

Student Work

7-1-1974

An Application of the Interactionist Perspective to the Study of Suicide Attempters

Lois M. Easterday

University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/studentwork>

Recommended Citation

Easterday, Lois M., "An Application of the Interactionist Perspective to the Study of Suicide Attempters" (1974). *Student Work*. 2136.
<https://digitalcommons.unomaha.edu/studentwork/2136>

This Thesis is brought to you for free and open access by DigitalCommons@UNO. It has been accepted for inclusion in Student Work by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.



An Application of the
Interactionist Perspective
to the Study of Suicide Attempters

A Thesis
Presented to the
Department of Sociology
and the
Faculty of the College of Graduate Studies
University of Nebraska at Omaha

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by

Lois M. Easterday

July 1974

UMI Number: EP73676

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI EP73676

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Accepted for the faculty of the Graduate College
of the University of Nebraska at Omaha, in partial ful-
fillment of the requirements for the degree Master of
Arts.

Graduate Committee George Wheeler Sociology
Name Department
Walter A. Stone Philosophy and Religion

John Nye, Ph.D.
Chairman

July 15, 1974
Date

ACKNOWLEDGMENTS

It is normative to take this opportunity to thank those without whom this thesis could not have been written. In looking back over that process, I found that my debt to so many was so great that I could not begin to show my appreciation. Therefore, I hope all will accept this humble and grateful thanks.

A thesis committee is supposed to guide and advise. In this task I was very fortunate to have three men who took their task very seriously. Dr. Dale Stover gave much more than advice; he gave a great deal of moral support at times when it was sorely needed. To Dr. Wayne Wheeler I owe thanks not only for his tremendous help on this thesis but also for his encouragement and help in attending the conference from which this thesis arose. Dr. John Nye was so much more than thesis advisor that I cannot begin to thank him; I can merely say that he was a friend in the greatest sense of the word.

I want to thank my mother and all of the friends who gave freely of their support and advice. I especially want to thank those friends who lived with me and were patient and supportive at all times.

A very special debt is owed to those eight persons who freely gave the information for this thesis. They generously volunteered to be interviewed and told of an important part of their lives.

I want to thank my typist, Judy Mercier, for doing an excellent and efficient job and helping me out at a very important time.

To all of you I dedicate this work.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.	1
Background	
Statement of The Problem	
Theoretical Position	
Relationship to Suicide Study	
Methodology	
Clarification of Problem	
II. THEORETICAL BACKGROUND.	10
Symbolic Interactionism	
Interpretation and Definition	
The Self	
Generalized Other	
Play and The Game	
The Situation	
"I" and "Me"	
The Interactionist Perspective of Deviance	
Labeling	
Social Typing	
Summary	
III. SUICIDE IN THE INTERACTIONIST FRAMEWORK	30
Background	
Historical Background	
Theoretical Relations	
Sociological Studies	
Case Histories From the Literature	
Joseph Ullman	
Harry Einston	
William Oakson	
Virginia Arlington	
Mirian Irwin	
Summary	

	Page
IV. METHODOLOGY.	48
Background and Methodological Position	
Application to Present Study	
Interviews	
Obtaining Subjects	
Data Gathering	
<u>V. FINDINGS</u>	59
Demographic Data	
Case Histories	
Case 100	
Case 101	
Case 102	
Case 103	
Case 104	
Case 105	
Case 106	
Case 107	
Patterns Appearing In the Data	
Prior Definition of Situation and Self	
The Action	
The Reactors	
Reactions	
"Redefinition" of Situation and Self	
VI. CONCLUSIONS AND IMPLICATIONS	98
BIBLIOGRAPHY	

CHAPTER I

INTRODUCTION

Background

At the Houston, Texas meeting of the American Association of Suicidology in April, 1973, a Houston criminologist threw out a challenge to the sociologists present. Since sociologists seem to be studying suicide as a form of deviance and studying deviance from the interactionist perspective, why, he asked, aren't sociologists studying suicide from the interactionist perspective? No one present answered his question, and the challenge seemed to be ignored. In the months following the meeting this challenge became more and more intriguing. Therefore, I have chosen this opportunity to study suicide from the interactionist perspective.

Statement of the Problem

A survey of the literature on suicide shows that the majority of the studies have emphasized etiology. Even the survey studies showing trends in suicide rates tried to

identify the causes of suicide. This type of research was interesting but frustrating, as the "causes" of suicide were often very elusive, and few researchers seemed to ask people why they attempted suicide.

Suicide is one of the most researched of all areas; the literature on the subject abounds. (See Farberow, 1969) Persons in many disciplines have felt that suicide could well be studied under each respective framework. This has led to many different viewpoints on suicide. The viewpoint of most concern in this work is the sociological perspective. Even within this discipline there have been various ways of viewing suicide and some of these will be briefly discussed in Chapter III. The possible relationship between all the various definitions of suicide and the interactionist perspective will also be discussed in that chapter.

Theoretical Position

In Chapter II the interactionist perspective as it is being used in this work will be outlined. This will require consideration of not only the interactionist perspective of deviance, but also the symbolic interactionism theory and the labeling perspective of deviance. Chapter II will show how the interactionist perspective and the labeling perspective may be seen as actually contained within the whole of symbolic interaction theory. These are not three separate entities but rather are parts of a whole with a difference in emphasis.

Therefore, an attempt will be made to present the interactionist perspective as it is being used in this work, and in this presentation an attempt will be made to differentiate it from the other two perspectives but also to show the overlap.

In outlining the theoretical perspective of this work, it will be necessary to first look at its "parent" theory, symbolic interactionism. The present discussion of symbolic interactionism, which will be found in Chapter II, will, of necessity, be rather brief and will attempt to point out only the salient points as they influence the interactionist perspective. However, reference will be made to other works on symbolic interactionism itself, as many works have been devoted to outlining this theory.

Some sociologists of deviance use the terms "interactionist perspective" and "labeling perspective" interchangeably in all or part of their work. (See Davis, 1972 and Schur, 1971) However, there are differences between the two perspectives and these differences will be discussed in Chapter II. This thesis, however, will rely on both perspectives.

Relationship to Suicide Study

After presenting an outline of the interactionist perspective and the labeling perspective, a possible

conceptual relationship was developed from looking at the suicides and suicide attempts, not from developing a framework and making the behavior fit the framework.

It appears to be common practice in research, when presenting one school of thought or perspective, that the researcher critiques other approaches and shows how his particular approach is more valuable or insightful. This sort of examination would be inappropriate in a document of this type and would be a monumental task in any research. The major approaches to suicide study will not be critiqued because, as mentioned, there are numerous approaches and they have been very well documented elsewhere. (See Douglas,¹ 1967) The choice has been made, rather, to present as completely and clearly as possible the interactionist perspective, not because it is the only, or the best way to research suicide, but because this approach seems to have been somewhat neglected. This perspective has only been occasionally applied to suicide study in the past, and therefore, might open new areas for investigation.¹

¹This is not the only work on suicide from the interactionist perspective. Contributions in this regard have been made by Douglas, 1967; Jacobs, 1967; and more recently, Clinard, 1974. However, this perspective seems to have been somewhat neglected in suicide study and may have much more value than it appears to have accorded.

This perspective is seen, therefore, as a supplement or addition to other perspectives, but not able to stand entirely alone and ignore the other work done. In my earlier investigations of suicide, (See Easterday, 1967; 1971; 1972; 1973) I have tried to read extensively in the field and am aware that I have been influenced by, and am indebted to, the other perspectives to the study of suicide.

The general study of deviance has gone through a number of "stages" and perspectives to the study. It is interesting that the study of suicide has not passed through all the stages as general deviance study has. Early study saw deviance as a form of pathology, a sickness over which the deviator had no control. Many researchers, and most laymen, still view suicide as a symptom of mental illness. (See, for example, Anderson and McClean, 1971; Rescue, Inc., n.d.; and Speer, 1972) A big change in deviance research came early in this century with a shift to a social problems perspective and sociologists became social reformers. The correctional perspective grew out of this philosophy. Deviance was something which had to be prevented and eliminated. Much of suicide research has been, and still is, geared to this perspective. Those "action-oriented" people in the area of suicide are often still viewing

suicide from this perspective. In fact, many action agencies for dealing with suicide are called suicide "prevention" centers. Deviance study moved into the area of "social disorganization" and suicide was viewed from this perspective, but the emphasis was still on etiology and elimination, with suicide defined as "bad" and something to be eliminated. One of the most dominant perspectives in the sociology of deviance has been the functional or structural functionalism approach. This perspective has not really been applied to suicide, except in functionalists' use of anomie theory. (See Merton, 1971) ✓ With the work of various authors, most notably Becker, Lemert, Goffman, Matza, and Rubington and Weinberg, the study of the sociology of deviance has come to look at human action, and especially that action called "deviance" from the interactionist and labeling perspectives.² As yet, suicide research has not really used this perspective.

Methodology

Proponents of symbolic interactionism have advocated certain methodological positions. In order to be consistent with the theoretical position of this thesis, the methodology, which will be further discussed in Chapter IV,

²A current reappraisal of the interactionist perspective of deviance can be found in Lemert, 1974.

will be that advocated by the interactionists. This work will draw heavily upon the method of inquiry which Blumer (1969:40) called "exploration":

The flexibility of exploratory procedure does not mean that there is no direction to the inquiry; it means that the focus is originally broad but becomes progressively sharpened as the inquiry proceeds . . . The purpose of exploratory investigation is to move toward a clearer understanding of how one's problem is to be posed, to learn what are the appropriate data, to develop ideas of what are significant lines of relation, and to evolve one's conceptual tools in the light of what one is learning about the areas of life.

After developing significant lines of relation and narrowing the focus, more analytical or traditional methods of inquiry will be used. Some secondary analysis of existing data will be used but most of the thesis will rely on analysis of new data obtained through interviews.

Sampling is often a problem in suicide study, as there is still a lot of stigma attached to suicide and attempters are reluctant to make their attempt known. The families of suicides and often those in "official" positions also often attempt to hide the cause of death. Use will be made of the persons available and willing to participate. This thesis will focus on one aspect of suicide--the suicide attempter--

at least for interview purposes. Some of the case studies that are used from the literature are of completed suicides, but the case studies will be able to be compared and used with the interviews.

Clarification of Problem

Sampling problems will place limitations upon the generalizability of this study, but an attempt will be made to refrain from making gross generalizations. Rather, an attempt is being made to gain more knowledge about the "confusing" area of suicide and especially to show that knowledge of the area can be gained through the use of the interactionist perspective. It should be pointed out at this time that no attempt is being made at model building or generating new theory. An attempt is being made to describe suicide attempts from the perspective of suicide attempters. Therefore, no hypothesis will be tested. Rather, the problem being addressed is three-fold:

- 1) explicating the interactionist perspective, drawing upon the related perspectives of labeling and symbolic interactionist theory; 2) applying this perspective to suicide attempts; and 3) identifying the conceptual relationships and discovering the value of investigating suicide attempts from this perspective. It is also hoped

that investigating in this "open" manner might lead to new or unexpected findings and that these might be the basis for further study or contribute to a new theory or body of knowledge.

As previously mentioned, it is asserted here that the interactionist perspective has much to add to the other perspectives. It is further asserted that this model can be applied to suicidal behavior and in this work that application will be investigated.

CHAPTER II

THEORETICAL BACKGROUND

Symbolic Interactionism

Symbolic interactionism arose from the pragmatic school of philosophy, especially the work of William James and John Dewey. (See James, 1890; James, 1948; and Dewey, 1925) It was elaborated by the work of George H. Mead, Charles H. Cooley, Herbert Blumer and others. Symbolic interactionism theory is concerned primarily with "meaning". This theory sees meaning as arising in the process of interaction between people. "Thus, symbolic interactionism sees meanings as social products, as creations that are formed in and through the defining activities of people as they interact." (Blumer, 1969:5) Blumer (1969:2) further points out that the theory of symbolic interactionism rests on three premises:

- 1) that human beings act toward things on the basis of the meanings that the things have for them;

- 2) that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows;
- 3) that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters.

Interpretation and Definition: Interpretation and definition are key elements of the theory of symbolic interaction.

The term 'symbolic interaction' refers, of course, to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists in the fact that human beings interpret or "define" each other's actions. Their "response" is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions. Thus, human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another's actions. (Blumer, 1969:78-79)

In fact, interpretation is the main thing that separates non-symbolic interaction from symbolic interaction.

In non-symbolic interaction human beings respond directly to one another's gestures or actions; in symbolic interaction they interpret each other's gestures and act on the basis of the meaning yielded by the interpretation. (Blumer, 1966:537)

The Self: Perhaps the most important single concept in symbolic interaction theory is that of the "self". There have been many theories of the self, but the one most central to this theory is that of Mead. He asserted that the self:

. . . is not so much a substance as a process in which the conversation of gestures has been internalized within an organic form. This process does not exist for itself, but is simply a phase of the whole social organization of which the individual is a part. (Mead, 1934:178)

The distinctive feature of the self, however, is that the ". . . self has the characteristic that it is an object to itself, and that characteristic distinguishes it from other objects and from the body." (Mead, 1934:136) When Mead uses the term "object" he means anything which can be referred to. Therefore, the self can be an object to itself in the same way that it can be an object to others or others can be objects to it. Others have a conception of us, but we also each have a self-conception. This self-conception is no less social than the conceptions we have of others or that which others have of us.

Mead stresses the fact that the self is a social construction or being, that it is only in a social process that selves can arise.

The self is something which has a development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process. (Mead, 1934:135)

William James carried this even further in asserting the dependence of the self upon others: "Properly speaking, a man has as many social selves as there are individuals who recognize him and carry an image of him in their mind."

(James, 1892:179)

Generalized Other: It is in the social process of the forming of self-conception that another of Mead's important conceptions enters in. This is the concept of the "generalized other". Sartre's statement that "Hell is others" (Tiryakian, 1962:133) could very easily have been meant for the use of the generalized other in the formation of one's self-conception. "The organized community or social group which gives to the individual his unity of self may be called 'the generalized other,' the attitude of the generalized other is the attitude of the whole community." (Martindale, 1960:358) Mead ties together the concept of self as object and as generalized other:

The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group, or from the generalized stand-

point of the social group as a whole to which he belongs. For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself, but only in so far as he first becomes an object to himself just as other individuals are objects to him or in his experience; and he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved. (Mead, 1934:138)

Play and The Game: Mead considered the generalized other to be an important part of his stages in the development of the self. He called these stages "play" and "the game". In play the child can assume roles of some other person, but the rules are outside of himself and are absolute. In the game, however, one has to become all the others in an activity and the rules are not absolute or unchangeable. The game is generalized role taking, or "taking the role of the other", or the generalized other. This is the stage which allows him to objectify himself.

