tool for practitioners. Thus, in *practical* terms, Durkheim's work remains relevant [a brief summary of Durkheim's theory can be found in Appendix A].

Durkheim (1897) believed the weakest aspect of his theory was the fatalism continuum that theoretically exists opposite to anomie. He was so unsure about the fatalism continuum that he limited his discussion of fatalism to a single paragraph on page 276:

The above considerations show that there is a type of suicide the opposite of anomic suicide, just as egoistic and altruistic suicides are opposites. It is the suicide deriving from excessive regulation, that of persons with future pitilessly blocked and passions violently choked by oppressive discipline. It is the suicide of very young husbands, of the married woman who is childless. So, for completeness's sake, we should set up a fourth suicidal type. But it has so little contemporary importance and examples are so hard to find aside from the cases just mentioned that it seems useless to dwell upon it. However it might be said to have historical interest. So note the suicides of slaves, said to be frequent under certain conditions (See *Corre, Le crime en pays creoles*, p. 48), belong to this type, or all suicides attributable to excessive physical or moral despotism? To bring out the ineluctible [sic] and inflexible nature of a rule against which has just been used, we might call it fatalistic suicide.

Based on the tone of his writing, Durkheim was not sure of the existence of fatalism. He suggests that fatalism is theoretical and is not likely to be found in social reality. Although he did not *see* fatalism within his data collection, this type of suicide did exist within his historical timeframe.

Durkheim's experience with fatalism was like Einstein's work on the cosmological constant. Although Einstein may not have referred to his work in this area as the "biggest blunder" in his life (Livio, 2013), it is clear that he believed that Λ (the

cosmological constant) could *not* be integrated within his theory of general relativity. During the 1990's, physicists demonstrated that Einstein's cosmological constant is an accurate portrayal of the scientific reality. Thus, Einstein was wrong in believing he was wrong. Like Einstein, Durkheim was wrong in discounting the significance of fatalism in society. More specifically, within Einstein's analysis, he committed errors of commission and omission. Durkheim did the same.

Errors of Commission

In his errors of commission, Durkheim, without the use of accompanying data, hypothesized social factors that supported the existence of fatalistic suicide. The two social factors he proposed are associated with suicide but failed to capture the essence of fatalistic suicide. Even if we strictly adhere to Durkheim's own definition of fatalism, his examples do not fit.

Infertility as an Example for Fatalistic Suicide

In his first example, Durkheim hypothesizes that infertility could spin a husband and/or wife into the arena of fatalistic suicide. Even taking into consideration the norms of his time, Nolan, Triplett, and McDonough (2010) and Besnard (1973) characterize Durkheim as chauvinistic. Based on his sentence structure, he emphasized the husband first. If it was not for the comma, his writing structure would suggest he completely ignored the emotional trauma when wives are confronted with infertility. Most importantly, Durkheim assumed that infertility is the wife's responsibility. Clearly, he did not consider that a husband can be incapable of fathering children. Although Lukes (1985) envisions Durkheim as an emotionally sensitive person, Durkheim misunderstood the social parameters of marriage during his period of history.

Further insight is provided by Finn (2009) when he demonstrates that starting in 1870–71 and culminating in the decade of the 1890s (just before the publication of *Suicide*), France was suffering from a critically low birth rate. There were not enough newborns to replace those who died. During this same timeframe, there was a women's movement. "Marie Huot, the

feminist who coined the phrase 'la grève des ventres' [wombs on strike] was a member of the group fighting for female autonomy and access to birth control" (p. 31). Thus, Durkheim's commentary on the emotional trauma of husbands was a reflection of the women's rights movement during his writing of *Suicide*. In the historical circumstances, Durkheim's emphasis on men is more understandable.

