

Criminology Theoretical Investigation on Suicidal Acts

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ABSTRACT: *Suicidal acts are a serious problem. The main reason for the lack of attention by criminologists is that the suicidal acts are not criminal offences in the USA. Discussions, in the current research, are based on the stream analogy of lethal violence that both suicide and homicide are the two sides of the same phenomena. After complicated mechanisms and interdisciplinary theories for suicidal acts are examined, author suggests the criminology theories can explain the suicidal acts and the mechanisms from risk factors to suicidal acts. Current discussion brings more opportunity for further theoretical and empirical investigation on the suicidal acts by criminologists.*

Keywords: *Suicide, Criminological theory, Suicide act*

INTRODUCTION

According to the stream analogy of lethal violence (Bachman et al., 1995), homicide and suicide is the same with different directions. In other words, committing homicide is a murder toward others and committing suicide is the murder toward oneself. This analogy motivates me to see whether criminology theoretical perspectives are able to explain the suicide. The purpose of the current research is to examine what mechanisms are working to commit suicide, what disciplines in academia have attempted to explain these mechanisms, and what criminological theories can explain the mechanisms.

Mechanisms of Suicidal Acts

Blumenthal and Kupfer (1986), in their overlap model for suicide risk, divided risk factors by five different domains, including psychosocial milieu, biologic vulnerability, psychiatric disorder, personality, and genetic vulnerability. Later, Spirito and Kazak (2006) categorized them by individual, cognitive, family, and environmental factors. While both categorizations of risk factors are convenient to distinguish them, any single risk factor does not influence critically committing suicide. Based on my understanding that multiple predisposing and immediate risk factors should work together to committing suicide completion, I will introduce diverse mechanisms for suicide completion.

First, stressful life events have been found as the strong risk factor to predict completed suicide among adolescents and adults. For example, both early parent loss and death of parents are particular risk factors among adolescents (Agerbo, 2002; Spirito & Overholser, 2003). In addition, while family and parent conflict, social isolation, and interpersonal stressors are risk factors among adolescents (Spirito & Overholser, 2003), the presence of a chronic medical illness is for old age groups (Popkin, 1985). Specifically, Blumenthal (1988) explained medical illness leads severe depression, which exacerbates psychiatric illness. Then organic mental disorder emerges, which in turn, leads to perceptual, cognitive, and mood change. Finally, these may predispose to impaired judgment and impulsivity, might lead to suicide completion at the end.

Next, especially among adolescents, long-standing family disturbances are associated with their suicide completion. According to Rosenthal and Rosenthal (1984), adolescents who committed suicide were from the disorganized families, including frequent marital strife, parental alcoholism, and the presence of a problem

at home. In addition, Wagner (1997) reviewed empirical studies and suggested five aspects of family disturbance on the suicide completion, including poor family communication and problem solving skills in family, physical or sexual abuse of a child, early losses and multiple losses of parents, ambivalence and conflict in the spousal relationship, and parents' psychopathology.

Finally, substance abuse is also risk factor of the suicide completion. Spirito and Esposito-Smythers (2004) explained the process how substance abuse leads to the suicide completion. Stresses from family, peers, school, and society lead to individual's limit and make them perceive that suicide is the coping means to remove all stresses. Then, higher stress is associated with substance abuse disorder, which leads to other psychopathology disorders, including mood, anxiety, and conduct disorder. Then, these all disorders increase high risk of the suicide completion. In addition, Hufford (2001) found that distress, aggressiveness, and cognitive distortion derived from substance abuse disorder lead to suicidal behavior within vulnerable individuals.

Theories of Suicidal Acts

Committing homicide and suicide has been historically studied within diverse disciplines. To distinguish between these two different behaviors, researchers should know the origin and intention of death. In other words, any death is the same before these two factors are revealed. After confirmed, researchers within public health, psychology, and psychiatric disciplines examine it as a suicide case. Or criminal justice officers on jurisdiction investigate it as a homicide case (Leo, Bertolote, Kerkhof, & Brahe, 2006).

