



## Social conformity and suicide

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### ARTICLE INFO

#### Article history:

Received 24 March 2012

Received in revised form 17 August 2012

Accepted 6 November 2012

#### JEL classification:

C2

I1

R1

#### Keywords:

Suicide

Family

Conformity

Social norms

### ABSTRACT

We study the relationship between suicide rates and socioeconomic factors by using a panel data at Italian province level in the time span 1996–2005. Our analysis focuses on the impact of social norms on suicidal behaviors. In particular, beyond the usual social correlates of suicide rates, we propose an aggregate measure of social conformity which refers to the religious sphere as an area of conflict between individual and social behaviors. GMM and dynamic spatial panel data approach are implemented to control for serial and spatial autocorrelation.

The results confirm the primary role of family, alcohol consumption and population density in explaining the suicide rates in Italy, while the economic variables, namely income per capita and economic growth, do not appear to have any effects.

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## 1. Introduction

More than one hundred years after his seminal work, Emile Durkheim still provides the starting point of any sociological study on suicide. According to Durkheim (1893, 1897), the frequency of self-killing in society depends on two factors: social integration and regulation. As a result, four types of suicide can be identified: *egoistic*, *anomic*, *altruistic* and *fatalistic suicide*. When social integration is weak, the number of “egoistic” suicides rises: as the integration in the family or in the peer groups decreases, individuals feel more isolated and more vulnerable to suicide, which is viewed as the extreme solution to better their condition. Secondly, “anomic” suicides are determined by under-regulated communities, which are endemic in modern society, where moral disorder and deregulation lead individuals to lose their role in society by producing a lack of self-consciousness. Thirdly, to the extent that individuals put the community well-being before their own utility, excessive social integration could lead to a rise in “altruistic” suicides. Finally, all types of society impose a social order to their members which create a brake to a broad spectrum of impulses, and could incentive “fatalist” suicidal behaviors among people who have low expectations about the future.

Hence, according to the aforementioned theory, suicide is a social rather than a psychic fact, and its causes should be sought among the characteristics of the society and its ability to stimulate social cohesion. Suicide is a collective phenomenon driven by social issues not related to individual attitudes and elements. Furthermore, in Durkheim's *Theory of Anomie* (1893), the normative conflict between past and present plays the main role in explaining suicidal behaviors. In other words, changes in regime determine the overlapping of old and new systems of social rules. Such anomic societies, poised between the old rules no longer applicable and the new ones not yet (perceived as) binding, cannot provide a solid guide to the conducts of individuals (Durkheim, 1897; Merton, 1938). From this point of view, it is not the rules per se that cause suicidal incidents but their changes over time. On the contrary, the social disorganization theory (Kubrin and Weitzer, 2003) points to the social disintegration caused by rapid urbanization processes as the main factor in explaining suicide rates. Economic inequality, ethnic and cultural heterogeneity, high residents' mobility and family breakdown affect the efficacy of social control by the community. The driving factors of suicide are thus the structural characteristics of society and not individual attitudes of the victims, which are only precipitating causes.

A similar point of view is found in Halbwachs (1930) who observes and theorizes, on the one side, the prevalence of anomic suicides in large urban areas due to the absence of social cohesion, and, on the other side, the high frequency of suicidal incidents in rural regions in response to the excessively binding social norms.

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As defined by Cialdini and Trost (1998, p. 152) social norms are “rules and standards that are understood by members of a group, and that guide and/or constrain social behavior without the force of laws”. In this sense they are a collection of rules accepted by the majority, and changes in rules or deviation from the established model create a conflict that leads to the marginalization of those who have exhibited deviating (Sherif, 1935). Informal sanctions are in fact provided for those who fail to stick to the rules.

In this sense, the causes of suicidal behaviors could be traced in the absence of stable relationships between people, and the rigid and compact social structure. A lack of individualization ensues, and “for the individual to occupy so little place in collective life he must be almost completely absorbed in the group and the latter, accordingly, very highly integrated” (Durkheim, 1897, pp. 220–221).

This paper contributes to the empirical literature by evaluating the determinants of suicide rates in Italy at province level in the time span 1996–2005, looking at both economic and sociological aspects in line with Hamermesh and Soss (1974) approach. Due to its Christian roots, Italy is characterized by lower level of suicide rates than non-Christian countries, like Japan for example, and along with other Mediterranean countries, such as Spain and Greece, presents the lowest suicide rates in Europe (for an international comparison see among others Andrés, 2005; Chen et al., 2009; Noh, 2009). According to Pescosolido and Georgianna (1989), Catholicism offers a high level of integration among individuals facing personal crises, all other things being equal. Moreover in Europe, during mediaeval and modern times, the common belief that suicide is a mortal sin was a powerful deterrent to committing extreme gestures (Barbagli, 2010). In this sense, we speculate on the limited role of economic factors in a country with strong social norms and religious ties. In fact, Italian society, historically family-based and conservative, could generate social tensions and marginalization that might lead to suicidal behaviors.

