

*Choosing Death*

*Habent sua fata libelli*

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# choosing death

suicide

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jeffrey r. watt

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# Abbreviations

AEG	Archives d'Etat de Genève
CO	Ioannis Calvinii Opera Quae Supersunt Omnia
EC	Registres d'Etat Civil
LM	Livres des Morts
PC	Procès Criminels
RC	Registres du Conseil
SC	Supplementa Calviniana

# Introduction

THROUGHOUT HISTORY many great minds have pondered the issue of suicide. In the ancient Greco-Roman world, suicide caught the attention of the great philosophers, playwrights, and statesmen. Pythagoras, Plato, Aristotle, Cicero, and Seneca, among others, all considered whether it was licit to end one's life voluntarily. With the appearance of Christianity, theologians discussed the legitimacy of "self-murder" (one can hardly say "debated," given the lack of disagreement on the issue). In their respective eras, Augustine, Aquinas, and, as we shall see, John Calvin, all considered whether suicide was right or wrong. From ancient Rome into the modern era, jurists and legal scholars argued about what, if any, penalties should be inflicted upon the estates or bodies of suicides. The philosophes of the eighteenth century discussed at length whether suicide was ever permissible and whether legal traditions toward it were just.

Modern scholarship has shifted away from the ethics of taking one's life, concentrating on the causes of suicide. In the nineteenth and twentieth centuries, the work on suicide that has garnered the most attention has largely been the scholarship of two sorts of researchers: psychiatrists and psychologists, on the one hand; sociologists, on the other. Of the former, one of the first scholars to examine suicide from the point of view of physiology was Etienne Esquirol, who believed that all suicides were mentally ill, a belief that grew out of the views on suicide of the eighteenth-century philosophes. In 1838 Esquirol wrote in his *Maladies mentales* that people attempt to take their lives only when delirious and that all suicides are "alienated."<sup>1</sup> The

<sup>1</sup>Etienne Esquirol, *Des maladies mentales: Considérées sous les rapports médical, hygiénique, et médico-légal*, 3 vols. (Paris: J. S. Chaude, 1838). See also Henry Romilly Fedden, *Suicide: A Social and Historical Study* (New York: Benjamin Blom, 1972), 309; Georges Minois, *Histoire du suicide: La société occidentale face à la mort volontaire* (Paris: Fayard, 1995), 369.

German psychiatrist Emil Kraepelin (1856–1926) stressed the physiological causes of suicide. Most notably, he observed that organic imbalances underlie depressive disorders; consequently, manic depressives by their very constitution are more prone to suicide than others.<sup>2</sup>

For Sigmund Freud (1856–1939) and other psychoanalysts, suicide results not from physiology but from intrapsychic conflicts. According to one hypothesis based on Freudian thought, suicide can result when people concentrate their libido entirely on one object. If, for example, a man invests all his romantic and sexual interests in one woman and that relationship fails—be it through unrequited love or the departure or death of the woman—life for him may no longer seem worth living, and suicide may follow. Psychologists also talk about the desire for tranquility, shared to varying degrees by all humans, which is associated with the desire to return to the stillness of the womb. Since people can never realize this infantile wish, they may feel frustrated in life and melancholic and ultimately may be pushed to kill themselves by this unfulfilled wish for tranquility.<sup>3</sup> Whether they stress biological imbalances or psychic conflicts, both psychological and psychiatric approaches to suicide stress the inner causes that push a person to take his or her life.<sup>4</sup>

By contrast, sociologists have argued that societal forces, external impetuses, are fundamentally important in the etiology of suicide. Many have insisted that suicide has been endemic to modernization and industrialization. In 1879 Enrico Morselli, for example, argued that with industrialization (modernization or urbanization would probably be better terms) the traditional villages of rural Europe gradually disappeared. The rural societies of premodern Europe, Morselli avowed, provided an unquestioned culture based on seemingly timeless traditions. The urban environment that supplanted rural society was characterized by constant cultural change. People increasingly expressed doubts about and criticisms of the ways of the past

<sup>2</sup>Howard I. Kushner, *American Suicide: A Psychocultural Exploration* (New Brunswick, N.J. and London, 1991), 6–7.