Psychologists have developed a broad range of theories of suicide. These theories are generated by major psychological theoretical orientations, such as psychoanalytic oriented theories and behavioral-cognitive theories. These theories emphasize an individual as the source of cause, which is focusing on conflicts in mind. Psychoanalytic researchers have interests on intro-psychic forces that stimulate the suicide. Earlier psychoanalytic researchers, such as Freud (1917) and Menninger (1938) were interested in the role of instinctual forces and mechanisms into suicidal behaviors. On the other hand, later psychoanalytic researchers were concerned with a child's ego structure, a development of interaction, and the self. These psychoanalytic oriented theories have been applied to specific aspects of suicidal behaviors among adolescents and elders. Then these theories contribute to the predictive model of the suicide completion.

Since the early 1960s, the behavioral and cognitive theories of

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suicide have garnered much attention. Aaron T. Beck (1964, 1976) has focused on clinical research for describing the process of suicidal behaviors from ideation to completion of suicide. Aaron T. Beck's (1964) cognitive therapy informs us how individuals respond to their life events emotionally or behaviorally. Specifically, using individuals' cognitive lens such as belief, attitudes, and assumptions about themselves, they perceive and assign meanings to their life events. Beck (1976) explained individuals' interpretations of life events are located within their cognitive structures, which called as schemas. The cognitive lens is influenced by previous experiences or knowledge, which in turn, produces cognitive errors in perception or distorted thinking. Cognitive process with errored beliefs prevents individuals from being able to conceptualize the consequences of courses of actions. This failure plays a role in suicidal behaviors (Beck, Steer, Kovacs, & Garrison, 1985).

Biologists are also interested in biological risk factors of the suicide. They argue that biological theory can explain the process how biological risk factors cause higher occurrence of suicide. According to Berman and colleagues (2006), although it is not quite theoretically driven, biological theory of suicide is now considered as one of the fastest growing areas of research about the suicide. Three categorizations of biological theory of suicide by Maries et al., (2000) are examined in the current research.

Biological researchers are interested in the relationship between genetic factors and human behaviors. Specifically, they investigated which genes in human body are related to suicidal behaviors and how these human genes can vary. And they asked whether it is possible to determine who will be genetically at high risk for committing suicide. For example, majority of people who had committed suicide were diagnosed as a major affective disorder and occurred in intergenerational family members (Roy, 1983; Tsuang, 1978; Egeland, 1985). Next, biological researchers also paid attention to the examination of neurotransmitters. Among many neurotransmitters associated with psychiatric disorders, dopamine and serotonin have been found to be associated with higher incidents of suicide (Maries, Berman, Silverman & Bongar, 2000).

The CSF 5-hydroxyindoleacetic acid (5-HIAA) is the principal metabolite of serotonin in depressed patients and the role of serotonin is a unifying factor in the suicide (Asberg, Traskman, & Thoren, 1976). Generally, serotonin is working as the pathway from genetic predisposition to psychiatric disorders and the suicidal behaviors. Biological researchers have found that more depressed patients are in the low CSF 5-HIAA level and had attempted more suicidal behaviors than the high CSF 5-HIAA group (Asberg, Traskman, & Thoren, 1976). In addition, reduced central serotonin metabolism was also associated with suicidal behaviors (Roy, Nutt, Virkkunen, & Linnoila, 1987). Finally, biochemical researchers investigated the coupling of serotonin and dopamine system in various regions of the human brain. Especially, CSF homovanillic acid (HVA) is the principal metabolite product of dopamine, which has been found in depressed patients with its high-order correlation to 5-HIAA (Wagner, Aber-Wistedt, & Bertilsson, 1987). Especially, the role of dopamine was tested by empirically researchers. Montgomery and Montgomery (1982) reported that the effect of reducing the suicidal behaviors among personality disorders patients was mediated by their dopamine system. Thus, dopamine is helpful in decreasing suicidality in personality disorder patients.