The aim of the paper is to identify a specific type of social norm which refers to the religious behavior of the community and to evaluate its impact on suicide rates. In particular, we propose a new indicator of social conformity which encompasses standard social conformity indicators referring to the participation in religious rites (O’Dea, 1970) and at the same time explicitly isolates the component related to the religious sentiment.

The paper is organized as follows. Section 2 discusses the role of social conformity in detail. Section 3 describes data and the econometric framework. The results of the paper are presented in Section 4. Finally, Section 5 concludes the paper.

## 2. Social integration, regulation and conformity

Two core elements characterize Durkheim’s standard work “*Le Suicide*” (1897): the level of social integration and social regulation. The former refers to the degree to which people are connected to each other, the latter indicates the extent to which society has control over the behavior of its members by norms and tradition.

As discussed in the Introduction, Durkheim refers to suicide resulting from low levels of regulation as *anomic* suicide, which is presumably endemic in modern societies. Conversely, high levels of social regulations associated with low levels of social integration characterize the *fatalistic* suicide (Durkheim, 1897).<sup>1</sup> The subjugation and oppression by an overwhelming force that has control over

individual action, facilitate suicidal behavior (Acevedo, 2005; Van Bergen et al., 2009). According to this view, formal control may be too strong to the extent that individual beliefs and values are non-aligned with those of society and this, in turn, may produce feelings of resentment and reactance which may lead to attempts to evade the social restriction (Brehm and Brehm, 1981; Burgoon et al., 2002).

In the literature the social correlates of suicide rates are mainly confined to the analysis of the effect of social integration, while less attention, to our knowledge, is devoted to the effect of discrepancies between individual values and social norms. To represent the relationship between social integration and suicide, many empirical works use the marital status and, in particular, divorces as key indicators of low social integration.<sup>2</sup> Divorce, by leading to social isolation and to dissolution of family ties, constitutes a key example of Durkheim’s theory (1893) of social change and suicide. However, prior research establishes a link between divorce and suicide risk only at the individual level (Stack, 1982, 2000a, 2000b),<sup>3</sup> while studies at the aggregate level produce mixed results (Besnard, 2000).

The relationship between social norm and individual behavior is emphasized by Stavrova et al. (2011) who highlight the importance for the individual well-being of aligning individual values to those supported by the community. Analyzing personal life satisfaction in 28 OECD countries, they find that the consequences of unemployment are worse in societies characterized by high social pressure and disapproval for the unemployment status. According to this view, individuals who are placed in contexts with different values find the integration process much more difficult. In this sense, the conformity to the social context is the result of injunctive social norms, to the extent that the individual behavior is determined by the perception of what others in the community believe to be the correct conduct (Cialdini et al., 1990; Cialdini, 2007). In this view, conformity may hide conflicts between personal and social aspirations, which in turn may lead to irrational and self-destructive actions (Eckersley, 2006).

In this paper we explicitly take into account the relationship between suicide rates and social norms by proposing an index of social conformity which refers to the religious sphere as an area of conflict between individual and social behaviors. To our knowledge, the only indicator (at the aggregate level) of social conformity in the literature is the participation in religious rites (O’Dea, 1970) which has been considered a valid indicator in societies culturally dominated by ecclesiastical institutions (and this is the case of Italy). However, as pointed out by Corbetta (2003, p. 76) this indicator would be “biased” to the extent that it captures not only the conformity-related aspects but also the “religious sentiment”.

In this reasoning, we define social conformity as the adopted behavior by individuals according to what they perceive as accepted by their social group, regardless of their true belief, in this case, with respect to religion. Consequently, we speculate that the religiousness manifested at the social level (*social religiousness*) depends both on the individual religious sentiment (*individual religiousness*) and on the social conformity. We use the frequency of religious marriages (as a proportion of the total number of

2009) find in the suicidal behaviour of migrants and ethnic minority a recurrent example of fatalistic suicides.

<sup>2</sup> Other proxies of social (dis-)integration extensively used are number of marriages, the average number of individuals per households, the average consumption of alcohol and drugs, the population density and the average number of births (see among others Andrés et al., 2011; Yamamura et al., 2012).

<sup>3</sup> Some papers suggest that divorce rates should be relatively high to manifest an effect on suicide rates (e.g., Fernquist, 2003) and that analyses need to be based on relatively long time periods to detect such impact on the national suicide rate (Agerbo et al., 2011).

<sup>1</sup> Durkheim argues that fatalistic suicides are very rare in the West and emphasizes the social effect of under-regulation which is typical of the process of modernization (Watt, 2010). However, Durkheim’s work is based on examination of records in the late XIX century where registration of non-fatal case of suicidal behaviour was rare; moreover later sociologists (Pearce, 1989; Van Bergen et al.,

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