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Journal of Social History, Volume 46, Number 3, Spring 2013, pp. 607-619
(Article)

Published by Oxford University Press



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Special Issue

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The Politics of Suicide: Historical Perspectives on Suicidology before Durkheim. An Introduction

Historically, suicide is a Western neologism. Unknown to Greco-Roman civilization, *suicidium* might as well have meant “swine-slaying” to a Latin speaker.¹ The warrior culture of Germanic successor states glorified heroic self-sacrifice, celebrated in medieval literature as *chansons de geste*. If St. Augustine condemned Donatism for actively promoting martyrdom during the persecutions, then in part for fear of its potential to rob the early Christian movement of much-needed membership. Medieval Christians unanimously reviled the desperate act of self-killing until Renaissance humanists and artists recalled the political defiance of Cato, Seneca and, most especially, Lucretia, the original struggle of republicanism with tyranny manifest in the dagger through her heart. With their novel emphasis on the modification of human behavior, religious reformers turned their attention to the human soul and the inner temptation to self-murder.

It fell to the Enlightenment to turn the activity of self-killing into a subject for scientific analysis: Suicide. Suicide became a moral affliction that was to be attended to not just by the police, but also by physicians and, subsequently, mental health care professionals. As representatives of the state, they produced actionable bureaucratic data. In a scramble to establish its scientific credentials, the emergent discipline of social physics (later to become sociology) latched on to official reports as indicators of a modern social dilemma. Hence, suicidology was born. With the expressed goals of measuring human behavior and tackling practical social issues, the earliest practitioners of social physics identified and prioritized suicide as a dramatic, but potentially soluble public health problem. For social physicists, suicide manifested a moral malaise as sensational as perhaps no other human behavior.

Aptly named, moral statistics became their primary analytical tool. Two pioneering criminologists, André-Michel Guerry (who analyzed criminal data for the Parisian justice administration) and the Belgian mathematician Adolphe Quételet laid the foundations for moral statistics by studying immoral behaviors in the 1820s, with suicide chief among them. Auguste Comte harnessed social physics into a strategic theory of historical development employed to ground notions of modernity.² The translator of Comte's *Positive Philosophy* (London, 1853), Harriet Martineau, subsequently wed his scientific positivism with the

moral statistics of Guerry and Quételet in her own work on English suicide. Martineau's claim that suicide rates were both indicators of social well-being and proof of the power of sociology to treat practical social ills, though tautological, reflected the views of many contemporary social theorists in mid-nineteenth century Europe.³

What differed from scholar to scholar was the spirit in which comparative moral statistics were employed. Some, like Martineau, adopted a humanist stance, while other more fatalistic commentators worried about the collapse of Christian morals. Nationalists instrumentalized moral statistics to vent their suspicions about dangerous foreign influences, while social Darwinists read them as signs of society's "natural" abilities to purge itself of misfits. Such divergent and ethically loaded interpretations went hand-in-hand with the growing interest of nation states in promoting the collection and comparison of moral statistics, thus placing suicide on the cusp of transnational debate and even international rivalry. Willingly or not, medical and legal experts often faced the practical task of interpreting and implementing state policies designed to achieve larger strategic aims, be they rational, esoteric, or even obscurantist.

It is no coincidence that Émile Durkheim turned to suicide in his attempt to enshrine sociology within academia.⁴ In 1897, he published the first and now classic case study of sociology, *Le Suicide*, in which he set out to establish the existence of social facts verifiable through objective scientific means. Two of the most enduring social facts that he sought to demonstrate were 1) a proclivity for higher rates of suicide for Protestants than Catholics, which he attributed to higher levels of social control and integration among Catholics, and 2) higher rates of suicide among men than women. But like Comte, Durkheim was a system-builder rather than a statistician, and much, if not all of his data derived from the work of other moral statisticians. Determined to see his system succeed, he incorporated a significant amount of material garnered by previous researchers, without critically assessing the methods they had used to collect their data or the ideologies inherent in their conclusions.

As we can see, physicians, psychiatrists, and sociologists turned their attention to the study of suicide long ago. History, however, is a relative newcomer to the field. Apart from a few notable exceptions⁵, historians showed virtually no interest in suicide until the second half of the twentieth century, with earnest engagement only beginning in the 1980s.⁶ But over the past thirty years, historical suicide studies have emerged as a vibrant and independent field. Works have varied widely in geographic and chronological scope, attempting to locate the ubiquitous social phenomenon of self-killing within specific cultures and belief systems: From Roman antiquity, the Christian Middle Ages, Mogul India, Q'ing China, Imperial and Revolutionary Russia, colonial Africa, Kamikazes of the Pacific campaigns and Nazis of the Second World War, twentieth-century America and Japan, and suicide bombers in the twenty-first century Middle East, to mention but a few examples.⁷ Perhaps the greatest contribution of historical suicide studies thus far has been to refocus our attention away from the ostensibly objective meaning of social mechanisms and onto culturally relative interpretations and the subjectivity of intent.