Mead says:

I have pointed out, then, that there are two general stages in the full development of the self. At the first of these stages, the individual's self is constituted simply by an organization of the particular attitudes of other individuals toward himself and toward one another in the specific social acts in which he participates with them. But at the second stage in the full development of the individual's self that self is constituted not only by an organization of these particular

individual attitudes, but also by an organization of the social attitudes of the generalized other or the social group as a whole to which he belongs. (Mead, 1934:158)

Therefore, it is in the second stage, the game, or in the generalized other, that norms and values are found. This is where the social group or community or society exercises social control over the individual in that it determines his action by determining his thinking. The control is exerted on a mental level rather than on a physical level. There is little doubt that both our self-conceptions and our actions based on those self-conceptions are socially based.

The Situation: Another important element of symbolic interactionism, and one which is related to those already mentioned is that of the "situation". W. I. Thomas gave to symbolic interactionism the important concept of the "definition of the situation". He said that "If men define situations as real, they are real in their consequences." (Thomas and Thomas, 1928:572)

Strictly speaking, the definition of the situation is a process. It is the process in which the individual explores the behavior possibilities of a situation, marking out particularly the limitations which the situation imposes upon his behavior, with the final result that the individual forms an attitude toward the situation, or, more exactly, in the situation. (Waller, 1961:292)

Blumer agreed with the importance of the situation:

"People--that is, acting units--do not act toward culture, social structure, or the like; they act toward situations."

(Blumer, 1969:87-88) In the way it is used here, and will be used throughout this work, "the situation is the set of values and attitudes with which the individual or the group has to deal in a process of activity and with regard to which this activity is planned and its results appreciated."

(Martindale, 1960:348) When the individual defines the situation, he takes into account many things, including the norms, values, and beliefs involved in the generalized other.

"I" and "Me": It is very important to note that the actor not only interacts with other persons but he also interacts with himself. This brings into focus two more of Mead's major contributions, the "I" and the "me".

"The 'I' is the response of the organism to the others; the 'me' is the organized set of attitudes of others which one himself assumes." (Mead, 1934:174) (Cooley also incorporated this idea in his conception of self and the "looking-glass self".) Therefore, the person reacts to situations, not only in the manner in which others define him, but also the way in which he defines himself, part of which is the way in which he thinks others will define him, or the generalized other.

The Interactionist Perspective of Deviance

The foregoing has been a brief description of symbolic interactionism theory, outlining the basic concepts of this theory, especially as they are relevant to this thesis. The more recent sociological emphasis on symbolic interactionism has led to the adoption of what has come to be called the interactionist perspective for studying deviance.

The basic difference in emphasis between the interactionist perspective as it is being used in this thesis and symbolic interactionist theory is that the latter is a general theory attempting to explain all human behavior, whereas the interactionist perspective has been concerned mostly with explaining deviant behavior or what has come to be considered as deviant behavior. It is a difference in focus rather than a difference in theory, as the interactionist perspective is often seen as part of symbolic interaction theory. There is considerable conceptual overlap, as the difference between "normal" and "deviant" behavior in this frame work is a matter of definition; however, from this point forward, the term "interactionist perspective" is used as it is outlined by Becker, Rubington and Weinberg, and others in regard to deviant behavior. This definition will be more fully outlined in the following paragraphs.

As was pointed out in the foregoing presentation of symbolic interaction theory, "definition" is a key concept. Definition is also the key element of both the labeling and the interactionist perspectives of deviance. Prior to the development of the interactionist approach, deviance was considered to be a "given", that is, certain acts were considered to be inherently bad and the research into those acts began from that assumption. From the interactionist perspective, however, the definition of deviance itself is considered to be problematic:

. . . if sociologists define the definition of deviance as being itself problematic in nature, then processes of social interaction must be inspected to ascertain the conditions under which deviance is defined and what consequences flow from that definition. . . . Social definition, then, interprets, classifies, and dictates responses to the actions, real or reported, of another person . . . social definition supplies a group with terms for imparting meaning to actions that frequently seem to make no sense whatsoever. (Rubington and Weinberg, 1973:2-4)

This changes the focus from the actor and the act to the actor and the reactor and the interaction between them. "Deviance is not a quality that lies in behavior itself, but in the interaction between the person who commits an act and those who respond to it." (Becker, 1963:14) In researching deviance from this perspective, there must be two foci:

(1) the researcher must look at deviance from the perspective of the defining agents, both those in "everyday life" and those in official agencies of social control; and (2) he must then examine the situation from the viewpoint of the deviant himself to see how he comes to change his behavior and the extent to which he comes to regard himself as different from others, or as "deviant".

As in the more general symbolic interaction theory, the focus in the interactionist perspective is to find meaning or to give meaning to actors (ego, self) and reactors (others), actions, or things. The difference is that those who follow the interactionist perspective (sometimes called "interactionists") are trying to understand the meaning of behavior which is a departure from modal behavior. As outlined the meaning of the action comes from definition of the situation by the actor and by reactors. In deviance study, this definition is often called labeling or stigmatization.

Labeling

"Labeling, or stigmatization, then, is the societal process that transforms one conception of self (normal) into another (deviant)." (Davis, 1972:452) It might be well at this point to discuss the labeling perspective and how it relates to the interactionist perspective, as

the two are often confused. As mentioned previously, (see Chapter I) many researchers use the two terms synonymously, but there are some differences that need to be indicated.

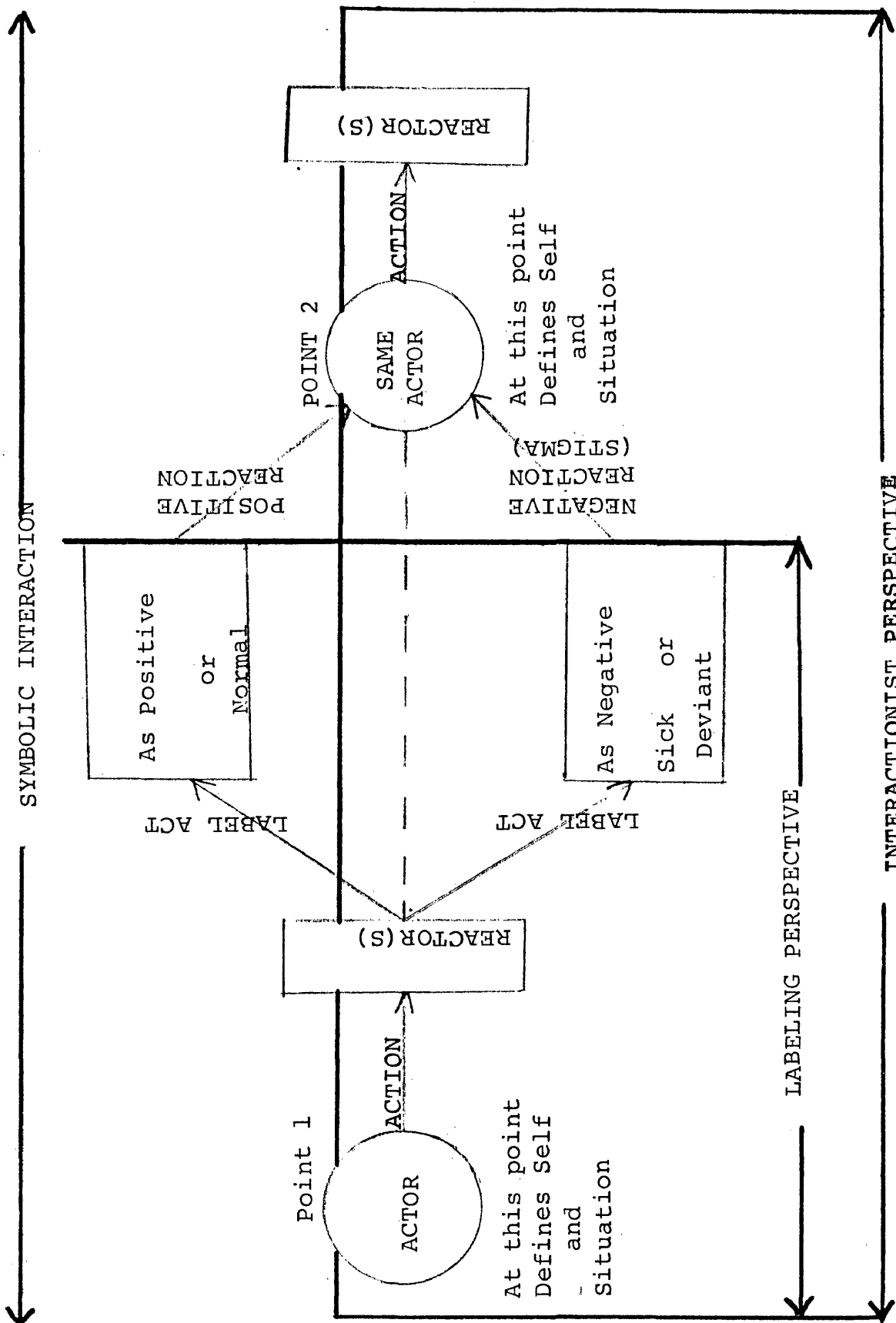
The labeling perspective is concerned primarily with the act of labeling or definition of an act and an actor; that is, it is also concerned with the reactor. The act of labeling or definition is an essential part of the interactional perspective, but the focus of the interactional approach is upon the interaction between the actor and the reactor and is not only concerned with the act and its definition, but also with how this definition affects the actor. Therefore, it is asserted here that the labeling perspective is a part of the interactionist perspective, but the interactionist perspective is much broader in the ways outlined above. Therefore, from the interactionist perspective, "The primary question then is not, who is the deviant?, but instead, How does a group define the deviant?" (Rubington and Weinberg, 1973:3)

Social deviants, therefore, are persons who have been stamped effectively with a deviant label. And effectively here means simply that the label does in fact make a difference in social relations, not only for the person so labeled but also for the person or persons affixing the label. (Rubington and Weinberg, 1973:7)

This latter statement explains where the aspect of interaction enters in. As discussed in the treatment of the symbolic interaction theory, the individual forms his definition of self (self-conception) through his interaction with others. Other individuals react to him on the basis of how they "label" him and this may become part of his self-conception; if it does he is said to be "effectively labeled".

Diagram I may more clearly show how the theoretical perspectives are used in this paper, how they "overlap" and how they are different. This diagram shows the interaction and the labeling process. It also outlines major areas of the three perspectives (symbolic interaction theory, interactionist perspective, and labeling perspective) and shows their interrelationships. This diagram is intended to illustrate a "section" of an ongoing process. The process as shown here has gone on before and will continue to go on for each actor. It is also likely that a number of these processes are going on for each actor at the same time. Each actor is also a reactor for other actors and each reactor is also an actor. The diagram, then, is only a very small part of a complex and ongoing process.

DIAGRAM I: PROCESS OF INTERACTION SHOWING THEORETICAL PERSPECTIVES



The rest of this section will be a discussion of the diagram, but it might be helpful to summarize the diagram here to eliminate any confusion that might arise. The diagram begins with an actor at a certain point in time and this is called "Point 1". He defines the situation and himself and takes some action. This action is reacted to by a reactor or reactors, including himself. This act and the actor is then labeled positively or negatively and the actor is reacted to in this manner. This brings the actor to "Point 2". At this point he has additional information to add to his definition of himself and the situation. At this point, the action begins again. The names of the theoretical perspectives and the arrows are an attempt to show how the perspectives "fit" into this action in terms of their areas of interest or focus. The diagram shows two things: (1) the process of action, labeling, and interaction, and (2) the areas of focus of the theoretical perspectives which are used in this thesis, described in the first part of this chapter.

As noted above, each actor is also a reactor for himself. This process which goes on inside the actor, is found in the chart at each point where the actor defines the situation and himself. This is also the point at which he is a reactor to others' actions or words. This is the point at which the foregoing discussion of the self, self-

formation, and self-conception becomes relevant. The generalized other is also a factor at this point. All of these factors enter in in defining the situation, even though the actor may not be conscious of all of them.

After the actor defines the situation and himself in relation to the situation, he chooses some course of action. (Note that inaction is a course of action.) This action is then reacted to by the reactor(s). The reactor labels this action internally as either "good" or "bad", "right" or "wrong", "correct" or "improper", "normal" or "deviant", or something similar. This reactor may also verbalize his "label". Internal or verbalized, the reactor is now reacting in a certain way toward this action (the reactor defines the situation in a certain way), and also toward the actor. He either gives some sort of positive reaction or he gives a negative reaction. A negative reaction may take the form of some sort of stigma. The question might arise, "What about neutral reaction?" It is argued here that the reaction will be either positive or negative, but that there are varying degrees of either. Even indifference will convey some overtone to the actor. It is also well to remember at this point that even though the other agent is being called "reactor" all of the other complex processes which were mentioned previously are going on, e.g., that

the "reactor" may be one or many, a private person or member of an agency, and that there may be many reactors with differing reactions or degrees of reaction.

Therefore, at this point the actor has a new situation to define. Whether or not he accepts the label of the reactor, the situation has been changed. He will add this reaction to his storehouse of knowledge, or to his "self", and it is posited that it will influence in some way all future action that he takes. It is tempting to say that at Point 2 the actor "redefines the situation and himself", but this might imply that he accepts the labels and completely changes his definition of himself. It is argued here, consistent with the interactionist perspective, that his definition of self necessarily undergoes some change, but the use of the "redefinition" might be misleading. However, some interactionists do use the term and feel that redefinition is necessary. Rubington and Weinberg say that "Deviance, as an interactive process, requires that a defining agent perform the work of redefinition upon another person." (1973:4) This statement is not contradictory to the position taken in this thesis, rather it should be clearly understood that the degree of redefinition will vary and the word "redefinition" was not used at Point 2 to avoid confusion.