Rather than individual factors, sociological theories of suicide have mainly focused on social factors. Sociologists believe that social factors are associated with variations of suicide rate in each society, including social conditions, social norms and values, and cultures of society (Lester, 1972; Maris, 1981). The founder of sociological theory of suicide, Emile Durkheim, emphasized that suicide rates were negatively related to social integration. In his book, *Suicide: A study in sociology* (1951), Durkheim established a

sociology theoretical model of suicide and suggested scientific study of suicide. He mentioned briefly "suicide varies inversely with the degree of integration of the social groups of which the individual forms a part" (Jones & Durkheim, 1989). By taking another central concept of his theory, social regulation, Durkheim suggested four different types of suicide. Two types are derived from the concept of social integration and the two are derived from the concept of social regulation.

Depending on the amount of individuals' integration to their society, both egoistic suicide and altruistic suicide can occur differently. Members, in more integrated society, are more likely to possess shared beliefs toward others trying to establish their common goals in the society (Johnson & Durkheim, 1965). According to Durkheim, while egoistic suicide occurs when the members of society hold weaker integration into their society, altruistic suicide occurs when the members perceive that their society is more important than themselves. Based on the central concept of social regulation, Durkheim divided by two different types of suicide, such as anomic suicide and fatalistic suicide. Anomic suicide occurs when individuals in the society feel rejected or given up by the society. This occurs under weak or no regulation, for example, war or economic disruption of society, losing close family or friends, and immediate lost jobs. On the other hand, fatalistic suicide occurs when there is an excessive regulation onto members of the society. Especially, this occurs among slaves, prisoners, and those of who has social regulation beyond his or her control. These central concepts of sociological theory of suicide have focused on role of social disintegration, social isolation, and losing social status in suicide research (Henry & Short, 1977; Gibbs & Martin, 1964; Maris, 1969).

However, while Durkheim concluded that social factors were stronger than individual one to explain social suicide, other sociologists have attempted to refine Durkheim's hypothesis. Henry and Short (1977) suggested psychological variables into sociological theory of suicide. They incorporated other concepts into their theory of frustration – aggression, including business cycle, social status, and external and internal restraints. To interpret individual's suicide, they assume there is a relationship between the business cycle and suicidal behaviors. For example, suicide rates will rise during economic depression, while it will drop during economic expansion. In addition, aggression is a consequence of frustration, which is generated by a failure to maintain their social status (Henry & Short, 1977). Finally, concepts of internal and external restraints can explain the suicide. These two restraints produce frustration and aggression. These two psychological factors will interact with individuals' internal restraints at the end. Individuals who are keeping the balance between internal and external constraints are not at the risk for committing suicide and homicide. However, if the individuals lose their balance, frustration and aggression by external restraints from society are expressed outwardly. This is the homicide against others. On the other hand, if the frustration and aggression are expressed inwardly, the individuals come to commit suicide.

Criminological Theories of Suicidal Acts

Emile Durkheim defined the anomie as a breakdown of social norms. Then he argued the society which has a social disruption and economic depression leads to high level of anomie, which in turn, leads to higher rates of suicide. Robert Merton made some changes with a concept of strain in his strain theory. Merton (1968) suggested the breakdown of social system caused the suicide. Specifically, social system breaks down, whenever there is the discrepancy between social goals and personal means. This imbalance leads to individuals' strain, which causes criminality. Although Merton did not focus on suicide directly, he argued all members of society do not have an equal chance to attain social goals. This is the same as anomie Durkheim argues.