The rich diversity of these studies has been on display at major professional gatherings, where sessions on suicide are appearing with greater frequency, prominently among them panels at the XIX International Congress of the Historical

Science (2000) and the 115th annual conference of the American Historical Association in Boston (2001). Three international conferences held at the German Historical Institute in Washington, D.C. (2001), the affiliate of the Max-Planck Institute for History in Erfurt (2003) and McMaster University in Hamilton (2006) each resulted in the publication of an important volume, one on early modern Europe, the other two shifting focus beyond the West to a broader, culturally sensitive perspective from which to critique mechanistic social and statistical models.⁸ Here, much work remains to be done in order to evaluate the collision of Western values with non-Western civilizations. For example, recent studies of suicide in China by medical anthropologists have toppled Western orthodoxies about universally higher rates of suicide among men and in urban areas.⁹ However, this may be less a product of incipient modernization (e.g., a one-child policy coupled with the ready availability of fertilizer in rural areas) and more indicative of a long-standing historical tradition of female suicide in China largely alien to the Western understanding.¹⁰ Ironically, however, this model appears not to apply in the former British crown colony of Hong Kong.¹¹ As this facile example suggests, a deeper appreciation for the contextual development of Western suicidology can contribute to a basis for transnational socio-cultural comparisons.

Nevertheless, seemingly unperturbed by such vexing differences, there have also been two significant attempts at synthesis. While Georges Minois superimposed the template of French cultural history on his study of France and Britain from the Middle Ages to the end of the Ancien Régime, the first-ever global synthesis of the history of self-killing was recently published by the Italian sociologist, Marzio Barbagli.¹² His bold attempt at world history self-consciously contrasts the orthodox model of developments in the West with a comprehensive study of Asia in order to undermine Durkheim's model of purely sociological factors and to introduce more nuanced cultural interpretations.

All of this work underscores the enormous diversity of paths taken toward the study of suicide. Interest in suicide has engendered histories of ideas and public policy, crime and law, science and medicine, body and gender, violence and religion. That the topic of suicide can productively engage such a wide swath of historiographic approaches is testimony both to its vitality and its elusiveness. Nevertheless, history offers a significant key to unlock our current state of understanding in suicidology and certainly, if suicidology begs for historicization more generally, then no other period is as decisive as the late-eighteenth and early nineteenth centuries, an era that witnessed the genesis of modern suicide studies. Until now, there have been only a few brief soundings of pre-Durkheimian suicidology, most notably that of the sociologist Anthony Giddens on the suicide debate in early French sociology and, more recently, a curt international overview by the Australian psychiatrists Robert Goldney, Johann Schioldann and Kirsten Dunn.¹³ In no small part, the tantalizing questions raised by the latter piece inspired the present collection of articles.

For better or for worse, however, historians have tended to read nineteenth-century understandings of suicide through Durkheimian lenses. In fact, his influence continues to echo loudly through the papers in this volume. His methodological categories and presumed social facts still exert an immense influence on most historical studies of suicide, just as they do in medicine, psychiatry and

sociology. Almost without exception, interdisciplinary regard for Durkheim's original contribution is unbroken.

Yet this back-shadowing of Durkheim has not only enhanced, but also impoverished our understanding of pre-twentieth-century suicidology. Attempting to compensate for the Durkheimian bent of the historiographic literature, some scholars have rightly questioned the originality of his ideas, finding them in the works of numerous other contemporaries and predecessors.¹⁴ But it is not enough simply to historicize Durkheim or to undermine his originality by pointing to his pre-figuration in the works of nineteenth-century suicidologists. More importantly, we need to contextualize the contributions of his predecessors and to consider more carefully why and how, long before Durkheim, suicide attracted such public attention in the first place. In other words, given that *Le Suicide* is still the point of departure for many (and not just historical) studies, where is it exactly that we are departing from?¹⁵

The search for answers to this question comprises the chief *raison d'être* of this volume. We must recover entire realms of experience and practice about which Durkheim had very little, if anything, to say, and which have been obscured by the influence of his legacy. This "recovery" of pre-Durkheimian contingency and the deflation of Durkheimian paradigms is a major research priority, not just for historians, but sociologists and mental health care practitioners as well. As such, the present volume represents more than just a critical reassessment of such master narratives as modernization or secularization. It seeks to address aspects of suicidology as yet unexplored and far more ambiguous and elusive than traditional approaches have tended to appreciate.