The actor at Point 1 and the actor at Point 2 are physically the same person; however, internally they are different, either slightly or greatly. With this new definition and "new person" go a new set of expectations, both for the self and for the reactor. For example, Joe is defined as a thief. He is therefore expected to act like a thief and every time there is a robbery in town, the local police may haul Joe in and make him account for his whereabouts at the time of the theft. This example brings up another term the use of which should be clarified lest it cause confusion; this term is "social typing".

Social Typing: In the interactionist literature the term "social typing" is sometimes used interchangeably with either labeling or social definition. For example:

. . . a violation of rules, real or imputed, activates the process of social typing. Once the deviant typing has been ratified, accommodations follow, usually in a trial-and-error sequence. In the course of time, cultural rules on typing become operative. Finally, third parties may come into play when deviance threatens old, established relationships. At that point, exclusion may take place.
(Rubington and Weinberg, 1973:10)

Whether or not social types or labels or definitions "stick" and the person becomes "labeled" depends on a number of factors. "In general, social types are more apt to be accepted into a group's system of meanings when a high-

ranking person does the categorization rather than when a low-ranking person does it." (Rubington and Weinberg, 1973:5) An example of this is that if the office boy defines Mr. Jones as "a little weird" it is not likely to have the same effect as if Mr. Jones' boss labels him as "a little weird". Social distance may also take the form of official as opposed to unofficial definitions or typings. If, using the same example, Mr. Jones has a psychiatric record stating that he has been diagnosed as psychotic, this definition, other things being equal, carries more weight than either of the other two. In the latter, the three definitions would serve to reinforce one another. Both the office boy and the boss would undoubtedly respond to Mr. Jones as if he were sick; he would possibly be forced to accept this typing of himself or change his situation.

Summary

In summary, then, the interactionist perspective of deviance as it is used here, is a way of looking at behavior which is seen to depart from modal or acceptable behavior. This perspective sees actions and actors as neither inherently good nor bad but only defined as such by others. The interactionist perspective differs from symbolic interaction theory in that the latter is a general

theory of all human behavior, while those who follow the interactionist perspective have come to focus primarily on that behavior ordinarily labeled as "deviant". It might be well to note that such labeling is on a continuum. Actions which "deviate" from the modal behavior in either direction are considered deviant. The interactionists have been criticized for limiting their study to those forms of deviance which are considered to be "bad" or invoke a strong negative reaction. It is argued here, however, that all behavior which departs from the modal or "normal" invokes some negative reaction. In most instances both the over-conformist and the under-conformist are considered "strange" and are thought of in negative terms. (See Cavan, 1962:28-32)

Along these same lines, it must be pointed out that deviance study has also been situational. Deviance is very relative, that is, something which is "bad" in one time or place may be "normal" in another and may even be "very good" in still another. This observation, often called cultural relativism, is consistent with the interactionist view that acts and actors are inherently neither bad nor good, because if an act were inherently or naturally "bad" it would be bad in all times and situations.

Cultural relativism is especially applicable to suicide. This point will be elaborated upon in the next chapter to show that suicide can be studied from the interactionist perspective and that useful insights might be gained from the use of this perspective.

CHAPTER III

SUICIDE IN THE INTERACTIONIST FRAMEWORK

Background

In the late 1800's Emile Durkheim attempted to show conclusively that suicide could, and should, be appropriately studied by sociologists. His work demonstrated that suicide was not the entirely individual act that it had been thought to be; rather, there were also social factors involved. His work is still considered by many to be the classic work in suicide study. Many of the later works on suicide in sociology have built upon or have elaborated Durkheim's theories. Durkheim's definition of suicide: "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (Durkheim, 1951:44) and his major theorems are still in use today.

Concern over the number of suicides and interest in suicide as a topic of study began long before Durkheim. There have been suicides all through history. There are noted cases of suicide in the Bible, with the most notable being that of Judas.

The whole idea of suicide has been, and still is, clouded by much confusion. Suicide has been defined in many ways, some of them conflicting. The formal definition of suicide is a large enough area that Douglas devotes thirty-three pages to this topic in the Appendix of Social Meanings of Suicide. (Douglas, 1967: 350-383) Not only has the precise definition of what constitutes a suicide been in dispute, but the "right" or "wrong" of the act has changed throughout history and in different cultural contexts.

Historical Background: The suicide of Judas was considered to be a great sin, to some as grievous as his betrayal. On the other hand, Christian martyrs were ✓ praised and often canonized for taking actions which led directly to their deaths.

In the 1600's the corpses of suicides received very harsh treatment:

Writing in 1601, the Elizabethan lawyer Fulbecke says that the suicide "is drawn by a horse to the place of punishment and shame, where he is hanged on a gibbet, and none may take the body down but by the authority of a magistrate." In other words, the suicide was as low as the lowest criminal. Later another great legal authority, Blackstone, wrote that the burial was "in the highway, with a stake driven through the body," as though there were no difference between a suicide and a vampire. (Alvarez, 1972:46)

Similar tales of degradation occurred in all countries and for the most part continued into the 1800's. Suicide came to be considered either criminal or the result of lunacy.

The prohibition of suicide was not only by the state. The Church took a definite stand on suicide, even though:

. . . neither the Old nor the New Testament directly prohibits it. There are four suicides recorded in the Old Testament--Samson, Saul, Abimelech and Achitophel--and none of them earns adverse comment . . . in the first years of the Church, suicide was such a neutral subject that even the death of Jesus was regarded by Tertullian, one of the most fiery of the early Fathers, as a kind of suicide. (Alvarez, 1972:51)

This position rapidly changed, however, and the Roman Catholic Church condemned suicide as a mortal sin. This meant that the suicide could not be buried in "hallowed ground" and that his soul was considered to be in such a state of sin that it would go to Hell. Other churches throughout the ages have agreed that suicide is somehow morally wrong, although different reasons are given, and burial is usually not barred by religious groups other than the Roman Catholic Church. ✓

The law has undergone similar change. Suicidal actions are no longer considered criminal in most states (except New Jersey and the Dakotas). The property of a

suicide is no longer confiscated nor is his body dis-
membered or subjected to other indignities. However,
the stigma still exists for many people. Suicide is
considered by many to be inherently bad or "not normal";
therefore anyone who attempts suicide is also "not normal"
and probably in need of psychiatric care. This idea is
still widespread. It is a circular argument, however;
anyone who commits suicide must be "sick" because suicide
is symptomatic of mental illness and he commits suicide
because he is sick. In this illogical argument the
symptom and the cause are one and the same.

It is not only the lay public that think of suicide
as a type of mental illness. Sociologists have also done
this.³ Psychologists and psychiatrists often see suicide
as a form of mental illness.

Aside from the negative connotations that the suicide
act has had, it has often had positive overtones. Early
Christian martyrdom has already been discussed, but there
have also been more modern "martyrs". Probably the best
known are the cases of the Japanese kamikaze pilots during
World War II. At various times Buddhists have made human
torches of themselves to protest various grievances.

³For example, in Lindesmith & Strauss' 1968
Social Psychology, they discuss suicide under the general
heading of "The Psychotic".

This practice increased during the Vietnam War and others besides Buddhist monks practiced self-immolation.

Perhaps the most esteemed "martyrs" in our society have been those who give their lives in some sort of altruistic suicide. This includes those military heroes who throw themselves on a live grenade to save their buddies or those who jump in front of a bullet to save a friend or relative.

Theoretical Relations

All of this lends weight to the contention that the definition of suicide is, itself, problematic. In the previous chapter it was pointed out that:

If sociologists define the definition of deviance as being itself problematic in nature, then processes of social interaction must be inspected to ascertain the conditions under which deviance is defined and what consequences flow from that definition. (Rubington and Weinberg, 1973:2)

This confusion in regard to suicide would lend credence to the assertion that suicide could very well be studied from the interactionist perspective and that it might be one of the more useful perspectives from which to study it. Other authors have agreed with this position

Perhaps not surprisingly, the types of deviation that have lent themselves most readily to phenomenological analysis are those that are otherwise particularly elusive and seemingly "interior"

like suicide and mental illness. (Schur, 1971:126-127)

It appears, however, that even though suicide might lend itself to the interactional perspective or the phenomenological approach it has not been done to a very great extent.⁴ There are, however, some notable exceptions. (For example, see Cavan, 1928; Douglas, 1967; Jacobs, 1967; and Henslin, 1970)

Sociological Studies

Although sociologists have been studying suicide since Durkheim's work, it appears as though most researchers have attributed "causes" to suicide attempts without asking people why they attempted suicide. In Douglas' survey of the sociological "theories" of suicide, one can see instances of the citation of "motives". For example, Elwin H. Powell asserts that:

It is assumed that individuals kill themselves when they cannot validate their "selves" through the normally approved form of status activity-- or is it when they can't "succeed" in their attempts to validate themselves by achieving occupational-economic "success"? (Douglas, 1967:93)

⁴Questions might arise about the inclusion of the "phenomenological approach" at this point when it was not discussed previously in the discussion of the theoretical background. In this quote Schur was referring to it rather as a methodological stance, ethnomethodology, and as an approach to data. The way that it was used there, and is used here is harmonious with the methodology described in the next chapter.

✓ Powell based his work on statistics and "theory" but did not consider concrete cases of suicide. In critiquing the work of Warren Breed, Douglas says that ". . . Breed was quite emphatic in arguing that the loss of status is only one major cause among many of this 'complex phenomena'." (Douglas, 1967:121) He goes on to point out that one of Breed's implicit assumptions was that actions such as suicide are deviant behavior. Referring back to the interactionist perspective as it was outlined in the previous chapter, it can be seen that starting from an assumption such as Breed's is directly contrary to the interactionist perspective. In regard to another sociological "theory" of suicide, that of Halbwachs, Douglas states that "With regard to the relations between mental troubles and suicide, Halbwachs concluded that mental troubles (as well as other mental, motivational states) should be considered to be causes of suicide." (Douglas, 1967:125)

The purpose of listing these examples of sociological studies of suicide is not to belittle them or reject them, considering this researcher's debt to other works in suicide, especially as has been stated previously, sociological works. Rather, the purpose in presenting these examples is to present some examples representative of sociological studies of suicide.

Case Histories From the Literature

✓ In surveying the literature in a search for reports of extensive interviews with suicide attempters or case histories of suicides or suicide attempts, it was found that such materials seem to be scarce. Many works on suicide give very brief summaries of case histories or short statements to illustrate a point, but extensive statements by the subjects themselves are very rare.

✓ In 1928, Ruth Cavan published a book which was one of the first to make use of case histories of suicides. She presents a number of brief cases and two very extensive cases. These cases were compiled through the use of ✓ diaries kept by the subjects; the material covered a long period of time and much about the subject's life (other than about suicide). This work was written during the era when social disorganization theories were very popular in the explanation of deviant behavior, and these diaries emphasize the impact of social disorganization on these persons' lives.⁵

One study employing case histories and narratives which is a notable exception was a 1964 work by Kobler and Stotland. This book discussed the situation of a mental hospital in which a "suicide epidemic" occurred.

⁵For a discussion and description of the social disorganization perspective of deviance, see Bell, 1971:3-4.

Although Kobler and Stotland are not sociologists⁶ and do not specifically use the interactionist perspective, they emphasize the subjects' definitions of the situation. Kobler and Stotland also emphasize the importance of the responses of others in the formation of the definition of the situation. In fact, the authors' interpretation of the data strongly implies that the "epidemic" was "caused" by the responses of the staff to the patients which helped the patients to define themselves as suicidal.⁷

Kobler and Stotland's study is of such a nature that an elaboration seems to be in order. The hospital, which is called Crest in the book, had only had one suicide of a patient at the hospital in nine years. The patients and staff were also under some strain due to a change in administrative personnel and a great deal of tension be-

⁶Arthur L. Kobler is psychotherapist in private practice and a professor of psychology at the University of Washington. Ezra Stotland is a professor in the Department of Psychology and director of the Society and Justice Program at the University of Washington.

⁷Kobler and Stotland make psychological interpretations, but their study could be analyzed in relation to the sociological concept of contagion and in terms of collective behavior. This interpretation would be consistent with the interactionist perspective, as there is strong emphasis on the effect of others in determining the behavior of the individual. For a contemporary treatment of the relationship between contagion and suicide see Phillips, David P., 1974.

tween the director and one of the staff doctors. During a period of a few months, one patient killed herself in the hospital, two killed themselves after they left the hospital, one escaped from the hospital and killed herself, and one was transferred to another hospital after making numerous attempts and also after some of the other suicides. All of these happenings seemed to cause the staff of Crest to feel a great deal of helplessness in coping with the suicidal actions of the patients, and the authors felt that the feeling that "we (the staff) cannot protect you from yourself" was communicated to the patients. Some of the patients were, or became, "suicidal" and made daily attempts or what the staff construed as daily attempts to kill themselves.

It might be argued that using quotations from the statements of the patients themselves is not useful as all were in a mental hospital and had been diagnosed as having some form of mental illness, and, thus, might not be able to "accurately" define reality. However, referring back to the statement of Thomas and Thomas quoted in the previous chapter, "Situations defined as real are real in their consequences." (Thomas and Thomas, 1928:572) Even though others might not agree with each patient's definition of the situation, the patient acted on the basis of that definition and for him it had "real" effects.

Joseph Ullman: The first case discussed was that of Joseph Ullman. A great deal of the discussion about Mr. Ullman centered on the fact that when he was admitted to the hospital he was made subject to strict suicide precautions, even though his only suicide attempt had occurred more than six years previously. It appears that this precaution was taken because his brother insisted that he was extremely suicidal and the hospital director accepted this definition. One part of the suicide precautions was that they took away his glasses and then periodically gave them back. Of the staff taking away his glasses, Mr. Ullman stated:

This business of taking them away and giving them back: as I say, it seemed to me they were trying to tell me something . . . to my mind they were trying to draw attention to my glasses, they were trying to tell me something about the glasses, and I hate to say these things because they are so screwy--but the way I felt then, they were trying to tell me I should kill myself, they draw attention to the glasses, so they are saying: here is the way you can do it. (Kobler and Stotland, 1964:69)

Mr. Ullman continued to get similar messages from the staff and he later removed the glass from his glasses and cut his wrists and his throat. He did not die. His doctor later stated: "If his glasses had not been an item of S . . .