In addition, Shaw and McKay (1942) developed social disorganization theory to link neighborhood characteristics to crime and health issues. They discovered that the poverty, residential instability, and racial/ethnic heterogeneity increased the level of social control of neighborhoods. These three factors create a lack of informal networks in the neighborhoods, which is leading to a breakdown in control. This resulted in high crime rates. Later, Sampson and colleagues combined two concepts – informal social control and neighborhood social cohesion, to add to the social disorganization theory, neighborhood collective efficacy. Sampson and colleagues argued that an agreement on common goals and values and a mutual trust among neighbors prevents the social disorganization, which resulted in low rates of crime. European researchers focused on the effect of structural characteristics toward the suicide behaviors. They tended to test mediating factors between them in order to understand how the contextual characteristics influenced individuals' suicide behaviors. In the study, social norms, values, and contact with suicidal others were mediated between structural instability and suicidal behaviors in community. Strain theory, social disorganization theory, and the concept of collective efficacy do not focus on an individual's suicide behavior in general. These theories cannot consider the individual's internal or psychological variables, because they are relying on official aggregated data. Ignoring individual psychological and internal variables, theories only with social factors are limited to explain the suicide completion.

Agnew (1992) developed general strain theory (GST) in order to improve Merton's classic strain theory. The main idea of the theory is that deviant acts are coming from responses against noxious circumstance and situations. Compared to Merton, Agnew (1992) enlarged the concept of strain to focus on negative relationship with others. The negative relationship with others occurs when the individual is not treated as he or she wants to be treated. Specifically, he explained that negative relationship with others leads to delinquent acts through the negative effect, such as anger. The general strain theory can examine the acts of the suicide completion. I focus on the coping strategy that Agnew (1992) suggested in the theory. Agnew (1992) suggested the three major adaptations to strain, such as cognitive, emotional, and behavioral coping strategies. First, as examples of cognitive coping strategies, Agnew offered three ones "It's not important", "It's not that bad", and "I deserve it". Next, emotional coping is the second one, which is directly responding to the negative emotions derived from adversity. Finally, three major types of behavior coping strategy can eliminate the source of strain. Specifically, individuals seek to achieve positively valued goals, protect positively valued stimuli, and escape from negative valued stimuli. So, among behavior coping strategies, escaping from negative stimuli is the factor that explains the process how strained person comes to commit suicide.

Hirschi (1969) emphasized the role of parental control, attachment to parents, friends, teachers, school, and society to prevent adolescents from engaging in deviant behaviors in his social control theory. Specifically, Hirschi demonstrated that the lack of social integration and attachment to social institutions leads to crime and deviant behaviors. However, empirical studies came to neglect several individual-level factors of social control in light of an aggregate-level of data capturing limited perspectives of suicide rates. Based on the concept of integration from Durkheim, empirical researchers have found that married persons were associated with lower suicide rates. This is general due to the fact that married couple shares high level of attachment to each other. In addition, Baller and Richardson (2002) have found that marital stability was negatively associated with high suicide rates in both France and USA.

In sociological research, Zhang and colleagues (2008 and 2009) developed the strain theory of suicide based on the ground

of Durkheim, Merton, and Agnew. Their strain theory of suicide is a comprehensive and parsimonious theory to explain the socio-psychological mechanism to the suicide. They argued that competing pressures within individuals' life lead to the suicide. Following Merton and Agnew's conceptualization of strain, they proposed four sources of strain that caused the suicide; value strain, aspiration strain, deprivation strain, and coping strain (Zhang & Lester, 2008). In addition, relating to Durkheim and Hirschi's hypothesis, they argued that individuals' strongly integrated attachment to the social institutions has lower risk of suicide. Therefore, the strain theory of suicide must be appropriated to explain the suicidal behaviors in the field of criminology.

CONCLUSION

Criminological theory can explain the mechanisms from risk factors to suicidal acts. Based on the stream analogy of lethal violence, both suicide and homicide are two sides of the same phenomena. This analogy provides criminology theories with more opportunity for further theoretical and empirical research on the suicide. In the current study, I explore whether suggested criminological theories can explain the suicide by understanding the complicated mechanisms to suicide and several theoretical concepts in diverse disciplines. In conclusion, I call for further investigations on the suicide based on criminological theories.

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