In particular, we are asking how and why suicide came to people's attention. Focusing on this question moves us away from larger social processes toward narrower, yet deeper contexts of meaning, practice, and power that are embedded in the quotidian worlds of historical actors. In this vein, the following articles encourage us to ask what horizons of expectation, behavior, and experience these actors had. They expand our awareness of polymorphic understandings below the level of theoretical discourse. They open perspectives on the contributions of different cultures of the body, of emotions, and of the self, toward specific historical attributions of meaning to suicide and toward the changes in that meaning over time. They imply that suicide *is made* and *evolves* through all manner of socio-moral assumptions that condition and stand in recursive exchange not only with the development of moral statistics¹⁶, but also with other less formalized regimes of knowledge.

Such perspectives also help us assess suicide in terms of the practices that contribute to its construction. We understand suicide not in terms of a well-defined social formation that transcends time and place, but in terms of an ensemble of practices that shape contemporary perceptions and meanings. As the articles in this volume demonstrate, the quantifying techniques of moral statisticians were but one example of such practices, standing as they did alongside the historical twists and turns of, for example, semantic usage, diagnostic labeling, or life-saving interventions.

But of course, late eighteenth and early nineteenth century suicide and the public interest in it was not simply a derivative of some aggregate of social practices. It evolved within domains of very real political power. In this understanding, however, the politics of suicide were enacted not just in the space of nation

states or societies, but also in more diffuse communities of local actors. It is in good part from the social experiences and practices in these communities that suicide and its politics transpired. Accounting for the politics of suicide involves asking how and through what structuring media (eye-witnessing, word of mouth, coroners reports, statistical surveys, theoretical tracts, etc.) such practices and beliefs were transformed into actionable evidence and, subsequently, political agendas. At issue are, above all, the strategic uses to which the various practices and mediated experiences *were put* and the specific agendas that they aimed to serve. In particular, this political perspective focuses our attention on how suicide was used to marshal plausible explanations that could command various allegiances and loyalties. And finally, it underscores the contested jurisdictions governing the evaluation and prevention of suicide decades before the rise of Durkheimian sociology.

With these issues in mind, a workshop was held at the National University of Ireland Maynooth, in December 2010.¹⁷ The participants were recruited on the basis of their specific research interests and their ability to confront aspects of the genesis of suicidology prior to Durkheim. We discussed the transnational emergence of suicidology as a feature of national health policy across Europe from the late-eighteenth century. Each participant focused on one of nine discreet “episodes” within a network of contingencies that shaped and transformed the meaning, perception, and treatment of self-killing in the pre-Durkheim period. Taken as a whole, these contributions articulate the context from which Durkheim's systemic vision of suicide emerged.

The first essay traces the etymology of suicide as a thoroughly modern concept. The changing semantics of self-killing in Europe are regularly interpreted as reflections of decriminalization and secularization. Andreas Bähr, however, shows how self-killing emerged from categories of activities to the nominalized concept of “suicide” as we know it today. This ubiquitous development mirrored a general shift in the predominant attitude toward suicide as part of the Enlightenment. Previously, self-murder represented a severe statutory offense, a religious and moral crime sanctioned with severe forms of punishment that targeted not just offenders' bodies in life, but their corpses as well. The emergence of the modern term “suicide” from the second half of the 17th century reflected a gradual linguistic turn towards the pathologization and decriminalization of self-killing. In the process, however, the nominalized concept of suicide retained an *a priori* moral stigmatization. The pejorative implications of the act, condemned by Christianity since St. Augustine, were hardly expunged through its secular re-definition as a noun. Rather, prejudices were simply re-directed. Understood as pathological conduct, suicide retained the underlying pejorative connotation of deviance from the norm, with significant consequences for its subsequent incorporation into the nineteenth-century realm of moral statistics and the emergent discipline of social physics. Moral assumptions long continued to underpin different conceptualizations of suicide and still influence our modern understanding of self-killing within the current discourse of social science, psychology and psychiatry.

