Emile Durkheim and Suicide

- Durkheim speculated that society and social groups provide two important functions for individuals:
  - Regulation
  - Integration
- He suggested that persons who lacked proper regulation were subject to the forces of anomie and so were more likely to commit suicide.
- With regard to the needs-means relationship and suicide, he notes:

  No living being can be happy or even exist unless his needs are sufficiently proportioned to his means. In other words, if his needs require more than can be granted, or even merely something of a different sort, they will be under continual friction and can only function painfully. Movements incapable of production without pain tend not to be reproduced. Unsatisfied tendencies atrophy, and as the impulse to live is merely the result of all the rest, it is bound to weaken as the others relax (p. 246).

- How does this apply to regulation?
- Did Durkheim miss something?

Merton’s Vision of Anomie

- Merton argues that there are two important elements of the social and cultural structure to consider when examining the production of anomie:
  - Culturally defined goals, purposes and interests that comprise a frame of aspirational reference
  - Elements of the social structure that defines, regulates and controls the acceptable means of attaining these goals.
- It is important to note that in this article, he seeks to explain the high level of deviant behavior in the U.S. compared to other western countries.

Merton (continued)

- Merton argues that when persons conform to the culturally defined goals but lack the ability to meet those goals using culturally prescribed means, they will look for different ways to obtain the goal using other means.
- He further argues that this is a problem in the U.S. because the culturally defined goals in the U.S. (e.g., wealth attainment) are the same across social classes, but the means to attain that end are not.
Merton  
(continued)
• In discussing this state of affairs he notes,  
The cultural demands made on persons in this situation are incompatible. On the one  
hand, they are asked to orient their conduct toward the prospect of accumulating  
wealth and on the other, they are largely denied effective opportunities to do so  
insutorially. The consequences of such strucutral inconsistency are  
psychopathological personality, and/or antisocial conduct, and/or revolutionary  
activities.

Merton  
(continued)
• Most importantly, he argues that it is not just a lack of opportunity that leads to this  
state of affairs.  
• Rather, it exists only where there is also a coupling of culturally defined goals that are  
constant across levels of class. He states,

A high frequency of deviate behavior is not generated simply by “lack of opportunity”  
or by this exaggerated pecuniary emphasis. A compartively rigidfied class structre, a  
feudalistic or caste order, may limit such opportunities far beyond the point which  
obtains in our society today. It is only when a system of cultural values extols,  
virtually above all else, certain common symbols of success for the population at large  
while its social structure rigorously restricts or completely eliminates access to  
approved modes of acquiring these symbols for a considerable part of the same  
population, that antisocial behavior ensues on a considerable scale...The American  
stress on pecuniary success and ambitiousness for all thus invites exaggerated  
anxieties, hostilities, neuroses and antisocial behavior.

Merton  
(continued)
• Finally, he argues that the symbols of achievement in many other western countries  
are differentiated by class, thus avoiding some of the problems encountered in the U.S.

The current state of anomie
• How is anomie currently defined?  
• Generally speaking, anomie is defined as normlessness. Within that term, there are  
two meanings:  
  • Normlessness as a deviation from prescribed rules or customs.  
  • Absence or unclarity of prescriptions for behavior.  
• What are some of the measures of anomie?
Srole Anomia scale
• This five-item scale was developed in 1956 to tap the normlessness dimension. The items are:
  • There’s little use writing public officials because they often aren’t really interest in the problems of the average man.
  • Nowadays a person has to live pretty much for today and let tomorrow take care of itself.
  • In spite of what some people say, the lot of the average person is getting worse, not better

Srole (continued)
• It’s hardly fair to bring children into the world with the way things look for the future.
• These days a person doesn’t really know whom he [or she] can count on.

Constructs related to anomie
• Powerlessness
• Alienation
• Misanthropy
• Hopelessness

Hopelessness
• What is hopelessness?
  Hopelessness constitutes an essential experience of the human condition. It functions as a feeling of despair and discouragement; a thought process that expects nothing; and a behavioral process in which the person attempts little or takes inappropriate action (Farran et al., 1995).
• These authors argue that hopelessness usually arises from frequent difficult life events that accumulate over time.

How is hopelessness measured?
• The most common measurement of hopelessness currently used in the health literature is a simple two-item index:
  • I feel that it is impossible to reach the goals I would like to strive for.
  • The future seems hopeless for me and I can’t believe that things are changing for the better.
• For each of the two items, respondents are asked whether they strongly agree, agree somewhat, disagree somewhat, or strongly disagree.
What is the role of hopelessness in the SES-health connection?

- Hopelessness has been found to be strongly graded by socioeconomic status such that persons of lower SES score higher on hopelessness scales.

**SES and hopelessness**

- Why would people lower in SES score this way?
  - Inability to reach culturally prescribed goals
  - Unemployment
  - Insufficient funds to provide proper resources for family members

So, hopelessness is related to SES, but is it related to health?