(suicide) precautions I doubt if he would have used them." (Kobler and Stotland, 1964:82) Due to continued attempts and anxiety, both on the part of Mr. Ullman and on the part of the staff, he was transferred to another hospital. The doctor at the second hospital wrote the following concerning Mr. Ullman:

He stated, for instance, that when he came to Crest everyone seemed to be quite worried about him and to "expect the worst" . . . He mentioned that a number of things that were done at Crest seemed to him to be encouraging him to think of himself as more depressed and sicker than he was. (Kobler and Stotland, 1964:95-96)

Harry Einston: The second case was Mr. Harry Einston. Again, there seemed to be a great deal of staff concern about Mr. Einston's behavior. He was placed on full suicidal precautions, even though they felt there was a small risk: "He has been placed on full suicidal precautions because of the real but probably small danger that he might seriously injure himself but also to indicate that he will be protected by us." (Kobler and Stotland, 1964:107) An account of two staff members' interpretations of the same behavior by Mr. Einston shows how suicide was a great fear among the staff:

An aide: "He wandered down a bit further, to pet a dog, when a car started by and Einston started to run toward it. I called him quite sharply a

couple of times and he pulled up barely ten feet from the car and came back with flushed face." . . . The managing doctor: "While out exercising with one of the female aides, he walked down to the road and threw himself in front of a car, apparently in such a way that there was not too much danger of him being injured." (Kobler and Stotland, 1964:108)

Mr. Einston had the added pressure of not only the hospital staff expecting him to try something, but also his family expected him to kill himself. One incident that was described was that when he was home he went down to the basement; since there was a rope in the basement, his parents assumed that he went down there to get a rope to hang himself. Due to instances such as this, his parents expressed more and more reluctance to have him home.

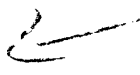
The one positive change noted in Mr. Einston's behavior also seemed to be a result of staff response:

As Dr. Preston suggests, following . . . shift to a more hopeful therapeutic approach, there was a gradual decline in Einston's hopeless statements on the ward and an increasing number of comments from him about going back to school. (Kobler and Stotland, 1964:126)

However, Mr. Einston left the hospital for a visit at home, even though his parents were expressing reluctance to have him, and went to his uncle's home for lunch. During this visit he expressed very depressed thoughts such as, "There's only one way out." He then left his uncle's house

and disappeared. He was found later in his car with slashed wrists.

William Oakson: The case of William Oakson was a little different from the other two. He was never put on suicide precautions during his stay at the hospital. Most of the staff expressed thoughts that he was not suicidal or that the possibility was slight. However, he, too was a victim to an extent of the staff anxiety about the suicidal actions that were occurring:



When Dr. Doren commented, later, on his decision to transfer Oakson to outpatient status, he indicated that he thought his own anxiety over the experience with Ullman and Einston influenced his treatment of Oakson during the interviews . . . "I know when he came back I was hoping he wouldn't find out about these (suicides), which is a reflection I think of my perhaps withdrawing, of my anxiety, of a little more wish to keep him away because it would be bad for him if he were to know about the suicides." (Kobler and Stotland, 1964:148)

It begins to sound as though these professionals had somehow come to the conclusion that suicide was in some way contagious.

William Oakson did leave the hospital after this and his wife found him in the garage, dead from carbon monoxide poisoning. Later they found letters expressing his fear of being put away in the state hospital (not Crest) and never

getting well. One might speculate upon how much the treatment at Crest contributed to his definition of himself as very ill, so ill that he would never get well.

Virginia Arlington: Mrs. Virginia Arlington was seen by the Crest staff as a difficult case and a high suicide risk from the time she was admitted. She had previously been under private therapy and her therapist thought that she was a suicide risk. She took an overdose of Nembutal which resulted in her admission to Crest. She was immediately placed under suicide precautions.

At the beginning of her stay at Crest Mrs. Arlington was distressed by the many hospital rules, which seemed to her to deal with her as if she were incapable and inadequate . . . It was noted that Mrs. Arlington felt "that all the precautions taken on ward made her think more of this (suicide) . . . 'I never would have thought of using my teeth for an instrument of death till they were taken away.'
(Kobler and Stotland, 1964:174-178)

Mrs. Arlington seemed to have a great anxiety that the staff would not be able to protect her from herself, and, because of the previously discussed series of suicidal events, the staff came to share this opinion. "It is clear that the Crest staff felt helpless before Mrs. Arlington, at a loss in its attempts to deal with her. Moreover, the staff now began to feel increasing dislike for her." (Kobler and Stotland, 1964:177) During her stay at Crest, Mrs. Arlington continually asked to be

restrained in some manner.

On December 23, Mr. Ullman attempted suicide. The nurses' notes for the following day include the first report of a suicidal reference by Mrs. Arlington in more than a month: "Was very quiet this morning and answered bluntly in response to questions, but talked for a while about desire to commit suicide." Although Mr. Ullman and Mrs. Arlington were not on the same ward, news of his attempt may have been communicated to her by other patients, thus stimulating the suicidal remarks. On the other hand, suicidal remarks, while they may have been neglected in previous nurses' notes, were perhaps now noted and written down unflinchingly as a consequence of the staff's sudden anxiety over Mr. Ullman's attempt. (Kobler and Stotland, 1964:185)

Suicide was apparently coming to be very dominant in the minds of the staff or patients, or both.

The situation with Mrs. Arlington deteriorated until her therapist terminated treatment and nobody wanted to treat her. They did not know what to do with her, so they prescribed drugs if she "got out of hand". It was at this time that an aide said, "I honestly felt, 'What's left for this woman but dying, really?'" (Kobler and Stotland, 1964:203) Shortly after this, while in a waist restraint, Mrs. Arlington strangled herself with a piece of sheet tied twice around her neck.

Miriam Irwin: Prior to being admitted to Crest, Mrs. Miriam Irwin had attempted suicide and had been placed in a general hospital. While there, she again attempted suicide and was admitted to Crest for a more secure setting.

Again, the staff evidenced a great deal of difficulty in dealing with the patient: "One thing that is noteworthy is the difficulty of the aides and nurses in dealing with a woman like Mrs. Irwin. When she spoke about herself--with the intensity of feeling . . . they pushed her off to the doctor." (Kobler and Stotland, 1964:218) The staff came to be more and more convinced of her hopelessness, as is evidenced by these staff statements:

"The staff felt she was suicidal." "I always felt that Mrs. Irwin was quite suicidal." "From the minute she came into the hospital, I was uneasy about her. I had the feeling here was a woman who was really determined to kill herself; and that in one way or another she might do it, eventually." "I didn't feel she was an intense suicidal risk. I did feel that she definitely was a suicidal risk, and I've noticed that so many people that have been working here longer than I, did not really--they didn't seem to feel she had much of a chance to get well."
(Kobler & Stotland, 1964:244)

The latter statement is the only one that even shows any hope. It seems little wonder, then that "On the ward, during this period when Mrs. Irwin was in restraints, two themes dominated her interaction with the staff, her feeling of hopelessness and her conviction that the ward staff could not respond in any real way to her needs."
(Kobler and Stotland, 1964:233)

The situations described above continued. Mrs. Irwin escaped from Crest, went to another town, registered in a hotel and took an overdose of pills and drowned in a bathtub.

Summary

The purpose of presenting these cases showing the problems that this hospital had is not to show that hospital staffs "cause" suicides. The reason that these cases were cited is rather that they emphasize the interaction between the actor (patient) and various reactors, and they show the importance of this interaction. Also, the in-depth interviews with these patients enable the reader to ascertain what are their definitions of various situations. This completeness makes these case studies able to be used in comparison with the interviews conducted for this study. The findings from the interviews will be reported in Chapter V, and any patterns or relations between them and those cited in this chapter will be discussed in Chapter VI.

CHAPTER IV

METHODOLOGY

Background and Methodological Position

Sociologists working from a theoretical position such as that described here (symbolic interaction theory, interactionist perspective and labeling perspective) have advocated a particular type of methodology. This methodology is generally called the case study approach, or some researchers list it under the general classification of qualitative methodology. In light of the theoretical position taken in this work, therefore, qualitative methodology was the research method employed in this work.

Some sociologists advocate the use of qualitative methodology while others prefer quantitative methodology. It is not the purpose of this chapter to propose the general superiority of qualitative over quantitative methodology, but rather to show the appropriateness of the use of qualitative methodology in this thesis. Interactionism (as many other theories) demands that the researcher be "true" to the subject or material under investigation and

that he let the nature of the material guide his investigation. Therefore, the nature of the problem should dictate which method to use, rather than fitting the problem to the method. "Respect the nature of the empirical world and organize methodological stance to reflect that respect. This is what I think symbolic interactionism strives to do." (Blumer, 1969:60)

One emphasis of interactionist research is to know people rather than to know about people, or as William James termed it, "knowledge of" instead of "knowledge about". (Phillips, 1972:146)

To begin to know of a category of persons is to begin to build a fuller portrait of them. To have a label that specifies the existence of a set of persons is to begin to conceive of what "those people" "are like." But in only knowing about--rather than directly knowing--them a fuller portrait constructed from a distance is likely to contain significant oversimplifications, distortions, errors, and omissions. In being constructed from a distance, these portraits more easily serve the particular purposes of the people constructing them. (Lofland, 1971:1-2)

Filstead takes the position that: "To facilitate understanding of the subject matter, the researcher must be aware of the tremendous qualitative differences between objective 'knowledge about' and intersubjective 'acquaintance with' the data of reality." (Filstead, 1970:5)

Although the terms might appear contradictory, the positions agree.

Max Weber also approached the general distinction between "knowing people" and "knowing about" people. Weber discussed what he called Verstehen, which is often translated as "subjective or interpretative understanding". He felt that causal explanations and Verstehen are not opposed but are mutually supportive. ". . . Weber maintains, Verstehen is never a complete method in itself. Verification of subjective interpretation by comparison with the concrete course of events is indispensable." (Martindale, 1969:386)

Some writers from the interactionist perspective urge that the world be seen from the perspective of the subject:

. . . if sociologists are, as so many claim, really concerned with the meaning of social action, then the actor and his actions cannot be viewed wholly from the perspective of the outside detached observer. This is true whether the subjective sociologist engages in the observation of behavior, utilizes interviews and questionnaires, examines available records and documents, employs various unobtrusive measures, or whatever. The study of social action has to be made, as much as possible, from the position of the actor. (Phillips, 1972:141)

Another writer says of essays written from the interactionist perspective:

. . . that they concern themselves with such subjective social-psychological considerations as the individual's intentions, motives, and morals as these relate to the more general sociological problem of establishing the reality of the social scene. This in turn requires that the researcher achieve an understanding of the social meanings of social actions, as these are perceived by members of the social setting, and the way in which these meanings affect behavioral outcomes. (Jacobs, 1974:v-vi)

Becker expands this perspective to include not only the labeled, but also those doing the labeling: "If we study the processes involved in deviance, then, we must take the viewpoint of at least one of the groups involved, either of those who are treated as deviant or of those who label others as deviant." (Becker, 1963:172)

Researchers of the interactionist persuasion, have been criticized as being champions of the underdog, making the deviants the victims and society the villain. (See Warren and Johnson, 1972:80-81) In some cases this may have been true, but it is not the general methodological stance:

The commitment to get close, to be factual, descriptive, and quotive, constitutes a significant commitment to represent the participants in their own terms. This does not mean that one becomes an apologist for them, but rather that one faithfully depicts what goes on in their lives and what life is like for them, in such a way that one's audience is at

least partially able to project themselves into the point of view of the people depicted. They can "take the role of the other" because the reporter has given them a living sense of day-to-day talk, day-to-day activities, day-to-day concerns and problems . . . the qualitative study of people in situ is a process of discovery. It is of necessity a process of learning what is happening. Since a major part of what is happening is provided by people in their own terms, one must find out about those terms rather than impose upon them a preconceived or outsider's scheme of what they are about. It is the observer's task to find out what is fundamental or central to the people or world under observation. (Lofland, 1971:4)

Application to Present Study

In the previous chapter, suicide was discussed in an attempt to see theoretical convergences between the suicide process and the interactionist perspective. It is necessary to see if convergences exist in the empirical world. In keeping with the methodological positions taken in this chapter, the "world" of attempted suicide will be viewed from the perspective of those who have attempted suicide. This approach seems totally in keeping with the theoretical and methodological position of the interactionist perspective. "In short, qualitative methodology advocates an approach to examining the empirical social world which requires the researcher to interpret the real world from the perspective of the subjects of his investigation." (Filstead, 1970:7)

Further support of this position and the use of the attempters'

views of the situation is given more specifically by

Douglas (1967:253):

Moreover, I would argue that the only way one can go about scientifically studying the meanings of suicidal phenomena (or any other social phenomena) is by studying the specific meanings of real-world phenomena of this socially-defined type as the individuals involved construct them.

Borrowing a term from Blumer, this thesis is of an exploratory nature:

The purpose of exploratory investigation is to move toward a clearer understanding of how one's problem is to be posed, to learn what are the appropriate data, to develop ideas of what are significant lines of relation, and to evolve one's conceptual tools in the light of what one is learning about the area of life. (Blumer, 1969:40)

This means, for one thing, that this thesis will not be hypothesis testing. Rather, it relates more closely to Glaser and Strauss' "grounded theory". This is a process whereby theory is generated from the data, rather than using the data to verify theory. "Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research." (Glaser and Strauss, 1967:6) Note that Glaser and Strauss say "most hypotheses"; it is not necessary

that every hypothesis be generated from the data. The sort of theory used here is also not what C. Wright Mills (1959) calls "grand theory". Glaser and Strauss (1967:35) contend that "grand" theory is generated from logical assumptions and speculations about the "oughts" of social life, not from data. The scope of this thesis will also limit the "theory" that will be generated. (These limitations will be discussed in chapters VI and VII.) This thesis is an exploratory study which might lay the foundations for future study if some of the implications are investigated.