Nevertheless, and uncharacteristically, Durkheim failed to employ any suicide data regarding suicide and infertility. Using today's research, we find that when men face infertility, they manifest measurable levels of depression, but no suicide ideation that has been uncovered (Chachamovich et al., 2010). Among infertile wives, Fatoye, Owolabi, Eegunranti and Fatoye (2008) found depression. The depression was found to be measurably worse for wives than their husbands, even those who share a deep desire for children. In addition, and more importantly for the study of Durkheim's theory, contemporary data demonstrate that there exists an association between suicide rates and infertility for wives but not husbands (Kjaer et al., 2011; Shani, Yelena, Reut, Adrian, & Sami, 2016; Venn, Hemminki, Watson, Bruinsma, & Healy, 2001). However, in closely reading the literature on the association between suicide and infertility, it becomes apparent we are not seeing the intense level of regulation found within the definition of fatalism. This terminal act in reaction to infertility in this situation cannot be categorized as fatalistic suicide.

In the case of infertility, husband and wife have an array of options and hopes. In addition, they are not saturated in regulation—chief characteristics of fatalism. There is always a chance to get pregnant and there are a variety of available options to have children. Also, there are other life activities that instill social stimulation. Although written in the late 1800's, Durkheim's hypothesis regarding infertility was farfetched, even during his lifetime. It is likely that Durkheim knew some particular man that he took as an example, a man whose emotional distress about his wife's infertility approximated "fatalism." He was not systematic in constructing his hypothesis. If he looked at the data, he would have realized that such suicide fell into the category of altruism, not fatalism. In a literature review (including: Chachamovich et al., 2010; Fatoye et al., 2008; Kjaer et al., 2011;

Shani et al., 2016; Venn et al., 2001), it is abundantly apparent that the depression, suicide and suicidal ideation are associated with the pressure to have children from within the family/group. This is not fatalism, but it is altruistic suicide.

Slavery as an Example of Fatalistic Suicide

Later in the same footnote, Durkheim (1897) offers another example by hypothesizing that the condition of slavery is the ideal fatalistic social environment. Durkheim notes that slaves are confronted with “excessive physical or moral despotism... the ineluctible [sic—ineluctable] and inflexible nature of a rule against which there is no appeal” (p. 276). Unlike the details and thoroughness Durkheim employs with the other three types of suicide, for fatalism he fails to include data or other substantive observations. He includes only one citation in which Corre (1889) lent theoretical support for fatalistic suicide among French slaves [the original French text is found in Appendix B]:

All the doctors who have studied the diseases of the Negroes, the administrators, or the colonists, who have treated the behavior of the great plantations and the direction to their unfortunate human flocks, agree to declare an extraordinary frequency of suicide among the slaves. The unfortunate black man, at the memory of the lost country and family, under the accumulation of miseries and sufferings, turns against him; in the conflicts he sometimes has with his own kind, he does not even stoop to react by vengeance; He ends his quarrels, often the most futile, by his own suppression. (p. 48)

Perhaps Durkheim's reference to Corre was an afterthought based on pressure from the publisher to include a reference in this footnote. Corre does not appear to be an influence on Durkheim's intellect, since none of Durkheim's biographies acknowledge Corre (Fournier, 2013; Giddens, 1978; LaCapra, 1972; Lukes, 1985).

Based on this single citation, one can easily understand how Durkheim would have considered suicide among western hemisphere slaves as fatalistic. If Durkheim had closely read page 13 of Corre (1889), he would have identified slave suicide as anomic. Later on pages 48 to 51, Corre alludes to characteristics

of ancestral-related suicide that are more characteristic of what Durkheim called altruistic suicide. On the same pages, Corre suggests an anatomic predisposition to suicide among slaves. The bottom line is that Corre's book does not provide adequate information that slavery is the ideal platform for fatalistic suicide. It is also clear that Durkheim does not devote the same level of academic rigor to addressing fatalism as he did to anomic, egotistic and altruistic suicide. A couple of sentences in a book cannot support a theory. Without using raw data or statistical analysis, Pearce (1987) supports the position that fatalistic suicide is the slave's fate. For the other three types of suicide, Durkheim employs suicide notes and public records as his database. Can Durkheim's hypothesis addressing the linkage between slaves and fatalistic suicide be tested?

