A Study of Social Constraint as a Characteristic of Social Conditions Related to Suicide in Japan and Italy

Efrem Massano

Western Michigan University

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A STUDY OF SOCIAL CONSTRAINT AS A CHARACTERISTIC OF SOCIAL CONDITIONS RELATED TO SUICIDE IN JAPAN AND ITALY

by

Efrem Massano Sr.

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Master of Arts

Western Michigan University
Kalamazoo, Michigan
December 1971

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In writing this thesis I have benefited from the advice, constructive criticism, and assistance of Professors David M. Lewis and Martin H. Ross.

I am very grateful to them, as to the many friends who, with their continued encouragement, helped me to complete the work.

Efrem Massano
MASSANO Sr., Marianna Efrem
A STUDY OF SOCIAL CONSTRAINT AS A CHARACTERISTIC OF SOCIAL CONDITIONS RELATED TO SUICIDE IN JAPAN AND ITALY.

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CHAPTER I

INTRODUCTION

Statement of the Problem and Aim of the Study

This is a study of rates of suicide, or self-inflicted death.

There are many reasons for the study of suicide, and the following form the basis for my belief that suicide is a socially relevant problem which should be studied through the science of sociology.

1. It is a phenomenon present both in modern and ancient cultures,¹ and thus represents persistent human behavior which can be expected to remain as a social concern.

2. In the decade of the 1950's to the 1960's suicide rates have increased in many countries; in Australia this increase has been as much as 57 percent and in Poland as much as 52 percent.²

3. The absolute importance of size of these suicide rates is suggested by Maris' observation that in the United States, "Even with the conservative estimate, the rate of suicidal


deaths exceeds the death rates of tuberculosis, leukemia, rheumatic fever, ulcers, and homicides (taken separately) and approaches that of motor vehicles. 1

4. Suicide is an act of deep social and personal significance.

Ronald W. Maris presents a view of suicide as immoral, irrational, and wasteful.

Suicide is immoral because it denies social responsibilities in an effort to resolve personal crises. In principle, self-destruction is an act which threatens the very possibility of society. Suicide is irrational because nothing is chosen over something. Finally, suicide is wasteful, since self-inflicted death is always premature and often totally unnecessary. 2

5. It may be that suicide is a sphere of study of strictly human behavior since "only Man" according to Montaigne "can hate himself" and therefore destroy himself. 3 If this is so, then it is a particularly important phenomenon to study in developing a general understanding of human behavior.

6. Suicide is unique in that victim and perpetrator are the same. It provides a unique opportunity to study the taking of a life and at the same time investigate the perpetration of an act of violence.

1 Maris, Ronald, Social Forces in Urban Suicide, Homewood, Ill.: The Dorsey Press, pp. 5-6.

2 Maris, op. cit., Preface, p. IX.

My intent in this thesis is to present an ecological perspective toward the study of suicide, with a major emphasis on the social, structural dimension of suicide.

By way of introduction I will discuss the problems of suicide from an historical perspective. Next, guided by the results of some of the more prominent social studies in the field, I will discuss the act of suicide in terms of the interrelationship of the individual and social institutions. Finally I will present a discussion of the dominant theoretical perspectives toward suicide and test a specific series of hypotheses derived from these studies. Specifically I will be examining the relationship between indicators of external constraint and suicide rates.

The countries for which data will be secured are Italy and Japan: therefore, I will limit my historical survey to those aspects of Asian and European culture most relevant to these countries, and in particular I will describe the dominant social-cultural characteristics of these two countries in the twentieth century.

My choice is motivated by the fact that these two countries are different in many cultural aspects and this fact provides an opportunity to test the relationship between external constraint and suicide within different cultural situations, thus hopefully indicating the universality of this relationship.

Additional reasons for selecting these nations as objects for
study are:

1. Both countries have considerable demographic data available for analysis.

2. The two countries represent areas of knowledge and interest for myself and my advisor.

**TABLE 1-1**

SUICIDE IN ITALY AND JAPAN, 1962-63\(^1\)

Percent Change Since 1952-53

<table>
<thead>
<tr>
<th></th>
<th>All Ages</th>
<th>15-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65 and Over</th>
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<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>-22</td>
<td>-36</td>
<td>-13</td>
<td>-21</td>
<td>-20</td>
</tr>
<tr>
<td>Italy</td>
<td>-25</td>
<td>-25</td>
<td>-29</td>
<td>-30</td>
<td>-15</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>-19</td>
<td>-19</td>
<td>-19</td>
<td>-20</td>
<td>-17</td>
</tr>
<tr>
<td>Italy</td>
<td>-17</td>
<td>-28</td>
<td>-26</td>
<td>-10</td>
<td>+ 9</td>
</tr>
</tbody>
</table>

CHAPTER II

CULTURAL - HISTORICAL DIMENSIONS

Of specific concern to this discussion are the differences found among cultures in support for and deterrence from suicide. For this purpose I accept the definition of culture as delineated by Kroeber and Kluckhohn and described in the following quotation.

. . . culture is a product; is historical; includes ideas, patterns and values; is selective; is learned; is based upon symbols; and is an abstraction from behavior and the product of behavior.\(^1\)

The position which I accept relative to the development of cultural norms is that when particular forms of interaction become accepted over a period of time by a group of individuals, they become fixed and stabilized into norms. Such norms acquire a moral meaning in so far as they exert coercive or constraining powers in controlling social behavior. They become the foundation of religion and of law.\(^2\)

Consequently, I assume that the position toward suicide found in a particular culture has its foundation in the social norms which provide the religious and philosophical ideology linked with the


\(^2\) Bryce, James, Studies in History and Jurisprudence, Oxford University Press, 1901, pp. 563-64.
concepts of life and death.\(^1\)

I will structure my discussion of cultural norms and suicide according to the general headings:

1. Cultures containing norms which provide strong negative sanctions against suicide.

2. Cultures containing norms which either allow or support suicide.

**Cultures Containing Norms Which Provide Strong Negative Sanctions Against Suicide**

**European Culture**

Positive condemnation of suicide has been present in the Middle-East since about 2,000 B.C. The code of Hammurabi, the Koran, and the law of Moses contain an injunction to respect one's life.\(^2\) In Greece, some philosophers, such as Plato, Aristotle, and Pythagoras condemned suicide under any circumstances.\(^3\) The ancient Roman code punished suicide only when military personnel or slaves were involved.\(^4\)


\(^3\) Schneidman and Farberow, *Clues to Suicide*, New York: The Blackiston Division, 1957, p. 80.

\(^4\) Schneidman and Farberow, op. cit., p. 71.
From the IV century on, as Christianity spread through Europe, and the Church became a ruling power, a severe stand was taken against suicide. The Christian Church at the Council of Arles in 452 A.D. declared that suicide was an act inspired by diabolical possession. The Council of Nimes in 1084 made the condemnation of suicide part of the Canon Law.

1. Canon 1240 No. 3 Persons who lay hands on themselves shall, if death ensues, be deprived of ecclesiastical burial.

2. Canon 2350 No. 2 If they do not die, they shall be barred from legal ecclesiastical actions, and, if they are clerics, they shall be suspended for a period of time to be determined by the ordinary, and deprived of benefices of offices to which the care of souls in either the internal or external forum is attached. ¹

This code subsequently influenced all continental European laws. In France, the Établissements de Saint-Louis of 1270 declared the property of the suicide and his wife escheated to the Lord. The legislation of England considered suicide to be a crime as early as 1485. ²

In the modern societies where separation between Church and State exists, the position of the two authorities toward suicide remains one of condemnation. In Christian Churches the funeral rites accorded to the suicide differ from those commonly due to Christians.


² Schneidman and Farberow, op. cit., p. 82.
who have died a natural death. As recently as 1823, a London suicide was buried at a crossroad in Chelsea with a stake through his body. In England up to 1961 suicide was equated with murder as a criminal offense and attempted suicide a misdemeanor.\(^1\)

Even though England is considered to have had the strictest sanctions against suicide, in the other European countries both private and public organizations have constantly fostered preventive measures against suicide.\(^2\) In 1968 the North Rhine-Westphalia Parliament in Germany was preparing a law making it mandatory for health officials to try to prevent people suffering from depressing disorders taking their lives.\(^3\)

Italy

Italy, a South-Western European country, shares with the other European nations the Western Socio-Cultural heritage.

This peninsula, as the center of the Roman Empire, absorbed from Greece the ideological and intellectual achievements of the ancient world and from Israel the Judeo-Christian religion.\(^4\)

\(^1\)Stengel, op. cit., editorial foreword and p. 61.


\(^3\)________, "Prevention Stressed as Suicide Rate Rises," Grand Rapids Press, November 22, 1968.

As a consequence of foreign invasions which lasted from the fifth to the twelfth century, the actual population counts as ancestors the Greeks, the Arabs, the Etruscans, the Goths, the Lombards, and the various tribes living in the Mediterranean basin.¹

From the fifteenth to the nineteenth centuries, a series of wars split the peninsula into many small territories, politically and economically dependent on various northern powers. Italy obtained national unity and political sovereignty in 1860.²

Therefore it is very difficult to speak of an Italian national literature and folklore. Italians were distinguished from the other peoples as a population living in the peninsula Italica, surrounded on the north by the mountain range of the Alps and on the east, south and west by the Mediterranean Sea. They shared with other European countries two fundamental values: strong family ties and the Catholic religion. Even today the structures of the family and of the Church are the two integrating forces in the life of an Italian.³

Further discussion on the values and structure of the Italian family will be presented in Chapter VI. At this point I will concentrate

²Gendel, op. cit., p. 7.
³loc. cit., p. 132.
on a discussion of the dominant religious institution of Italy, namely, the Catholic Church. This discussion will attempt to delineate the basic moral and philosophical orientation to life and death characterizing the majority of the Italian population.

Catholic Religion

Ninety-nine percent of Italians are Catholics. Catholicism is both a highly structured and deeply personal religion. The Bishops, in communion with the Pope, the Bishop of Rome, teach and rule the people of God. Each Catholic is aware of his membership in and his relationship to the total Mystical Body of Christ.

The Catholic believes in an eternal life of friendship with a personal God, and he is conscious that his earthly life is God's personal gift to him. It follows that he cannot terminate his life of his own will. Franco Ferracuti, an Italian sociologist, states that this approach to life cannot excuse suicide under any circumstance, and this, in itself, produces a powerful restraint over the potential suicidal individual. He points out,

The entire outlook of the Church is toward life, which must be lived in order to reach a more perfect life. This life-centered philosophy probably has an important connection with the deterrent effect of Catholicism on suicide. There is no possibility for the Catholic to rationalize suicide, except in a delirious way. When a truly Catholic person contemplates or commits suicide,

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he is either mentally sick or has given up religion.¹

Summary

Summing up this description, I view that the most influential institutions of Italy are the family and the Catholic Church. The family is the most sacred social group, demanding everybody's first loyalty, and offering in return a source of power and security in a land where political institutions are weak and unstable. On the other hand, the Church offers guidance and protection and provides the structures for a wide range of group interaction.²

Cultures Containing Norms Which Either Allow or Support Suicide

Oriental Cultures

It seems to me that in terms of my problem diverse Asian Cultures are alike in one pertinent aspect: through the centuries, no religious or civic authority has ever strongly condemned the act of suicide. Buddha, Confucious, and Mencius are the great founders of Asian Religions, but none of them condemned explicitly the act of taking one's life.³


³Jurji (editor), op. cit., pp. 90-131, 141-164.
Gordon Hewes¹, in a discussion of Asian Cultural Areas, observes that Asian Cultures are still to be fully disclosed to the observation of the Western anthropologist. He suggests that much systematic effort is needed to organize data from physical anthropology, linguistics, and ethnology, into a "scientific anthropology" so to produce a study encompassing the multi-cultural dimensions of Asia.

It is not surprising that Elizabeth Bacon,² who has also worked at delineating Asian Cultural Areas, feels that her conclusions are not entirely satisfying. In fact, A. L. Kroeber,³ in an article, "Culture Grouping in Asia," criticized the structural framework of Miss Bacon's division of Asia into Culture Areas. He feels that much inconsistency is present in her conclusions.⁴

Even though I recognize the limitations of Bacon's approach, in this study I will nevertheless use her scheme since it appears to be the best general study available for my purpose.

Miss Bacon states that:

²Bacon, Elizabeth, "A Preliminary Attempt to Determine the Culture Areas of Asia," South-Western Journal of Anthropology, II, n. 2 (Summer 1946).
1. The Ainu were the original inhabitants of Japan, but they were absorbed or pushed into peripheral regions by migrants from the Asiatic mainland, therefore, they have had a limited influence on the cultural history of Japan.

2. Since the beginning of the Christian era, Japanese culture has been influenced by North Chinese Culture.¹

3. Though not historically proven, the presence of certain traits in Japanese culture, suggests a strong southern cultural influence at some period in the past.²

Therefore I will describe those most relevant aspects of the Chinese sedentary and Southwest Asian cultures which seem to have influenced Japan.

Religion

Three religions - Buddhism, Taoism and Confucianism - all philosophical in nature, developed among the Chinese Sedentary. Fundamental to these religions was the cult of ancestors. Particular to Taoism was the element of fatalism.³

In the Southwest Sedentary, Hinduism was introduced within

¹loc. cit., Bacon, pp. 120, 129.
²ibid.
historical times. Hinduism tolerated and even encouraged suicide under certain conditions. In the Sacred Book, *The House of Death* (Upanishad period: 800-600 B.C.), we read that Vajasravasa offered his very son to death, because "A mortal ripens like corn, like corn he springs up again."2

**Government**

The political structure of the Chinese Sedentary provided for a form of semi-democratic government. The king, invested with divine power, was held responsible for the welfare of the people. The head-men and the council of elders were the ones to carry out at the local level the decisions of the king. This form of government was completely unknown to the Southwestern Sedentary; on the contrary, they were ruled by a despot who was religiously protected in the exercise of authority for his personal interests.3

**Japan**

As stated by Bacon, Japan, an area of culture blend, borrowed and developed religious beliefs and political structures pre-existent among the culture areas discussed above.

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1 Bacon, op. cit., p. 126.


As early as the third century, B.C., Japanese tribes were able to communicate with the Chinese and to import from them their moral ideology. This included the belief in ancestor worship and the concept of filial devotion to one's parents.¹

Religion

Shintoism is the religion that has counted the greatest membership among the Japanese past and present.

Shintoism ² is essentially an anthropocentric religion. The belief of the unity between gods and man was translated into political terms as Mikadoism, or worship of the Mikado, the Emperor. Kato Genchi explains that Mikadoism.

... is the lofty self-denying enthusiastic sentiment of the Japanese people toward their august Ruler, believed to be something divine, rendering them capable of offering up anything and everything all dearest to them, of their own free will; of sacrificing not only their wealth and property but their own life itself, for the sake of their divinely gracious sovereign.³

Therefore, to the loyal Japanese immolation was a means to achieve the blissful existence given to those who sacrificed themselves for their rulers.

¹Sansom, Japan, a Short Cultural History, Appleton Century Crafts, 1943, pp. 15, 53, 55, 113.

²Jurji, loc. cit., p. 145.

Political Structure

During the first centuries of the Christian era, the clan structure of the Japanese was modified and associations of households were organized together according to common occupations. During the Nara and Hoian Periods (710-1185), the emperor and the nobility gained political control over the country, but during the Kamakura Period (1185-1333), ruling power was held by the Samurai, the warrior class, with a country divided into a series of fiefs, each controlled by a dominant lord. This marked the beginning of the feudal system.²

This is a type of system which is characterized by Joseph R. Strayer in the following terms:

In political terms, feudalism is marked by a fragmentation of political authority, private possession of public rights, and a ruling class composed (at least originally) of military leaders and their followers.³

A system of this general form lasted up to 1868, the year in which the Meiji restoration took place.

Strayer gives several reasons for the persistence of the feudal

---

¹Sansom, Japan, A Short Cultural History, Appleton Century Crofts, 1943, p. 37.


system through the centuries, among them the most prominent being the geographic isolations of Japan and the absence of trade with the Western countries.¹

To those reasons Sansom adds a fundamental one. According to him, feudal legislators succeeded in securing supreme power by fostering a morality which would justify and enforce the status quo.²

It is this writer's contention that the Confucian concept of authority did have a bearing on the political system. Hall and Jansen remark that, "Authority in Japan was based on a social pattern which was, in many ways, simply an extension of the family pattern."³

The nature and the exercise of such domestic authority is not defined by law, but is intrinsic to the status of a parent. By extension the landlord can exercise his authority without being restrained or constrained by specific positive law.

The Institution of Seppuku

In Durkheim's⁴ discussion of altruistic suicide, he makes reference to the institution of "Hara-Kiri" or "Seppuku" (self-immolation by disembowelment), a form of ritual suicide, and illustrates a major

¹ loc cit., p. 5.
² Sansom, op. cit., p. 441.
³ Hall and Jansen, op. cit., p. 8.
significant relationship between traditional Japanese values and the act of suicide.