Interviews: The approach that one takes toward the research subjects is important. The researcher must not attempt to make either the subject or the data fit a preconceived scheme or framework. In doing this, he is "untrue" to the subject and biases his data. Filstead (1970:284) feels that ". . . the traditional empiricist sets up many preconceptions of his subject through his study of background materials, his definition of variables, his hypotheses, and the causal order he expects to find among his variables." However, the qualitative researcher tends to let the variables define themselves in the context of the research. Filstead feels that these latter researchers emphasize following. ". . . those procedures which best allow the subjects to speak for themselves in contrast to the traditional empiricist who emphasizes procedures which

help explain the subjects from an independent standpoint." (Filstead, 1970:284). The present investigator is aware that she has some preconceived notions about suicide and suicide attempts. These are not value judgements, but rather preconceptions that come from previous years of studying suicide. The framework developed in previous chapters could also bias the interaction with subjects. Therefore unstructured interviews were chosen as the means of gathering data in order to minimize the possibility of imposing that framework on the data. The researcher can influence the direction of the data by the choice of questions, so the decision was made not to use a set-question format. Rather the suicide attempters told their own story; the interviews took the form of "Tell me what happened, in your own words, in your own way." If the subject was rather brief or evasive, probing questions were aimed at eliciting more information, not some certain information. (For example, one subject mentioned four suicide attempts and went on to describe the last one; she was then asked to describe the other three.) In one or two instances, however, the subjects were very shy and didn't know how to begin. After the subject began to feel more comfortable, he elaborated more, Until he began to feel comfortable, questions were necessary to sustain the interview.

Obtaining Subjects: The official records which are often used as the data of suicide research are very questionable. (For a good discussion of this point, see Douglas, 1967) Due to the stigma associated with suicide attempts in our society, many people try to cover their record of suicide attempts. Therefore, it was necessary to use those subjects which were readily available. This type of subject selection, generally known as a "sample of convenience" (Helmstadter, 1970:327) may have built-in problems of validity and/or reliability, but in a study of this type, it was the only possibility. (Validity and reliability as used here mean actually measuring what the researcher is claiming to measure and ability to be replicated, respectively.)

Eight suicide attempters were interviewed. The way that the respondents were located varied somewhat. Three of the respondents were previously known to the researcher. Another had previously taped an interview for a deviance class project; that subject was not interviewed further. In the early stages of the study, requests were circulated to various groups and classes for any suicide attempter to volunteer to be interviewed. One respondent was found in this manner, that is, he called and volunteered to be interviewed. The remaining three respondents were contacted by

referral, that is, one previous respondent gave me two other names and one of these two gave me a third.

Data Gathering: All of the interviews were taped, with the permission of each subject. The material was then transcribed, leaving out names and places to insure the subjects' anonymity. With only two exceptions, all interviews took place in the home of the subject. One of the other interviews took place in the home of the interviewer and the other took place in the subject's place of employment. The subject was asked to select a place which would be free from interruption and where the interview could not be overheard. All of the locations chosen met the criteria. All interviews except one were taped in one session; the other was in two sessions one week apart.

The interviews varied in length from twenty minutes to almost two hours, with the two-session interview being the longest. The length of the interviews was pretty much dependent upon the subjects, as they could say as much or as little as they liked.

The material from the interviews, the transcripts of the tapes, are the data of this study. After all the interviews were completed and the data compiled, it was analyzed to see what patterns emerged. The material and

patterns generated, as well as the demographic and case information are discussed in the next chapter. Any conclusions about or implications of this data will be included in the final two chapters. Any conceptual relationships between this data and the cases from the literature will also be examined at that time.

CHAPTER V

FINDINGS

The findings will be organized in three parts. Even though this was not a demographic study, demographic data were available and will be presented for the whole group. Second, a brief description of each case will be offered to give the reader familiarity with the cases. The second section will be further divided into two parts. First, a summary of the case will be given, including salient points. The second part of each case history will include this author's analysis of the case from the interactionist perspective. The third and final section of this chapter will discuss "patterns" in the cases. These patterns will be the basis for the conclusions which will be drawn in the next chapter, and to some extent, for the implications drawn in the final chapter.

Demographic Data

Of the eight subjects, seven are females and one is male. The subjects range in age from twenty-one years to the mid-fifties. Two of the subjects are presently married

and were married at the time of the suicide attempts, and both have children. All of the others are single and have never been married. All of the subjects are either in college or already have a college degree. All of the subjects are Caucasian. They all live in the Omaha area and have lived in this area for at least a year.

There are various "occupations" represented, with the majority of the subjects being students. Four of the subjects are students, one of the students is a part-time secretary. One of the subjects is unemployed, one is director of a volunteer social service agency, one subject is employed as a technician in a hospital, and the last subject is working at the church to which she belongs.

Some subjects claim membership in no organized religious group, but of those who do, two are Roman Catholics, one Presbyterian, one Episcopalian (although she said she really has her "own religion"), and one is a member of the Metropolitan Community Church.

Case Histories

A brief description of each case is presented below. (Each case has been assigned a number for the sake of anonymity.) It would not be possible to include the entire transcript of each case here; therefore, the material has

01
been summarized from the transcripts. The author's analysis follows the summary of each case.

Case 100: "Case 100" is the only male in the sample. He is a 21-year old, white college student. He states that he comes from a very religious (Presbyterian) home. When he was seventeen years old and a senior in high school he took a number of aspirin; he says it was probably about twenty in all. He now characterizes this as a very "half-assed" attempt at suicide and not serious at all. According to his statement he had absolutely no ill effects from the pills. He sees the precipitating events as his breaking up with his girlfriend and having problems with his parents. He states that it was just an impulsive act and that he really did not want to die: "In looking back on it, I realize it wasn't a serious attempt. It was, as most attempts are, just a cry for help, or for understanding, or compassion, or for pity, or for something along that line." He continually stressed how "stupid" and impulsive this act was, and said he felt that it was morally wrong. However, he did feel that in the event of certain things--loss of loved ones or serious illness--he would commit suicide. He has kept the suicide attempt very secret and only about four people, including this interviewer, know of it. His parents do not know. He

feels that if other people did know, they would view him with "pity or contempt . . . for the most part people would have contempt of you." He said he would react to a suicidal person with understanding. He would tell the person, "Hey, I love you", or "I care".

One thing that this author observed during the interview was that, although the subject seemed very nervous, after he had finally discussed his suicide attempt, he felt free to discuss almost anything in his life, even what might be considered intimate details (such as sexual behavior). This seems to relate to his definition of the act of suicide; it was almost as if he had already told the interviewer the worst thing that he had done and that he had nothing more to hide.

From his description of the situation prior to the suicide attempt, it seemed as though he felt rejected, by his girlfriend and, to some extent, his parents. This might have led him to a negative definition of himself prior to the act, and to a negative definition of the situation. He does express more negative definitions of the prior situation than negative definitions of himself. He said that he had felt very depressed and that the whole world was against him.

A theme that continually reappears in this transcript is his negative definition of himself and of the action after the attempt. He said that the reason that he keeps the attempt hidden is his embarrassment. He continually called that act "stupid" and said that he was stupid to do it. As the act has been kept relatively secret, he has not experienced much, if any, reaction from others; even those who know have not reacted, in his estimation. He does show, however, strong negative responses from his "generalized other" in his statements (previously quoted) that "they" would view him with contempt.

A seeming incongruency is that he states that he might someday commit suicide in spite of his strong negative feelings about suicide in general and about his attempt. One might speculate that he has so internalized the negative definition of himself as a "contemptible suicide attempter" that he expects that he is the "kind of person to do that", but there is no evidence for that speculation. It is also possible that he has accepted what he feels to be the attitude of the generalized other which holds that suicide is bad, but that he actually thinks that it is not bad. The two examples which he gave of situations which might lead him to suicide, however, do fit in with his definition of the situation prior to this attempt. Again, rejection (loss of his family) might be a big factor. The serious illness

04

which he described might also cause him to have a negative definition of himself as being "nothing more than a vegetable".

Case 101: "Case 101" was not interviewed by this author; the subject made the tape herself in order to describe her suicide attempt to a class in the sociology of deviant behavior. She felt that standing before the class and giving the information would be too difficult for her emotionally. The subject is a white, middle-aged, Roman Catholic woman. She is married and has eight children, three of whom are married. She made the tape in July of 1973; her suicide attempt had occurred during the previous year. She describes the situation that caused her suicide attempt as being stress in her family. She and her husband had been having problems with their children, especially the three oldest of those at home. The family had been involved in family counselling, but it appeared to the subject that the children and her husband were not going to cooperate. She describes the attempt itself:

I said I was going to bed, and went upstairs. The whole time I was thinking, "I simply cannot stand one more thing." I undressed for bed, took a handful of sleeping pills, and went to bed, thinking, "I'll never have to wake up again."

From this statement, it appears that she intended to die.

Her son found her unconscious and she was taken to a hospital

where she was placed in the psychiatric ward. She found this hospitalization to be a very difficult experience, and she was shocked by her attempt. "My feelings were that of extreme shock that I had done such a thing." She also states that the act was contrary to her self conception:

This action went against my religious convictions and against my whole character, as I am a fighter and not a quitter. I was in the process of dropping out for good. What a terrible thing to do to my husband and children.

From this statement it appears that she deploras the act, but she did not state whether or not she would ever do it again.

Case 101 received verbal response only from her doctor, who told her to "do something", so she enrolled in college. She states that her home situation has not changed, but she says she is trying to cope with it. She says that she has never discussed her suicide attempt with anyone in the family and only one friend knows of it, and it appears that they have never discussed it either. Toward the end of the tape she labels her family, including herself, as deviant:

I guess you could truthfully call us a deviant family and this member of the family is trying to do the best she can to remedy the situation, but running scared

all the way. My doctor told me there is a slogan on the walls of Mayo Clinic: "SYOA", which means, "Save Your Own Ass". That's what he wants me to do and hopefully I can save the others along the way.

In looking at this case from the interactionist perspective, it appears that the subject had a negative definition of herself prior to the suicide attempt. She felt that all the family problems were her fault and that her husband and children were opposing her. Her prior definition of the situation was that circumstances were overwhelming, that she could not cope with them anymore. This feeling of being unable to cope could have some negative implications for her definition of self.

Her statement indicated that she personally labeled the act as "terrible", thus giving it a negative label. Also, the fact that she was placed in a psychiatric hospital probably communicated something negative to her about her act, that it was "not normal". The fact that she was hospitalized and her own reactions appear to be about the only response which she got. She does not report any response from the doctor about her suicide attempt directly, but she does report that he did give her some positive responses in terms of her definition of herself; he told her that her family problems were not

all her fault and that "I am not failing with three problem children, but that they are failing me." She says that he "finally convinced" her of these things, so it appears that she has accepted this positive definition of herself rather than her prior negative one.

CASE 102: "Case 102" is a single, white, Roman Catholic female, aged 22. She is currently a student doing graduate work. At the time of her suicide attempts she was 20 and a junior in college. She characterizes her attempts as being caused by "all the problems" she was having at college.

" . . . I felt completely alone and completely helpless at the time." At the time of her first attempt, she was having difficulty communicating to people "how bad I felt".

Finally, one night, after trying to talk to a number of people, she thought, "Nobody's around when you need them", and she took a number of aspirin. At first, she said she wanted to become ill to escape the problems. She said that as she took more and more aspirin she began to realize that it was serious, and said she tried to take enough to kill herself. Some of her friends discovered what she had done and took her to a hospital where her stomach was pumped.

She feels that the treatment she received after this first attempt was quite punitive. She reports that she was told, "I know what you did, and I think it's pretty disgusting." She perceived that some people stopped

associating with her, and she pretty much withdrew from others. She "found out" that people were thinking and saying that she was "weird". The dean of the college treated her "like a prisoner", even locking her in her office one day and following her "all over". The dean is said to have expressed to the subject the fear that the subject would attempt suicide again when presented with a difficult situation. The subject and her parents were told that she was "bad for the atmosphere of the college".

Two weeks after the initial suicide attempt, the subject tried again to kill herself, this time by drinking Clorox. Again, her friends found out and this time they arranged for a particularly close friend to talk to her. The situation at the college did not improve for her, and she finally removed herself from this environment. Since that time she has not attempted suicide again, although she states that she might someday.

. . . I do leave it open as an alternative. Not if the car would break down or if I would flunk a course or if (a teacher) would pick on me, I would come home and kill myself. But . . . if I don't find meaning, I really almost think that, that, yea, it would be an alternative.

She says that her Roman Catholic upbringing had convinced her that suicide is morally wrong, but now she feels that

she, or anyone, has the "right" to commit suicide. She reports still feeling a lot of "bad feelings" about her attempt and tells very few people about it. She says that she is afraid that people will label her as "Deviant, umm, or sick, or crazy, or weird, or immature".

In this case, the subject reports quite negative definitions of the situation prior to her attempt. She especially felt that she could not communicate with people and that they were not around when she needed them. She stated that she hated herself prior to the attempt and that she thought she was going to "crack-up".

This case shows especially harsh and blatant negative responses from others. She was told many "bad" things about herself and her suicide attempt. She was also given the message that she was a "suicidal person" and could not be trusted. In her interview she reported that prior to her attempt one person had told her what a selfish and immature person she was, and the reactions she got after her first attempt confirmed this definition for her.

If one were to do a separate analysis of her second attempt, these negative responses and definitions would then become her 'prior definition of her situation and her "self". She received negative responses after the second attempt also, and was "forced" to choose between moving out of the dormitory or seeking psychiatric

counselling (which again, could imply to her that she was "not normal").

Case 103: "Case 103" is a 43-year old white female. She is married and has four children. She has a college degree and is currently working at a volunteer service agency which deals with crisis situations, especially suicide crises. She says that she is Episcopalian, but "has her own religion". She has made one suicide attempt; she was 38 years old at that time. She feels that one of the problems in her life is that:

I always had the feeling, which I deal with now, that I've always taken care of, and I've never been taken care of. I was the stable member of the family, really.

She felt that she always had to take care of her mother, as her mother had attempted suicide and was often hospitalized in a psychiatric hospital. After the subject married, she felt she was "again taking care of", as her husband developed diabetes and one of the children was chronically ill. Also, it seemed to her that she had to always be taking care of young children, as she says they had more children than they had intended to have. After their last child was born, this child became very ill; the illness lasted from the time this child was six

months old until he was four and one half years old. It was during this time that the subject made her suicide attempt. She says she was under a great deal of strain caring for her family and going back and forth to the hospital to see this child. She says that her original thought had been of a murder-suicide:

. . . it seemed that there were two problems in everybody's life. One was _____, this was our son, and he was never going to get well, that's all there was to it . . . he was a big problem in our life and I was a big problem.

Her plan was to use carbon monoxide to kill them both and she feels that if the son had been home from the hospital the day she attempted suicide, he would have been with her. She had thought of the plan for a long time before her attempt and feels that the plan became somewhat of a "security blanket" for her, in that she knew that if things went too badly she could always kill herself.