The problem with Durkheim's vision of slavery is lack of depth. Unlike his description of other social institutions, Durkheim envisioned slavery one-dimensionally and failed to see the variability in the distribution of slaves and the distribution of slave owners. Our basic understanding of the laws of probability provides a solid backdrop from which to understand suicide among slaves. The slave population numbered in the millions and included a variety of very different cultural values and spiritualities, as noted by Corre's (1889) first-hand observations. With such a wide distribution of variables, it would be nearly impossible to fail to identify all four of Durkheim's suicides within the slave population. Durkheim's position here can best be described as ethnocentric.

Of course, Durkheim did not have access to current historical research, or to documents addressing slavery in the "new world." For example, recent historical research clearly demonstrates that the largest proportion of slave suicides must be considered anomic. There were many accounts of suicides among slaves that were sensationalized in newspapers (Bell, 2012; Buchanan, 2001; Synder, 2010) but public records were rare, and slaves did not leave suicide notes. Private data by plantation masters were kept but not available for public perusal during Durkheim's time. An example of information of the kind Durkheim could not access is the work of Snyder (2010), who reports that:

Some ship captains kept account of their cargo losses for investors and insurers; one study of surgeons' logs for the period 1792-- reveals that 7.2 percent of captive Africans killed themselves at some point during capture, embarkation, or along the middle passage. Particularly at loading points on the African coast and aboard ships during the middle passage, captive Africans' self-destruction was common enough to warrant the use of the earliest technologies for suicide prevention. (p. 40)

There is no doubt that logs kept by ship captains and surgeons are describing suicide, but this type of suicide does not fit within the fatalistic. It fits within the anomic framework. Another problem is that evidence demonstrates that slave masters would make a homicide appear as a suicide for a coroner's inquest. There was an economic incentive for a slave to have been said to have committed suicide rather than being murdered by the master. Thus, even if Durkheim had access to private records, the reliability of the data would be questionable.

One surprising and critical error made by Durkheim is his lack of analysis of cultures from which slaves were captured. Although Durkheim is held in high esteem for his analysis of small non-European cultures, he did not apply his knowledge within his discussion of suicide among slaves. Durkheim would have agreed that the cultural groups from which the slaves were captured and later sold would have had a profound impact on suicidal propensity. Yet Durkheim did not apply his knowledge of cultural variations to slave populations. The most comprehensive analysis of slave suicide in the framework of culture is the work of Snyder (2015). She does not support the notion that fatalistic suicide dominated the social structure of slavery.

The piece of slavery data that Durkheim needed is in the work of Lee and Lee (1977). They completed a study that compared health patterns between whites and slaves in Savannah between 1860 and 1870, including an analysis of suicide data. They state "Thus, despite the conditions of slavery and the disorganization of reconstruction, blacks did not view suicide as a solution to their problems" (p. 176). Within this data set, there were no differences between white and slave suicide rates.

To make the analysis of slavery and suicide more confounding, there is evidence suggesting a great variability in the

treatment of slaves. For example, Chernow (2010) produces evidence that George Washington's slaves had access to guns for hunting. Washington thought that it was cost-effective for slaves to hunt for their own meat. Crapol (2006) documents testimony from slaves acknowledging that President John Tyler was a kind man, while other slaves suggested that he was ruthless. Like non-slave cultures, within slave cultures there is a great amount of variability that prohibits the ability to suggest a single suicidal platform. In the simplest terms, historical and statistical evidence clearly demonstrates that we can find all four of Durkheim's suicides within the social structure of slavery.

Errors of Omission

In errors of omission, Durkheim failed to systematically observe the world around him. Specifically, he failed to integrate what seem to be two obvious platforms for fatalistic suicide: poverty and the decline of health. Were these two factors truly obvious during Durkheim's time or is the contemporary acknowledgment of his failure a matter of benefiting from 100 years of sociological research? Considering the data he had available in combination with the French social atmosphere during his time, the failure to include poverty was a grossly unmindful error for the social analysis of fatalistic suicide.