Inazo Nitobe offers a good description of this,

An invention of the Middle-Ages, it (seppuku) was a process by which warriors could expiate their crimes, apologize for errors, escape from disgrace, redeem their friends and prove their sincerity.¹

This mode of self-immolation was originated by belief that the abdomen is the seat of the soul. Symbolically, this action means, "I will open the seat of my soul and show you how it fares with it. See for yourself whether it is polluted or clean."²

To understand fully this institution I think it is helpful to discuss the concept of Bushido. Bushido contained the precepts of knighthood, whose basic values were the sense of duty (giri) and of honor. A samurai had "to die when it is right to die, to strike when to strike is right."³

The knight's life was governed by a network of duties covering all relationships with the lord, the people of the territory, the other knights and the family. The sense of honor was only second to "giri."

Life itself was thought cheap if honor and fame could be attained therewith: hence, whenever a cause presented itself which was considered dearer than life, with utmost serenity

² loc. cit., p. 120.
³ loc. cit., p. 5.
and celerity, was life laid down.  

Death involving a question of honor was accepted in Bushido, as a key to the solution of many complex problems. Thus, to an ambitious Samurai, a natural death was not necessarily considered an honorable death.

Seppuku, when enforced as a legal punishment, was practiced with due ceremony. It was a refinement of self-destruction and nobody could perform it without the utmost coolness of temper. Kodo Jaii so explained the Japanese way,

The Japanese are endowed with extraordinarily courageous spirit, which one may as well call either fearlessness or heroism. Which is it? Being defeated by their enemies, or having a grudge against their enemy, and yet having failed to take their revenge, they calmly commit hara-kiri without flinching. Such is the way of the Japanese who faced with an emergency are never afraid of death.

"Seppuku" lost its raison d'etre with the promulgation of the criminal code in 1868, but according to Nitobe, Bushido was the maker of the old Japan, it is the guiding principle of the transition, and the source of the future Japan. According to him, "Seppuku" will last as long as the influence of old Japan survives.

The view of this tradition expressed by Ruth Benedict is some-

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1loc. cit., p. 35.


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what different. She says that the act of suicide, which in feudal times was the final statement of a man's courage and resolution, has become today a means of chosen self-destruction. She does say, however, that honor is still a very prominent value in the Japanese culture and that honor can justify every action. "For in Japan the constant goal is honor. It is necessary to command the means one uses. To that end there are tools one takes up and then lays aside as circumstances dictate." ¹

The current orientation to suicide in Japan is suggested by Rene Duchac's report that from a poll conducted among college students in Japan more than 50 percent of them at one time or another considered suicide as a solution to their personal problems.² He believes that this orientation stems from the cultural values of the past.

Family

I assume that the family group has an outstanding role in shaping the social and moral attitude of the young Japanese. Therefore, both the roles of the family and its structure will be discussed in Chapter VI in connection with the formulation of the hypothesis.


Summary

Middle Eastern\(^1\) and Eastern European Cultures seem to have been tolerant of suicide, but in general Western Christian Cultures through the centuries condemned the act of suicide. In Far Eastern Cultures no civic or religious authority has ever strongly condemned the act of suicide, in particular Japan has been characterized by a socially approved institution which gives to the act of suicide a patriotic value and makes it out to be a religious ritual.

CHAPTER III

THE ACT OF SUICIDE

The aim of this chapter is to present the act of suicide in terms of the interrelationship of the individual and the demographic variables of sex, age, marital status, as well as those sociological variables which are generally associated with variations in human behavior and attitudes.

Completed Suicide and Sex Differentials

Vital statistics indicate that males have a higher rate of suicide than females.\(^1\) In most European countries and in Japan the proportion is about two or three males for every female with the exception of Poland which presents a five to one sex difference.\(^2\) However, during the 1952-1962 decade, the suicide rate of women has risen rapidly in some countries, reaching as high as an 80 percent increase in Australia, and 46 percent in Poland.\(^3\)

Durkheim and Halbwachs discovered significant differences in the suicide rate by sex in 19th century France.\(^4\) Furthermore, Halbwachs

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\(^2\)Ibid.

\(^3\)Ibid.

oberved that economic changes influence particularly the rates of male suicide.¹ In 1954 Henry and Short observed and tested this phenomenon in the United States. Their findings reveal that male suicide rates are related to the fluctuations of the business cycle.²

An examination of Ruth Cavan's findings in the city of Chicago reveal the recurring pattern of male-female rate differentials.³ She is inclined to attribute this fact to psychological and social variables rather than to biological causes.

Stephen Somogyi examined the suicide ratio over the 1864-1962 period in Italy. In the first quarter of the century the ratio was 4.0 to 1.0; in the latter part, the ratio has shrunk to 2.5 to 1.0.⁴ In the 1901-1905 period the males presented a rate of 10.1, the females a rate of 2.6, while in the 1956-1960 period the males showed a rate of 22.1 and the females of 9.4.⁵ This seems to mean that roles and role expectations in group interaction in industrial societies can cause the gap between male and female rates to narrow.

Though males have a higher rate of completed suicides than females, it appears that each sex has an equal propensity for suicide.

¹Halbwachs, ibid.


Schmid and Van Arsdel bring a new insight into the problem. In 1955 they conducted a study in the city of Seattle for the 1948-1952 period. They reached the conclusion that both sexes have the same degree of proneness to suicide. The fact that females succeed in suicide less than males, they explain, is due to the less lethal means females use. Margarete Von Andics would not agree with the conclusion reached by Schmid and Van Arsdel since she thinks that women appear to use suicidal acts as appeal to the environment more frequently than men. This position would define attempters as qualitatively different from actual suicidal individuals. Some sociologists do believe that the two are distinct phenomena.

The conclusion that emerges from this presentation of sex differentials in suicide rates is that even though the gap is narrowing, suicide can still be considered a more characteristically masculine act.

**Completed Suicide and Age Groups**

Vital statistics point out that in most cases the suicide is an adult.

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4. Durkheim, Morselli, Henry and Short, Maris.
Of interest here is a study on suicide conducted by Stefano Somogyi in Italy. He collected data for over a period of one hundred years and analyzed them according to the variables of sex, age, and marital status. From his study it appears that during the 1866-1925 period the suicide rate for males peaked at the 21-30 age bracket to decline gradually in later years. This trend was substantially changed for the 1926-62 period, during which the increase in rate occurred during the 51-60 age bracket. Females maintained the males' rates of 1866 up to the 1956 period to follow the males' trend of 1926 in the 1962 period. I would suggest a social explanation for the change in trend. It was during this period that Italy underwent the process of industrialization; males were more sensitive to the change in means of production than the females. The females followed the males' trend twenty years after. We have to remember that in an agrarian society the elderly enjoyed a higher status than the young adults; the old assumed the responsibility of the household, he was obeyed and respected; the young adult, on the contrary, was not even free to marry and to form his own family since the split of the property was of greater concern than the dignity of the individual. But when industrialization came about, the family structure and the individual's roles in the family underwent a change; with the formation of the urban, nuclear family, the young adult assumed responsibility and

1Guiffre, op. cit., p. 51.
status, and the elderly became the dependent, non-productive citizen.

A study conducted by Rene Duchac on suicide in Japan suggests a cultural explanation for the effects of age upon Japanese suicides. During the 1950-60 decade the rate for both sexes reached a high level in the 20-24 age bracket to decline considerably in the following years; the increase was noticeable again in the 50-59 age group to reach the peak in the seventies. Duchac believes that this could be caused by the maladjustment youth is experiencing in the family during the post-war period. He believes that culture is cumulative rather than evolutionary and the traditional concern with honor and success, still firm in the soul of every Japanese, could be the cause of many young victims.

If in Japan suicide is a youth phenomenon, it is not so in other countries. The suicide rates increase with the advancing of age and reach the peak over 70. Durkheim analyzed the age of suicide in five different countries and concluded that suicide is not only very rare in childhood, but it reaches its height in old age. This suggests that the causes of suicide may be cumulative throughout the lifetime of those persons who ultimately commit suicide.

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Stengel\textsuperscript{1} points out that in the 1950-60 decade suicide claimed the greatest victims among the elderly. He thinks this could be due to the prolongation of the span of life. According to him, science has been successful in prolonging life, but modern social structures have not been successful in adjusting to the needs of elderly people.

The above discussion clearly indicates that suicide is a phenomenon of adulthood and old age.

\textbf{Completed Suicide and Marital Status}

Vital statistics reveal that single, widowed and divorced persons have a higher rate of suicides than married ones.

Schneidman conducted research on suicide in Los Angeles in 1956 and reached the following conclusions,

When the effects of age and sex are held constant, the suicide rate of the married is lower than the suicide rate of the single, the widowed, or the divorced. When the factor of age is held constant, suicide is higher for the widowed than it is for the single, up to the age of 35. From age 35 on, however, the suicide rate of the single is higher than that of the widowed.\textsuperscript{2}

Stengel, in a study conducted in London, found out that 27 percent of the suicides have been living alone, whereas only 7 percent of the general population lived alone.\textsuperscript{3}

Ronald Maris, in his discussion of marital status and suicide,

\textsuperscript{1}Stengel, op. cit., p. 25.


\textsuperscript{3}Stengel, op. cit., p. 25.
recognizes the protective effect of married life. This becomes more evident when his data are examined by age-specific group. For example, married males 25-34 years old are about three times as immune to suicide as 25-34 never-married males and 4 times as immune as the divorced of the same age group. Actually, married females have a higher coefficient of preservation than married males. The data show that married females for the 25 to 34 age group have 3 times higher coefficient of preservation than non-married females and 5 times higher than divorced females.\(^1\)

Overall the findings provide support for the generalization that marriage, with its integrative mechanism, seems to be one of the best safeguards against suicide.

**Completed Suicide and Family Cohesion**

It appears that adults who had a history of broken homes have a higher rate of suicide than the adults who enjoyed a cohesive family life.

Bosselman, in the book *Self-Destruction*, reported a study conducted by Reitman in which 25 cases of suicide were analyzed. It was indicated that in 60 percent of these life histories there was early loss of a parent. It has also been observed that suicidal persons tended to come from larger than average families whose members had

\(^1\)Maris, Ronald, op. cit., p. 109.
been undemonstrative of affection.\textsuperscript{1}

Studies conducted by Dorpat, Ripley, and Reitman give support to Bosselman's findings.\textsuperscript{2} Family cohesion is negatively correlated to suicide, and the more the cohesiveness, the greater the safeguard.

**Completed Suicide and Community**

Vital statistics show that the population in a shifting community has a higher rate of suicide than the population living in a well integrated one.

Stengel, in his study conducted in London, observed a high rate of suicide among people living in hotels and motels; among migrants and foreign born; and among university students.\textsuperscript{3} He focused his attention on the sites chosen for the act and concluded that the majority of suicides preferred the impersonal urban setting.\textsuperscript{4}

Schneidman in the study of Los Angeles observed that the urban area is the stage of suicidal acts more often than the rural area, and that suicide rate is higher in the central, disorganized sectors of the


\textsuperscript{2}Dorpat, Theodore, Jackson, Ripley, "Broken Homes, Completed and Attempted Suicide," *Archives of General Psychiatry*, XII (February 1965), 214-220; Reitman, "On Predictability of Suicide," *Journal of Mental Health*, CVIII (November 1962), 580-84.

\textsuperscript{3}Stengel, op. cit., pp. 23-26.

\textsuperscript{4}Stengel, loc. cit., p. 87.
city than in the outlying residential areas.\textsuperscript{1}

Ruth Cavan conducted an investigation on the rates of suicide for the city of Chicago during the 1919-1921 period, and as a result of her study she singled out four suicidal areas, characterized by unattached individuals, absence of permanent residence, unmarried individuals, and absence of neighborhood interactions.\textsuperscript{2}

\textbf{Completed Suicide and Economic Status}

Findings on the relationship between economic status and suicide seem to be inconsistent.

Sainsbury, in a study done in London in 1955, counted the greatest victims of suicide not among those reared in poverty but among the persons who have recently fallen into poverty.\textsuperscript{3} He found that the unemployed were represented between 3 to 4 times more than the general population.\textsuperscript{4}

Powell, in a study conducted in 1958, observed that the most vulnerable to suicide were either the people with greater responsibility in the business world, the professionals and executives or the people

\textsuperscript{1}Schneidman and Farberow, op. cit., p. 63.

\textsuperscript{2}Cavan, Ruth, \textit{Suicide}, pp. 81, 90-91.


\textsuperscript{4}loc. cit., p. 206.
who occupy the lower positions in the continuum of occupations.\textsuperscript{1} 

Porta-Calderini repeated Powell's research in Milan and it yielded similar results.\textsuperscript{2} Moreover, they observed that persons with a higher degree of education, or persons with less than average degree of education, were more likely victims of suicide than persons with average education.\textsuperscript{3}

As these studies point out, the economic status of an individual appears to be too complex and inconsistent to be interpreted through a simplified conceptualization or operationalization of the concept of status.

Completed Suicide and Religion

Dublin\textsuperscript{4} and Bunzel stated that religion has a deterrent effect over suicide. In this statement they identify religion with Judeo-Christian belief. The philosophy of Christianity is, in fact, toward the life which one must live on this earth, so to become capable to accept the gift of eternal life. In the same context, Dublin pointed out that the very structure of the religious community prevents suicide.

\textsuperscript{1}Powell, "Occupation Status and Suicide: Toward a Redefinition of Anomie," \textit{American Sociological Review}, XXIII (1958), 131-140.

\textsuperscript{2}Giuffre, op. cit., 1957, p. 253.

\textsuperscript{3}ibid.

According to Durkheim, Catholics suicide less than other Christian denominations. He analyzed the data of Switzerland where both French and German people live under the same social and economic structures and the influence of the different religious confessions is apparent. Durkheim affirmed, "Catholic cantons show four to five times fewer suicides than Protestant, of whichever nationality."  

Franco Ferracuti, in a study of suicide rates in Italy, attributed the low level of suicide among Catholics more to the degree of integration of the Catholic society than to the religious dogma itself. The same point of view was held by Halbwachs in Les Causes du Suicide. Simpson, in the preface to the 1966 paperback edition of Durkheim's Suicide, stated that Catholics suicide less than other religious denominations because they have a compensating belief in the religious sanctity of such things as poverty, humility, and celibacy. They have an institutionalized means of relieving the individual of guilt and an intricate hierarchical system of father-substitutes which help to take care of the problems of life.  

Ferracuti, in the same study, affirmed that the Jews under normal conditions, kill themselves less frequently than people belonging

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3 Durkheim, op. cit., p. 27.
to any other religion, even though Judaism does not formally forbid suicide.\textsuperscript{1}

**Summary**

In summary, the analysis of the many studies done in the area of completed suicide lead to the conclusion that sex, age, and marital status are fundamental human differentiations which lead to consistent differences in social behavior related to suicide. Moreover, when significant social situations fail to constrain and redirect intergroup relationships, the probability of suiciding increases.

\textsuperscript{1}Schneidman, op. cit., p. 71.
Since the 19th century sociologists have seen the need of looking at suicide in a comprehensive manner by formulating a set of logical interrelated propositions concerning suicide and organizing them into a sociological theory of suicide. Through the use of such a conceptual framework, they have attempted to explain the conditions under which suicide occurs.

In this chapter some of the more prominent sociological theories of suicide will be examined. It is hoped that this theoretical survey will reveal to the reader the conceptual progress made into the etiological aspect of the suicidal act, supply new insights into the problem, and justify the theoretical frame of reference which will determine the form of analysis of data to be used in this study of suicide.

Social Anomie - Emile Durkheim

In his discussion of suicide Durkheim took account of most of the major works on suicide conducted during the 19th century.

According to him suicide is an act which has its causes in society. Society is an entity whose structures regulate and constrain human behavior. The kind and the amount of social regulation
determine the type of social condition; this, in turn, determines the suicide rate.

After having analyzed the suicide rates in a variety of populations, Durkheim stated three propositions:

1. Suicide varies inversely with the degree of integration of religious society.

2. Suicide varies inversely with the degree of integration of domestic society.

3. Suicide varies inversely with the degree of integration of political society.\(^1\)

It appears that the common denominator of these propositions is the concept of integration. In fact, Durkheim combined them into a general statement, "Suicide varies inversely with the degree of integration of the social groups of which the individual forms a part."\(^2\)

To have a better grasp of the concept of integration as discussed by Durkheim, I will explain the two dimensions which seem to be fundamental to the theory: the regulating function of society and the concept of anomie.

According to Durkheim the individual can experience a self-fulfilling, socially productive role in a social group if his actions are channeled into self-restraining structures and rewarded by socially

\(^1\)Durkheim, op. cit., p. 208.