- The study of the relationship between hopelessness and health is still rather new. Much of the work that has been done has examined the effect of hopelessness on mortality and CVD. What have these studies found?

**The Kuopio Ischemic Heart Disease Study**

- Higher levels of hopelessness are associated with greater risk of mortality from all causes, CVD, non-CVD, and cancer.
- Higher levels of hopelessness were also related to increased incidence of MI.
- Even when the authors stratified their sample by disease, they found that hopelessness was related to mortality.

**Detroit Area Study and others**

- In the DAS, hopelessness is strongly related to a number of mental health outcomes, including psychological distress, depression, and well-being.

**Other studies**

- In a study using nationally representative data, hopelessness is strongly associated with both SES and with psychological distress, depression, life satisfaction, and self-rated health.
- In sum, there appears to be some connection between SES and health through hopelessness.

**The History of Psychological Factors and Health per Siegman**

- Siegman argues that there are various references in ancient texts to the importance of anger for individual health.
- However, during the rise of modern scientific medicine, the holistic paradigm (that which acknowledges the role of psychological factors in health and illness) was
replace by a purely physical one, where disease was caused and cured by physical factors.
• The work of Freud and others brought about a reemergence of the holistic paradigm.

  Type A Personality
  • During the fifties, two cardiologists identified a set of behaviors that appeared to be risk factors for CHD. They include competitiveness, impatience, aggressive and hostile behavior, and a sense of time pressure.
  • The Type A personality, as it was called, was initially found to have strong predictive power for CHD.
  • However, later studies showed that Type A had no effect on heart disease.

  The Emergence of Hostility
  • As research on Type A continued, some researchers, notably Redford Williams, found that one element of Type A, hostility, was associated with CHD.
  • Further work on the issue of hostility and CHD supported this initial work.
  • Current work on this subject is tending to focus on different types of anger in combination with hostility.

  What are the measures of hostility?
  • One of the major instruments used to gauge hostility is the Cook-Medley Hostility Scale.
  • The scale contains a number of items that have been since broken down into subscales:
    • Cynicism
    • Hostile attribution
    • Hostile affect
    • Aggressive Responding
    • Social Avoidance
    • Other

  How does Ho relate to SES and health?
  • There is some evidence that hostility levels are higher among persons of low SES.
  • Helmers et al. (1994) reviewed a number of studies that have examined the relationship between hostility and CHD.
  • They found that a majority of those studies found a positive relationship between hostility and negative CHD outcomes.

  Interrupters Beware!
  • Siegman notes that interrupting others may be related to CHD:
    …the frequency of interrupting one’s conversational partner, which is the major constituent of the Verbal Competition category, is an expressive correlate of
dominance and assertiveness. Perhaps this personality trait, which is conceptually related to the original definition of the Type A construct, is yet another independent risk factor for CHD (p. 13).

The History of John Henryism

- Working out of North Carolina, Sherman James undertook research to determine why African Americans tend to have higher rates of hypertension than Whites.
- In reading the work of Syme, James noted the intriguing hypothesis that the relationship between SES and health was mediated by prolonged, high effort coping with difficult psychosocial stressors.
- During this same period, Dr. James met a retired Black farmer named John Henry Martin who seemed to typify the type of coping described by Syme.

The Definition of John Henryism

- Based on the experiences of Martin, and on the story of John Henry, James coined the term John Henryism to refer to:
  - prolonged, high effort coping with difficult psychosocial environmental stressors.
- For poor African Americans, what might some of these stressors be?

The John Henryism Hypothesis

- The John Henryism hypothesis expects that those of low SES who are high in John Henryism should have higher levels of blood pressure and hypertension.
- How does this hypothesis follow from the previous discussion?
  - Persons of low SES are those who must continually face a litany of psychosocial stressors.
- Is this a mediating or moderating effect?

JH Findings

- He found that among African Americans living in Pitt County, NC, SES was related to hypertension prevalence only among those adults who were high in levels of John Henryism.
- Other findings for JH have been somewhat mixed. That is, some studies show the expected results whereas others find no effect.
- One criticism of JH is that it does not take into account the nature of the stressors. Such a reformulation may better our understanding of how JH affects hypertension and other facets of health.

Other Psychosocial Factors

- There are a number of other psychosocial factors that are thought to underlie the relationship between SES and health. These include:
  - Self-esteem
- Self-efficacy
- Misanthropy
- Alienation
- Forgiveness?

**Discussion Question**

- To this point, we have learned that a number of factors, including housing and environment, work and unemployment, health behaviors, and psychosocial variables, may account for the relationship between SES and health status.
- Given this list of possible mechanisms, what do we do to solve the problem. Perhaps more importantly, is such a solution possible? If so, will it come in a capsule, a pen, or a shell casing?