Less obviously, he failed to consider health decline as a platform for fatalistic suicide. There is little evidence that Durkheim studied social factors related to health considerations. Within Durkheim's historical timeframe, the chronic illnesses and physical disabilities did not dominate the social landscape as it does today. For example, during Durkheim's time, if a person fell off a horse and broke his back, he would die before he had an opportunity to consider suicide. Today, if a man breaks his back, it is common for him to live for decades contemplating suicide without the physical capacity to act. Chronic illness commonly associated with aging simply was not a dominant social fact during Durkheim's time. Within our contemporary social environments, chronic incurable illness and permanent physical disability are fertile soil for fatalistic suicide. However, during Durkheim's time the low frequency of occurrences of lingering illness rendered health decline nearly unobservable.

The prime characteristic of both poverty and health problems is a social lock-down. Both are embedded with limited social interaction, social migration and social mobility—all characteristics of fatalistic suicide. Poverty and ill health are missing links within Durkheim's analysis of the fatalistic. The critical features of these two social factors are addressed within our understanding of Durkheim's thinking process.

Poverty

The study of poverty was a weak part of Durkheim's academic endeavors until he began his work on *The Elementary Forms of the Religious Life* in the early 1900's (Young, 1994). This, of course, was 15 years after *Suicide* was published. Simply stated, Durkheim missed the linkage between poverty and fatalistic suicide. However, Durkheim's insights into poverty are quite perplexing based on the social influences in his life.

For over 200 years, the French Revolution has had a profound impact on the collective consciousness of the French people (Kaplan, 1995). Durkheim (1915) wrote that the French Revolution was the catalyst for the birth of sociology. He acknowledged that the consequences of the French Revolution included the reorganization of the French government and culture. This supreme struggle was a 70-year process that eventually unfolded into what has been labelled the "Third Republic." The preoccupation of nurturing this stable but fragile Third Republic opened the door to Durkheim's first academic appointment in the social sciences (Coser, 1977). The mainstream French intelligentsia embraced the notion that survival of both culture and government depended on the scientific study of society—which, of course, was Durkheim's predominate vision within his published works and philosophical lectures. Thus, we can consider that Durkheim's thoughts were emerging into mainstream French thought and were a tool to address the social scars inflicted by the French Revolution.

Most importantly, the emergence of Durkheim's social theorizing was influenced by the social forces that were the catalyst for the revolution. In fact, most of his theoretical contributions were generated from his reflection on the revolution—particularly *The Division of Labor in Society* (LaCapra, 1972). From the

consequences of the French Revolution emerged Durkheim's emphasis that the structural component within a society has a specific function in maintaining a social equilibrium (Lukes, 1985). Most importantly, societies do not naturally move toward a state of homeostasis, but he believed that sociologically inspired actions would return society to normal following events like the revolution. His "scientific" perspective was a source of the hope that the French people desperately needed to dig their way out of the damage of the revolution.

Although there were several causal factors that led to the French Revolution, one undisputed factor was poverty (Green, 2015; Jones, 1989; Luaute, 2016). Prior to the revolution, poverty grew because of feeble economic decision-making by the French monarchy. Poverty within the masses caused a sense of great social lockdown. Amid this period of intense social regulation, the suicide rates were high before the revolution (Merrick, 2006). By using Durkheim's own definition of fatalism, the historical period prior to the revolution could easily be described as fatalistic. But when blood ran through the streets of Paris and violence became commonplace in France, the lockdown social regulations dissipated, and the suicide rates dropped (Merrick, 2006). This is fatalistic suicide! Since the French Revolution was the catalyst for his entrance to a professorship in social science and his central theoretical concepts emerged from his reflection of the revolution, how could he miss the suicide data available to him? There is no answer to this question except that he might have been too close to see it.