\(^2\)loc. cit., p. 209.
approved means.\(^1\) When the moderating influence of society mal-
functions on account of structural or functional elements, a state of
anomie or irregularity comes about and the rate of suicide increases.
This is so because Durkheim conceived of society as an organic
entity whose functions should be mutually interdependent and not
obstructed or paralyzed by deregulating, foreign stimuli.\(^2\)

This anomic, pathological state is caused by and has its effect
in and through a situation of discontent and confusion. The social
man by instinct expects society to fulfill his needs, but if a state of
deregulation exists he will be looking for either fulfillment beyond his
capacity, through means not approved by society, or he will retreat
from society altogether.\(^3\)

Simpson, in analyzing Durkheim's theory, pointed out that there
are two perspectives to the anomic suicide:

1. Viewed collectively it gives evidence of the absence of regu-
lation of individual appetites.

2. Viewed from the standpoint of the individual, it is the haunt-
ing search for the unattainable.\(^4\)

\(^1\) loc. cit., p. 246.


\(^3\) Durkheim, Emile, \textit{Suicide}, pp. 247-248.

Social Isolation - Maurice Halbwachs

Halbwachs, one of Durkheim's pupils, analyzed Durkheim's concept of integration and advanced a new position. He stated that social irregularities or "anomic situations" increase when society undergoes a process of structural change. According to him, any social group in a complex society demands from the individual, along with the expected role performance, the ability to cope with unforeseen situations. The more complex a society becomes in its structure and functions, the more the individual is exposed to the unexpected; the more rapid is the process of change and the more numerous are the occasions for individual conflict.¹

This conflict results from the fact that social change, a common feature of modern urban life, severs the individual from stable social relationships. The social "desert" which is produced in turn causes a psychological vacuum which manifests itself either through mental alienation, lack of vision or meaningfulness in life, or through the act of suicide.²

In retrospect we could say that Halbwachs' concept of social isolation stems from Durkheim's concept of anomie, adding to it the specific claim that suicide rates are high in social structures which


demand detachment of individuals from stable social relationships.

Durkheim's theory of suicide was really the point of departure for further research and the stimulus to induce new theoretical constructs on the phenomenon of suicide. Specifically, a number of American sociologists were influenced by Durkheim's approach in that they developed either one aspect of Durkheim's theory or attempted to operationalize the main theorem. Their approach is relevant to this study in that they succeeded in selecting those social variables which operate to create a condition of disruption of social interaction, of group cohesion and constraint, and to correlate them as etiological factors in suicide.

Internal Restraint - Andrew Henry and James Short

Henry and Short examined Durkheim's anomic type of suicide and selected the variable of the business cycle to operationalize his concept of anomie. Durkheim stated, "It is a well known fact that economic crises have an aggravating effect on the suicidal tendency." ¹ He attempted an explanation of the statement by asserting,

If therefore industrial or financial crises increase suicides, this is not because they cause poverty, since crises of prosperity have the same result; it is because they are crises, that is, disturbances of the collective order.²

¹ Durkheim, op. cit., p. 241.
² loc. cit., p. 252.
He continued the argumentation by specifying how economic crises can change social status of individuals. "In the case of economic disasters, indeed, something like a declassification occurs which suddenly casts certain individuals into a lower state than their previous one."¹

Henry and Short studied the oscillations of the economic cycle in the United States through a period of fifty years and compared these data with the various trends of suicide frequency. Three assumptions were made:

1. Aggression is often a consequence of frustration.
2. Business cycles produce variation in the hierarchical ranking of persons and groups.
3. Frustrations are generated by interference with the "goal response" of maintaining a constant or rising position in a status hierarchy relative to the status position of the others in the same status reference system."²

Their findings reveal that both suicide and homicide are caused by fluctuations of the economic cycle: suicide having its greatest toll during depression, and homicide marking its increase during the economic boom.³ Moreover, the specific reaction to the anomic situation is determined by the different position a person occupies in the social reference framework.

¹loc. cit., p. 252.
³loc. cit., p. 64.
continuum, and the kind of restraint and dependency a person is subjected to in the system of social relationship. Therefore, persons of high social status are vulnerable to suicide in so far as they are subjected to less restraint than people in the lower statuses; persons of lower social status are vulnerable to homicide in so far as they direct their aggression externally, being under the pressure of great restraint from the social system.\footnote{loc. cit., p. 64.}

It is relevant to point out that Henry and Short's concept of restraint is bidimensional. They distinguished between external and internal restraint—the external being further divided into vertical and horizontal; the vertical arising from the individual's relative position in the stratification continuum, and the horizontal stemming from the degree of relationship of the individual with significant others.\footnote{loc. cit., p. 15.} Furthermore, it is their belief that strong internal restraint is positively correlated with self-oriented aggression.\footnote{loc. cit., pp. 104-105.}

This hypothesis may mark the beginning of the merging of sociological and psychological theories and provide an operationalization of Durkheim's concept of social anomie and weak internal restraint.
Social Mobility - Warren Breed and Peter Sainsburg

Warren Breed, in a study conducted in New Orleans in 1963, developed another dimension of suicide which can be incorporated into the Durkheimian current of thought. According to his research, suicides come disproportionately from those persons who are downwardly mobile. The anomic situation experienced by such individuals is a consequence of the social dislocation experienced through such mobility.

Additional support for Breed's conclusion is found in the work of Peter Sainsbury in London. He discovered that many suicide victims were among persons who had lost status and that the unemployed were five times more represented than the general population.

These results suggest that the condition of status dislocation brings about in the individual an abrupt alteration in the system of group relationship, it weakens the inherent integrative role of mutual support and restraint, and it causes a disjunction in the style of life between the present and the past.

Values - Elwin Powell

Elwin Powell, in 1958, added a new insight into the Durkheimian


concept of anomie. He stated that social anomic conditions are created by the gap between the belief in a value and the capability of pursuing it in a social situation. He found higher rates of suicides among those at the extreme ends of the range of occupational status, professionals and laborers.

In psychological terms, Powell's position can be interpreted to mean that the individuals in the higher category cannot objectively consider their personal limitations, and that the individuals in the lower category have no cultural traditions to pattern their life after, and therefore they look for aggressiveness to prove their worth.

If we borrow Durkheim's terminology to explain the position taken by Powell, the individual in the upper class would be engaged in 'butstripping constantly the point arrived at' and the individual in the lower class would not feel "in harmony with his social position if he is not convinced that he has his desserts." Here again Powell's research suggests that any kind of de-regulation, or of abrupt withdrawal from either values or actual performances in any social group, produces in the individual either an

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2 Durkheim, op. cit., p. 257.

3 loc. cit., p. 250.
alienative reaction or complete dissociation with the environment.

Status Integration - Gibbs and Martin

I think that among all the social theorists concerned with suicide, Gibbs and Martin were the ones to most fully develop Durkheim's idea of anomic suicide, and they translated it into a social status theory.

According to Durkheim, suicide varies inversely with the integration of the social group, and according to Gibbs and Martin, "The suicide rate of a population varies inversely with the degree of status integration in the population."¹

Gibbs repeated his position in the book, Suicide, published in 1968. In it he postulated that "disruption of social relations" was the major etiological factor in suicide. This general thesis was formulated in two propositions: "The greater the incidence of disrupted social relations in a population, the higher the suicide rate of that population," and "All suicide victims have experienced a set of disrupted social relations that is not found in the history of non-victims."²

It is true that neither proposition can be subjected to a specific kind of test, because no particular kind of disruption is postulated as

¹Gibbs and Martin, Status Integration and Suicide, Portland: University of Oregon Press, 1964, p. 27.

crucial; but Gibbs referred to any kind of disruption, which is
"Any instance where a regular pattern of social interaction between
two or more persons is interrupted."¹

Conclusion

This survey of the more prominent sociological theoretical
frameworks on the act of suicide reveals that these studies focus on
the analysis of social groups and attempt to point out the most rele-
vant variables etiologically related to anomic situations. The re-
curring themes are "social isolation," "lack of external restraint,"
"social dislocation," "conflict between available means and cher-
ished ends," and "status integration and group cohesion."

It will be the scope of chapter five to evaluate Durkheim's
approach to the study of suicide to assess the multidimensionality of
the phenomenon. In the following chapters I will attempt, through a
process of elimination of variables, to select those which, accord-
ing to my judgment, have a more immediate and stronger impact
in the integrative social system of the individual.

¹Gibbs, loc. cit., p. 17.
CHAPTER V

EVALUATION OF THE SOCIAL THEORIES OF SUICIDE

I think it is worthwhile to keep in mind in the course of this critique of theories the motivation which induced each author to formulate it and the specific claims made in the course of operationalizing the theories. Furthermore, the reviewer should be aware that any theorist synthesizes in his achievements the cultural heritage of his age; nevertheless, he should counterbalance his conclusions with the contemporary scientific standards to determine the theory's explanatory value and predictive power.

This approach becomes complex and difficult since it requires accurate historical and philosophical knowledge along with an appreciation of skillful methodological technique. To solve this problem, my critique will incorporate the views of leading scholars in the field.

Ronald Maris¹, in Social Forces in Urban Suicide, presents a thorough evaluation of Durkheim's theory. In the course of his critique he suggests three major weaknesses of the total theoretical framework, mainly of a substantive, conceptual, and methodological kind.

¹Maris, op. cit., pp. 159-176.
I tend to agree with Maris that a substantive weakness of Durkheim's theory is to have reduced the act of suicide to one dimension, namely, the social one, and to have restricted to a value judgment the definition of "social." On the other hand, we should not be rigid in our evaluation. It might very well be that in the name of scientific method we criticize the very attempt made by Durkheim to be scientific. Much of our thinking is conditioned by the achievements made by the behavioral sciences during the 20th century and we should not forget that at Durkheim's time such sciences were at the embryonic stage. We have to grant him that in writing Suicide he attempted to formulate an independent, scientific discipline about society.

Jack Douglas summarizes briefly his view on Durkheim's theoretical approach by stating that,

> It was primarily an attempt to synthesize the better principles, method of analysis, and empirical findings of the moral statisticians in such a way as to demonstrate the need for an independent scientific discipline concerned with human society.¹

Today sociologists see the need of merging the psychological, psychoanalytical, and social techniques to account for the complexity of this destructive act; undoubtedly contributions² by Menninger,


Farberow, Schneidman, Dorpat, and Ripley are among the most relevant in this field. Nevertheless no theory is so comprehensive as to account for all the intervening and dependent variables of a phenomenon. It is important that the theorist points out the limit and extent of his specific concern by expressing the range of his conceptual framework in a clear operational specification.

There is a common agreement among Durkheim's critics\(^1\) that a second substantive weakness of the theory is that both its premises and theorem cannot be statistically tested. Selvin, furthermore, suggests that Durkheim did not pin down all those elements which articulate an association or exemplify a situation.\(^2\) Undoubtedly a difficulty facing all theorists is the formulation of general law allowing the applicability to particular cases.

It is a difficulty of this kind that led Durkheim into conceptual and methodological problems. It is Maris'\(^3\) contention that Durkheim disregarded those variables, such as alcoholism, mental and


physical illness which, seemingly, did not fit into his apriori-conceived theoretical scheme. Parsons\(^1\) maintains that Durkheim's major conceptual problem was due to the fact that his thought was in a process of dynamic development throughout his life, and this prevented him from defining his terms of operation rigorously.

Another difficulty which Durkheim had to deal with was the lack of data on the social histories of suicides. Therefore, an examination of variables such as sex, age, SES, and family cohesion was an objective impossibility to him. It is true, though, he regarded age and sex as non-social entities and therefore failed to examine the social role imposed on an individual through his particular age and sex.

It is Maris\(^2\)' contention that Durkheim does not present a clear distinction between real and ideal types, i.e., social facts. Durkheim defines anomie as a social fact, but denies alcoholism and illness to be such. From this it follows that Durkheim does not provide any theoretical means to transfer a group's attributes to the individual situation. Durkheim attempts to solve the problem of this conceptual ambiguity by stating that he is dealing with rates and not with individual cases of suicide. Even so the difficulty still remains when the researcher has to transfer the level of abstraction, that is,


\(^{2}\)Maris, op. cit., p. 170.
when he has to explain the individual suicide from the suicide rates.

Douglas\(^1\) advances a further conceptual difficulty of Durkheim's theory. He questions if Durkheim defined society in terms of "behavior" or in terms of "shared meanings" (shared sentiments and morals).\(^2\) Furthermore, he asks if social integration and/or anomie are defined in terms of and caused by social behavior or by shared meaning. Durkheim\(^3\) affirms that the lack of shared beliefs is the ultimate cause of suicide,\(^4\) and that a collective credo fosters integration, but in the same context\(^5\) maintains that "shared actions" are the causes of integration. Further on, Durkheim\(^6\) states that "certain" beliefs and practices assume etiological value. If it is so, Douglas asks, do beliefs cause behavior or vice versa? What mechanism determines which of the meanings will be communicated? How do we measure the relative strength of the meanings being communicated?\(^7\)

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\(^1\)Douglas, op. cit., pp. 21, 71.

\(^2\)Douglas, loc. cit., pp. 41-44.

\(^3\)Durkheim, op. cit., p. 158.

\(^4\)Loc. cit., p. 159.

\(^5\)Loc. cit., p. 158.

\(^6\)Durkheim, op. cit., p. 170.

\(^7\)Douglas, op. cit., p. 58.
From these questions it appears that Douglas is concerned with the impact that time has on any collectivity. Social change occurs through time and produces "certain pools of meanings" that are "different combinations of collective representations of different degrees of strength."¹

Thus confusion—recognized both by Maris and by Douglas—is increased when Durkheim attempts to link, in a causal relationship, the "collective inclination" with the "individual inclination."

But the social environment is fundamentally one of common ideas, beliefs, customs and tendencies. For them to impart themselves thus to individuals, they must somehow exist independently of individuals; and this approaches the solution we suggested. For thus is implicitly acknowledged the existence of a collective inclination to suicide from which individual inclinations are derived, and our whole problem is to know of what it consists and how it acts.²

From this paragraph we could think that there is a causal relationship between collective and internal inclinations. But Douglas states that Durkheim, in the book Sociology and Philosophy, in discussing the individual and collective representations, supports the position that, "the individual representations were only echoes of the collective representations, the nature of which the individual could only be dimly aware."³

¹Douglas, op. cit., p. 50.
²Durkheim, op. cit., p. 302.
³Douglas, op. cit., p. 60.
These elements of contradiction prevent us from understanding thoroughly the theoretical framework on which Durkheim built his research. Douglas feels that Durkheim went through all the data available and from the consideration of these he decided what the causes were.\(^1\)

It seems to this author that Maris is aware of the difficulty faced by Durkheim in assessing the personal and social dimensions of the human act. He suggests that the internal struggles between the id and the superego be labeled as social situations, i.e., social facts. Moreover, he sees the possibility of distinguishing the ideal social type—-as characterized by externality and constraint—from the ideal non-social type—-as characterized by internality and liberty. It is his belief that any real situation (e.g., suicide) is constituted of social and non-social forces.\(^2\)

An examination of Durkheim's methodology indicated that Durkheim himself was conscious of the intricacy of the human act. He averted the need of and attempted the use of a multivariate analysis approach. Robert Nisbet\(^3\) credits Durkheim with actually being successful in examining systematically the multiplicity of characteristics

\(^1\)loc. cit., pp. 32-33.

\(^2\)Maris, op. cit., p. 172.

and resulting interrelationships of the human act through three major
types of elaboration: explanation, interpretation, and specification.
On the other hand, many critics\(^1\) are in agreement in asserting that,
in spite of the attempt, Durkheim lacked the statistical technique to
carry it through. Maris claims that Durkheim's statistical attempt
resulted in gross misinterpretations of data.\(^2\) Maris accuses Durk-
heim of ecological fallacy\(^3\) by stating that attributes of groups are
not necessarily attributes of individuals who compose the group.

This position can be argued. It doesn't necessarily follow that
a study of rates--an attribute of the group--cannot be used to predict
suicide cases without committing the error of the ecological fallacy.
Ecological correlations had been used since the thirties\(^4\) in sociologi-
cal studies and one can find proponents as well as opponents to the
approach.\(^5\)

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\(^1\)Catlin, Douglas, Maris.

\(^2\)Maris, op. cit., pp. 174-175.

\(^3\)loc. cit., p. 175.

\(^4\)Cowles, "Statistical Study of Climate in Relation to Pulmonary
Tuberculosis," *Journal of the American Statistical Association*, XXX
(September 1935), 517-536; Gosnell, "Factorial and Correlational Anal-
ysis of the 1934 Vote in Chicago," *American Political Science Review*,
XXIV (December 1935), 967-984; Groves and Osburn, "American Mar-
rriage and Family Relationships," *Journal of the American Statistical
Association*, XXX (March 1935), 12-34; Whelpton, "Geographic and
Economic Differentials in Fertility," *American Journal of Sociology*,
XXXXV (September 1939), 183-199.

\(^5\)Scheuch, Erwin, "Cross National Comparisons Using Aggregate
Data," Etzioni and Dubow (Eds.), *Theories and Methods* (1970), 365-386.

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Conclusion

In spite of the multidimensional criticism that Durkheim has received, many sociologists today prefer to keep their work on suicide within the context of his theory. They generally choose to develop one aspect of it, rather than following the total theoretical structure presented by him.

It is the belief of this author that sociologists view the essential value of the theory as lying in the social dimension given to a highly individual phenomenon.