By the late eighteenth century, suicide prevention formally emerged as a public health response to the challenges that suicide posed to the forms of biopolitical governance that Foucault has so lucidly described.¹⁸ Here, as perhaps nowhere else, we can clearly flesh out the interplay of religious forces, secular

government interests and local cultural practices in campaigns designed to prevent suicide. The first lifesaving measures targeting attempted suicide were introduced across Europe near the end of the eighteenth century. Some were state initiatives, while others represented the nascent influence of philanthropic societies in the broader public sphere. State lifesaving programs and private societies offered monetary prizes and medals for public service awarded to rescuers – sometimes independent of the success of the intervention. These programs have only recently attracted scholarly attention.

In his article, Alexander Kästner examines lifesaving edicts in Saxony, comparing them with similar initiatives throughout Europe. Such programs imposed a Kantian social duty to rescue attempted suicides and, although they ostensibly confronted moral stigmatization and popular prejudice, they proved quite successful in encouraging public intervention. Indeed, enlightenment humanitarians boasted of their ability to cheat death.¹⁹ But the subsequent punishment of individuals whose attempts to commit suicide had failed proved to be problematic and exposed the tenacity of criminalization and moral condemnation of suicide at all levels. Furthermore, records reveal that rescue attempts were not always motivated by altruism; indeed, rescuers sometimes fraudulently attempted to profit from their life-saving intervention. Lifesaving programs certainly reinforced enlightened attitudes about the pathological origins of suicidal impulses. And regardless of whether or not they actually changed common attitudes about interacting with suicidal bodies, they did promote the circulation of medical notions and thus, in an indirect way, medical authority in society at large.

By the early decades of the nineteenth century, numerical investigations expanded in scope and, at the same time, their objects underwent a transformation. As Theodore Porter argues, this shift was characterized by a different conceptualization of population that had emerged in the wake of the French Revolution. Society was no longer conceived of as “something pliable, to be manipulated by enlightened leaders, but [as] the product of recalcitrant customs and natural laws which stood outside the domain of mere politics.”²⁰ A vision of society as a force possessing internal dynamics that held out a potential for progress (industrialization), but also for instability (political unrest) underpinned the transition from political arithmetic to statistics.²¹ Loosely defined as “a [new] science concerned with states, or at least with those matters that ought to be known by the ‘statist’,”²² the subject matter of statistics became an amalgam of quantitative information about all aspects of society: economic, social and moral conditions of national populations, the conditions of the working classes, crime and suicide. Statisticians introduced new ways of measuring the progress and cost of civilization. More than any other category of moral statistics, rates of suicide captured the public imagination and infused national debate. Suicide seemed connected in a puzzling but unquestionable way to the growth of modern cities, industry and popular education.²³ By the early 19th century, the relationship between suicide and modern urban life, or “civilization,” was also a central concern of psychiatrists or, as they were known at the time, of alienists.²⁴ The increased demands that civilization placed on the brain, the excitement, the diffusion of knowledge and rising aspirations associated with metropolitan life were held responsible for rising rates of suicide in urban centers. While amongst alienists there was no general agreement on the causal relationship between insanity and suicide, the idea that increases in suicide were

symptomatic of the progress of civilization toward more advanced forms of violence was not uncommon. By the mid-nineteenth century, French, British and American scientific journals regularly published statistics on suicide rates, often articulating a presumed connection between suicide, civilization, and national/cultural identity.²⁵

Those familiar with Dostoevsky's *Devils* will recognize the extent to which ideas about suicide informed Russian public opinion about westernizing influences.²⁶ Susan Morrissey argues that Russia's ambivalent cultural relationship with the West strongly influenced the character and claims of suicidology there. Throughout the nineteenth century, low suicide rates in the countryside, interpreted as a sign of the favorable influence of traditional values, were consistently juxtaposed with the specter of rising rates in the Western borderlands and major cities and with the troubling aspects of a European-style modernity that they seemed to document. However, interpretations based on the tension between tradition and modernity were unstable, since tradition also evoked Russia's supposed "backwardness", while modernity epitomized scientific progress and westernization. Indeed, with their emphasis on the medical and social aspects of suicide, modern moral statistics challenged the stigma of self-killing and pointed the way to potential social reform. With the diffusion of positivism and medical education brought about by the reform era of the 1860s, the medico-statistical approach to suicide established itself in Russia and, eventually, linked suicide more firmly to the Janus-faced advance of civilization, its promises of progress and reform as well as its threats to social cohesion, morality, and health. In the early 1880s, two major comparative studies on suicide in Western Europe and Russia provided a social-scientific framework inspired by degeneration and Darwinist theories of the intensifying struggle for survival in modern society. Ultimately, as the author suggests, the double-edged perceptions of suicide, as both symptom and symbol of Western civilization in Russia, came to implicate the autocratic political system itself, politicizing moral statistics and framing suicide as an intrinsically political act.