Durkheim missed the opportunity to collect critical relevant public data during the time he was writing *Suicide*. According to Luaute (2016), in the late 1800's Paris witnessed a spike in suicides. Most alarming was what was labeled as family suicides. Because of the social lockdown associated with poverty, parents and their children committed suicide together. Some decades prior to Durkheim's work, French public authorities developed the concept "poverty/reversal of fortune" as the cause of many suicides. According to Luauate (2016), this type of suicide was widespread during Durkheim's time. It is quite astounding that he failed to include this blatant social problem within his analysis. Poverty provides a much sounder illustration of fatalistic suicide than either infertility or slavery. In addition, it is

surprising that Durkheim failed to see that prior to the revolution in France, the environment fit perfectly into his definition of fatalism. Lastly, it is also surprising that many sociologists who have studied Durkheim failed to connect the data on fatalistic suicide with poverty.

Durkheim (1897) does state that fatalistic suicide exists in a social environment that is smothered with "excessive regulation, that of persons with futures pitilessly blocked and passions violently choked by oppressive discipline" (p. 276). From the social structure perspective that Durkheim would have used, over social regulation and entrapment are embedded in poverty. Socioeconomic factors impede a person's ability to acquire basic needs for subsistence. Clearly, Durkheim's explanation of fatalistic suicide is a contemporary description of the social structure of poverty. When escape from poverty is unlikely, the social environment becomes fertile for fatalistic suicide. However, when escape from poverty is a reasonable possibility, fatalism will not exist. An environment embedded with access to social options kills fatalism.

Although they use Durkheim's work on suicide as a conceptual framework, Recker and Moore (2016) fail to make the connection between fatalistic suicide and poverty. However, Steeg, Haigh, Webb, Kapur, Awenat, Gooding, Pratt, and Cooper (2016) stress that their data demonstrates poverty as being saturated with stagnation. Data reported by Haw, Hawton and Casey (2006) shows suicide among the homeless is commonplace. Eynan, Langley, Tolomiczenko, Rhodes, Links, Wasylenki and Goring (2002) report that suicide attempts for the homeless range between 20% to 48%. These rates are 10% greater than the general population (Patterson & Holden, 2012). This excessively high suicide rate among those who are homeless is an international problem that also exists in socialist countries (Noël et al., 2016). Partis (2003) represents data that is congruent to Durkheim's vision of fatalistic suicide when he reports that among many homeless, suicide is envisioned as the only alternative to eliminate a sense of social stagnation with no hope for change.

Health

The historical period in which Durkheim completed all of his work is Third Republic (1870 to 1940). Although the French Revolution ended in 1799, its impact on French government and society was profoundly far-reaching. Its effects were like a supernova, and its shock waves reached to 1870—the beginning of the Third Republic. The revolution fragmented or destroyed social structures. Auguste Comte's observations of its aftermath led to his *The Positive Philosophy*, originally published in 1855. His major tenet that social structures are real things that the scientific method should be employed to understand was not taken seriously until Durkheim's pronouncement that sociology should be an academic discipline. The atmosphere of the Third Republic envisioned that stabilization of French culture and government would be found in the scientific study of society.

During the Third Republic, France could best be described as adapting, changing and evolving with the emergence of social or political regulation. The nation could not be described as strictly regulated nor stagnated—which creates the soil from which fatalism emerges. The overall characteristics of French society help explain the reasoning behind Durkheim's failure to provide an in-depth analysis of fatalism. The social soil from which fatalism could emerge did not exist in the Third Republic. Even after 70 years of social healing, French officials and the intelligentsia were preoccupied with macro strategies to secure stability. None of the overarching sociological characteristics of the Third Republic could propel fatalism.

Like all other social institutions within the Third Republic, the health care structure was subjected to the residue of the French Revolution's shock waves. Using data from the Third Republic, Meserve (2017) completed an analysis of the health care structure. He concluded that politics and disorganization produced an unbalanced health care delivery structure. The problem with health care was not only with funding but rather the lack of an institutional memory and political incentives that motivated effective delivery of health care services. Health care technology and staff were available, but some French citizens were not getting the needed medical intervention.

