Understanding Suicide: A Sociological Autopsy Approach to the Study of Suicide

Dr Susanne Langer
University of Liverpool
Project Background


- Aims:
  - to generate step change in quality and scope of qualitative research
  - to support methodological innovation

- ‘Demonstrator Project’ of QUALITI: A sociological autopsy study of gendered suicide

- Project Team: Jonathan Scourfield (PI), Ben Fincham (RA), Susanne Langer (RA), Michael Shiner (since 2008)
Sociological Classics of Suicide

- Durkheim (1897) - the social context of an ostensibly individual act. Suicide rates and social integration
- Cavan (1928) – ecological perspective on suicide. Suicide as ‘intensely personal’.
- Douglas (1967) – a Weberian emphasis on subjective meanings to social actors
- Atkinson (1978) – focuses the coroner’s construction of a suicide case
The Current State of the Study of Suicide

- Dominated by psychology and psychiatry
- Overwhelmingly quantitative research
- Suicide as pathology
- Often characterised by crude categorisation and reductionism

Our questions:

- Can there be an sociological/anthropological study of suicide?
- Can there be a qualitatively-driven study of suicide?
- Can there be a study of individual suicides?
- Can such as study have wider significance, for policy and prevention, but also methodologically?
A Qualitative Sociological Autopsy Study of Individual Suicides

- The tradition of psychological autopsy studies
- The term ‘social autopsy’ used by Klinenberg to mean the macro-level social and political context (of a disaster)

- Study of 100 inquest files ending in a verdict of suicide
  - Supplementary data:
    - Observations of inquests
    - Interviews with relatives, friends and professionals
    - Media accounts
Coronial System in England and Wales

- Coroners are independent judicial officers
- In England and Wales certain deaths – depending on manner and site of death – have to be reported to the coroner
- Coroner decides whether to open an inquest and/or to conduct an autopsy
- Inquests: non-adversarial inquiries to establish the identity of the deceased person and facts leading up to their death.
- Inquests end with a public hearing and a conclusion, that includes the verdict.
The Field

- Coroner’s office in a medium sized UK city
- Jurisdiction included city and its more rural hinterland
- Access arranged by Jonathan Scourfield (PI) at discretion of local coroner
- Identified files with help of coroner’s staff
- Allowed to transcribe from files, but not to copy mechanically
- Recorded age, gender, cause(s) of death, verdict, significant passages from witness and expert statement, suicide notes
Suicide Case Files

- Forms filled out by coroner
- Scribbles on file wallets
- Police statements from witnesses and significant others
- Forensic pathology reports
- Medical letters and reports, especially psychiatric ones
- Suicide notes
- Mobile phone records
- Photographs
- Other: letters to the coroner, newspaper clippings
Ethical Implications of Working with Suicide Case Files

- Suicide not a crime (Suicide Act 1961), but remains highly sensitive topic
- The challenge of preserving both anonymity and context
- The emotional well-being of the researcher
The analytical implications of working with diverse documentary data

- Avoiding reductionism
- Epistemologically pragmatic position
- Exploring the data from a range of disciplinary, theoretical, epistemological, and methodological positions
- Qualitatively-driven mixed methods analysis (Mason, 2006)
- Some quantitative analysis was conducted.
Identity Creation in Inquest Files

- Ethnographic approaches to documents (Riles 2006) and of the life cycle (Hallam et al. 1999; Hockey and Draper 2005)
- Inquest as space to assert, scrutinise and create identities
- Questions of morality and blame are of central importance for the witnesses
- Distance (professionally, temporally) from the deceased person helps to distance witness from the threat of culpability.
Identity Creation in Inquest Files

- Medical Professionals
  - E.g. GPs, psychiatrists, psychologists
  - Focus on technical aspects of care
  - Identities of medical professionals and of deceased person as patient

- Lay witnesses
  - Range of connections to the deceased person
  - No recourse to professional distance
  - Concerned with own identities and of deceased
  - Death outside witnesses’ control
Suicide Notes

- Study of suicide notes has so far been considered ‘inconclusive’ (Schneidman)
- Only document in the file that had been written while deceased person was still alive
- Presence of a suicide note not sufficient for verdict of suicide
- Suicide notes left in 49 instances.
- Range of styles, appearances and addressees
Suicide Notes

- Not representations of a diseased mind
- Written to be understood and to be acted on:
  - Practical aspects: funerals, division of possessions
  - Emotional aspects: managing reactions and feelings
- Apologies a common feature
- Notes need to be treated with care and in context
Suicide and Repertoires of Action

- Repertoires of Action – adapted from study of new social movement (Carmin & Balser, 2002)
- Framework to think about the unique nexus of meanings and circumstances that make suicide a conceivable option.
- Focus on social explanations, rather than resorting to deterministic categories or pathologies
- Use of case studies to illustrate key tenets
Suicide and Repertoires of Action

Key tenets:

- Clusters of Circumstances
  - Suicides are multi-fac-torial and complex
  - Dynamic combination of a nexus of circumstances

- Experience
  - Linked to meaning indi-viduals attach to a situation
  - Involves selection of strategies available

- Values and Beliefs
  - Affect indi-viduals’ interpretation of particular situations
  - Can be implicit or explicit in the files

- Repertoires of Action
  - Individual’s view of the situation
  - Reflection of success/failure of previous strategies
  - Assessment of reasonable behaviour
Suicide across the Life Course

- Adapted from Laub and Sampson’s (2003) theory of informal control
- Links suicide with social ties and how they can change across the life course
- Highlights prominence of suicides in middle-age
Suicide across the Life Course

- **Young People in Crisis**
  - Linked negative childhood experience
  - Frequency of previous suicide attempts

- **Mid-life Gendered Patterns**
  - Work/Employment as protective factor
  - Relationship breakdown and relationships with children prominent in the files

- **Old People in Decline**
  - Experience of bereavement
  - Physical health problems gain prominence
Conclusion

- Need for prevention strategies to consider a broader methodological basis, including the cultural context of suicide
- Further attention needs to be paid to breakdown of relationships, and other difficult circumstances at different stages of the life-course
- Prevention needs to include social interventions to complement medical and psychological treatment.
References


Cavan R. S. (1965 [1928]) Suicide. New York, Russell and Russell


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a sociological autopsy

ben fincham, susanne langer,
jonathan scourfield & michael shiner