In Nordic countries, suicide also became the object of increasing attention in tandem with growing interest in statistical analysis. Evelyne Luef argues that the collection of statistical data concerning the "moral quality" of populations (e.g., crime, poverty and marriage dissolution) was fostered by nation-building efforts in countries that had recently undergone political transformations. National concerns and the circulation of European statistical and medical writings on suicide fueled an interest in suicide and its relation with the progress of civilization. Authors debated suicide in relation to falling religious and moral standards, high alcohol consumption (a prominent socio-political issue), spiritual education, insanity and the law, which in Finland continued to define suicide as a crime until the end of the nineteenth century. By the latter half of the century, two comparative moral statistical studies on suicide by the Finnish physicians Thiodolf Saelan and Fredrick Westerlund located Nordic countries within the mainstream European discussion over the nature of modernity. From this perspective, high suicide rates were both the outcome of an ever-intensifying struggle for survival in modern society and an indicator of progress which reassuringly located Scandinavia and Finland among Western Europe's most civilized countries.

In the second half of the nineteenth century, international statistical comparisons multiplied and suicidology became a prominent field of research. The first sophisticated corpus of comparative suicide statistics was published by the German economist Adolf Wagner in 1864. The part of his study that received most attention concerned the differential rates of suicide between religious confessions, in particular between Protestants and Catholics. In his article, David Lederer shows that moral statisticians in Germany echoed ongoing confessional debates and lent their voices to concerns about the future shape of the German nation. Wagner's colleague in Dorpat, the theologian Alexander von Oettingen, pronounced Wagner's sectarian arguments to be a vindication of German unification under Protestant Prussian leadership. Wagner's data were interpreted as objective evidence for an essentially superior Protestant morality, culture, and psychology, and indicative of more progressive and secular attitudes. The arguments elaborated within the suicide debate not only became another accepted "law" reproduced and discussed by other European statisticians, but also became a cornerstone for the Weberian modernity thesis with long lasting influence on sociology and, subsequently, historical understanding.

Wagner's study formed the basis for an even more influential and comprehensive work in moral statistics. In his monumental comparative study, the Italian psychiatrist Enrico Morselli confirmed the link between civilization and rising rates of suicide in Europe. Drawing on Darwin and Spencer, he "normalized" suicide, interpreting it as the natural outcome of the struggle for survival among civilized people. His views exerted powerful influence over the late nineteenth century debate and were echoed throughout Europe and as far away as Russia. Seen in the Italian political and cultural context of the 1870s, Maria Teresa Brancaccio argues that Morselli's understanding of suicide reflected the efforts of early Italian positivists to find scientific answers to the problems affecting the newly unified country and hampering its progress. Cultural fragmentation, social unrest, sharp local differences in the economic and social structure between the North and South of the country pushed notions of progress and civilization to the forefront of Italian political and intellectual debate. Low rates of suicide were thus interpreted as signs of the country's lagging civilization, on the edge of progressive and civilized Europe. Furthermore, the uneven geographic distribution of suicide within Italy was taken as confirmation of a "civilization gap" between the North and the South. With the diffusion of evolutionism, positivism, and moral statistics, suicide became a legitimate object of scientific analysis and an example of how the natural sciences could help explain social phenomena and enhance social development. In this context, the alleged statistical regularity of suicide was used as evidence in pervasive debates about the nature of free will to support arguments denying the independence of human actions, undermining the concept of moral responsibility and its metaphysical ramifications, and asserting the existence of natural laws. In addition, an inverse statistical relationship between crime and suicide allowed Morselli to discuss the two phenomena as manifestations of different levels of natural and social evolution, thus providing a scientific explanation of the civilization gap between the North and the South. In short, Morselli's work formed part of a general trend of the late nineteenth century toward redefining Italian problems in modern, scientific, and secular terms.