During the Third Republic, medical quacks were running rampant (Johnson, 2012). From this emerged an overall mistrust by the French citizenry toward medical professionals. As a result, in an effort to be distinguished from quacks, physicians developed reluctance to accepting payment of their services. In addition, to combat quacks and bolster the emergence of medical professionalism, the French government learned that the central decision-maker within households is the mother. As a result, efforts were directed toward persuading women to entrust their family's health to a physician, and they were successful. This strategy produced the professionalization of medicine in the Third Republic (Lacy, 2008). Nevertheless, Weiss (1983) observed that great inequalities of health care existed with the exception of emergency cases. He also contended that a noticeable stability in health care delivery was unfolding between 1871 and 1914.

Unlike the connection with poverty, Durkheim must be forgiven for missing the linkage of fatalism and health. First, comparatively speaking, the data on health/suicide was very limited during Durkheim's time. Second, during that time, the average life expectancy was in the mid to late 40's [see: https://www.ined.fr/en/everything_about_population/graphs-maps/interpreted-graphs/life-expectancy-france/]. People simply did not live long enough to confront the chronic health conditions that can make life miserable. Medical intervention was not able to keep a person alive long enough for the pain to be unbearable. Unlike in the case of poverty, the data simply was not available to Durkheim, although it is available today.

By today's standards, the most obvious of all fatalistic environments is declining health. There is an unambiguous causal feature between declining physical health and suicide (Fiske & O'Riley, 2016; Fiske, O'Riley, & Widow, 2008; Preville, Hebert, Boyer, Bravo, & Seguin, 2005; Sinyor, Tan, Schaffer, Gallagher, Shulman, 2016; Wiktorsson et al., 2016). Older people pursue suicide when faced with chronic, progressive and irreversible poor health or pain (Meeks et al., 2008). Cressey (2007) points out that the diagnosis of cancer increases the risk of suicide by 50%. When faced with extreme pain, patients significantly increased their suicidal ideation and suicide attempts (Hyun,

2016). Intense regulation is the watchword in a fatalistic social environment and the data unambiguously links it to poor health and irreconcilable pain.

Summary

There is no doubt that Durkheim's work within *Suicide* had a profound impact on the development and credibility of sociology as a social science. Certainly, his work is flawed, but the question is how flawed? He provided an in-depth analysis, description and evidence for three continua—anomistic, altruistic, and egotistic suicide. Our understanding of fatalistic suicide emerges primarily because it exists on the opposite end of the anomistic continuum.

Figure 1 best conceptualizes and summarizes the problematic nature of Durkheim's explanation of fatalistic suicide.

Figure 1. Analysis by Error

		Type of Error	
		Omission	Commission
Analysis	Blunder	Poverty	Fertility, Slavery
	Reasonable	Health	

In terms of errors of commission (Figure 1, cell b), fertility and slavery are far from good examples of fatalistic suicide. Throughout *Suicide*, Durkheim stresses the centrality of the social environment as the catalyst for suicide. His brief commentary on fertility sounds more like an explanation from a psychologist. It is an exercise in reductionism. To a slight degree, his example of slavery is less reductionistic, but still problematic.

For slavery, Durkheim lacked a depth of analysis (when compared to other concepts in his book). In addition to his inability to conceptualize slavery as a social institution, he failed to assess it thoroughly and scientifically. First, he failed to thoroughly read Corre (1889). If Durkheim considered Corre's book in its entirety, he would have realized that the slave population was subjected to all four types of suicide. The suicide of slaves theoretically approximated the suicide patterns of white Europeans. Second, he failed to consider that the slave population

was normally distributed. Two years prior to *Suicide*, he published *The Rules of the Sociological Method*, where he addressed the functions of a normal distribution with his commentary of the community of angels. In his example of suicide among slaves, he violated the scientific rules he had established two years earlier.

In terms of errors of omission (see Figure 1, cell a), the fact that he did not address poverty is particularly perplexing. Historians commonly state that poverty is one of the major causes for the French Revolution (Green, 2015; Jones, 1989). As it did with most French intellectuals, the revolution plagued Durkheim's mind. More than likely Durkheim suffered from cognitive dissonance. There was pride in the ability of commoners to have overthrown a seemingly hedonistic government, but embarrassment resulted from the irrational violence that followed. It is quite incredible that Durkheim did not consider poverty as a variable for sociological analysis until late in his life.