According to Gibbs and Martin, Durkheim's theory provides the most promising point of departure for the social analysis of suicide, but in itself is incomplete.1 To substantiate this position they express definite qualifications.

1. The theory of integration was never subjected to formal test.
2. It is not testable in its present form.
3. At no point is there a specific definition of the term integration or an operational specification of it.
4. There is not a single overall measure of social integration that can be correlated with suicide rates.
5. If integration can become so great that suicide begins to vary directly with integration, this becomes a testable proposition

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only when a measure of integration is developed.

6. The theory is supported "not by its predictive power but by its forceful argument in its defense."¹

¹loc. cit., p. 147.
CHAPTER VI

TOWARD A FORMULATION OF THE HYPOTHESIS

Maris' Theoretical Approach

The specific contribution of this chapter to the total work consists in focusing the study of the phenomenon of suicide on what this author believes to be a crucial variable related to suicide; namely, family cohesion. To this aim discussion will center in detail on Maris' conceptual framework as it has been presented in Social Forces in Urban Suicide.

Undoubtedly Durkheim's approach to the social analysis of suicide provided Maris with the most promising point of departure in that it directed him to the analysis of social groups. But Maris himself contributed to the field of suicidology new insights and an overall progress in conceptual formulation.

Central to Maris' theory is the idea of external constraint. He offers both a descriptive presentation and operational specification of the concept.

External constraint exists when there is a high amount of cohesion [what Durkheim called solidarite] in social relationships and when these relationships regulate or prescribe the individual.¹

Of assistance in the understanding of his concept is a study conducted by Lyle Warner and Melvin DeFleur.¹ In their article dealing with the effect of selected situational variables on the relationship between a verbal attitude and overt behavior toward the object of that attitude, they examine the concept of social constraint as presented by Durkheim and formulate a definition of it.

According to them, social constraint

... refers to potential influences on behavior which are introduced into a situation of action because the nature of that behavior is likely to be known to others whose opinions and reactions are important to the actor.²

According to this definition, a person will be directly or indirectly influenced in his definition of the situation and in his behavior according to the expectations of significant others. Therefore, significant others exert pressure on the individual to act according to a standard of conduct which they feel is appropriate and desirable.

On the contrary, "a situation of low social constraint would be one of relative anonymity in which the individual's actions would be unlikely to be subjected to such potential surveillance."³


² loc. cit., p. 155.

³ ibid.
Proceeding from this definition it is possible to incorporate
Maris' theoretical approach to this study. According to him, suicide
rates vary inversely with external constraints.¹

Maris argues that social constraint is the variable which regu­
lates the interactions of the ego with significant others. He assumes
that the zones with high suicide rates lack the social mechanism for
integrative activity. Therefore, situations of high responsibility or
of limited responsibility, of anonymity and isolation, would be situa-
tions of low social constraint.

When people are subjected to strong external constraint
by virtue either of subordinate status or intense involvement
in social relationships with other persons, it is easier to
blame others when frustration occurs. But when the external
constraints are weak, the self must bear a greater burden of
responsibility for frustration.²

It is in this contest that Maris explores and defines the concepts
of social integration and social regulation. Unlike Gibbs and Martin³,
who interpreted social integration as stability and durability of social
relationships, Maris measures integration by the number of interper-
sonal dependency relationships the ego experiences with significant
others, and defines regulation as the subordinate-superordinate

³Gibbs and Martin, Status Integration and Suicide, Portland: University of Oregon, 1964, p. 27.
relationship.\(^1\)

We use "integration" to connote the number of interpersonal dependency relationships. The more interpersonal dependency relationships, the greater the integration is one's social situation.

"Regulation" means that there are subordinate-superordinate relationships (i.e., it indicates the existence of power). The more subordinate one is, the less power he has, the more prescriptions he is subjected to and the more regulated he is.\(^2\)

From these statements it follows that married persons, children, members of a household, the unpaid family workers should suicide less than the single, the migrants, the dwellers of fluctuating neighborhoods.

All married persons at least are constrained (integrated--regulated) by one significant human being besides themselves. Thus the decision to suicide should involve the awareness of the consequence of the act on the other spouse. Durkheim touched the same dimension of human behavior when he stated that family life is the essential factor in the immunity of married persons to suicide, in so far as family life requires regulation of individual activity.\(^3\)

Vital statistics disclose that up to the age of 14 suicide rates are almost non-existent. In this context Maris observes that, "Almost all children have families, not nearly all adults have spouses or children of their own."\(^4\) In fact, discipline and love provide the child with an

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\(^1\)Maris, op. cit., p. 180.  
\(^2\)Ibid.  
\(^3\)Durkheim, *Suicide*, pp. 186-198.  
\(^4\)Maris, op. cit., p. 95.
atmosphere of security and challenge. On the contrary, the single, the widowed and the divorced are deprived of this security and trust toward future experiences.

Maris' research confirms this fact. The table incorporated in the following page shows a sharp difference between the suicide rates of the married and the single, of the divorced and the widowed. This table presents a good view of the situation even though it would not totally validate the relationship established. Accurate tests would not be possible since the impact of a deregulative situation often acts at a distance. Suicide can be the ultimate result of a severed relationship having occurred many years past, which procured in the ego a condition of alienation, leading into a state of isolation and a lack of concern with the outer world. This cumulative influence eludes statistical tests.

Maris makes two pertinent observations in the discussion on marriage and family. According to him, marriage protects the female less than the male and the young less than the old.\(^1\)

A woman generally spends most of her time at home. This means that she is socially constrained by her role of spouse and mother, and generally not so much by the role of wage earner. Not even in an industrial society can she escape the domestic environment. Langlois

\(^1\)loc. cit., pp. 112-113.
| Age Group | Males | | | | | Females | | | | | N |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|           | Married | Never | Widowed | Divorced | Married | Never | Widowed | Divorced | Married | Never | Widowed | Divorced | Unknown | N |
| 0-14      | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | 2       |
| 15-24     | 6.0     | 6.1     | -       | 32.3    | 2.7     | 2.0     | -       | -       | 19.0    | -       | -       | 131     |
| 25-34     | 7.0     | 22.8    | -       | 60.0    | 3.7     | 9.3     | -       | 19.0    | -       | 276     |
| 35-44     | 10.5    | 23.2    | -       | 60.0    | 5.2     | 10.8    | -       | 24.0    | -       | 385     |
| 45-54     | 16.9    | 26.6    | 33.3    | 69.5    | 7.8     | 7.1     | 6.8     | -       | -       | 456     |
| 55-64     | 19.3    | 29.0    | 34.1    | 61.0    | 6.3     | 9.4     | 10.1    | -       | -       | 406     |
| 65-74     | 16.3    | 43.5    | 59.8    | -       | 8.3     | -       | 7.0     | -       | -       | 329     |
| 75 & over | 36.2    | 67.3    | 63.5    | -       | -       | -       | 8.1     | -       | -       | 167     |
| Unknown   | -       | -       | -       | -       | -       | -       | -       | -       | -       | 50      | 1       |
| N         | 372     | 328     | 174     | 133     | 342     | 86      | 104     | 64      | 2153    |

points out that women's work participation does not necessarily expand with economic development. Therefore, if a woman's needs--subordinate and superordinate--are not satisfied in the circle of the family, she will, much more than her husband, experience a situation of de-regulation and alienation; she will fail to relate to the persons she deems most significant to her existence.

The husband, on the contrary, can engage in meaningful interactions with people related to his occupation. He becomes socially constrained by the people and the rules of the firm; if his family life fails, he can prove his worth elsewhere. This could explain why marital problems are a major cause of suicide in women and occupational problems are a major cause of suicide in men.

The fact that marriage seems less likely to deter younger couples from suicide suggests that probably similar personal characteristics are associated with suicide and marital disruption. Older married couples are those who probably have been able to develop a process of mutual self-disclosure and acceptance which seems to be associated with personal and marital stability. To this psychological reason can be added the fact that younger couples have smaller families than older ones, and that the addition of new members to the household

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brings about greater social constraint.

In the development of the theoretical framework to his research, Maris proposes, as an index of external constraint, the number of interpersonal relationships an individual is engaged with in his social role.

... a rough indication of the social integration of a particular individual could be obtained by simply counting the number of direct interpersonal dependency relationships. ¹

The full impact of this could better be grasped through an explanation advanced by Dr. George O. Homans. He states that,

"Dependency" refers to our various familial, friendship, and occupational associations [i.e.,] to relationships or involvements with significant others. We assume that interaction persists only when some dependency need is being gratified. ²

It follows that an individual who interacts with spouse, children, relatives, friends, employer, minister, and club members will have his subordinate and superordinate needs much more fully gratified than the individual who has a limited range of interaction. Maris reports that community areas with high suicide rates have a low household density ³, while areas with high household density, such as Negro communities, have a low suicide rate.⁴

¹ loc. cit., p. 181.


³ loc. cit., p. 17.

⁴ loc. cit., pp. 110-111.
To count the number of direct interpersonal dependency relationships of a nation-wide population is statistically impossible. The number of friends a person encounters escapes the statistician's estimate, the number of persons a person interacts with on the job are not reported in the demographic books, and the religious affiliation and attendance of an individual is part of his private life. Thus, after consideration of these difficulties, it would seem that household density is the best single social unit to examine for determination of the degree of constraint for the total population.

To this aim it is intended to incorporate a discussion on the basic characteristics of the households of the two countries under consideration: namely, Italy and Japan.

Italian Household

Luigi Barzini, in a study aimed at exploring every aspect of Italian life, devotes an entire chapter to the power and influence of the family on the individual.¹

Barzini points out that the family is the only stable institution in a country where political upheavals, social disorders, and financial disasters are common. External dangers are cause of no concern to the Italian, who belongs to a closely-knit family. In it he finds the means to satisfy his dependency needs as well as his

craving for power. The Italian family offers protection, but at the same time it requires of the individual a lifetime commitment to the defense and enrichment of the entire household.

Barzini affirms that Italians express the virtue of patriotism not to their country but to their family.¹

An Italian will still choose to stand by his family in a crisis, against the carabinieri, the police, the courts, public opinion, and even, at times, his own conscience, because the family has for so long been the only reliable vessel on a sea of troubles, which will always float to safety with all its crew and contents.²

Socially, Italy has been undergoing transition from agricultural to industrial structures; and this demands an adaptation in the household structures as well. This adjustment is visible especially in the Northern regions, while the rural South maintains the traditional characteristics of the patriarchal household.

The household is large: it includes the nuclear family, the elderly grandparents, and the unmarried relatives. The elderly grandparents are financially dependent on the household and the unmarried children share the work on the farm or other family enterprises. They could be defined as unpaid family workers since they are not covered by social security laws, do not earn a regular salary, and do not have a representation in the workers' union.³

¹loc. cit., p. 193.  ²loc. cit., p. 211.

Economists consider the South an overpopulated, agriculturally depressed area suffering from low standards of housing and income, but this in itself does not necessarily cause a condition of anonymity, isolation, and despair in the people.

Ferrarotti, an Italian sociologist, in a report to the Convention on Suicide Prevention held in Milan in 1967, analyzed the distinctive traits of the rural household and of the rural village in Southern Italy. According to him, such a society offers a great opportunity for social integration. In the rural village people know each other; they satisfy their recreational, social, and religious needs in a gemeinshaft-type of structure. The parents of the household are the link with the other families of the village. The teachers and the pastor are the spiritual leaders of the village. They are the intuitive psychologists, the skillful lawyers, and the trusted counselors. People share both anguishes and aspirations, success and defeat.

This type of structure is gradually disappearing with the increasing of industrial production and urbanization. Agriculture contributed 32 percent of the gross national product in 1950 and 22 percent in 1960. It is forecasted that in 1970 it will be reduced to 13 percent. Statistics, on the other hand, revealed an increase of 91 percent of

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industrial production in the 1957-67 decade.¹

This economic change causes the migration to the cities of the people from the Northern regions.

The South has the highest birth rate and the lowest death rate in the whole country. Yet the population of the northern region increased by 10 percent in 1955-66 while that of the south increased by only 4 percent.²

This exodus to the metropolis produces crowding conditions and problems of adjustment to both the migrant and to the city residents. In terms of suicide rates, recent research points to the fact that migrants are more likely to suicide than residents.

A study conducted in Milan by Virginio Porta reveals that the greatest contribution to the rates of suicide was given by the migrants of Southern Italy.³ Research by Michele Marotta⁴, conducted in the 1959-63 period in the city of Rome, verifies that the rate of suicide---attempted and achieved---was double for the migrants over that of the residents. The chart incorporated in the next page shows that the highest rates of suicide occur in the industrial north.

Migration and urbanization are the two most evident factors to force a change in the household structure. The northern families

¹Bryant, Andrew, The Italians, How They Live and Work, New York: Charles Newton, 1968, p. 84.

²loc. cit., p. 22.


# TABLE VI-2

## RATES OF SUICIDES IN ITALY: 1951, 1961

<table>
<thead>
<tr>
<th>Region</th>
<th>1951</th>
<th>1961</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piemonto</td>
<td>11.22</td>
<td>9.50</td>
</tr>
<tr>
<td>Val d'Aosta</td>
<td>20.18</td>
<td>17.83</td>
</tr>
<tr>
<td>Liguria</td>
<td>8.29</td>
<td>5.00</td>
</tr>
<tr>
<td>Lombardia</td>
<td>7.32</td>
<td>6.80</td>
</tr>
<tr>
<td>Trentino</td>
<td>8.50</td>
<td>4.80</td>
</tr>
<tr>
<td>Veneto</td>
<td>7.04</td>
<td>6.40</td>
</tr>
<tr>
<td>Friuli</td>
<td>13.78</td>
<td>32.60</td>
</tr>
<tr>
<td>Emilia</td>
<td>10.97</td>
<td>7.85</td>
</tr>
<tr>
<td>Marche</td>
<td>6.74</td>
<td>5.50</td>
</tr>
<tr>
<td>Toscana</td>
<td>7.43</td>
<td>6.90</td>
</tr>
<tr>
<td>Umbria</td>
<td>7.35</td>
<td>5.70</td>
</tr>
<tr>
<td>Lazio</td>
<td>5.56</td>
<td>4.60</td>
</tr>
<tr>
<td>Campania</td>
<td>4.16</td>
<td>4.10</td>
</tr>
<tr>
<td>Abruzzi-Moliso</td>
<td>4.27</td>
<td>3.10</td>
</tr>
<tr>
<td>Puglio</td>
<td>3.97</td>
<td>3.30</td>
</tr>
<tr>
<td>Basilicata</td>
<td>4.93</td>
<td>4.30</td>
</tr>
<tr>
<td>Calabria</td>
<td>2.00</td>
<td>2.50</td>
</tr>
<tr>
<td>Sicilia</td>
<td>4.65</td>
<td>4.93</td>
</tr>
<tr>
<td>Sardegna</td>
<td>6.19</td>
<td>5.30</td>
</tr>
<tr>
<td><strong>Italy</strong></td>
<td><strong>6.85</strong></td>
<td><strong>5.56</strong></td>
</tr>
</tbody>
</table>

Computed from the data reported on the *Censimento Italiano*, 1961 and the data reported from Guiffre, op. cit., pp. 106-109.
tend to be small in number; marriages tend to be postponed; the fertility is low; the family structure is simplified, and women are represented in the labor force.

In 1966 there were 5,289,000 women workers in Italy, out of a total female population of 21,361,000. Of these, 5,078,000 actually had jobs for an appreciable period of time. Women thus make about a quarter of the total working population.¹

As far as location of family dwellings is concerned, the most striking feature of Italian industrial cities is the large blocks of flats. These are not rented but owned. Data disclose that in 1951 4,301,000 dwellings were owned and that in 1966 the number increased to 7,500,000, equivalent to a 76 percent increase in ownership as against a 26 percent increase in the number of families.² Living in apartments solves, in part, the problem of limited land available, which is 301,200 square kilometers for a population of 51,859,000, amounting to a density of 172 per square kilometers.³

City life does not necessarily break family ties. An unmarried wage earner, even though financially independent, often chooses to live in the family household and to commute to the job. Elderly couples often live in a close-by apartment and feel themselves part

¹Bryant, op. cit., p. 127.

²loc. cit., p. 73.

of the nuclear family.¹

Even though it was pointed out that Italians consider the unity of the family structure to be sacred, some observers indicate that moral values in Italian society are changing. The change is gradual but real.² Public opinion shows a shifting position in favor of divorce. Results of two polls conducted in Italy point out this shift. In 1965, 71 percent of the Italians opposed divorce, while in 1967 56 percent were opposed, 30 percent were in favor and 14 percent didn't know.³

In 1964 Luigi Barzini stated that Italy would never pass a law to provide for divorce. The reasons he advanced to support his statement were cultural and religious.

Not only the church is against it, but the people themselves rightly consider it a barbarous and a ruinous institution. The necessity to preserve some solid bulkwark against the impermanence of things will always prevent its adoption.⁴

In spite of Barzini's predictions, recent legislation seems to point to the direction that Italians are eager to adopt changes. Bills providing for divorce in limited instances were introduced in twelve legislations through a period of ninety years, but they were always


²Barzini, op. cit., p. 208.