The medicalization of suicide in the nineteenth century, more than a linear process of expanding medical authority, was a multilayered process in which medical theory and practices were interwoven with and transformed by bureaucratic and legal practices. In her article, Åsa Jansson explores the emergence of the term “suicidal” to demonstrate how the standardization of asylum practices in nineteenth century Victorian England crucially shaped diagnostic criteria and theoretical knowledge. The author shows that the term “suicidal propensities” (a concept that acquired great relevance for the diagnostic descriptions of melancholia in the last decades of the century) did not originate in medical literature, but rather in medical certificates authorizing the institutionalization of patients in psychiatric hospitals. The committal procedure required an assessment of whether patients were “suicidal,” “dangerous” etc. and that assessment was generally based on evidence provided by patients’ relatives or a magistrate. In this context, suicidal could refer to various types of behavior and was thus an ambiguous and multivalent concept intended to provide the authorities with actionable data. Within the asylum’s walls, however, the assessment of patients’ suicidal risk was entered into an admissions register, where the term suicidal acquired medical and statistical relevance. The practices that shaped the medical concept of suicidal propensities and linked them to melancholia generated numerical data which, in turn, enabled physicians to argue that melancholics were the most suicidal of all lunatics. Standardized admission procedures thus facilitated a shift in nosology that, in turn, reinforced the knowledge produced by asylum statistics.

Georgina Laragy shows that *non-compos mentis* verdicts in court cases were not a straightforward symptom of medicalization or secularization of suicide in Western culture, as is often argued, but were the outcome of legal and medical procedures that were based in good part on lay people’s reports. In England and in Ireland, she argues, doctors and lawyers questioned the predominance of *non-compos mentis* verdicts in coroner’s inquests. In legal practices regulating the inquest, however, medical expertise was less relevant in convincing a jury that the deceased had been insane at the time of death than the testimony of family and friends. These domestic testimonies were the chief source of evidence for a verdict of temporary insanity. The construction of the relationship between insanity and suicide thus reflected the complex interplay among different registers of knowledge and practice. In many instances, lay people’s reports exerted powerful influence over jury verdicts and acquired an authority comparable to that of medical professionals.

The last contribution to this collection adopts a “history of the present” perspective for a critical examination of the current conceptualization of suicide as mental illness. In his chapter, Ian Marsh explores the role played by historians in constructing modern suicide as a medical artifact that has come to dominate our perception over the last two centuries. Drawing heavily on Foucault’s work, Marsh argues that bygone “medical truths” about suicide formulated in the nineteenth century still guide contemporary thought and practice and have established a “compulsory ontology of pathology” that is rarely questioned. By locating the source of suicidality within the pathologized interiority of the individual subject, a “science of suicide” has led to the bureaucratic formulation of universally applicable psychological and psychiatric theories. The resulting game of ticking-boxes regularly glosses over local, particular, and individual

determinants. His conceptualization of suicide as a cultural and historical formation is central to our understanding of the impact that the making of modern suicide has had. It calls contemporary medical paradigms into question and seeks to discover forces and contingencies behind our way of thinking about and acting on suicide.

Finally, as the result of a fortuitous coincidence, John Weaver and Doug Munro's submission to the *Journal of Social History* arrived just as this special issue was in preparation. Their study of the impact of neo-liberal economic policies in New Zealand draws on qualitative evidence contained in inquest files to illustrate how those policies—designed to shrink fiscal deficits and 'starve the beast' of state spending on social welfare programs—contribute to a marked rise in male suicide rates. As their approach treats suicide as an amenable socioeconomic and political problem, it resonates pertinently with many issues raised in our collection. We are therefore pleased to be able to include their analysis of recent developments in New Zealand against the backdrop of our emphasis on pre-Durkheimian suicidology.

Today, suicidology finds itself at a crossroads. As a modern neologism, some of its fundamental premises face imminent re-definition in the forthcoming publication of DSM-V in 2013.²⁷ What better place to start than with a reconsideration of its origins? To modern sensibilities, suicide is still an awesome act of negation, at once self-evidently endowed with profundity and coolly measurable through objective science. In the face of these sensibilities, the following articles address several key questions: What are the origins of our social interest in suicide? What is the historical significance of that interest? Why should the history of self-killing attract special interest? And, most significantly, how was modern suicide made? In each case, we seek specific answers in the contentious space of pre-Durkheimian suicidology and amongst the judicial experts, nationalists, physicians, psychiatrists, sociologists, theologians and, not least, the self-killers who peopled it.

Endnotes

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1. See Anton van Hoof, *From Autothanasia to Suicide: Self-killing in Classical Antiquity* (London/New York, 1990), 136–38.

2. Although Comte's abstract philosophical system did not treat social phenomena directly, personal experience of mental illness and suicide influenced his work. In particular, following unsuccessful treatment by the alienist Jean-Étienne Esquirol, Comte attempted to drown himself in 1827 by jumping into the Seine from the Pont des Arts, but was saved by a passing royal guard. Mary Pickering, *Auguste Comte: An Intellectual Biography Volume I* (Cambridge, 1993), 394–96.