What finally triggered her attempt was the feeling that she was "crazy". She had gone to see her son in the hospital, as he was supposed to come home that day. She tried to tell everybody that he was looking very ill and breathing very poorly. In an attempt to "protect" her, they all said he was fine. This made her think she had really "gone crazy" and was "seeing things". She felt that

people were saying to her: "You're nuts, you are imagining this, you know." After talking to three or four people and getting the message that her son was fine, she went out to the garage and started the car. She feels that it was her "curiosity" that saved her, as the telephone rang while she was in the car and she "couldn't stand to not answer it". A local pastor was on the telephone telling her how he wished he could be with her at a time "like this", but that he was at the hospital with her husband. She asked why he was there and he said, "Because your son's in critical condition. Didn't they tell you that?"

The subject states that no one knew about her suicide attempt and that, in fact, she blocked it from her memory for three years. Therefore, she feels that she received no positive or negative reactions from herself or others. After her suicide attempt, upon the recommendation of a psychiatrist, she began working with a volunteer social service agency. This agency has come to specialize mostly in suicide intervention and she is still very involved with this agency.

This subject does not feel that she would ever attempt suicide again, but she does report that she often "feels suicidal". She says she is able to communicate her needs to others, however. She does feel that suicide

is an "available option" for everyone, but she does not think she would ever choose this option.

Prior to her suicide attempt this subject received many negative messages about herself from others. She felt that she was one of the big problems in everybody's life and that she was going crazy. She reports that she felt like a failure as a woman, wife, and mother. All of the messages that she got from others, and from herself, reinforced this idea. It seems as though being convinced that she was crazy and "seeing things" was the "final" negative message and was all she could stand. She also had a negative definition of her situation, but many people would probably also define her situation very negatively.

In her interview with this author, there seemed to be some confusion about the "facts" relating to what happened after the suicide attempt. She stated that she blocked the memory for three years, but at other points in the interview she said that some people knew, and the time period that she was discussing was shortly after the attempt. However, when directly questioned about who knew and about her memory of the incident, she stated that she blocked the memory for three years and that during or after that time she received no response from others and

felt no response within her "self". It might be argued that the blocked memory is in itself a negative reaction from her "self".

Case 104: "Case 104" is a 38-year old white female who is single. She says she has never "seriously attempted" suicide, but, as she characterizes it, has "played around with it" a lot. It appears that she does a lot of "threatening" to professionals and friends and says she keeps a lot of pills around, "just in case".

She says that her "playing around" with suicide began about five years ago, when she was twenty-three. She had a lot of health problems at that time and lost her job. It is a little difficult to tell from her narrative if she actually attempted suicide at that time or just threatened her friends with possible suicide. The people whom she "threatened" with suicide often did not know how to respond, so they had her hospitalized. It was at about this time that she suffered a "breakdown" and was in a psychiatric hospital. She has been under psychiatric care since that time.

She describes most of her "suicidal playing around" up until about a year ago to consist of "threatening" and storing pills. She also states that at the time she was having all the other problems (about five years ago) she drank "a lot", and when she was drinking she would some-

times try to kill herself with a car. Usually when that happened, however, someone took the car away from her. She says that about a year ago she did some cutting on her stomach: "Yea, that was about last year, my feeble little attempt to show people I could do something." She reports that she does not really remember the circumstances related to this incident.

It was a little difficult to get information from this subject, as she was unable to recall many of the circumstances surrounding her "suicidal" actions. By her own statement, she is still "suicidal". She says that this means that she still threatens suicide a lot, and still stores pills. It seemed difficult for her to remember her past and she seemed to want to discuss her present, which she felt was also bad. However, when questioned about her present suicidal actions, it was still difficult for her to be specific.

The subject does not think that she ever really intended to die, but rather, that she just didn't care whether she lived or died. She says that she has always seen suicide as morally wrong, as "murder", but that this has not stopped her from threatening or "playing around" with suicide. However she feels that her view of suicide as "murder" is "about the only reason I haven't (killed myself)".

She has been involved in volunteer counselling work periodically. She is currently unemployed, although she has a college degree and has done some work in her career field, which is teaching. She is, at the present time, "psychiatrically disabled". She is doing some volunteer work with suicide intervention and with emotionally troubled people; she states that she feels that she still "fits into" both of these categories.

The fact that this subject does not remember so many things makes her attempt difficult to analyze. She does state some negative definitions of her situation at approximately the time she describes as her "playing around with suicide". She says that she felt completely alone and that there was nothing in the future to look forward to. The subject felt that she did receive some negative responses to her suicidal gestures in that she was often hospitalized and put under psychiatric care. She also found that people did not trust her anymore and that they expressed the fear that she would attempt suicide. She reports that, during the period one year ago when she did "some cutting" that her roommate took all pills away from her, as she was afraid the subject would kill herself.

This subject seems to have accepted many of the negative definitions of herself; she sometimes says that she is "crazy". She reports that she still has much the same negative

definition of the situation that she had at other times when she threatened suicide or "played around" with it. (In fact, since the time of the interview, this subject has contacted this author a number of times and threatened suicide.)

Case 105: "Case 105" is a 23-year old white female. She is single and is currently attending college. She is living in a college dormitory and has not lived with her parents for quite some time. From what she says, her suicide attempts started about a year ago and she has made a number of attempts in the last year.

This subject has been hospitalized in a psychiatric hospital and is currently under psychiatric care. This subject is known to two of the other subjects and they describe her as "very sick". They feel that she is unable to distinguish between reality and fantasy, and that she has "never seriously attempted suicide" but only thinks that she has when she has taken only one or two aspirins or vitamin tablets. However, for the purposes of this thesis, her narrative is used, as her definition of the situation is important, "real" or not.

She says that she has attempted suicide four or five times in the last year, but there are only two instances which she remembers. She had undergone surgery a number of times and was feeling depressed. She says that her

suicidal feelings occur when she is feeling angry and depressed. She describes her feelings as:

. . . when I get angry at people, uh, for like, you know, when I get mad at somebody I don't know how to cope with being mad. So like I just turn it in on myself and, and, I don't know, I've got some--I don't know if you're familiar with like tapes and messages goin' around in your head and this type of stuff--but I've gotten the message from my parents when I was earlier about how that I didn't even have any right to live and that I wasn't supposed to be born in the first place, and all kinds of stuff like that. And usually these [tapes click on, you know, when I get really depressed and I guess that's why I did it.

She often referred to her feeling that her father wanted her dead and would be glad when she finally "wised up" and did what she was "supposed to do" (kill herself).

The method that she generally uses in what she describes as her attempts to kill herself is the taking of pills. She has a number of physical and "emotional" problems for which she has prescription medication. She says she stores pills "just in case". She showed the interviewer her supply of pills and it was a drawer full of various pill bottles.

The subject has kept her suicide attempts from her parents and from her siblings. There are very few people who know about them, but she feels that she has gotten pretty negative responses from people. However, she does

feel that she gets attention and concern from her doctors when she does attempt suicide. She feels that the people at her church who know have started "shunning" her, so she stays away from church. She thinks that if her parents knew, her

. . . mother would be absolutely horrified that I'd even think of somethin' like that and my father would probably go to the other extreme and say, "Well, I told you so. She really isn't any good."

She sees suicide as "an escape" and that generally she does "not care if I live or die". She often said that she just doesn't care about things. She does feel that she will definitely kill herself someday and the other subjects who know her also expressed the feeling that she will someday kill herself. As with Case 104, some of her suicidal actions seemed a little difficult for her to "sort out", as at the time of the interview she said she was then in the midst of a "suicidal" time; she has periodic "suicidal" crises. She says that she does do some "threatening". She sometimes calls friends or the suicide intervention agency and tells them that she is "feeling suicidal". [She says that she just wants to know that somebody cares for her.] However, she is not sure what would keep her from eventually [killing herself] which she is ["sure" she will do]. When asked what sorts of things would need to happen to make her life worth living, she replied:

Well, I think the biggest thing is, I don't have any confidence at all in myself or in my abilities. I don't know, one of my counsellors is always bringin' up the fact that I've got such, "a high I.Q." on all these tests and stuff, and that my grades should be no lower than an A minus and all this stuff, you know. But, like my grades are a lot lower, and, you know, it doesn't help me to tell me that at all . . . And then, like, to handle everybody's problems--I love doing it--but yet at the same time, you know, I think, you know, "Wow, I just really wish somebody would understand me." But, I don't know, I guess the basic thing is, I should probably learn how to understand myself.

She had mentioned earlier in the narrative that she is sort of a "general counsellor" and a lot of people come to her with their problems. Also, she became involved with counselling at the suicide intervention service, but she has since terminated her involvement in that work.

In analyzing Case 105 from the interactionist perspective it immediately becomes apparent that she definitely got a negative image of her "self" from others, especially from her father. Real or imagined, this is how she believes that her father sees her and that he does not want her to be alive. She seems to have an almost fatalistic attitude about her eventual suicide, and it seems as though her father's definition of her is a big factor in that.

It does appear that she received negative responses from others after her suicide attempt, but she also seemed to get some important positive responses. She relates that

doctors always show a great deal of caring, and she says that that is one of the things she wants.

She mentions feeling a little "bad" about herself after her attempts, but it appears that her severe negative definition of self prior to the attempt is so overriding that the attempt does not add or subtract anything from it. She says that the one thing that would stop her eventual suicide is getting more self-confidence, which also means feeling better about herself.

Case 106: "Case 106" is a 28-year old, single, white female. Her first suicide attempt occurred in 1967, but she characterizes that as "a gesture", not anything serious. At that time she had been hospitalized for being "catatonic", but she felt that they were not doing anything to help her. She was discharged and felt really depressed so she took about ten aspirin and then called a minister she knew. ". . . I was trying to convey the fact that I knew I was sick and I felt that I wasn't getting any help." She feels that she did not really get much help after this attempt. They took her to the emergency room and pumped her stomach and refused to let her see a psychiatrist. They gave her a lecture and generally gave her the feeling that she was a "big bother".

Her second suicide attempt occurred in November of 1972, which she said was much more serious in nature. For three years prior to this time she had been addicted to a synthetic narcotic. She had been a registered nurse and had had a "very good" job; she had been able to work during the three years. However, she became very discouraged because she knew she was addicted and felt she was not getting the help she needed, even though she was under psychiatric care. She was institutionalized in a drug rehabilitation program, and it was about one week after being hospitalized that she attempted suicide. She says of this suicide attempt that it:

. . . was not really an attempt to kill myself as much as it was because I couldn't tell people how I felt verbally. And so I thought this was the only way I could convey to them how really scared and uptight I was. And so I took an overdose to convey this.

She feels that this second attempt did produce some positive results, as she feels that it did convey to the nursing staff how "scared" she was and how bad she was feeling. The attempt made her more "scared", however, as she really came very close to death. She said her heart stopped beating and she stopped breathing and the medical staff had to take her to intensive care and she said that that "really scared me".

This subject has kept her suicide attempts from her family, but they do know of her drug addiction. When asked how she thought her family would react to her suicide attempts if they knew, she said:

Well, it would probably just, say, substantiate their views that I, that I am a failure and that I'll eventually end up in an institution for the rest of my life.

She says that she does not accept the negative definition of herself which her family has of her, and really does not have "much of a relationship" with them.

In discussing people's reactions toward her, she says that she suffers negative reactions from a number of different sources. She was familiar with Erving Goffman's, Stigma, and said that from some people she receives more "stigma" as a former addict, from others more as a suicide attempter, and a lot of "stigma" as a former mental patient.

She says that she might possibly attempt suicide again or actually kill herself, but she is not considering it at this time. However, she says she has been under some strain, as she is trying to get her license back to pursue her nursing career, and she states that at times this matter has gotten her so depressed that she considers suicide.

She feels that this depression is serious, because when she is very depressed and seriously considering suicide, she cannot communicate with others about her problems. With the exception of her first "gesture", she has not "threatened" people with suicide. She is able to discuss her feelings with some other people, however, as she is working as a volunteer counsellor at a suicide intervention center and reports that she is very close to some of the people there. However, she cannot discuss her feelings even with them when she is very depressed.

Case 106's suicide attempts were difficult to analyze, as she dismisses the first one as "not too important" and it was so long ago; her second attempt seemed to be so much a part of her drug addiction and almost seemed incidental to the drug addiction. She says that she cannot really remember much of what happened at that time. She says that, because of her drug addiction, she does not remember a lot of the last ten years.

She does describe having a pretty negative definition of the situation prior to her second attempt. She says that she felt helpless and "tired of fighting". She also reports that she got pretty negative messages about herself from her family. Although she does not (or says she does not) accept those definitions at this time, it is not known whether or not she accepted them at that time.

She reports some negative reaction to her suicide attempt, but also a lot of "positive" responses. Throughout much of her narrative, she relates instances in which she was not getting the help she wanted or needed. She does feel that after her second suicide attempt she got the help she needed, and in that regard she viewed the second attempt as being very positive for her.

She mostly reports positive feelings about her "self" at the present time; however, she does seem to have some negative feelings about the fact that she is not allowed to practice her nursing profession and is forced to work in a much lesser position in a hospital. This seems as though it might give her some negative definitions about her "self", and it is in regard to this job situation that she reports feeling "suicidal" from time to time.

Case 107: "Case 107" is a 21-year old white female. She is single and is an active member of the "gay liberation" and "gay rights" movements. She has attempted suicide four times and relates most of the attempts in some way to her concern about homosexuality. She is presently working for the Metropolitan Community Church (a "gay" church), and is involved in counselling suicide attempters and others in the "gay community".

The first time she attempted suicide she was in high school. Her father was in the military and was gone at the time. Her sister had just been committed to a psychiatric ward and her mother was "drinking excessively". She was also having problems with the administrators in school and she " . . . didn't feel that I had anybody I could sit down and really talk to. So I jumped out a window." She sustained some injuries from this "attempt", but she does not now think there was a high risk of death. She says that it was " . . . just kind of a panic reaction and I was just going, you know, 'For God's sakes somebody . . . somebody do something'." After the attempt, she reports that people reacted with surprise and "quite a bit of concern".