⁴Barzini, op. cit., p. 209.
blocked. In 1967 a socialist-sponsored bill, "The Fortuna Bill," was introduced in parliament and, after having endured a tough battle, was passed by the lower chamber with a 325 to 283 margin in November 1969. In the senate the bill had to face more controversy, and amendments to the original bill were made. The senate approved the amended bill in November 1970 by a 319 to 286 margin. On December 1, 1970, President Saragat signed the bill.

As of December the press estimated that 500,000 legally separated Italians would rush to court to begin legal steps toward divorce, but as of March 1971 no more than 10,000 persons have applied for divorce, and just two final decrees have been issued. It is hard to completely evaluate the reason for this. Barzini affirms that behind a show of liberal broadmindedness, there is hidden in the Italian the tenacious spirit of family cohesiveness.

To summarize this discussion of the Italian household, it is

1(RNS), "Church Daily Raps Passage," The National Register, December 14, 1969.


4ibid.


6Barzini, op. cit., p. 211.
the view of this author that traditional values are being questioned and the age-old structures seem to have lost their functionality in meeting the newly emerging needs. Demographic data will be of great assistance in establishing the extent of the problem, and hopefully statistical tests will point out the degree of relationship between the household density and the rates of suicide of the nation.

Japanese Household

Iga Mamoru, in a study on Japan, draws the attention of the reader to the fact that the basic social unit of the Japanese society is not the individual but the solidarity group. This could be referred to as the family, the occupational institution, or any other group power.¹ In the group the person finds his raison d'etre and his social role.

Wight Bakke states that if the individual acts according to socially approved standards, he will receive security and reward, but if he questions or rebels against the group, he will experience a deep sense of personal guilt. "The particular person sees himself and is viewed by others as a group-person, not as an atomic unique entity, in the Western pattern."²

¹Mamoru, Iga, "Relation of Suicide Attempt and Social Structure in Kamakura, Japan," The International Journal of Social Psychiatry, XII, n. 3 (1966), 227.

²Bakke, Wight, Revolutionary Democracy, Challenge and Testing in Japan, Hamden, Conn.: Archan Books, 1968, p. 44.
Tsuneo Maramatsu affirms that the child's status is determined at birth and that preserving the family's good name is the child's most important duty in life.\footnote{Moloney, James C. (ed.), quoting Maramatsu, Tsuneo, M. D., "Japan: Some Psychological Perspectives," \textit{Background Report}, October 1949, p. 2, \textit{Understanding the Japanese Mind}, New York: Greenwood Press, 1968, pp. 6-7.}

John Pelzel, in a study published in 1950, observed that social mobility is not achieved through individual struggle, but through the effort of the kin group, namely the Japanese \textit{ie}.

Sansom sees at the root of this group-oriented value the influence of Confucius' doctrine. The central point of this religion is, in fact, the cult of ancestors and of the family. Confucius admonishes, "The law of filial piety is that one should serve one's parents as one serves Heaven. So long as one's parents are living no enterprise must be undertaken without their counsel and approbation."

Ruth Benedict states that the family plays an essential role in the religious and social education of the child and that the household is the shrine of ancestor's worship.\footnote{Pelzel, John, "Some Social Factors Bearing Upon Japanese Population," \textit{American Sociological Review}, XV, n. 1 (February 1950), 23.}

\footnote{Sansom, Japan, A Short Cultural History, New York: Appleton Century Crafts, 1943 (rev. ed.), p. 114.}

\footnote{Benedict, Ruth, \textit{The Chrysanthemum and the Sword}, Patterns of Japanese Culture, Tokyo, Japan: Tuttle Co., 1954, p. 271.}
Politically Japan ousted any foreign cultural influence up to the end of the 19th century; its anti-western legislation is an example of this isolationist policy. Cultural and historical factors bear weight on the fact that the attitude of the Japanese toward the family group remained unchanged up to the forties.

In pre-war Japan the concept of unity and household consciousness was so valued that a newly married woman had to lay aside her own family patterns to belong entirely to the ie of the husband. In this period, the family had such a determinative influence on the individual that "members who disgraced the family were often expelled. Loyalty to the house, and, if necessary, sacrifice in the interest of the family, were demanded as a matter of routine."

This kinship structure had social advantages. The family had to take care of the social security of its members; this prevented unemployment and dependency on welfare.

Ezra Vogel conducted research in the 1958-60 period in Tokyo to evaluate the structure of the Japanese household against the demands of the industrial society. The persons interviewed were the

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1 Sansom, op. cit., pp. 441-446.


middle class migrants and children and grandchildren of migrants. ¹

As a result of the research, Vogel recognized the existence of accepted laws within the structure of the ie which provide for a gradual flowing to the city of young adults. The oldest son of the ie would inherit the household with its traditions and property; the other sons would be prepared for work in the nearby city. This "controlled migration" requires of the ie the responsibility for a good education of its children, for actually looking for a job for the sons, for preparing a dwelling for them.

The migrant sons, as soon as they are settled in the city, are no longer a component part of the ie. The law of early inheritance makes them financially independent without causing a social break within the kinship structure.

Vogel points out that,

The urban family in Japan has shown remarkable stability. Evidence presented by Kawashima and Steiner show that in contrast to many modern countries the divorce rate actually went down with urbanization. It may be suggested that the ability of the rural ie to place the young couple in a relatively stable economic situation and the fact that the young couple was not separated during the migration process were important elements in this stability. ²

Fauber remarks that if a son or relative fails to adjust to the


²loc. cit., p. 105.
city environment because of loss of job or sickness, he would be accepted within the *ie* as an unpaid family worker.

Not all the unpaid family workers are city dropouts; many do so by choice. Henry Rosovsky\(^2\) comments that, even though the unpaid family workers represent best the pre-industrial society force of employment, actually they are more heavily represented by women than by men. Women, especially in the oldest age bracket, form 89 percent of the total farm group.

In a survey conducted during the late fifties in the Northern Japanese villages of Shimo-Okada, Sokomae, Ushirokji, Nametsu, and Wakehama, it was noticed that, since family efforts could no longer compete with the structures of a technological society, cooperative associations were organized.

We may note that associations have a plasticity that gives them an advantage in a changing society over kin groups. They can adjust with less difficulty to take care of needs and problems that arise, and they may be created or dissolved when necessary or desirable with no effect on familial or community membership.\(^3\)

Kusaka Massaki, President of Tokyo Gakugel University, in a


conference held in Honolulu in 1964, stated that as the 1912-25 period marked the democratic era in the political sphere, so the post-war period marked the transition from family centered values to individual worth.¹

As pointed out earlier, the traditional Japanese values were handed down through the influence of the household religious teaching, but the Japanese of the technological era, where the single unit nucleus is substituted for the complex household structure, needs a new philosophy to redirect his behavior and the acceptance of this behavior by the older generation.

According to newspaper reports, tension between parents and children is the major cause of suicide in youngsters.

The Asahi Evening News reports,

The consensus is that a deep gap now exists between the feudalistic thinking of parents and the modern free-thinking ideas of the younger generation. National police agency reports reveal that there is a growing trend among the younger generation to commit suicide or leave home in rebellion against family traditions and all ways of life.²

The Japan Times reinforces the same reason,

In the majority of the cases, the youth ended their lives because of opposition voiced by their parents over marriage or dating.³


³The Japan Times, March 24, 1958.
...Suicide... has a great deal to do with the moral gap in the training and education of our younger generation... our young people are in desperate need of a decent and realistic sense of values.¹

Is the young Japanese turning to the West for ideological directions? According to Buddhist tenets, the world is a condition of imperfection where the spirit of man is kept captive; therefore, in principle, this religion doesn't approve of any technological advancement, of social concern, of permissiveness in education and upbringing.²

In analyzing the suicide rates of Japan, I notice they are very high among young people, while among adults they do not much exceed the average rates of other countries.

The table presented on the following page illustrates this relationship.

Duchac, a French sociologist, in a study on Japanese youth, takes the position that suicide in Japan is youth suicide.

Suicide in Japan is first of all a phenomenon caused by anomic social conditions which affect youth; it is the increase of suicides among youth after World War II which gave to Japan the highest rates on suicides in relation to the other countries.³

¹ The Japan Times, October 2, 1957.


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Duchac substantiates his position by quoting Okasaki's statement,

The shifting of values, personal freedom, social equality, the cessation of that constraint over the individual which the ancient family used to exercise, along with the lack of personal responsibility, give origin to social disorganization and to a state of general de-regulation.\(^1\)

A survey on religious attitudes was conducted among two hundred non-Christian students attending a compulsory class of introduction to the Bible at Sophia University in Tokyo. These are the results:

- 62% were indifferent to religion
- 56% thought religion to be synonym with emotive behavior
- 33% defined religion as an illusion
- 30% identified religion with pragmatism
- 24% identified religion with formalism\(^2\)

A student outlined the situation in the following statement:

1) The economic pressure, with its repercussion on the idea that religion is nothing but an aspect of escapism; 2) The failure of the traditional religions (Buddhism and Shinto), which supports the idea that religion is a formalistic void, at best an element of folklore; and finally 3) The typical phenomenon of post-war Japan of that proliferation of the so called "New Religions," which seem to justify the notion, so prominent among young people, that religion is nothing but a racket or an irrational aberration.\(^3\)

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\(^1\) loc. cit., p. 412, quoting Okasaki, A., *Le Pays du Suicide*, Etude Socio-Statistique, Tokyo. My translation, original text appears in Appendix I.


\(^3\) loc. cit., p. 25.
In summary this discussion on the Japanese household reveals that:

1. Culturally the individual is defined in terms of group solidarity. Consequently, a man's most important duty in life is a steadfast loyalty to the household, which, in turn, becomes to the individual a source of power and security.

2. The post-war period marks the transition from agricultural to industrial-type of subsistence, the passing from family centered values to individualistic aspirations.

3. Specifically of the younger generation is the constant search for philosophical and religious answers to the mystery of existence which are not contained in and explained by the Confucianistic tenets.

The co-existence of these three conditions produce a situation of alienation in the younger generation and at the same time constitute a selective pressure over the totality of social structures of the country.

Ecology of Suicide

Beulah Chamberlain Bosselman observes that family environment is essential in developing the child's potential into a mature person.¹ When a family does not offer the fundamental values that

explain the meaning of existence and give a sense of purpose in life and a feeling of mutual support, the child's evaluation of himself and of the world will be negative.

Over and above the orientative role just discussed, there is another dimension to family living. This consists in the possibility and necessity of the members being able to give freely of each other to each other. This condition is especially present in large families. Bosselman states, "The child's valuation of himself and of the world about him is determined by the position which he can establish within his family circle."¹

A way of operationalizing the dependency relationship in a family circle is to take account of the household density. It is this author's intent to use household density as a measure of integration since it connotes the number of individuals with whom the self relates constantly. I will present a thorough discussion of this measure in connection with the presentation of the hypothesis. By the very fact that this study will be conducted at the national level, rates and not individual cases will be the statistical data used. Since rates are aggregate measures of the variables of concern, it is appropriate here to discuss suicide in an ecological context.

Studies concerned with the spatial distribution of suicide attracted

¹loc. cit., p. 13.
and continue to draw the interest of sociologists both in the U.S.A. and abroad.

Ruth Cavan's research in the city of Chicago, Peter Sainsbury's study in the city of London, and the work of Ronald Maris in Cook County, Illinois are most relevant to this study of suicide.

Ruth Cavan endeavored a detailed case study of a typical metropolitan area during the 1919-1921 period. She divided Chicago into 72 areas, according to distinctive activities and conditions of the population. As a result of the investigation, four suicidal areas were singled out:

1. The Loop
2. The lower North Side
3. The near South Side
4. The West Madison Area

She stated that these suicidal areas were characterized by unattached individuals who usually work at petty jobs, who either are unmarried or not living with the partner. These zones were noted for the absence of children and of neighborhood relationships.

The lower North Side population was composed of:

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4Cavan, op. cit., p. 81.

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52% single men
10% single women
38% married couples

On the average this population moved every four months and about 50 percent of the rooming help moved every six months. The Loop and the near South Side areas revealed a high incidence of divorce.2

Peter Sainsbury, in his 1955 study of London, examined 409 suicide cases against the social areas represented by the city's boroughs. 3 He devised an index of statistical measurement and evaluated each borough in the light of four classes of social data, namely: 4

1. social and economic status
2. social mobility
3. social isolation
4. social disorganization

The research produced evidence that the boroughs which were marked by a high percentage of social isolation were the ones with high suicide rates. 5 The index of social isolation was given by the number of persons living alone, by the number living in boarding

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1 loc. cit., pp. 90-91.
2 loc. cit., p. 92, Map 3.
3 Sainsbury, op. cit., p. 204.
4 loc. cit., p. 205.
5 ibid.
houses and hotels, and by the number of persons employed as lodging housekeepers. A significant correlation was observed between the rates of suicide and the boroughs with a high rate of divorce, illegitimacy, and unemployment.¹

Ronald Maris, as recently as 1968, analyzed the actual cases of suicides for the 1959-63 period in Cook County within an ecological framework focusing on social relationships. His research pointed to the fact that every year the suicide rate of the city of Chicago was higher than that of the rest of Cook County², and that Cook county presented areas of high and low suicidal occurrence.³ He attempted an explanation of this situation and attributed the variations of suicide rates to the presence of socio-cultural traits of an ecological nature.⁴ He was guided in this approach by the study Hendin conducted in Scandinavia and by Durkheim's definition of "social environment." He divided Chicago into 76 community areas according to a homogeneity in community characteristics, and he advanced a theory of social constraint to interpret ecological differences in the distribution of

¹loc. cit., p. 206.
²Maris, op. cit., p. 71.
³loc. cit., p. 137.
⁴loc. cit., p. 76.
suicides.  

His empirical research delineated as areas of high suicide rates:

1. the gold coast area, where a concentration of older population, high income families is the main distinctive social characteristic.

2. the skid row area, where foreign born and population living in substandard housing are present.

3. the suburban area, marked by older population and intellectuals.

At this point I think it is pertinent to ask whether or not these three areas are characterized by the absence of social constraint. It would seem that a contribution from social area analysts is most needed in the approach to the spacial distribution of suicide.

The Chicago school of ecology endeavored a study on the various non-economic factors which are responsible in shaping the relationship between individual and individual, and between individual and institution, in an urban habitat.

Roderick McKenzie believes that competition and selection are two causative factors in shaping the spatial relationship of the urban

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1loc. cit., p. 137.

2loc. cit., pp. 147-152.

population. According to Robert Park, each city is like an organism in which both anabolic and katabolic processes are taking place. In analyzing this metabolic process of growth he establishes the fact that "pulls" of social nature have the power to sift and relocate individuals and groups by residence and occupation. Therefore, he concludes,

It is obvious, then, that the settler type of population, the married couples with children, withdraw from the center of the city, while the more mobile and less responsible adults herd together in the hotel and apartment regions near the heart of the community.

According to Park, the neighborhood is the basis for primary group relationships, but the presence of hotels, apartments, and tenements, indicate that certain urban areas are deprived of primary group interactions, and the people therein are affected by social isolation.

A contribution of vital impact to the study of social structures in the urban habitat was brought about by the effort of Eshref Shevky and Wendell Sell. They formulated a typology to be used as an

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4loc. cit., p. 78. 5loc. cit., p. 96.

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analytic framework for the study of the city of Los Angeles (1949-1952), with the conviction that such a city, for its movement and expansion, is indicative of many cities of the U.S.A. To this aim they devised three constructs: 1) social rank; 2) urbanization, and 3) segregation against which the census tract population was examined and grouped. This analysis was meant to indicate the changes in the distribution of skills, the differentiation of groups and individual relationships, and the redistribution in space and age of the urban population.¹

The index of social rank was given by measures of occupation, education, and rent, while the index of urbanization was measured by statistics of fertility, housetypes, and number of women in the labor force. This latter index was designed to reflect changes in the function and structure of the family.

The hypothesis that the three variables—social rank, urbanization and segregation—were necessary factors to account for differentiation in urban areas was advanced. The hypothesis was supported by the data collected.²

This study is relevant to this paper since it points to the fact that in a city there are districts or census tracts in which there are

¹loc. cit., p. 18.
²loc. cit., p. 18.
distinctive qualities of individuals, manifesting distinctive social behavior. Furthermore, it provides a tool for systematic and comparative investigation of the internal differentiation of urban population.

When evaluating the researches conducted by Cavan, Sainsbury and Maris in the light of the ecological approach advanced by the Chicago school and of the systematic study endeavored by Shevky and Bell, it becomes evident that:

1. cities can be divided into zones having common social characteristics;
2. groups of individuals, manifesting distinctive social behavior flock around particular areas;
3. the settler type of population withdraw from the center of the city, the unattached type of population flocks to the heart of the city;
4. socially unconstraining conditions are present in well-defined areas, namely in the heart of the city;
5. the act of suicide tends to cluster in the zones where socially unconstraining conditions are present.