His omission of addressing health (see Figure 1, cell c) is both reasonable and forgivable. With the average life expectancy at 40, serious illness or a catastrophic accident was a death warrant. Contemplation of suicide because of declining health was virtually nonexistent during the late 1800's. There are no references to health in *Suicide*. Even if such suicides were included, they would be so infrequent that they would not register in the minds of 18th century sociologists. Durkheim's omission of health in his explanation of fatalistic suicide is therefore forgivable.

When considering all the research and theorizing that Durkheim had to manage in writing *Suicide*, it becomes clear that he accomplished a Herculean task. In considering his approach compared to the way a sociologist would write *Suicide* today, the conclusion is, "how could Durkheim write this book without a computer?" Without the use of a computer, he would have to spend an exhausting amount of time checking references, assessing verb tense agreement, verifying and compiling data, etc. The complexities and the difficulties of writing during Durkheim's historical time period could easily have been so distracting that he failed to seize the opportunity to include fatalism. His blunder is forgivable.

The missing historical and empirical evidence in the arena of fatalistic suicide does little to discredit the important

contribution made by Durkheim. The important point is that his theoretical framework is robust enough to enable other researchers to use his contribution to the research. Although he failed to recognize the existence of fatalism during his time, his theory has adequate explanatory power to be applicable during other eras. In addition, practitioners are employing Durkheim's contribution as part of intervention strategies (Davenport & Davenport, 1987; Marson & Powell, 2012). Thus, Durkheim's theory of suicide remains sound.

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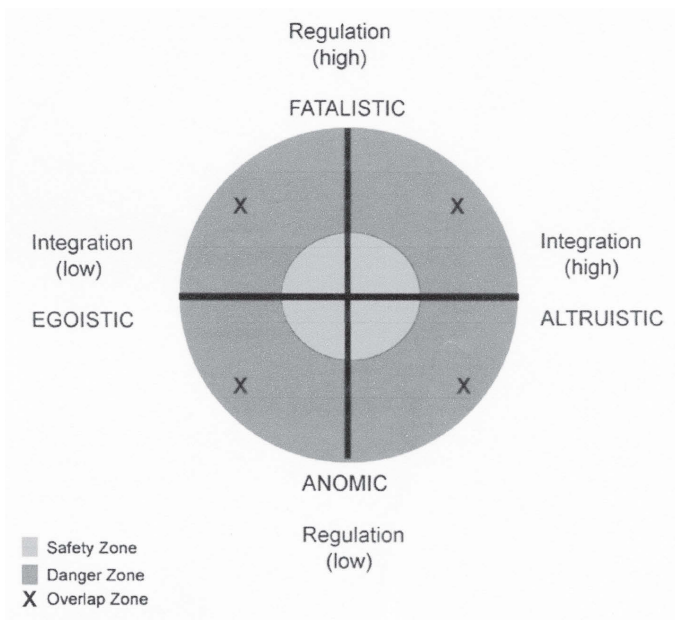
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Appendix A

A Summary of Durkheim's *Suicide*

Durkheim's typologies of suicides provide a profound insight into the continua of two types of regulation on human behavior, social regulation and moral regulation. At the extreme of either continua, Durkheim theorizes that suicide risk is greatest; a result of either insufficient or excessive integration. These ideas are captured graphically by Figure 2 (Marson & Powell, 2011).

Figure 2. Durkheim's Suicide Model



This typology has been covered extensively in every theory textbook addressing classical sociology theory, but we provide a condensed explanation of the model.

Social regulation provides for the norms and values of a society that enable persons to get their needs fulfilled. Understanding the acceptable forms of behavior combined with the ability and opportunity to interact with others to meet needs is inherent to an individual's survival in a social world.