Her second suicide attempt occurred when she was a sophomore in college. At this time she had been "involved" with a married man and found out that she was pregnant. Again, she says that she felt that she had no one to talk to and that she could not cope with the situation. To add to the situation, she had really begun to "struggle" with her homosexual feelings. She took "an overdose", but someone discovered her right away and induced vomiting. She feels that this attempt rather confused everybody because

. . . I was always kind of the, you know, the Rock of Gibraltar in the dorm and the, you know, the general counselling center. If somebody had a problem they usually came down and talked to me . . . and I never seemed to have any problems, or at least I never discussed any problems with anybody.

She says that she also began to realize at this time that her suicidal gestures were receiving positive responses (concern).

Her next suicide attempt was during the next school year. She mentions that ". . . I took an overdose when I was a junior", but she goes on to explain that she slit her wrists that year. (The subject was confused about the details here.) She says she is not really sure why she did that. She says that she was really dealing with her homosexuality at that time and that she did not know what to do about it. She does not discuss this attempt much and does not seem to remember much about it.

Her fourth and last suicide attempt occurred when she was 19 years old and a senior in college. This attempt was directly related, she says to her homosexuality. She had to deal with strong sexual feelings for another woman and finally had to put a label on those feelings and on herself:

80

. . . it wasn't hard for me to deal with feelings for another woman, but when I began to put a label on those feelings and began to realize that I was a lesbian and a homosexual, and probably would be for the rest of my life, I didn't quite know how to deal with that.

She decided that she could not keep it a secret but could not deal with the consequences of being a "public homosexual". She decided that suicide was the only way out.

She characterizes her suicide attempt as "a rational decision" to die. She said that wanting to die " . . . was about 60 per cent of it. The other 40 per cent was . . . (that) I was afraid to sit down and talk to the woman that I was in love with . . . " She gathered up all the pills in the house and called the suicide prevention center and the poison control center. She told them her height, weight, and age and asked if the amount of pills she had was enough to kill the person she described. (She gave them the impression that a friend of this description had already taken this number and type of pills.) Both places told her that it was definitely a lethal dose and that she should take her friend to the hospital. She then took all the medication and "laid down and waited to die".

The next morning her roommates discovered that she could not be awakened and they took her to a hospital. At the hospital she was given some medication and told that

she was "crazy" and that she should see a "shrink". They did not keep her at the hospital and she went home. People reacted in various ways. Some people, especially the other homosexual people that she knew, were "really angry". Others were "scared" because she had done something like this. She kept her attempt from her parents and they still don't know.

In looking back at her suicide attempts, she says they were "really stupid", but she is "glad that it happened", especially the last one, because it made her begin to ". . . sit down and really deal with myself honestly". She does feel, however, that she would never attempt suicide again because she says that she now has too much respect for herself; also because she can now deal with more things herself, and those which she cannot deal with, she can refer to her "strong support group", the homosexual community. She does not really think that suicide attempts are fair to other people as it gives them too much responsibility for the "victim's" life.

After her last attempt, she felt that people really did not trust her at all, as they expected her to attempt suicide again. She says that it took a long time for her to regain that trust. If she went upstairs to the bathroom and was gone "too long", someone would come up to check on her. If she went into the kitchen, somebody would come along

to make sure she didn't cut herself with the knives. This loss of trust, she says, really upset her and she says this also contributes to her decision to never attempt suicide again. When asked how this loss of trust and these actions made her feel, she replied, "Oh, God! Just panicky! I got really paranoid."

One aspect of this case which can be seen as a negative definition of self has to do with her perceived problems with homosexuality. She grew up accepting the general societal definition of homosexuality as bad, or wrong, or something negative. When she began to realize that she was "one of these bad people", then she might have taken much of that negative label onto her self.

She also describes many of the prior situations in quite negative terms. A number of times she states that she is unable to communicate and is alone with her problems. She also states that she felt unable to cope, which has negative implications for both her "self" and the situation.

This subject received varied responses from others. After the earlier attempts, she felt that many of the responses of others were pleasant and thinks that she might well have gotten into the "habit" of making suicidal gestures or threats to get this response. She also received some negative responses, especially after her last attempt.

She was told that she was crazy by medical personnel and it was often implied that she could not be trusted.

She states that one of the reasons that she feels she would not attempt or commit suicide is that she now has a good self-concept. She also feels that she is getting positive responses from the others around her.

Patterns Appearing in the Data

The theoretical position taken in Chapter II was used in analyzing the patterns found in the narratives of the suicide attempters. In Diagram I, page 22, the interactionist perspective is outlined. One of the main purposes of this work was to see if suicide attempts could be "fruitfully investigated" from this perspective. Therefore, the patterns found were broken down and categorized into the sections listed on that diagram. The patterns will be discussed in the following categories: definition of the situation prior to the suicide attempt, definition of self prior to the suicide attempt, the action (suicide attempt and related actions), facts about the reactors, labeling and reaction to the act by self and other reactors, redefinitions of self and suicide and future orientation of action in regard to suicide.

Prior Definition of Situation: As might be expected, all eight of the subjects had a negative definition of the

situation prior to their suicide attempts. This definition was verbalized by them by such statements as "not able to cope", "can't stand it", "can stand no more", "things build up", "I felt completely alone", and "the whole world's against you". Six of the subjects described having communication problems prior to the attempt: "nobody understands me", and "there was no one I could go to".

Prior Definition of Self: Six of the subjects not only expressed a negative definition of the situation, but they also had a negative definition of themselves prior to the attempt. They felt that all the family problems were their fault, they were failing, they hated themselves, and three subjects got the idea--either from themselves or others--that they were crazy or going crazy. Three subjects also got other negative messages from others--specifically, their families--about themselves.

Another pattern that seems to "fit" into the prior definition of the situation is that physical illness was involved in four of the cases. In three instances the illness was of the subject and in one instance it was illness of a close family members.

In four of the cases the subject saw herself as a sort of "general counsellor" for all the people she knew and that people all came to her with their problems but

there was no one she could go to, and, in fact, that no one knew she had any problems. These subjects described themselves as "stable", "the Rock of Gibraltar", "always taking care of and never being taken care of", and "the general counsellor".

One category that did not seem to "fit" directly into the definition of the situation, but seems related, is that of those statements dealing with what the subjects said they wanted, or their motives. Four subjects said they wanted to die, while two said they did not, and one said she didn't care if she lived or died. Two wanted help and four saw it as the answer to their problems or stated they didn't want the problems. There were other things wanted by one subject--such as, pity, to get sick, and to get out of the immediate unbearable situation. Two persons mentioned that they wanted people to slow down and take time for them.

The Action: At the time of the attempt, four subjects made some attempt to communicate with others, either by threatening suicide, just calling somebody, or trying to talk to someone. None of these subjects left any notes at the time of their attempts. Of the eight subjects in this study, there were fifteen suicide attempts discussed.

Of the methods used in these fifteen attempts, ten were by ingestion of pills, one by ingestion of poison (Clorox), one by carbon monoxide, two by cutting, and one by jumping.

The Reactors: The narratives do not stress many specific characteristics of the reactors, but rather dwell more on the reactions the subjects received. However, one pattern that does appear is that six of the subjects have concealed their suicide attempts from the families, especially from their parents. Another subject, Case 103, reports that she blocked the memory of her attempt for three years and therefore it was not immediately revealed to anyone. The other case, 101, never discussed her attempt with her family even though they knew.

Reactions: In categorizing the patterns related to reactions it was necessary to further subdivide this category. This category was not only divided into positive and negative labeling and responses, but there was also a division between "responses" by self and those from other reactors. One category, which was not strictly labeling, but related to labeling, was how the subjects thought people would react. Two thought they would be seen negatively and another two thought they would be hospitalized in a psychiatric hospital (which they "labeled" negatively). Two also felt that people would be sad, hurt, or disappointed.

The reaction that three subjects had to their suicide attempt was fear, fear that they were going to die. Four of the subjects labeled their act as "a cry for help". Three labeled it as a stupid or impulsive act. Three labeled the act as not serious, while three others stressed that it had been a "rational" decision. After the attempt, four of the subjects felt very negatively about the attempt and about themselves and expressed such feelings as shock, shame, humiliation, embarrassment, "like a freak", "hated myself", and that they were "selfish", "unfair", or "terrible".

Most of the responses that the subjects reported receiving were negative, or seen as negative by the subject. Three subjects were hospitalized in a psychiatric hospital or psychiatric ward of a general hospital after their attempts. Four subjects found that people did not trust them and expected them to try to kill themselves again. They experienced such things as being followed around to make sure they didn't try to kill themselves and people taking things such as pills away from them. Four subjects reported receiving direct negative reactions such as being told that what they had done was "disgusting" or that they were "crazy" or being told that they were "bad for the atmosphere of the college" they were attending.

One subject was told that she was "deviant or weird" and two subjects experienced people "shunning" them.

Not all responses that the subjects reported receiving were seen negatively. Two felt that they got the help they wanted and three felt personally that the attempt was "good" or "healthy" for them. One was told "It's O.K." and she felt that some people reacted with understanding. In all, five persons reported some positive reaction to their suicide attempt by others or from themselves.

"Redefinition" of Situation and Self: Using the analytical scheme in Diagram I, the final category of patterns deals with a "new" definition of the situation or of the self, even though this definition may be similar to the previous definition. The responses that fit into this category have to do with how the subject came to see suicide and some actions that they embarked upon that seemed related to their suicide attempts. Four subjects said that suicide is morally wrong, but of these four, three expressed the feeling that they might someday kill themselves. In all, six subjects expressed some conviction that they might someday attempt suicide again or that suicide is certainly an available option for them. One of the six, Case 103, actually felt that suicide is an available option for all people and may be the only option for some people,

but she doubted that she would ever kill herself. Besides Case 103, one other subject did not think she would ever kill herself.

At the time of this study, five of the subjects were involved in some way in a "counselling-type" work, either volunteer or actual employment. Most of this counselling involved suicide counselling. Of the other two subjects, one intended to enter the social work profession and the other intended to enter law enforcement. The latter also expressed some positive feelings about talking to people who feel suicidal.

The only other pattern that emerged which was related to action after the attempt was that four of the subjects were under psychiatric care. One other subject was "forced" into counselling, but this didn't work out and was terminated very quickly. Another subject was told she "should see a shrink" but she did not.

Some of these patterns may appear a little surprising and may appear to have some implications for suicide study in general. However, due to the size of the sample and its type, one must be careful about making generalizations. However, some conclusions have been reached and they will be outlined in the next chapter. The implications of the study and the patterns will be discussed in Chapter VI.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

As stated earlier (in the methodology chapter), the primary purpose of this thesis was neither theory building nor hypothesis testing. Rather, the purpose was to explore the subject of suicide attempters from the interactionist perspective in an attempt to discover whether or not this is a fruitful and/or appropriate perspective from which to study this subject.

These purposes have been fulfilled. The researcher has broadened her knowledge of the area of suicide attempts and suicide attempters, in that things which were not known previously were discovered. This researcher had never suspected or anticipated some of the patterns which emerged, such as the expressed positive feelings about possibly committing suicide in the future and the subjects' definitions of themselves as "counsellors". This "new" knowledge" might not have been obtained from this study if the interactionist perspective had not been used, as the information gathered

would have been different and the method of analyzing it would also have been different. This gain of knowledge qualifies the interactionist perspective as fruitful in the study of suicide attempters.

It is proposed that studying suicide attempters from the interactionist perspective is "valuable" because the type of information gathered in this manner possibly might not be gathered in any other way. Some of the patterns which appeared in the narratives were "much as might be expected", e.g., that the subjects had a negative definition of themselves and their situations prior to their suicide attempts. Other patterns, however, were very surprising and it is questionable whether a researcher would have "come upon" them in any other way than this somewhat "accidental" finding. (An example of this type of pattern is the aforementioned finding that a number of the subjects felt like "counsellors" prior to their attempts.) Some researchers call such findings "serendipitous" (See Barber and Fox, 1958), and these sorts of findings are where much of the value of qualitative research lies. It is gratifying to be looking for something specific and find it, but it is even more gratifying to be "looking around", or "exploring", and to find things one had not anticipated.

In his discussion of the confirmation of both "ordinary" and "theoretical" propositions, Zetterberg calls a proposition for which more evidence is needed a "hypothesis". (Zetterberg, 1965:101) The patterns generated by the present study of suicide attempters offer a number of possible hypotheses which could be tested in future studies. These studies might take the form of replications of the research reported in this thesis, but some might well use other research approaches.

It has not been asserted in this thesis that the patterns discussed in the previous chapter are applicable to all suicide attempters. The size of the group of subjects and the manner of their selection prohibit generalizations to the "population" of all suicide attempters. Some of the patterns which do emerge, however, raise questions or "problems" upon which other studies could be based. For confirmation of some of the patterns, further "cases" should be gathered to discover if the same patterns continue to appear, or whether some of the patterns are a function of this particular group of subjects.

One pattern which might be a function of this particular group of subjects is the number of the subjects involved in the counselling professions, especially counselling dealing with suicide. This pattern might be the result of

the fact that some of the subjects referred other subjects and they knew the people through their work in the suicide intervention agency. It is possible, however, that there is a tendency for persons who have attempted suicide to work in some sort of suicide intervention counselling. Further interviews might show the proportion of suicide attempters interested in working in suicide intervention work to be much smaller than found here. (However, it is also possible that the findings of this thesis in regard to this pattern will be supported by further study.)

The above-mentioned fact that a number of the subjects knew each other and referred each other to this researcher might also lend itself to future study in that it could lead one to question whether or not there is a "subculture" of suicide attempters. The implications of these two patterns could be investigated, either individually or in combination.

One pattern that could be investigated and which might yield "fruitful" results is that four subjects felt that they were "general counsellors" to others prior to their attempt. They felt as if they were "taking care" of people, or that people came to them with their problems, but that they themselves, had nobody to go to with their problems.

In fact, they felt that people were not aware that they had any problems. This feeling seems to suggest some implications in regard to "transactional analysis theory" as elaborated by Harris (1969) In this work he suggests that those persons in the "I'm not OK, you're not OK" position give up all hope and completely withdraw, even to the point of suicide. It might be argued that the subjects of this study were feeling, "I know I'm not OK, even though you don't know it, and if you are coming to me with your problems, you must not be OK either." Therefore, this could lead them to the conclusion that there is hope for them. Even though few of the subjects specifically expressed a feeling of hopelessness, this implication might be investigated. This pattern could also be investigated as to its possible relationship to the high rate of suicide among psychiatrists. (Ellis and Allen, 1961) This pattern might also have some relationship to the previously mentioned pattern, that of suicide attempters going into suicide counselling after their suicide attempts.