Ruth Cavan associates suicide with people living in fluctuating neighborhoods, with zones of high incidence of divorce, and with zones of social anonymity. The same position is held by Sainsbury.

... it has been found that certain boroughs ... are more suicide prone ... and that the social characteristics con-
cerned in these differences are a high mobility and social isolation, attributes which diminish community life and preclude a stable social framework by which the individual may orientate himself. ¹

Major Hypothesis

It seems to this author that Maris' theory of social constraint synthesizes and operationalizes the various theories so far discussed, namely, Gibbs' concept of social integration, Halbwachs' concept of social isolation, and Powell's concept of marginal man. Therefore, in formulating my hypothesis, this writer will be guided by the model established by Maris.

In the first part of this chapter I described how Maris' interpretation of Durkheim's anomie and egoism refers essentially to the absence of external constraint. In point of fact he states that external constraint exists when there is a high amount of cohesiveness in social relationships and when these relationships regulate or prescribe the individual. ²

Maris defines integration as the structural aspect of external constraint, connoting the number of interpersonal dependency relationships; and regulation as the normative aspect of external constraint, referring to subordinate-superordinate relationships, indicating thus the existence of power. ³

Maris believes that in an externally constraining social situation, the members of a society or community do not suicide because of structural interdependency or normative regulations. For example, a father, before contemplating suicide, has to think of the repercussion of his action on his wife, children, and elderly parents and relatives. They are meaningful to him because they relate to him through a power dependency relationship. The action of suiciding has a direct influence on these significant others since they are structurally interdependent on each other, and through this interdependency they can satisfy their emotional, social, financial needs. On the contrary, the unattached individual need not break any structural and normative links; his responsibility is restricted essentially to the survival and needs of his very self. He is not faced with the questions, "What will my wife and children do without me? How will they feel about my death? Will my parents need my help and my love during their dependency years?"

Of particular interest to this study are the findings obtained by Frederick Wenz's research in Flint, Michigan. His data support the position that family cohesion is the crucial variable in completed and attempted suicide. The same findings support Durkheim's contention that the presence of children in a family provides a deterrent

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effect on suicide.

**Operational Specification**

If social constraint is positively related to social integration, and if socially integrated people have low rates of suicide, then social constraint is positively related to low suicide rates in the population thereby affected.

On the contrary, if lack of social constraint is positively related to high social isolation, if socially isolated people have high suicide rates, then lack of social constraint is positively related to high suicide rates in the population thereby affected.

Integration and regulation will be operationalized in terms of household density.

**Postulates:**

1. The greater the degree of integration in a social area, the lower the suicide rate.

2. The average household density of a social area varies inversely with the suicide rate of that area.

3. The average household density of a province or prefecture is inversely correlated with the suicide rate of that province or prefecture.
CHAPTER VII

METHODOLOGY

Research Design

In this thesis the general perspective characteristic of the "most different systems" design of comparative inquiry, as described by Przeworski, have been adopted.  

An initial assumption of this design is that systemic factors do not play a major role in explaining observed behavior. If the relationship between independent and dependent variable is the same in each of the two countries examined, then systemic differences can be viewed as not having a major effect on the phenomena being studied. Thus, in this approach, an attempt is made to eliminate less relevant systemic factors.

I recognize that from the general comparative standpoint this is a limited investigation and that the relationships found here might not hold for other national social systems, thus in later studies necessitating a shift to the analysis of systemic factors. The two


\[ ^2 \text{loc. cit., p. 35.} \]

92
national social systems used here, however, have been so selected as to maximize many of the more evident systemic differences, and thus provide quite appropriate data for the "most different systems" design. Italian culture, for instance, contains norms which provide strong negative sanctions against suicide. On the contrary, the Japanese culture is characterized by the presence of the institution of Seppuku which provides cultural support for suicide. Italy shares with the other Western countries the philosophy of individualism and personal achievement; Japan, on the other hand, defines the individual in terms of group solidarity.

This approach of "most different systems" Przeworski contrasts with the "most similar systems" design which is based on the belief that social systems as similar as possible are the best samples for comparative inquiry. In this case, if important differences are found between similar countries, then the differences can be attributed to those few factors which are examined.¹

The aim of the most different systems design is to eliminate as explanatory variables those factors differentiating social systems by "formulating statements that are valid regardless of the systems within which observations are made."²

¹loc. cit., p. 32.
²loc. cit., p. 39.
The following statement from Przeworski outlines the basic continuous strategy of the most different systems design, after the initial formulation and testing of such statements.

As long as these statements continue to be true in all systems, no reference to systemic characteristics is made. As soon as additional statements cannot be validly formulated across systems, however, the hypothesis concerning no difference among systems has to be rejected and the level of analysis is shifted to systemic factors.¹

The Process of Data Gathering

In this section of the chapter a brief description of the data-gathering process will be presented. Census data, aggregate data, were employed in the study. All data were converted into rates and percentages, the position being that this method of computation provides the simplest and most appropriate means of comparison.

The primary statistic selected to test the hypothesis has been the Pearson product moment correlation.

In recent years considerable literature has been published discussing the use of aggregate data and the types of inference permissible when such data are used. It was Robinson's contention that ecological correlations cannot be validly used to deduce individual correlations.² However, Dunkan and Cuzzort state that aggregate

¹ibid.

data and specifically ecological correlations are not simply an inferior substitute for individual correlations.¹ C. L. Taylor suggests that ideally ecological data should be complementary to individual data. Furthermore, Retzlaff lists two advantages to the use of ecological data over the individual observations.

1. Ecological data measure patterns of behavior in areal units. These patterns are not merely a summation of individual behavior but a social entity which derives its identity from the demands and responses present in group interrelationships.

2. Ecological data measure a condition that persists in a social system through time and space. Even though individuals move in or out of a particular areal unit, the new members will be conditioned by and will participate in the structures of the group relationships that qualify that particular areal unit.²

Erwin K. Scheuch³ adds a technical reason to Retzlaff's in not-


³Etzioni-Dubow (Ed.), Comparative Perspectives, Theories and Methods; Scheuch, Erwin K., "Cross-National Comparisons Using Aggregate Data," pp. 365-386.

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ing that ecological data make it possible to abstract and transfer
data and inferences from one areal unit to another so that predictive
tests are possible. It seems, as Scheuch suggests, that the real
difficulty of the problem is not so much in the accuracy or compara­
bility and representativeness of aggregate data per se as to the types
of inferences a researcher intends to draw from them. Territorial
units are a part of social reality, and, as such, can be variables in
the explanation process. But, due to the more indirect relation be­
tween group data and inferences, the number of controls maintained
in testing explanation has to be, other things being equal, greater
than in the case of individual observations.

The position taken here is that aggregate data may predict be­
havior, deriving from group processes in a more all-encompassing
manner than the individual observation. Specifically, the predictive
power of aggregate data, i.e., household density, exemplifies a
function of group behavior, i.e., group cohesion, better than indivi­
dual data could, and consequently it points to the strength of integra­
tion and regulation exercised in a group structure which mitigates
against self-destructive behavior.

In the initial stage of the process of selection of an appropriate
variable, indicators of social isolation such as hospitalization, work­
time lost, unemployment, etc., were examined as possible variables
for use in determining the effects of lack of social constraint upon
suicide rates. It was decided, however, that household density would be the best variable indicating the existence of social constraint for the theoretical reasons discussed in Chapter VI.

In the selection of this variable the problem of time became evident. Suicide, like any other human behavior, is affected by the dimension of time. Over an extended period of time it can be expected that there is a sequence of reactions to stimuli which may predispose a person to suicide. The presence or absence of social constraint can be expected to vary over the period during which stimuli are experienced. It was not possible to acquire data which would take into account this effect of time. The census data here utilized are assumed to represent a possible culmination of an extended period of exposure to stimuli predisposing to suicide and varying degrees of social constraint.

The most recent appropriate available data for Japan were the 1960 census data, and for Italy the 1961 census data.

Throughout this research there was awareness that the concept of constraint or lack of it operates not only in the dimension of time, but it extends to diverse areas of constraint. A rough indication of the social integration of an individual could be obtained by the amount of direct interpersonal dependency relationships one is engaged with. It could be obtained by counting the number of people one is related to in religious, recreational, occupational associa-
tions, for example. Socio-metric analysis could be performed in this context. Since, from the literature surveyed in the previous chapters, it appeared evident that the household is the institution in which the individual more often has his basic dependency needs gratified by significant others, the statistical tests were limited to the composition of the household.

In this study, therefore, it is assumed that the household composition provides data for the examination of significant interpersonal dependency relationships.

One may still raise a question concerning the quality of interpersonal dependency relationships as well as the number of such relationships. A measure of the quality of these relationships would provide a more complete analysis. This qualitative analysis might indicate the likings and dislikings, the position of power of a particular individual in the system, and the role expectation therein related. Therefore, there was the possibility of devising a weighted indicator which would have contributed to a thorough analysis of group relationships, but this would have required quite complicated statistical procedures, and would have required detailed subdivisions of data such as: suicide according to age, marital status, income, occupation and religious preference, which are not available from published census data.

This study does not make any claim beyond the specific terms.
stated in the operational specification; namely, to present a measure of integration and regulation in terms of household density and composition, thus providing an operationalization of the concept of constraint in relation to the rates of suicide for the countries of Japan and Italy.

The Process of Data Analysis

To examine the nature and the degree of relationship between household density and suicide rates, 2 variable and 3 variable tables were employed for the description of the data, and zero order correlations and partial correlations for data analysis were employed. This technique was chosen because, even though it does not permit statements concerning cause and effect, it describes the covariation of the variables.

Expected Findings

From the propositions of the theory, and within the framework of the operational specification, the expectation is that the rates of completed suicide will be higher in those prefectures or regions where the household density is lower and that the rate of completed suicide will be lower where the household density will be higher. However, regions or prefectures defined as rural will have a lower rate of suicide than the prefectures or regions defined as non-rural, the assumption being that a rural household is more often an
extended household, often with the presence of three generations and unpaid family workers.

Regions or prefectures defined as rural and having high density population will have a lower rate of suicide than the prefectures or regions defined as non-rural having high density population.

Definition of Terms:

Household: refers to a group of persons living together and sharing household expenses, or one person who lives by himself and occupies a dwelling house.¹

Rural prefectures and regions: refers to those prefectures and regions in which more of the population is engaged in agriculture.²

Extended family household: refers to a household in which the members representing three generations live together and share both household expenses and income.


²Using the median as an approximate dividing point, rural is designated as the Italian regions having 25 or more persons per 100 of the population engaged in agriculture, and to the Japanese prefectures having 50 or more persons per 100 of the population engaged in the same activity.
Summary

In the first part of this chapter the research design that will be adopted in this thesis--the most different systems approach--was presented, as advanced by Przeworski.

Secondly the process of data gathering was described briefly and the nature of the data employed in the study was discussed.

Next the statistical technique that will be employed to test the hypothesis--correlation analysis--was examined.

Finally the specific findings that are expected to be obtained as a result of this study are stated.
CHAPTER VIII

DISCUSSION OF FINDINGS

Description of Percentage Tables

This section of the chapter intends to describe the relationship between suicide rates and household density in Italy and Japan. A series of tables will be included which will present the mean suicide rate for various categories of areas, i.e.:

1. Regions or prefectures of high household density and high population density per square kilometer.
2. Regions or prefectures of high household density and of low population density per square kilometer.
3. Regions or prefectures of low household density and of high population density per square kilometer.
4. Regions or prefectures of low household density and of low population density per square kilometer.

Table VIII-1 presents the suicide rates of those Italian regions high in household density and high in population density per square kilometer.

Table VIII-2 is a presentation of those Italian regions which are high in household density and low in population density per square kilometer.
TABLE VIII-1

SUICIDE RATES OF ITALIAN REGIONS HIGH IN HOUSEHOLD DENSITY AND HIGH IN Km² DENSITY

<table>
<thead>
<tr>
<th>Regions</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trentino</td>
<td>4.8</td>
</tr>
<tr>
<td>Abruzzi-Molise</td>
<td>3.1</td>
</tr>
<tr>
<td>Puglie</td>
<td>3.3</td>
</tr>
<tr>
<td>Mean</td>
<td>3.7</td>
</tr>
</tbody>
</table>

TABLE VIII-2

SUICIDE RATES OF ITALIAN REGIONS HIGH IN HOUSEHOLD DENSITY AND LOW IN Km² DENSITY

<table>
<thead>
<tr>
<th>Regions</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toscana</td>
<td>6.9</td>
</tr>
<tr>
<td>Umbria</td>
<td>5.7</td>
</tr>
<tr>
<td>Campania</td>
<td>4.9</td>
</tr>
<tr>
<td>Basilicata</td>
<td>4.3</td>
</tr>
<tr>
<td>Calabria</td>
<td>2.5</td>
</tr>
<tr>
<td>Sardegna</td>
<td>5.3</td>
</tr>
<tr>
<td>Mean</td>
<td>4.9</td>
</tr>
</tbody>
</table>

The mean suicide rate of 4.9 per 100,000 indicates an increase over the category presented in Table VIII-1 and a slight difference.
from the overall regional average.

The data of Table VIII-3 also point in the direction indicated by the hypothesis.

**TABLE VIII-3**

**SUICIDE RATES OF ITALIAN REGIONS LOW IN HOUSEHOLD DENSITY AND HIGH IN Km² DENSITY**

<table>
<thead>
<tr>
<th>Regions</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piemonte</td>
<td>9.5</td>
</tr>
<tr>
<td>Liguria</td>
<td>5.0</td>
</tr>
<tr>
<td>Friuli</td>
<td>32.6</td>
</tr>
<tr>
<td>Emilia</td>
<td>7.8</td>
</tr>
<tr>
<td>Lazio</td>
<td>4.6</td>
</tr>
<tr>
<td>Sicilia</td>
<td>4.9</td>
</tr>
<tr>
<td>Mean</td>
<td>10.7</td>
</tr>
</tbody>
</table>

The mean obtained is 10.7 per 100,000 which reveals a marked increase over the mean obtained from Table VIII-2 and an increase over the total regional average of 4.95. Of interest are the data of Table VIII-4 which presents those Italian regions low in household density and low in population density per square kilometer.

The mean of these data is slightly less than that obtained from Table VIII-3, i.e., 9.1 per 100,000 as against 10.7 per 100,000. This seems to indicate that low household density in a crowded area
TABLE VIII-4

SUICIDE RATES OF ITALIAN REGIONS LOW IN HOUSEHOLD DENSITY AND LOW IN Km$^2$ DENSITY

<table>
<thead>
<tr>
<th>Regions</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Val d'Aosta</td>
<td>17.8</td>
</tr>
<tr>
<td>Lombardia</td>
<td>6.8</td>
</tr>
<tr>
<td>Veneto</td>
<td>6.4</td>
</tr>
<tr>
<td>Marche</td>
<td>5.5</td>
</tr>
<tr>
<td>Mean</td>
<td>9.1</td>
</tr>
</tbody>
</table>

is more positively related to the incidence of suicide than low household density in a sparsely inhabited area. It seems correct to infer that crowded conditions in an area of low social constraint bring about a high incidence of self-destructive behavior.

Analysis of the Japanese prefectures discloses a parallel trend in the overall categorizations.

Table VIII-5 presents the suicide rates of those Japanese prefectures high in household density and high in population density per square kilometer.

The mean suicide rate of 18.5 for these prefectures is considerably lower than the 20.95 per 100,000 mean which is characteristic of the total prefectures.

The data in Table VIII-6 are illustrative of the expected trend.
TABLE VIII-5

SUICIDE RATES OF JAPANESE PREFECTURES HIGH IN HOUSEHOLD DENSITY AND HIGH IN Km$^2$ DENSITY

<table>
<thead>
<tr>
<th>Prefectures</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akita</td>
<td>15.3</td>
</tr>
<tr>
<td>Ibaraki</td>
<td>16.3</td>
</tr>
<tr>
<td>Tochigi</td>
<td>14.3</td>
</tr>
<tr>
<td>Gumma</td>
<td>19.3</td>
</tr>
<tr>
<td>Saltama</td>
<td>22.5</td>
</tr>
<tr>
<td>Chiba</td>
<td>17.9</td>
</tr>
<tr>
<td>Toyama</td>
<td>23.6</td>
</tr>
<tr>
<td>Ishikawa</td>
<td>18.3</td>
</tr>
<tr>
<td>Saga</td>
<td>20.4</td>
</tr>
<tr>
<td>Nagasaki</td>
<td>18.7</td>
</tr>
<tr>
<td>Kumamoto</td>
<td>17.2</td>
</tr>
<tr>
<td>Mean</td>
<td>18.5</td>
</tr>
</tbody>
</table>

It is a presentation of the suicide rate of those prefectures which are high in household density and low in population density per square kilometer.

The mean obtained is 19.7 per 100,000 which indicates an increase over the category presented in Table VIII-5 and which is still less than the overall prefectural average.
Table VIII-7 is a categorization of those prefectures low in household density and high in population density.