3. Charles H. Powers, *Making Sense of Social Theory: A Practical Introduction* (Plymouth, 2010), 102–3.

4. Of course, apart from its direct utility in establishing and shaping reformist sociology, the apparent suicide of a close friend may also have inspired his choice of suicide as the

first case study to represent the nascent discipline. On Durkheim's intellectual motivations to write *Le Suicide*, see the classic biographies of Anthony Giddens, *Emile Durkheim* (London/New York, 1978), 39-53, and Dominick LaCapra, *Emile Durkheim: Sociologist and Philosopher* (Ithaca/London, 1972), 144-56.

5. See for example the early bibliographic works of the Italian cultural historian Emilio Motta (*Bibliografia del Suicidio*, Bellizona, 1890)—whose collection predated Durkheim by seven years and attests to the influence of his countryman Enrico Morselli—and his German counterpart and church historian Hans Rost (*Bibliographie des Selbstmords*, Regensburg, 1927).

6. Two recent historiographic overviews survey developments in the field: Cf. Róisín Healy, "Suicide in Early Modern and Modern Europe," *Historical Journal* 49 (2006): 903-19; David Lederer, "Suicide in Early Modern Central Europe: A Historiographical Review," *German Historical Institute London Bulletin* 28 (2006): 33-46.

7. For a comprehensive bibliography of recent works, see Alexander Kaestner, *Unkommentierte Auswahlbibliographie zur Geschichte des Suizids in der Frühen Neuzeit*, http://rcswww.urz.tu-dresden.de/~frnz/Suizid_FNZ/Bibliographie.pdf. The areas mentioned above are studied, respectively, in: Hoof, op.cit.; Alexander Murray, *Suicide in the Middle Ages Part I: The Violent against Themselves* (Oxford, 1999) and *Part II: The Curse on Self-Murder* (Oxford, 2000); Jörg Fisch, *Tödliche Rituale: Die indische Witwenverbrennung und andere Formen der Totenfolge* (Frankfurt am Main, 1998); Paul S. Ropp, Paola Zamperini, and Harriet T. Zurndorfer, eds., *Passionate Women: Female Suicide in Late Imperial China* (Leiden/Boston, 2001); Susan Morrissey, *Suicide and the Body Politic in Imperial Russia* (Cambridge, 2006); Kenneth M. Pinnow, *Lost to the Collective: Suicide and the Promise of Soviet Socialism* (Ithaca, 2010); Meghan Vaughan, "Suicide in Late Colonial Africa: The Evidence of Inquests from Nyasaland," *American Historical Review* 115 (2010): 385-404; Mordecai G. Sheftall, *Blossoms in the Wind: The Human Legacy of the Kamikaze* (New York, 2005); Christian Goeschel, *Suicide in Nazi Germany* (Oxford, 2009); Howard I. Kushner, *American Suicide: A psychocultural Exploration* (Rutgers, 1991); Maurice Pinguet, *Voluntary Death in Japan* (Cambridge, MA, 1993); Christoph Reuter, *My Life is a Weapon: A Modern History of Suicide Bombing* (Princeton, 2004).

8. Jeff Watt, ed., *From Sin to Insanity: Suicide in Early Modern Europe* (Ithaca/London, 2004); Andreas Bähr and Hans Medick, eds., *Sterben von eigener Hand: Selbsttötung als kulturelle Praxis* (Cologne, 2005); Paul Weaver, ed., *A Sadly Troubled History: The Meanings of Suicide in the Modern Age* (Toronto, 2009).

9. Mark R. Phillips, Xianyun Li, Yanping Zhang, and Michael Eddleston, "Suicide Rates in China," *The Lancet* 359 (2002): 835-40; Jianlin Ji, Arthur Kleinman, and Anne Becker, "Suicide in Contemporary China: A Review of China's Distinctive Suicide Demographics in Their Sociocultural Context," *Harvard Review of Psychiatry* 9 (2001): 1-12.

10. One obvious example is Roxane Witke's reconsideration of the Chairman's own study, "Mao-Tse-tung, Women and Suicide in the May Fourth Era," *China Quarterly* 31 (1967): 128-47. More trenchant studies into China's cultural past include Andrew C.K. Hsieh and Jonathan Spence, "Suicide and the Chinese Family in Pre-Modern Chinese Society," in Arthur Kleinman and Tsung-Ji Lin, eds., *Normal and Abnormal Behavior in Chinese Culture* (Dordrecht, 1981): 29-47, and compellingly, Jonathan D. Spence, *The Death of Woman Wong* (London/New York, 1978).