Another area for study might be that of general reactions to suicide. Why are some suicides seen "negatively" while others are seen "positively"? What makes some people respond to a suicide attempter very negatively while others

show understanding? A possible investigation might be to see if the difference lies in the subject, the reactor, or in the act itself, or in some combination of factors.

The fact that suicide has had various definitions was discussed in Chapter III. Investigating positive and negative responses might help explain why suicide has various definitions.

Studying the responses of others to suicide attempters could have other implications. The Kobler and Stotland (1964) study suggests that the reactions of persons could even result in other suicide attempts. This aspect of the interaction process was not specifically investigated here; however, some subjects did express the feeling that certain persons expected them to commit suicide. One felt that committing suicide was what her parents wanted her to do. None of the "reactors" (those who were "reacting" to each particular subject) were questioned in this study to verify the perceptions of the subjects, as it was proposed that the subjects' definitions of the situation were the "important" factors being investigated in this thesis. However, future studies might do some work on the reactors to suicide attempts in order to more fully understand suicide attempts.

This study, or future studies of this type, could have

important implications for those involved in suicide intervention and other treatment-oriented professions. If, as some subjects asserted, many people feel that they get the help they need (or positive responses) only by suicidal gestures, then suicidal gestures might be expected to continue. In this case, it would be necessary to find other ways to give these persons positive responses without completely "turning them off". (This author was unable to find studies or research relating to positive responses and suicide attempts.

It is felt that the most important implication this thesis might have for suicide research is in the area of "methodology". It is hoped that this thesis shows that "valuable material" in the area of suicide attempts can be gathered by using interactionist perspective and the type of research utilized in this thesis.

If the importance of this type of inquiry were recognized, possibly some things could be done to lessen the stigma of attempting suicide so that suicide attempters would not only feel freer to participate in a study of this type, but also feel better about themselves. Presently, subjects are very difficult to locate, and, as explained in Chapter IV, this author found it necessary to use whatever subjects volunteered. However, there are other means of

103

acquiring access to subjects which were not included in this thesis. Through cooperation with psychiatrists and hospital administrators (and, of course, the patients themselves), possibly hospitalized suicide attempters as a source of research subjects could be utilized. It was reported to this researcher that a number of persons in jails and prisons are also suicide attempters; this would be another source of subjects.

Another implication of the present study is that by the use of the diagram outlining the theory (Diagram I), categories are provided into which interview narratives can be divided in order to sort the data into patterns. Possibly by looking at parts of the suicide process, more understanding can be gained than by trying to view suicide as a unitary phenomenon.

At the Houston meeting of the American Association of Suicidology in April, 1973, the claim was made that too many researchers try to see all aspects of suicide as a unified whole and they will not be able to understand suicide until they "break it down" into categories. Not all suicides are the same and not all suicide attempts are the same. The somewhat individualistic approach used here--case studies and interviews--lends itself to this "breaking down" of suicide into different categories. Until the narratives

are carefully analyzed, it is easier to see them as separate and individual than to see similarities and patterns. Upon analysis, many more patterns and similarities emerged than anticipated.

The analytical categories suggested by the theory of symbolic interactionism (prior definition of the situation, prior definition of self, action, reactions, and "new" definitions) are very "useful" in understanding suicide attempts. Each of the categories has a different implication for future study. For those interested in causal analyses, looking at how the subject defines the situation and himself prior to the suicide attempt to see what patterns might emerge might give some useful insights. In studying multiple suicide attempters, it could be helpful to look at the reactions and the new definitions of the situation and of the self to see if those definitions differ from the prior definitions. (Both of these investigations could also have implications for the "prevention" of suicide and the "treatment" of suicide attempters.)

The analytical categories used in Diagram I also made analyzing the patterns much easier and more meaningful. The patterns were gathered and then it was discovered that the patterns would "fit" very well into Diagram I. Using the categories from Diagram I made the patterns much easier to

understand. This, in itself, would add to the "value" of studying suicide attempters from the interactionist perspective, as a great number of separate patterns were made understandable and fruitful to this researcher by use of the categories suggested by the theory.

Using case studies as sources of data appear to be useful in this type of investigation. In the present type of study the suicide attempters describe their own situations and feelings.

The use of case studies allows for more flexibility in and for the possibility of, gathering (qualitatively) more information, and "sets the stage" for the serendipitous findings mentioned previously, whereas, more "controlled" studies often seek only certain information.

It has not been asserted in this thesis that the attempt is to "prove" that the method used here is the only, or even the most "valuable" method to use. Rather, the attempt in this thesis was to take a somewhat "neglected" method (in the sense that the interactionist perspective has not often been applied to suicide attempts) and show that it does have "value" in the study of suicide attempters.

It appears important that as many interviews with suicide attempters as possible be scrutinized to see what patterns emerge; then, as proposed by Glaser and Strauss (1967)

a "grounded theory" of suicide attempts might arise. Such a theory, gained by inductive means, could prove to be one of the major breakthroughs in suicide study. It is hoped that this exploratory study could have some part in the beginnings of such theory.

SELECTED REFERENCES

- Alvarez, A.
1972 *The Savage God: A Study of Suicide*. New York: Random House.
- Anderson, Dorothy B. and Lenora J. McClean (eds.)
1971 *Identifying Suicide Potential*. New York: Behavioral Publications.
- Barber, Bernard and R. C. Fox
1958 "The Case of the Floppy-Eared Rabbits: An Instance of Serendipity Gained and Serendipity Lost." *American Journal of Sociology* 64 (September):128-136.
- Becker, Howard S.
1963 *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.
- Bell, Robert R.
1971 *Social Deviance: A Substantive Analysis*. Homewood, Illinois: The Dorsey Press.
- Blumer, Herbert
1966 "Sociological Implications of the Thought of George Herbert Mead." *American Journal of Sociology* 71 (March):535-544.

1969 *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Bosselman, Beulah Chamberlain
1958 *Self-Destruction: A Study of the Suicidal Impulse*. Springfield, Illinois: Charles C. Thomas.
- Cavan, Ruth Shonle
1928 *Suicide*. New York: Russell and Russell.

1962 *Juvenile Delinquency*. Philadelphia: J. B. Lippincott Company.
- Clinard, Marshall B.
1974 *Sociology of Deviant Behavior*. New York: Holt, Rinehart and Winston, Inc.

Cohen, Albert K.

- 1965 "The Sociology of the Deviant Act: Anomie Theory and Beyond." American Sociological Review 30 (February):5-14.

Davis, Nanette J.

- 1972 "Labeling Theory in Deviance Research: A Critique and Reconsideration." The Sociological Quarterly 13 (Fall):447-474.

Dewey, John

- 1925 Experience and Nature. Chicago: Open Court Publishing Company.

Douglas, Jack D.

- 1967 The Social Meanings of Suicide. Princeton, New Jersey: Princeton University Press.

Dublin, Louis I. and Bessie Bunzel

- 1933 To Be or Not To Be: A Study of Suicide. New York: Harrison Smith and Robert Haas.

Durkheim, Emile

- 1951 Suicide: A Study in Sociology. New York: The Free Press.

Easterday, Lois M.

- 1967 "A Study of Suicide." Unpublished paper prepared for Social Problems II class St. Mary College, Leavenworth, Kansas.
- 1971 "An Investigation of the Relationship Between Religion and Suicide." Unpublished paper prepared for Sociology of Religion and Deviant Behavior and Social Control classes, College of St. Mary, Omaha, Nebraska.
- 1972 "Sociology and Suicide." Unpublished paper prepared for Sociology 501 Seminar, University of Nebraska at Omaha.
- 1973 "New Explorations in Suicide and Religion." Unpublished paper presented at the American Association of Suicidology Annual Meeting, Houston, Texas.

- Ellis, Edward Robb and George N. Allen
1961 Traitor Within: Our Suicide Problem. New York:
Doubleday and Company, Inc.
- Farberow, Norman L. and Edwin S. Shneidman (eds.)
1961 The Cry for Help. New York: McGraw-Hill Book
Company.
- Farberow, Norman L.
1969 Bibliography on Suicide and Suicide Prevention:
1897-1957, 1958-1967. Chevy Chase, Maryland:
National Institute of Mental Health.
- Filstead, William J. (ed.)
1970 Qualitative Methodology: Firsthand Involvement With
the Social World. Chicago: Markham Publishing Company.
- Glaser, Barney and Anselm L. Strauss
1967 The Discovery of Grounded Theory. Chicago:
Aldine Publishing Company.
- 1968 Time for Dying. Chicago: Aldine Publishing Company.
- Goffman, Erving
1959 The Presentation of Self in Everyday Life. Garden
City, New York: Doubleday and Company, Inc.
- 1963 Stigma: Notes on the Management of Spoiled Identity.
Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Hagan, John
1973 "Labelling and Deviance: A Case Study in the
'Sociology of the Interesting'." Social Problems
20 (Spring):447-457.
- Harris, Thomas A.
1969 I'm OK--You're OK: A Practical Guide to Trans-
actional Analysis. New York: Harper & Row.
- Heap, James L. and Phillip A. Roth
1973 "On Phenomenological Sociology." American
Sociological Review 38 (June): 354-367.
- Helmstadter, G. C.
1970 Research Concepts in Human Behavior. New York:
Appleton-Century-Crofts.

Henslin, James M.

- 1970 "Guilt and Guilt Neutralization: Response and Adjustment to Suicide." Pp. 192-228 in Jack D. Douglas (ed.), *Deviance and Respectability: The Social Construction of Moral Meanings*. New York: Basic Books, Inc.

James, William

- 1890 *Principles of Psychology*. New York: Henry Holt.
- 1892 *Psychology*. New York: Henry Holt and Company.
- 1948 *Psychology*. Cleveland: World Publishing Company.

Jacobs, Jerry

- 1967 "A Phenomenological Study of Suicide Notes." *Social Problems* 15 (Summer):62-72.
- 1971 *Adolescent Suicide*. New York: Wiley-Interscience.
- 1974 *Deviance: Field Studies and Self-Disclosures*. Palo Alto, California: National Press Books.

Kobler, Arthur L. and Ezra Stotland

- 1964 *The End of Hope*. London: Collier-Macmillan Limited.

Lemert, Edwin M.

- 1967 *Human Deviance, Social Problems, and Social Control*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- 1974 "Beyond Mead: The Societal Reaction to Deviance." *Social Problems* 21 (April):457-468.

Lester, Gene and David Lester

- 1971 *Suicide: The Gamble With Death*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Lindesmith, Alfred R. and Anselm L. Strauss

- 1968 *Social Psychology*. New York: Holt, Rinehart and Winston.
- 1969 *Readings in Social Psychology*. New York: Holt, Rinehart and Winston.

Lofland, John

- 1971 *Analyzing Social Settings*. Belmont, California: Wadsworth Publishing Company, Inc.

Mahoney, E. R.

- 1973 "The Processual Characteristics of Self-Conception."
The Sociological Quarterly 14 (Autumn):517-533.

Martindale, Don

- 1960 The Nature and Types of Sociological Theory. Boston:
Houghton Mifflin Co.

Matza, David

- 1969 Becoming Deviant. Englewood Cliffs, New Jersey:
Prentice-Hall, Inc.

Mead, George Herbert

- 1913 "The Social Self." The Journal of Philosophy,
Psychology and Scientific Methods 10 (January-
December):374-380.

- 1934 Mind, Self and Society. Chicago: The University
of Chicago Press.

Merton, Robert K. and Robert Nisbet (eds.)

- 1971 Contemporary Social Problems. New York: Harcourt
Brace Jovanovich, Inc.

Mills, C. Wright

- 1959 The Sociological Imagination. London: Oxford
University Press.

Phillips, David P.

- 1974 "The Influence of Suggestion on Suicide:
Substantive and Theoretical Implications of
the Werther Effect." American Sociological
Review 39 (June):340-354.

Phillips, Derek L.

- 1972 Knowledge From What?: Theories and Methods in
Social Research. Chicago: Rand McNally and Company.

Pope, Whitney

- 1973 "Classic on Classic: Parsons' Interpretation of
Durkheim." American Sociological Review 38
(August):399-415.

Rescue, Inc.

- N.d. Rescue, Inc.: Seven Year Progress Report.

Rubington, Earl and Martin S. Weinberg (eds.)

- 1973 Deviance: The Interactionist Perspective. New York:
The Macmillan Co.

- Schur, Edwin M.
1971 Labeling Deviant Behavior: Its Sociological Implications. New York: Harper & Row.
- Shneidman, Edwin S. (ed.)
1972 Death and the College Student. New York: Behavioral Publications.
- Speer, David C.
1972 "Involuntary Commitment: Some Considerations for Crisis Intervention Outreach Workers." Crisis Intervention 4:112-116.
- Stone, Gregory P. and Harvey A. Farberman (eds.)
1970 Social Psychology Through Symbolic Interaction. Waltham, Massachusetts: Gin-Blaisdell.
- Sykes, Gresham M. and David Matza
1957 "Techniques of Neutralization: A Theory of Delinquency." American Sociological Review 22 (December):664-670.
- Tiryakian, Edward R.
1962 Sociologism and Existentialism: Two Perspectives on the Individual and Society. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Thomas, William I. and Dorothy Swain Thomas
1928 The Child in America, New York: Alfred A. Knopf, Inc.
- Wallace, Samuel E.
1973 After Suicide. New York: John Wiley and Sons.
- Waller, Willard
1961 The Sociology of Teaching. New York: John Wiley & Sons, Inc.
- Warren, Carol A. B. and John M. Johnson
1972 "A Critique of Labeling Theory From the Phenomenological Perspective." Pp. 69-92 in Robert A. Scott and Jack D. Douglas (eds.), Theoretical Perspectives on Deviance. New York: Basic Books, Inc.
- Webb, Eugene J., Donald T. Campbell, Richard D. Schwartz, Lee Sechrest
1971 Unobtrusive Measures: Nonreactive Research in the Social Sciences. Chicago: Rand McNally and Company.

Wrong, Dennis

1961 "The Oversocialized Conception of Man in Modern Sociology." American Sociological Review 26 (April):183-193.

Zetterberg, Hans L.

1965 On Theory and Verification in Sociology. New York: The Bedminster Press.