The mean obtained is 22.1 per 100,000. This mean is greater than the overall prefectural mean, but it is worth noticing that this does not represent as great an increase as found with the Italian.
TABLE VIII-7
SUICIDE RATES OF JAPANESE PREFECTURES LOW IN HOUSEHOLD DENSITY AND HIGH IN Km² DENSITY

<table>
<thead>
<tr>
<th>Prefectures</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tokyo</td>
<td>17.2</td>
</tr>
<tr>
<td>Kanagawa</td>
<td>21.4</td>
</tr>
<tr>
<td>Aichi</td>
<td>24.5</td>
</tr>
<tr>
<td>Mie</td>
<td>22.2</td>
</tr>
<tr>
<td>Kyoto</td>
<td>24.8</td>
</tr>
<tr>
<td>Osaka</td>
<td>26.8</td>
</tr>
<tr>
<td>Hyogo</td>
<td>26.7</td>
</tr>
<tr>
<td>Okayama</td>
<td>22.1</td>
</tr>
<tr>
<td>Hiroshima</td>
<td>16.3</td>
</tr>
<tr>
<td>Yamaguchi</td>
<td>23.4</td>
</tr>
<tr>
<td>Kagawa</td>
<td>18.3</td>
</tr>
<tr>
<td>Ehime</td>
<td>22.4</td>
</tr>
<tr>
<td>Fukuoka</td>
<td>21.6</td>
</tr>
<tr>
<td>Mean</td>
<td>22.1</td>
</tr>
</tbody>
</table>

data. Such a difference may be attributable to cultural factors and could be explained by Ezra F. Vogel's research on kinship structure and migration to the city. According to this researcher the process of urbanization in Japan is the result of careful planning on
behalf of the extended household and of the nuclear urban family. This gradual process of financial and social interdependency eliminates in part the urban slum area which is characterized by lack of social constraint.¹

Table VIII-8 presents the categorization of those Japanese pre-

TABLE VIII-8
SUICIDE RATES OF JAPANESE PREFECTURES LOW IN HOUSEHOLD DENSITY AND LOW IN Km² DENSITY

<table>
<thead>
<tr>
<th>Prefectures</th>
<th>Suicide Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ishikawa</td>
<td>18.3</td>
</tr>
<tr>
<td>Fukui</td>
<td>17.5</td>
</tr>
<tr>
<td>Nagano</td>
<td>22.9</td>
</tr>
<tr>
<td>Shiga</td>
<td>21.6</td>
</tr>
<tr>
<td>Nara</td>
<td>25.9</td>
</tr>
<tr>
<td>Wakayama</td>
<td>24.9</td>
</tr>
<tr>
<td>Tokushima</td>
<td>22.3</td>
</tr>
<tr>
<td>Kochi</td>
<td>22.2</td>
</tr>
<tr>
<td>Miyazaki</td>
<td>19.9</td>
</tr>
<tr>
<td>Kagoshima</td>
<td>19.1</td>
</tr>
<tr>
<td>Mean</td>
<td>21.5</td>
</tr>
</tbody>
</table>

fectures which are low in household density and low in square kilometer density. Interestingly enough, this table reveals the trend verified in the Italian regions.

The mean of this categorization is slightly less than the mean obtained from Table VIII-7, i.e., 21.5 per 100,000 as against 22.1 per 100,000. It seems safe to repeat the same observation introduced to explain the results of Tables VIII-3 and VIII-4, namely that low household density in a crowded area presents a higher incidence of self-destructive action than a low household condition in a sparsely inhabited area.

Summary

The means presented in Tables VIII-1 through VIII-8 support the predictions advanced in Chapter VII for both countries, namely that:

1. Regions or prefectures of high household density and of high population density have a low suicide rate mean in relation to the overall mean.

2. Regions or prefectures of high household density and low population density have a higher suicide rate mean than category 1, but slightly less than the overall regional and prefectural mean.

3. Regions or prefectures of low household density and high population density have a considerably high suicide rate
mean in relation to the overall regional and prefectural mean.

4. Regions or prefectures of low household density and of low population density have a high mean suicide rate in relation to the overall regional mean, but less than the mean of category 3.

These findings suggest that the condition of social constraint is greatest when both household and population density combine in constraining the individual.

Discussion of 2 and 3 Variable Tables

This discussion will be divided into two parts: the first part will be dealing with Italian households and the second will be dealing with Japanese households.

To indicate the trend of relationship between the independent variable, ordinary household average density, and the dependent variable, suicide rate by region, a two variable table was devised. Using a median as approximate dividing point, high household density is 3.9 or more and high suicide rate is 5.0 per 100,000. The number in each cell of the table indicates the number of regions or prefectures possessing the characteristics described in the table, the percentages indicate the proportion of such areas with high or low suicide rates.
TABLE VIII-9

HOUSEHOLD DENSITY AS RELATES TO SUICIDE IN ITALY, 1961

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Household Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low 30%</td>
</tr>
<tr>
<td></td>
<td>High 67%</td>
</tr>
<tr>
<td>High</td>
<td>Low 70%</td>
</tr>
<tr>
<td></td>
<td>High 33%</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Household Density are as follows:

<table>
<thead>
<tr>
<th>Household Density</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>High ≥ 3.9 people</td>
<td>High ≥ 5 per 100,000</td>
</tr>
<tr>
<td>Low ≤ 3.8 people</td>
<td>Low ≤ 4.9 per 100,000</td>
</tr>
</tbody>
</table>

The cells of Table VIII-9 indicate the following relationship:

a. 70 percent of regions having low household density are high in suicide rates, while 33 percent of regions having high household density are high in suicide incidence.

Table VIII-10 has the specific aim of disclosing to the reader the relationship of rurality to suicide rates.
# TABLE VIII-10

RURAL AND NON-RURAL RESIDENCE AS RELATES TO SUICIDE IN ITALY, 1961

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Rural Residence</th>
<th>Non-Rural Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>5 50%</td>
<td>4 44%</td>
</tr>
<tr>
<td>High</td>
<td>5 50%</td>
<td>5 56%</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Rurality are as follows:

<table>
<thead>
<tr>
<th>Rurality</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural $\geq 0.26$ of population engaged in agriculture</td>
<td>High $\geq 5$ per 100,000</td>
</tr>
<tr>
<td>Non-Rural $\leq 0.25$ of population engaged in agriculture</td>
<td>Low $&lt; 4.9$ per 100,000</td>
</tr>
</tbody>
</table>

In analyzing the percentages obtained, it is evident that rurality is not a crucial variable for the regions of Italy in relation to suicidal occurrences. In fact, both rural regions and urban regions have a 50 percent representation in the low suicide incidence. A slight difference appears when non-rurality is examined, but this is not too striking. It is of interest to this study to examine whether or not the relationship between household density and suicide rates holds in rural and non-rural areas. To this aim I will include a 3 variable table.
TABLE VIII-11

PERCENT OF REGIONS HAVING HIGH RATES OF SUICIDE BY HOUSEHOLD DENSITY AND RURAL, NON-RURAL RESIDENCE IN ITALY, 1961

<table>
<thead>
<tr>
<th>Household Density</th>
<th>Non-Rural</th>
<th></th>
<th></th>
<th>Rural</th>
<th></th>
<th></th>
<th></th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
<td>71%</td>
<td>5/7</td>
<td>0%</td>
<td>0/2</td>
<td>56%</td>
<td>5/9</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
<td>67%</td>
<td>2/3</td>
<td>43%</td>
<td>3/7</td>
<td>50%</td>
<td>5/10</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
<td>70%</td>
<td>7/10</td>
<td>33%</td>
<td>3/9</td>
<td>53%</td>
<td>10/19</td>
<td></td>
</tr>
</tbody>
</table>

Categorization for Household Density, Rurality, and Suicide are as follows:

<table>
<thead>
<tr>
<th>Household Density</th>
<th>Rurality</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>High ≥ 3.9 people</td>
<td>Rural ≥ .26 of population engaged in agriculture</td>
<td>High ≥ 5 per 100,000</td>
</tr>
<tr>
<td>Low ≤ 3.8 people</td>
<td>Non-Rural ≤ .25 of population engaged in agriculture</td>
<td>Low ≤ 4.9 per 100,000</td>
</tr>
</tbody>
</table>

After examining Table VIII-11, we see that 71 percent of the regions with low household density, characterized as non-rural, are high in suicide incidence in contrast with the situation where we have 43 percent of the regions with high household density, characterized as rural, which are high in suicide incidence. In the overall picture it appears that household density has a stronger negative relationship to suicide than rurality.

If the analysis is extended to the independent variable of popu-
lation density per square kilometer and the dependent variable of suicide rates with reference to Table VIII-12, the following relationship can be observed:

**TABLE VIII-12**

**POPULATION DENSITY PER SQUARE KILOMETER AS RELATES TO SUICIDE IN ITALY, 1961**

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Km$^2$ Density</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Low</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>67%</td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Population Density per square kilometer are as follows:

<table>
<thead>
<tr>
<th>Km$^2$ Density</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>High $\geq 150$ population per Km$^2$</td>
<td>High $\geq 5$ per 100,000</td>
</tr>
<tr>
<td>Low $\leq 149$ population per Km$^2$</td>
<td>Low $\leq 4.9$ per 100,000</td>
</tr>
</tbody>
</table>

Here we note that 70 percent of regions low in population density are high in suicide incidence as against 33 percent of the regions densely inhabited which are high in suicide incidence. It seems that physical closeness has a constraining effect on the individual and, other things being equal, produces a deterrent force on self-destructive action. At this point it is fitting to examine the
relationship of household density and population density to the rates of suicide.

A 3 variable table will be presented to see which kind of relation exists between household density and suicide rates in respect to population density.

### TABLE VIII-13

PERCENT OF REGIONS HAVING HIGH RATES OF SUICIDE BY HOUSEHOLD DENSITY AND POPULATION DENSITY PER SQUARE KILOMETER IN ITALY, 1961

<table>
<thead>
<tr>
<th>Population Density per Km²</th>
<th>Household Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>4/4</td>
<td>100% 3/6 50%</td>
</tr>
<tr>
<td>3/0</td>
<td>50% 0/3 0%</td>
</tr>
<tr>
<td>7/10</td>
<td>70% 3/9 33%</td>
</tr>
<tr>
<td></td>
<td>70% 3/9 33%</td>
</tr>
<tr>
<td></td>
<td>53% 10/9 53%</td>
</tr>
</tbody>
</table>

Categorization for Household Density, Population Density, and Suicide are as follows:

- **Household Density**
  - High \( \geq 3.9 \) people
  - Low \( \leq 3.8 \) people

- **Population Density**
  - High \( \geq 150 \) population per Km²
  - Low \( \leq 149 \) population per Km²

- **Suicide**
  - High \( \geq 5 \) per 100,000
  - Low \( \leq 4.9 \) per 100,000

Table VIII-13 discloses that 100 percent of those regions characterized as sparsely populated and as having low household density are high in suicide rates in contrast to the situation where we have...
no regions characterized as densely populated and as having high household density, high in suicide rate. From this table it appears that population density and household density are both related negatively to suicide incidence.

If the same study were conducted over the Japanese prefectures, in the overall scheme the trend established in the Italian regions can be observed.

To establish the relationship between Japanese households and the rates of suicide 2 and 3 variable tables will be utilized. Using a median as approximate dividing point, the high household density for Japan is 4.7 or more and high suicide rate is 21 per 100,000 persons. To examine the above relationship Table VIII-14 was prepared.

**TABLE VIII-14**

**HOUSEHOLD DENSITY AS RELATED TO SUICIDE IN JAPAN 1960**

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Household Density</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Low</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>High</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>70%</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Household Density are as follows:
Household Density | Suicide
---|---
High ≥ 4.7 people | High ≥ 21 per 100,000
Low ≤ 4.6 people | Low ≤ 20.9 per 100,000

The cells of this table indicate that 35 percent of prefectures characterized by high household density are high in suicide occurrence in contrast to 70 percent of prefectures, characterized by low household density, which are high in suicide incidence. Therefore, this relationship is in agreement with previous findings which pointed to a strong negative relationship between household density and suicide.

It is of interest to this study to analyze the relationship of rurality to suicide occurrence. To this purpose Table VIII-15 is presented.

**TABLE VIII-15**

RURAL AND NON-RURAL RESIDENCE AS RELATES TO SUICIDE IN JAPAN, 1960

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Rural Residence</th>
<th>Non-Rural Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>12 67%</td>
<td>10 36%</td>
</tr>
<tr>
<td>High</td>
<td>6 33%</td>
<td>18 64%</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Rurality are as follows:

<table>
<thead>
<tr>
<th>Rurality</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural ≥ .50 of population engaged in agriculture</td>
<td>High ≥ 21 per 100,000</td>
</tr>
<tr>
<td>Non-Rural ≤ .49 of population engaged in agriculture</td>
<td>Low ≤ 20.9 per 100,000</td>
</tr>
</tbody>
</table>

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From the percentage obtained it is evident that rurality in Japan is relevant in establishing a trend in suicide occurrence, 67 percent of rural prefectures are low in suicide rates as in contrast to 36 percent of non-rural regions which are low in suicide rate. This relationship is peculiar to Japan since the Italian data presented a 50 percent occurrence in both categories. It is fitting now to further our analysis so as to discover whether or not the relationship between household density and suicide rates holds in rural and non-rural prefectures. At this point a 3 variable table will be included.

**TABLE VIII-16**

PERCENT OF PREFECTURES HAVING HIGH RATES OF SUICIDE BY HOUSEHOLD DENSITY AND RURAL, NON-RURAL RESIDENCE IN JAPAN, 1960

<table>
<thead>
<tr>
<th>Household Density</th>
<th>Non-rural</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>13/17</td>
<td>3/6</td>
</tr>
<tr>
<td>High</td>
<td>5/11</td>
<td>3/12</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>16/23</td>
<td>8/23</td>
</tr>
<tr>
<td>High</td>
<td>18/28</td>
<td>24/46</td>
</tr>
</tbody>
</table>

Categorization for Household Density, Rurality and Suicide are as follows:

<table>
<thead>
<tr>
<th>Household Density</th>
<th>Rurality</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>High ≥ 4.7 people</td>
<td>Rural ≥ .50 of population engaged in agriculture</td>
<td>High ≥ 21 per 100,000</td>
</tr>
<tr>
<td>Low ≤ 4.6 people</td>
<td>Non-rural ≤ .49 of population engaged in agriculture</td>
<td>Low ≤ 20.9 per 100,000</td>
</tr>
</tbody>
</table>
Table VIII-16 indicates that the expected trend is constant: 77 percent of prefectures with low household density, characterized as non-rural, are high in suicide incidence in contrast to the situation where we have 46 percent of the prefectures with high household density characterized as non-rural, high in suicide incidence. Similarly, in the rural prefectures 50 percent of those with low household density have high suicide rates, while 25 percent of those with high household density have high suicide rates. In the overall picture it appears that both household density and rurality in Japan have a strong negative relationship to suicide.

If the analysis is extended to the independent variable of population density per square kilometer and the dependent variable of suicide rates with reference to Table VIII-17, the following relationship is observed.

**TABLE VIII-17**

**POPULATION DENSITY PER SQUARE KILOMETER AS RELATES TO SUICIDE IN JAPAN, 1960**

<table>
<thead>
<tr>
<th>Suicide</th>
<th>Km² Density</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>12</td>
<td>55%</td>
<td>10</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>45%</td>
<td>14</td>
</tr>
</tbody>
</table>

Categorization for Suicide Rates and Population Density per square kilometer are as follows:
Km$^2$ Density | Suicide
--- | ---
High $\geq$ 24 population per Km$^2$ | High $\geq$ 21 per 100,000
Low $\leq$ 23 population per Km$^2$ | Low $\leq$ 20.9 per 100,000

We notice that 55 percent of prefectures, low in population density, are low in suicide incidence as against 58 percent of the prefectures, high in population density, which are high in suicide incidence. From this table it appears that physical closeness of itself is not as crucial in suicide occurrence as it relates to the prefectures of Japan. It seems, in this context, that it is fitting to extend our analysis to the relationship of household density and population density as they relate to the incidence of suicide. Thus, a 3 variable table is presented.

**TABLE VIII-18**

PERCENT OF PREFECTURES HAVING HIGH RATES OF SUICIDE BY HOUSEHOLD DENSITY AND POPULATION DENSITY PER SQUARE KILOMETER IN JAPAN, 1960

| Population Density per Km$^2$ | Household Density | 
|---|---|---|---|---|
| Low | High | Low | High | 
| 6/10 | 10/13 | 4/12 | 4/11 | 33% | 36% | 10/22 | 14/24 | 45% | 58% |
| 16/23 | 16/23 | 70% | 70% | 8/23 | 8/23 | 35% | 35% | 24/46 | 24/46 | 52% | 52% |

Categorization for Household Density, Population Density, and Suicide are as follows:

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Table VIII-18 discloses that 77 percent of those prefectures characterized as densely populated and having low household density are high in suicide rates in contrast to the situation where we have a 36 percent of prefectures characterized as densely populated and as having high household density, high in suicide rate. A similar difference is evident for the low population density prefectures, indicating the persistence of a negative relationship between household density and suicide under varying conditions of population density.