11. The research of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, University of Hong Kong, has been seminal in this area. For a recent example, see E.Y. Chen, W.S. Chan, P.W. Wong, S.S. Chan, C.L. Chan, Y.W. Law, P.S.

Beh, K.K. Chan, J.W. Cheng, K.Y. Liu, and P.S. Yip, "Suicide in Hong Kong: A Case-Control Psychological Autopsy Study," *Psychological Medicine* 36 (2006): 815–25.

12. Georges Minois, *History of Suicide: Voluntary Death in Western Culture* (Baltimore, 1999); Marzio Barbagli, *Congedarsi dal mondo* (Bologna, 2009). As a result of these and many other studies, it is now possible to offer coherent seminars on the history of suicide, though a standard textbook remains a desideratum.

13. Anthony Giddens, "The Suicide Problem in French Sociology," *British Journal of Sociology* 16 (1965): 3–18; Robert D. Goldney, Johan A. Schioldann, and Kirsten I. Dunn, "Suicide Research before Durkheim," *Health and History* 10 (2008): 73–93. More generally, see also Ursula Baumann, *Vom Recht auf eigener Tod. Geschichte des Suizids vom 18. bis zum 20. Jahrhundert* (Weimar, 2001); Reinhard Bobach, *Der Selbstmord als Gegenstand historischer Forschung* (Regensburg, 2004).

14. Giddens (*Durkheim*, 47) suggests: "The book contains very little that was new ...," at least in respect of "... its method of statistical correlations and the results obtained." The novelty of *Le Suicide* consisted largely of its search for "an exclusively sociological explanation," which bordered on the mechanical. Howard Kushner has argued along similar lines and added the observation that Durkheim's views were tainted by the gender biases of his day. Cf. Howard I. Kushner, "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought," *Journal of Social History* 26 (1993): 461–90. Similarly for the case of psychiatry, see German E. Berrios and M. Mohanna, "Durkheim and French Psychiatric Views on Suicide During the 19th Century: A Conceptual History," *British Journal of Psychiatry* 156 (1990): 1–9.

15. Prior to the nineteenth century, only a scattered handful of theologians, libertines and philosophers bothered to write extensively about self-murder, among them Martin Luther, Giacomo Casanova, David Hume, and Charles More.

16. As cited by Kushner ("Suicide," 476), Joan Scott has argued that statistics "are neither totally neutral collections of fact nor simply ideological impositions. Rather they are ways of establishing the authority of certain visions of social order, or organizing perceptions of 'experience.'" But this assessment does not need to be limited to statistics. While statistics certainly represented a powerful means for organizing experiences, they were but one of many tools at the disposal of historical actors.

17. The organizers were Maria Teresa Brancaccio, David Lederer, and Susan Morrissey. The Conference was sponsored by the Wellcome Trust for the History of Medicine (Grant No. 092939). Eric Engstrom was invited to discuss the authors' contributions. The editors wish to express their thanks to the Wellcome Trust for its generous support of the conference.

18. Foucault defines bio-power as "what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life," *The History of Sexuality, Vol. I: An Introduction*, (New York, 1980), 143.

19. See Richard Bell, *We Shall be no More: Suicide and Self-Government in the Newly United States* (Cambridge, Mass., 2012), 89.

20. See Theodore M. Porter, *The Rise of Statistical Thinking* (Princeton, 1986), 26.

21. *Ibid.*, 23–27.

22. *Ibid.*, 23–24.

23. As Kushner writes ("Suicide," 462), the connection between suicide and urban life has roots in Western thought that goes back to the seventeenth and eighteenth centuries.

24. Ian Hacking argues that the controversy on suicide rates in the respective countries, which opposed English and French doctors in the first decades of the nineteenth century, was the 'beginning of numerical sociology' as the numbers of suicide were considered as indicators of the moral fabric of the population. The controversy, Hacking argues, set the stage for the counting of suicides and, more relevantly, coincided with French psychiatrists' claims on suicide as a form of mental illness. Ian Hacking, *The Taming of Chance*, (Cambridge, 1990), 64–67.

25. Kushner, "Suicide," 464.

26. Contextualized by Irina Paperno, *Suicide as a Cultural Institution in Dostoevsky's Russia* (Ithaca, 1998).

27. As recently suggested in an editorial by the Australian psychiatrist Diego De Leo, "DSM-V and the Future of Suicidology," *Crisis* 32 (2011): 233–39.