<sup>3</sup>Henry Romilly Fedden, *Suicide: A Social and Historical Study* (New York: Benjamin Blom, 1972), 322–23; Kushner, *American Suicide*, 3–6.

<sup>4</sup>Such researchers have tended to modify the connection between suicide and mental illness: rather than insist that all suicides are psychologically disturbed, they tend to look for varying degrees of risk for suicide among different diagnostic groups; David Lester, *Why People Kill Themselves: A Summary of Research Findings on Suicidal Behavior* (Springfield, Ill.: Charles C. Thomas, 1972), 193.

and offered a wide range of alternatives, leading to “normative confusion.” This cultural confusion allegedly could lead to despair and, consequently, to growing numbers of suicides.<sup>5</sup>

The figure who towers above the rest in sociological research on suicide is Emile Durkheim (1858–1917), a contemporary of Freud and Kraepelin. Though it has been highly praised and roundly criticized, Durkheim’s *Suicide: A Study in Sociology* has undeniably served as a matrix for the sociological study of self-inflicted deaths. There is no work on suicide in psychology or psychiatry that has had anywhere near the impact on those disciplines that Durkheim’s *Suicide* has had on sociology. Durkheim’s work and that of many followers is based on the assumption that society, or “collective reality,” exists external to individuals. Durkheim believed that the suicide rate of a given society is a most effective gauge with which to measure that society’s overall cultural or moral health. Struck with the regularity of suicide rates in societies, Durkheim and his followers have interpreted these statistics and endeavored to explain why suicide rates are higher for some societies than for others. Durkheim dismissed the importance of climatic, ethnic, and organic factors behind the widely varying rates at which different populations take their lives, insisting rather that variations in suicide rates reflect differences in social organization. For Durkheim, suicide rates varied inversely to the degree of religious, domestic, and political integration of a particular society: the stronger the support one receives from one’s religion, family, and state, the less likely a person is to commit suicide.<sup>6</sup>

In his work on suicide in the late nineteenth and early twentieth centuries, Maurice Halbwachs attributed virtually all suicides to social isolation: a variety of setbacks—job loss, financial reversal, poverty, family sorrow, unhappy love affair, physical or mental illness, drunkenness—can all result in the cutting off of the individual from collective society, increasing the propensity for suicide.<sup>7</sup> Social isolation, or the lack of social integration, has become the one factor that sociologists most often cite as predisposing individuals to commit suicide: the more integrated individuals are in a society,

<sup>5</sup>Enrico Morselli, *Il Suicidio: Saggio di statistica morale comparata* (Milan: Dumolard, 1879). See also Steven Stack, “Suicide and Religion: A Comparative Analysis,” *Sociological Focus* 14 (1981): 207–20.

<sup>6</sup>Emile Durkheim, *Suicide: A Study in Sociology*, trans. John A. Spaulding and George Simpson, ed. George Simpson (New York: Free Press, 1951).

<sup>7</sup>Maurice Halbwachs, *Les causes du suicide* (Paris: Félix Alcan, 1930), 512–13.

the fewer suicides are likely to occur; the more people are isolated, the more likely they are to take their lives.<sup>8</sup> In dealing with this issue, the sociologists Jack Gibbs and Walter Martin provided a nuanced explanation, suggesting that the key to variations in suicide rates is status integration. Each person occupies a number of roles or statuses in society, based on age, sex, race, religion, and so forth. They argue that suicide rates vary directly with the degree to which individuals' different statuses conflict in a given society; the more closely people follow the roles society prescribes for them, the lower society's suicide rate will be.<sup>9</sup> There are also some important sociological schools of thought that reject Durkheimian methodology. Among the most important critics is Jack Douglas, who along with others, rejects entirely the use of official statistics, deeming them highly idiosyncratic and unreliable.<sup>10</sup>