Summary

In retrospect it can be stated that the findings support the overall theoretical scheme, i.e.:

1. Household density of a region or prefecture is related to the suicide rate of that particular region or prefecture.

2. Rurality, in general, is related to the suicide rate of a particular region or prefecture. This relationship is more evident in Japan than in Italy.

3. Population density in the overall scheme is related to the suicide rate of a particular region or prefecture.
relationship is more evident in Italy than in Japan.

Correlation Analysis

The Pearson product moment correlation coefficient for the regions of Italy produces a -.63 relationship between average household density and suicide rates and for the prefectures of Japan produces a -.33 relationship between the average household density and suicide rates.

Of importance here is the fact that both relationships are negative and both point to the direction indicated by the hypothesis, even though the Japanese data present a lower index of correlation than the Italian data.

It seems pertinent at this point to discuss the relationship between household composition and suicide since relationships of mean averages often mask substantial variations in the distribution.

Reference to Tables VIII-19 and VIII-20 indicate that the product moment correlations between household density and suicide for the countries of Italy and Japan are generally as predicted. The percentage of one member households presents a positive relationship to suicide: Italian households +.55, Japanese households +.12.

A positive correlation is maintained for the Italian households up to the three member household density (+.57) and for the Japanese up to the five member household density (+.16). The four member households in Italy mark the inversion of the relationship to suicide.
The five member household density presents the strongest negative correlation to suicide (-.66), even though the six member and above household density maintains a significant negative correlation (-.63).

The Japanese data follow the same trend: a negative correlation is established with the six member household (-.17) and this trend is maintained throughout the eleven member household density. Of interest is the fact that the eight member households present the strongest negative correlation to suicide (-.41). In summary, the analysis of the data discloses that the average household density of a social area varies inversely with the suicide rate of that area.

Therefore, since we have operationalized integration and regulation in terms of household density, we can deduce that the greater the degree of integration and regulation, i.e., household density, the lower the suicide rate.

**Partial Correlation Analysis**

It has been demonstrated in the previous analysis that rural and non-rural density and density per square kilometer are both related to suicide rate. The major concern of this study, however, is the relation of household density to suicide. The partial correlation analysis undertaken here is an attempt to see whether or not household density is related to suicide rate if the influence of the other two correlated variables is controlled. By referring to
### TABLE VIII-19

**ITALY 1961**

**INTERCORRELATIONS ACCORDING TO HOUSEHOLDS COMPOSITION**

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<thead>
<tr>
<th></th>
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<th>5</th>
<th>6 and above</th>
<th>Suicide</th>
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<tbody>
<tr>
<td>(\bar{X})</td>
<td>1.00</td>
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<td>1</td>
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<td>-.07</td>
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<tr>
<td>5</td>
<td></td>
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<td>-.61</td>
<td>-.56</td>
<td>-.50</td>
<td>.59</td>
<td>1.00</td>
</tr>
<tr>
<td>6 and above</td>
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<td>.95</td>
<td>-.57</td>
<td>-.65</td>
<td>-.75</td>
<td>.17</td>
<td>.88</td>
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<tr>
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<td>.55</td>
<td>.56</td>
<td>.57</td>
<td>-.21</td>
<td>-.66</td>
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# TABLE VIII-20

**INTERCORRELATIONS ACCORDING TO HOUSEHOLD COMPOSITION, JAPAN 1960**

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<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>Suicide</th>
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<td></td>
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<tr>
<td>1</td>
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<td>1.00</td>
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<td>1.00</td>
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<td></td>
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<td>5</td>
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<td>-0.41</td>
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<td>0.33</td>
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<td>6</td>
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<td>9</td>
<td>0.92</td>
<td>-0.67</td>
<td>-0.70</td>
<td>-0.80</td>
<td>-0.84</td>
<td>-0.27</td>
<td>0.38</td>
<td>0.81</td>
<td>0.97</td>
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<tr>
<td>10</td>
<td>0.87</td>
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<td>-0.63</td>
<td>-0.72</td>
<td>-0.82</td>
<td>-0.37</td>
<td>0.26</td>
<td>0.72</td>
<td>0.92</td>
<td>0.98</td>
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<tr>
<td>11</td>
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<td>-0.49</td>
<td>-0.51</td>
<td>-0.58</td>
<td>-0.73</td>
<td>-0.44</td>
<td>0.12</td>
<td>0.57</td>
<td>0.81</td>
<td>0.92</td>
<td>0.97</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Suicide</strong></td>
<td>-0.33</td>
<td>0.12</td>
<td>0.21</td>
<td>0.41</td>
<td>0.51</td>
<td>-0.16</td>
<td>-0.17</td>
<td>-0.35</td>
<td>-0.41</td>
<td>-0.40</td>
<td>-0.35</td>
<td>-0.27</td>
</tr>
</tbody>
</table>
# TABLE VIII-21

INTERCORRELATIONS OF HOUSEHOLD COMPOSITION RATES AND SUICIDE RATES, ITALY 1961 - JAPAN 1960

<table>
<thead>
<tr>
<th></th>
<th>Italy</th>
<th>Japan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average persons per ordinary households</td>
<td>-.63</td>
<td>-.33</td>
</tr>
<tr>
<td>Percentage of 1 member households</td>
<td>.55</td>
<td>.12</td>
</tr>
<tr>
<td>Percentage of 2 member households</td>
<td>.56</td>
<td>.21</td>
</tr>
<tr>
<td>Percentage of 3 member households</td>
<td>.57</td>
<td>.41</td>
</tr>
<tr>
<td>Percentage of 4 member households</td>
<td>.21</td>
<td>.51</td>
</tr>
<tr>
<td>Percentage of 5 member households</td>
<td>-.66</td>
<td>.16</td>
</tr>
<tr>
<td>Percentage of 6 member households</td>
<td>-.63</td>
<td>-.17</td>
</tr>
<tr>
<td>Percentage of 7 member households</td>
<td>-.35</td>
<td></td>
</tr>
<tr>
<td>Percentage of 8 member households</td>
<td>-.41</td>
<td></td>
</tr>
<tr>
<td>Percentage of 9 member households</td>
<td>-.40</td>
<td></td>
</tr>
<tr>
<td>Percentage of 10 member households</td>
<td>-.35</td>
<td></td>
</tr>
<tr>
<td>Percentage of 11 member households</td>
<td>-.27</td>
<td></td>
</tr>
<tr>
<td>Number of persons per square kilometers</td>
<td>.22</td>
<td>.06</td>
</tr>
<tr>
<td>Percentage of rural population</td>
<td>-.55</td>
<td>-.40</td>
</tr>
</tbody>
</table>
GRAPH VIII-1

ITALIAN AND JAPANESE COVARIATION IN A HOUSEHOLD DENSITY-SUICIDE RATES INTERCORRELATION

Legend:
- X  Households composition
- Y  Suicide rates
- --- Japanese covariation
- --- Italian covariation

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Appendix I and Appendix J, one can see that the partial correlation coefficient for Italy is -.45 and for Japan is -.25. The choice of the control variables, population density and rural household density has been prompted by the belief that differently composed households are located in rural areas and urban areas. With reference to the literature discussed in Chapter II and VI, it can be stated that the rural household of Japan and Italy is more likely than the urban household to be an extended household, where the effect of constraint in the form of regulation is operative. The measure of population density has been chosen because it suggests a gross measure of social interrelationship, since in a densely populated area the members of households have the opportunity to interrelate with other members of neighboring households. Therefore, by controlling the effects of rural conditions and physical closeness, we obtain a more accurate correlation of the dependent to the independent variable, namely suicide rate to household density.

On the other hand, with reference to Appendices I and J, by holding constant household density and population density, the coefficient of partial correlation for rural population density and suicide rates is -.15 for Italy and -.47 for Japan. Both values indicate the general trend hypothesized in Chapter VII.

Of particular interest is the index of population density if we examine the two countries separately: Italy presents a very low
correlation of -.15, while Japan indicates a -.40 relationship. 

This relationship between household density and suicide and rurality and suicide accounts for the fact that of the five highly rural, densely populated prefectures in Japan only one has a high suicide rate.

Summary

A. The findings obtained support the overall theoretical scheme, namely that:

1. The average household density of a social area varies inversely with the suicide rate of that area.

2. The average household density of a region or prefecture is inversely correlated with the suicide rate of that region or prefecture.

B. The findings generally support the specific prediction advanced in Chapter VII, namely that:

1. The data on the distribution of households of each size generally support the theoretical propositions and suggest that in Italy the optimum household density for deterring suicide is approximately 5-6 persons, while in Japan the comparable size of household is approximately 8-9 persons.

2. The prefectural and regional data support the theoretically derived hypothesis.
3. The rural and urban data are interpreted as providing additional support for the hypothesis.

Contribution

The basic contribution of this thesis to the field of suicidology consists in the utilization of an ecological perspective toward suicide with a major emphasis on the structural context within which suicide is performed. In particular, this study is unique in that it tested the relationship between external constraint and suicide within different cultural situations, and it provides support for the universality of the proposed relationship between external constraint and suicide. In addition, this thesis lends support to the validity of the operationalization of external constraint in the form of household density and supports the effectiveness of this measure as a variable to be used in the study of suicide.

As a more general contribution to knowledge this thesis raises some questions as to the necessarily disastrous consequences of population density which are sometimes suggested in discussions of ecology and population.

Limitations and Suggestions for Further Research

This thesis did not attempt to present a comprehensive study on suicide; the effort was directed to disclose the effect of social structures upon the general propensity of the population in a social
area to suicide.

1. In this thesis rurality was used as an indirect indicator of regulation when operationalized in the form of generational composition. Further research should be done to test more directly the relationship of the variable of generational composition to suicide.

2. The data which were available for use in this thesis were for rather large social areas. Additional research should be carried out for smaller sub-areas within the same national social systems to determine if the same relationships characterize such units. For instance, the results of this thesis suggest that within some national social systems the effects of constraint in rural areas may be different from such effects in urban areas.

3. An attempt should be made to conduct a survey of households in a specific area to test whether or not ecological fallacy holds, i.e., whether or not high individual density households have a low number of persons committing suicide.

4. It can be suggested that further studies be conducted to analyze the relationship between age composition and household density in relationship to suicide rates to see whether larger households are formed primarily through combined generations, or tend to have more children, who generally
do not contribute to the suicide rate.

5. An attempt should be made to determine if the factors found to be associated with suicide in this thesis are also factors associated with the decline in suicide rates in the countries examined in recent years.
# APPENDIX A

### HOUSEHOLD DENSITY COMPOSITION ACCORDING TO REGIONS, ITALY 1961

<table>
<thead>
<tr>
<th>Region</th>
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<th>3</th>
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<th>5</th>
<th>6 and over</th>
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<tr>
<td>Piemonte</td>
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<td>25.89</td>
<td>26.39</td>
<td>17.29</td>
<td>7.82</td>
<td>5.82</td>
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<tr>
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<td>20.65</td>
<td>10.82</td>
<td>9.66</td>
</tr>
<tr>
<td>Lombardia</td>
<td>12.98</td>
<td>17.82</td>
<td>18.61</td>
<td>19.46</td>
<td>13.29</td>
<td>17.83</td>
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<tr>
<td>Trentino</td>
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<td>15.69</td>
<td>19.85</td>
<td>21.76</td>
<td>14.97</td>
<td>20.07</td>
</tr>
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<td>20.69</td>
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<td>20.27</td>
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<tr>
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<td>21.82</td>
<td>12.52</td>
<td>11.66</td>
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<td>22.95</td>
<td>22.69</td>
<td>13.99</td>
<td>17.06</td>
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<tr>
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<td>15.46</td>
<td>21.23</td>
<td>22.54</td>
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<td>18.19</td>
</tr>
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<td>Lazio</td>
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<td>22.56</td>
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<td>12.79</td>
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<td>25.90</td>
<td>27.84</td>
<td>19.28</td>
<td>22.73</td>
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<td>19.00</td>
<td>20.90</td>
<td>22.63</td>
<td>17.82</td>
<td>27.87</td>
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<td>19.15</td>
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<td>20.99</td>
</tr>
<tr>
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<td>17.61</td>
<td>18.98</td>
<td>19.97</td>
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<td>18.38</td>
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### APPENDIX B

**HOUSEHOLD DENSITY COMPOSITION ACCORDING TO PREFECTURES, JAPAN 1960**

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<td>9</td>
<td>10</td>
<td>11</td>
<td></td>
</tr>
<tr>
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<td>11.60</td>
<td>16.21</td>
<td>19.02</td>
<td>17.15</td>
<td>12.95</td>
</tr>
<tr>
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<td>8.59</td>
<td>5.19</td>
<td>2.79</td>
<td>1.41</td>
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APPENDIX E

PERCENTAGE OF RURAL POPULATION AND SUICIDE RATES
ITALY, 1961

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**JAPAN, 1960**

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### APPENDIX G

**POPULATION DENSITY AND SUICIDE RATES, ITALY 1961**

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# APPENDIX H

POPULATION DENSITY AND SUICIDE RATES, JAPAN 1960

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<td>17.16</td>
</tr>
<tr>
<td>44. Oita</td>
<td>20</td>
<td>18.30</td>
</tr>
<tr>
<td>45. Miyazaki</td>
<td>15</td>
<td>19.98</td>
</tr>
<tr>
<td>46. Kagoshima</td>
<td>21</td>
<td>19.12</td>
</tr>
</tbody>
</table>
**APPENDIX I**

**ITALY 1961**

The Number of Observations = 19  
The Number of Variables = 4

Dependent Variable - Suicide Rates

<table>
<thead>
<tr>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>3.7</td>
</tr>
<tr>
<td>Population Density</td>
<td>163.5</td>
</tr>
<tr>
<td>Rural Density</td>
<td>.26</td>
</tr>
<tr>
<td>Suicide Rate</td>
<td>7%</td>
</tr>
</tbody>
</table>

Partial Correlation Coefficients with Suicide

- Household Density: -.45
- Population Density per Km$^2$: -.10
- Rural Population Density: -.15

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APPENDIX J

JAPAN 1960

The Number of Observations = 46
The Number of Variables = 4

Dependent Variable - Suicide

<table>
<thead>
<tr>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Density</td>
<td>4.6</td>
</tr>
<tr>
<td>Population Density</td>
<td>45.7</td>
</tr>
<tr>
<td>Rural Density</td>
<td>.44</td>
</tr>
<tr>
<td>Suicide Rate</td>
<td>8%</td>
</tr>
</tbody>
</table>

Partial Correlation Coefficients with Suicide

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Density</td>
<td>-.23</td>
</tr>
<tr>
<td>Population Density per Km²</td>
<td>-.40</td>
</tr>
<tr>
<td>Rural Population Density</td>
<td>-.47</td>
</tr>
</tbody>
</table>

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APPENDIX K
ITALY 1961

INTERCORRELATIONS

The Number of Observations = 19
The Number of Variables = 4

<table>
<thead>
<tr>
<th></th>
<th>Household Density</th>
<th>Km² Density</th>
<th>Rural Population</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Density</td>
<td>1.00</td>
<td>-0.02</td>
<td>0.59</td>
<td>0.63</td>
</tr>
<tr>
<td>Km² Density</td>
<td></td>
<td>1.00</td>
<td>-0.56</td>
<td>0.21</td>
</tr>
<tr>
<td>Rural Population</td>
<td></td>
<td></td>
<td></td>
<td>-0.55</td>
</tr>
</tbody>
</table>

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APPENDIX L
JAPAN 1960

INTERCORRELATIONS

The Number of Observations = 46
The Number of Variables = 4

<table>
<thead>
<tr>
<th></th>
<th>Household Density</th>
<th>Km² Density</th>
<th>Rural Population</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Density</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Km² Density</td>
<td>-0.45</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Population</td>
<td>0.51</td>
<td>-0.73</td>
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<tr>
<td>Suicide</td>
<td>-0.53</td>
<td>0.06</td>
<td>-0.40</td>
<td>1.00</td>
</tr>
</tbody>
</table>

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APPENDIX M

Duchac, Rene, "Suicide au Japon, Suicide à la Japonnaise." Revue Francaise de Sociologie, V, 1964

"On peut donc affirmer que le suicide, au Japon, est avant tout un phénomène de désadaptation sociale qui affecte la jeunesse et que c'est l'augmentation du taux des suicides de jeunes qui a donné au Japon, après la deuxième guerre mondiale, le premier rang dans les statistiques internationales relatives à ce phénomène."

p. 406

"Suicide in Japan is first of all a phenomenon caused by anomic social conditions which affect youth; it is the increase of suicides among youth after World War II which gave to Japan the highest rates of suicides in relation to the other countries."

p. 406

"... les changements de mentalité, la liberté personelle, l'égalité sociale, la libération du poids de l'ancien régime familial sans une prise de conscience correlative de la responsabilité individuelle, d'où partest des frictions sociales, une démoralisation générale."

p. 412

"... the shifting of values, personal freedom, social equality, the cessation of that constraint which the ancient family used to exercise, along with the lack of personal responsibility give origin to social disorganization and to a state of general de-regulation."

p. 412

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