Reading Figure 2, from left to right, starting at the left, if an individual is insufficiently integrated into society, that is, if an individual has "excessive individualism," that individual will not be held under social control. Such an individual has a heightened risk for egoistic suicide. This view of society, a great example of structural functionalism, sees individual's wants and needs subordinate to society's needs. A sufficiently integrated individual would not contemplate suicide, as the collectivity needs all persons to contribute and play their particular parts. An insufficiently integrated individual who only sees oneself as defining one's roles and duties lacks the societal norms and goals that would necessitate continuing to live. The ties that bind are the ties that protect against egoistic suicide. Unmarried persons, religiously unaffiliated or marginally affiliated are examples of this type of suicide.

On the right side of Figure 2, we see the dangers inherent if an individual is too integrated into society, where the needs of the individual are lost or sacrificed to the needs of the many. "Insufficient individuation" may lead to altruistic suicide. This type of suicide for Durkheim was an act that results from an excessive sense of duty. Soldiers giving their lives for others exemplifies this type of suicide.

Moral regulation, reading from top down of Figure 2 can also be a source of suicide if there is excessive or insufficient integration. Fatalistic suicide, the form that Durkheim devoted the least to (the purpose of this paper is to explain why and expand on the theory) is a result of excessive moral regulation. With "excessive regulation," and "a future pitilessly blocked," an individual may feel that there is no way out, but to take one's own life. Durkheim's examples were crude and insufficient, again the point of this paper. Better examples of this type of suicide have been offered here, poverty and failing health.

Anomic suicide occurs when an individual has not enough moral regulation. Anomie is most often defined as a state of normlessness, better understood as a state where the norms no longer apply and an individual is no longer limited in their passions or cannot get their needs met.

Appendix B

Page 48 of: Corre, A. (1889). *Le Crim en Pays Creoles: Esquisse d'Ethnographie Criminelle* [Crime in Creole Countries: Sketch of Criminal Ethnography]. Paris: Lyon, A. Storck.

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de tenir compte d'un élément de dérivation dont les statistiques ne parlent pas encore : je veux indiquer le *suicide*. Tous les médecins qui ont étudié les maladies des nègres, tous les administrateurs ou colons qui ont traité de la conduite des grandes plantations et de la direction à imprimer à leurs troupeaux humains, s'accordent à déclarer l'extraordinaire fréquence du suicide parmi les esclaves. Le malheureux noir, au souvenir de la patrie et de la famille perdues, sous l'accumulation des misères et des souffrances, retourne contre lui-même les sourdes colères qu'il ne peut ou n'ose transformer en attentats contre le maître ; dans les conflits qu'il a parfois avec ses congénères, il ne daigne même pas réagir par la vengeance ; il termine ses querelles, souvent les plus futiles, par sa propre suppression. Voici ce que dit Levacher à ce sujet (1) : « Les causes extérieures, si puissantes chez les nègres, agissent sur leurs sentiments et sur leurs penchants avec un empire et une singularité des plus remarquables. Elles déter-

(1) *Guide médical des Antilles* (p. 484) : *Résolution de mourir chez les nègres*.

Translation into English

Finally, assuming that criminality was always and everywhere actually lower in the slave than in the free one. It is necessary to take into account an element of derivation whose statistics do not yet speak: I want to indicate suicide. All the doctors who have studied the diseases of the negroes, the administrators, or the colonists who have treated the way of the great plantations and the direction to imprint their human flocks, agree to declare an extraordinary frequency of suicide among the slaves. The unfortunate black man, in remembrance of the lost country and family, under the accumulation of miseries and sufferings, turns against him the secret angers that he cannot or does not dare to transform in attempts against the master; in the conflicts he sometimes has with his congeners, he does not even deign to react by vengeance; he ends his quarrels, often the most futile, by his own suppression. This is what Levacher says on this subject⁽¹⁾: "External causes, so powerful to the negroes, act upon their feelings and inclinations with a most remarkable empire and singularity.

⁽¹⁾Dr. Corre's note: *Medical Guide to the West Indies* (p. 484): *Resolution to die among the Negroes*.