While more than five thousand articles and books have been written about suicide from the point of view of sociology, psychology, and medicine, relatively little has been published on the history of suicide. Those works that have been written generally are of two types: studies in intellectual and legal history, and attempts to reconstruct the suicide rates of particular societies. Of the former type, the most ambitious and impressive work remains Albert Bayet's *Le suicide et la morale*, which traces the attitudes toward suicide of philosophers, jurists, theologians, and creative writers from Greco-Roman antiquity through the nineteenth century.<sup>11</sup> Georges Minois has made a fresh contribution to the history of changes in the attitudes toward and the judicial treatment of suicide with his broad synthesis, which concentrates on the early modern era.<sup>12</sup> While an understanding of the views on suicide of intellectual and judicial leaders is important, it does not tell us all we want to know about self-inflicted deaths.

A number of other historical works, basing their research on official statistics, have endeavored to establish the frequency with which members of a given society took their lives. Historians who pursue such research have been

<sup>8</sup>Steve Taylor, *Durkheim and the Study of Suicide* (New York: St. Martin's Press, 1982), 27.

<sup>9</sup>Jack Gibbs and Walter T. Martin, *Status Integration and Suicide: A Sociological Study* (Eugene: University of Oregon Books, 1964).

<sup>10</sup>Jack D. Douglas, *The Social Meanings of Suicide* (Princeton: Princeton University Press, 1967). See also Taylor, *Durkheim*.

<sup>11</sup>Albert Bayet, *Le suicide et la morale* (Paris: Félix Alcan, 1922; reprint, New York: Arno Press, 1975).

<sup>12</sup>Minois, *Histoire du suicide*.

inspired, to varying degrees, by Durkheim's pioneering work. Like Durkheim, they stress the importance of social forces in determining the levels of suicide in a society, viewing the suicide rate as an effective barometer for measuring its overall health. A superb example of this type of historical work is Olive Anderson's study of suicide in Victorian and Edwardian England. Effectively using official statistics, supplemented by a host of other sources, Anderson finds important differences in suicide rates based on gender and on region, comparing areas that were industrialized and urbanized with others that remained largely rural.<sup>13</sup>

For most areas of early modern Europe, legal records and death registers are generally too spotty and inconsistent to do much beyond outlining the judicial treatment of suicide.<sup>14</sup> An outstanding work on early modern suicide is, however, Michael MacDonald and Terence Murphy's *Sleepless Souls: Suicide in Early Modern England*. Because a large number of records are lost, the authors eschew trying to make broad conclusions based on statistics or speculating on what "caused" people to take their lives. Rather, they analyze the "meaning of suicide" by looking at suicide as a cultural phenomenon. Examining a wide range of sources, including coroners' reports, selected parish registers, newspapers, and a host of other published sources, MacDonald and Murphy trace changing attitudes—both "popular" and "elite"—toward suicide. They persuasively argue that the early modern era in England witnessed revolutionary changes in myriad areas which were readily reflected in the changing views on and treatment of suicide. The increased centralization of royal power under the Tudors, the Reformation of the Church, the Civil War, the Enlightenment reaction against religious fanaticism, and the birth of the popular press all influenced the changing cultural meaning of

<sup>13</sup>Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford: Clarendon Press, 1987).

<sup>14</sup>See, for example, Alain Joblin, "Le suicide à l'époque moderne: Un exemple dans la France du Nord-Ouest, à Boulogne-sur-Mer," *Revue historique* 589 (1994): 85–119; Alfred Schnegg, "Justice et suicide sous l'Ancien Régime," *Musée Neuchâtelois* (1982): 73–94. Even certain statistical works tell us more about changes in the judicial treatment of suicide than in the frequency of self-inflicted deaths. S. J. Stevenson believes that the recorded increase in suicide verdicts in the late sixteenth century was most likely simply the result of more systematic investigations; "The Rise of Suicide Verdicts in South-East England, 1530–1590: The Legal Process," *Continuity and Change* 2 (1987): 37–75; see also idem, "Social and Economic Contributions to the Pattern of 'Suicide' in South-East England, 1530–1590," *Continuity and Change* 2 (1987): 225–62.



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