

BOOK REVIEW/COMPTE RENDU

John C. Weaver, *A Sadly Troubled History: The Meanings of Suicide in the Modern Age*. McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health and Society #33. Montreal and Kingston: McGill-Queen's University Press, 2009, 464 pp. \$55.00 hardcover (978-0-7735-3513-8)

Starting in the 19th century, social scientists and medical experts began a frenetic search for comparative and aggregate statistical information on suicide, each trying to prove that suicide was a proper subject of their own discipline. The credibility of their arguments, however, was undermined by political, ideological, institutional, and cultural biases that tainted data, and by lack of access to first hand, comprehensive, and uniform suicide datasets.

John Weaver's work promises to overcome both of these problems. On the one hand, it strives to integrate sociological and medicopsychological insights, and on the other hand, it uncovers and uses two rare historical suicide datasets containing nearly seven thousand case files found in the coroners' inquest of New Zealand and Queensland, Australia, likely representing "the most complete and accessible sets of inquest records for any large areas in the world" (p. 12). The data mainly covers the first half of the 20th century, including 4,220 cases for New Zealand 1900–1950, 2,402 for Queensland 1890–1940, and 255 for Brisbane 1942–1950.

Using these two datasets, Weaver aims to transcend the long-standing schism between society and the psyche in order to arrive at an understanding of the "human condition" that combines insights from sociology and psychology. For this purpose he both calculates suicide rates among sub-populations and over time, and pores over the details emerging from testimonies and suicide notes for insight into "how people imagine their past, present, and future" (p. 5).

The book is organized in three parts, representing three "narrowing circles." Part one reviews 19th and 20th century European and American sociological and medical literature on suicide. Based on the practice identified there of dividing "background forces" from "proximate causes" of suicide, part two investigates intersections of social and life

stage factors in explaining suicide rates and motives in New Zealand and Queensland, while part three focuses exclusively on the psyche.

The review of literature reconstructs some of the main themes in suicide studies over the last two centuries, including the emergence of medical and statistical discourses, controversies over determinism and free will, and the debate between sociology and psychology. The main feature of the review of interest to sociologists is a highly critical discussion of Emile Durkheim. The criticisms are not new: Durkheim hypothesized a "suicidogenic current" that represented the society's "essence," he "drove a wedge between sociology and medical psychology," "elided the diversity of motives" in order to show that suicide is a social fact, "single-mindedly" dismissed case files, and failed to offer a "testable theory." Most importantly, Durkheim fell for the "ecological fallacy," making assumptions about the "nature of individuals" based on the communities in which they lived, presuming that "all members of a group exhibit characteristics of that particular group at large" (p. 55). The latter would indeed be a devastating charge, if Durkheim were guilty of it, but Weaver cites no examples from Durkheim's work to support this claim.

Weaver wants to do the opposite of what Durkheim did: shatter the disciplinary barriers and reintegrate sociology and psychology. This is a worthy objective which does not require reinvigorating an old debate with Durkheim. Durkheim's objective was to show that sociology was capable of offering scientific explanations even for private acts such as suicide. His book is subtitled *A Study in Sociology*. Weaver's objective, in comparison, is to gain an intimate understanding of what he calls the "human condition," specifically the social and the personal factors that led some people in Queensland and New Zealand to take their own lives in the first half of the 20th century. The subtitle of Weaver's book, *The Meanings of Suicide in the Modern Age* is a clear nod to Jack Douglas's critique of Durkheim in *The Social Meanings of Suicide*. Like Douglas, Weaver is interested in the meaning of the "message that suicidal individuals, affected by social circumstances, intended to compose with their act" (p. 83).

In part two, Weaver addresses the intersections of society and the individual by investigating how the social environment (e.g., macho individualism, the effects of war, poverty) works in tandem with life course crises (e.g., adolescence, romantic failure, adulthood, divorce, old age) to maintain the stability of suicide rates over time. Weaver notes, for instance, that the political culture of Queensland, which emphasized male individualism, anonymity, and hazard, is in part accountable for higher rates of suicide there than in more congenial and supportive New Zealand. Yet, despite these socioeconomic factors, for Weaver the stability

of suicide rates over time is due to the crises that individuals encounter and accumulate over their life course. The effects of these crises can be moderated, but not completely checked, by socioeconomic factors. In Weaver's view, social "causes" are remote, while life course crises provide the real "motives" for suicide on the individual level, drawing attention to conscious deliberations rather than external causation. Yet once Weaver introduces motives, the boundary between cause and motive begins to blur. In what sense are "alcohol abuse," "character and adjustment problems," "unemployment," and "the impact of war" (p. 153) individual "motives" rather than social determinants of suicide? To conceive these on an individualistic rather than social basis is to ignore or dismiss sociology's core insight that personal troubles are often inseparable from social structural failures.

The focus on motives is meant, in part, to shed light on the question "why do a few select death when so many do not?" (p. 162), and Weaver spends 93 pages poring over vignettes taken from case files. They do not help answer that question, but they do put a human face on the rates, providing an intimate understanding of the personal and social circumstances surrounding suicide, and painting a vivid portrayal of despair.

Marriage is among the most important life course events for both men and women, and marital troubles come up time and again in coroners' inquests. Quoting case files and witness testimonies, Weaver demonstrates how marital troubles, abusive spouses, infidelity, and vengeance drove men and women to kill themselves. These vignettes give Weaver another opportunity to resume his unnecessary debate with Durkheim. He ridicules Durkheim for allegedly ignoring the physical and mental strains of marriage and reproduction and for assuming that "domestic serenity" lowers the risk of suicide among married people. In reality Durkheim proposed not domestic serenity but domestic ties (even to spouses and children who are less than perfect). Especially among men, such ties can create moral bonds and feelings of obligation that strengthen integration and prevent egoistic suicides. Weaver's own case studies from the New Zealand dataset support Durkheim's central proposition that marriage significantly lowers suicide rates among men, an advantage which married women do not enjoy. But rather than credit Durkheim, Weaver cites David Lester (p. 398, n. 12).

The book's third part focuses exclusively on the psyche and subjective meanings. It is comprised of two rather disjointed chapters. The first examines intentions and meanings: using suicide notes, and assuming that suicide is a way out of a crisis, Weaver explores how people rationalize and justify suicide before they commit it. The other examines the history and evolution of the management of mental health and suicide.

Weaver argues that an intimate look at suicide case files “modify and massively complicate” the critical trends in recent Foucauldian-inspired scholarship on the management of mental illness. Many people voluntarily submitted to mental health institutions, which in turn responded to the diversity of illnesses by making case-based judgments about the course of treatment. Unfortunately, the discussion is not always directly related to the treatment of suicidal patients. The underlying assumption is that a history of how mental illness was institutionally treated will shed light on how suicide might have been treated. This assumption is not unreasonable, but it has to be acknowledged and discussed.

Its attempt to combine life course theories of suicide with social and historical factors makes *A Sadly Troubled History* a valuable resource for anyone interested in integrating social and psychological understandings of suicide. It also makes a significant contribution to suicide studies as it uncovers two rare datasets, allowing the author and potential future researchers to examine raw historical data and draw their own conclusions, rather than rely on government aggregated statistics.

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