What is the importance of Durkheim’s *Suicide* to Sociology? How relevant are his views about the individual and society today?

Durkheim proposes a complex set of relations between the individual and the society, which are outlined in his work *Suicide*. Through this work, it can be seen that the most individual of acts, such as suicide, can be explained through social causes. This will serve as the starting point for this essay and will also provide an answer to the question of what is the importance of Durkheim’s *Suicide* to sociology. It will continue by moving onto outlining Durkheim’s concept of social facts to begin to evaluate the relevance of his views about the individual and the society today. In addition, Durkheim’s concept of solidarity will be applied to the study of health within the contemporary world, since this individual state, health, can be viewed through social causes. Furthermore, Durkheim’s views about the relationship between religion and solidarity can be outlined as an important aspect of relating Durkheim’s work to the contemporary world, as it can be applied to health as well as to tourism. Finally, a further assessment will be drawn on the relevance of Durkheim’s views about the individual and the society today, portraying the limitations of these views. As a conclusion, Durkheim’s *Suicide* can be outlined as a key influence in constructing the discipline of sociology and his views about the individual and society can be said to maintain their importance for the theory as well as practice for the discipline today, but only as a preliminary theoretical tool.

Durkheim’s primary aim was to explain how individual pathology was a function of social dynamics (Berkman et al., 2000). In other words, Durkheim explained the ‘individual’ act of suicide in terms of societal influences. Suicides are connected with feelings sustained through the social environment (Jones, 2001). Thus, the importance of *Suicide* to sociology is its rigorous attempt to explain individual behaviour as resulting from the state of the society. Consequently, these individual acts of suicide are socially patterned. Durkheim was involved in a process of elimination, in which all theories that resort to individual or other extra-social causes for suicide are dispatched and leave only social causes to be considered (Durkheim, 1952). Suicide within society is a fact, a social fact, which is separate and capable of study in its own terms. Within *Suicide*, Durkheim shows how ‘social facts’ can be used to explain changing patterns of collective tendency towards suicide (Berkman et al., 2000). As a result, Durkheim’s methodology offered a sociological explanation dependent upon social causes for a psychological and individualistic phenomenon (Thompson, 1988). The systematic variations in the suicide rates, religion, family relationships, war and peace, and economic crisis, showed that suicide cannot be explained solely in terms of the psychology of the individual. Additionally, certain social environments may induce, perpetuate or aggravate the suicide potential (Durkheim, 1952). For example, the breakdown of traditional moral controls and standards, by moral social developments and changes, may leave many individuals feeling like they have no meaning to their lives, in other words, experiencing a feeling of anomie, which Durkheim considered to describe the temporary condition of social deregulation (Dew and Taupo, 2009). Furthermore, society as a whole fails to provide mechanisms that could act as a moral constraint on an unregulated capitalist economy. Consequently, individual desires are no longer regulated by common norms. This, in turn, can be seen through the sociological study of suicide.

Durkheim’s *Suicide* presented a foundation for his views about the individual and the society today, bringing the discussion to the important concept of social facts, which are collective phenomena constraining individual behaviour. For Durkheim, societies constrain individuals in two ways: first,
by binding them to each other to a greater or lesser extent through shared membership of social institutions (integration) and second, by providing specific goals and means of attaining them (regulation) (Durkheim, 1952). Social facts, according to Durkheim, are the main intellectual concern of sociology. It may be said that society somehow exists over and above us, having its own reality (Cuff et al. (eds) 1990). This is because as people associate and develop relationships with others, they develop common ways of perceiving, evaluating, feeling, and acting which in turn give rise to expectations as well as constraints on how individuals should behave. Furthermore, social facts are external to individuals, having their own reality outside the lives and perceptions of individual people. This creates a collective consciousness; a coercive power (Cuff et al. (eds) 1990). Society functions to regulate the economic interactions of its various components, but also functions to regulate how the individuals perceive their own needs (Vold et al., 1998). Obeying rules, in respect to how we think, is mostly internalised by individuals, thus, individuals comply with social facts freely believing that they are acting out of choice. For example, consumerism and fashion can be considered to fulfil this function within modern society. They both hold options for individuals to choose from, but still hold a coercive power over them, as they create a collective consciousness as to what to buy. Furthermore, certain jobs are seen as socially acceptable for women, such as nursing and primary school teaching, and some for men, such as joining the police or the army. Within the contemporary western society, this type of thinking places constraints and control as well as expectations upon individuals. Consequently, Durkheim’s theory can still be used to explain current inequalities within life opportunities through the concept of social facts.

Alongside Durkheim’s concept of social facts, the concept of solidarity is also of importance for evaluating the relevance of his views about the individual and the society today. Social solidarity is maintained through the successful integration of individuals into social groups and is regulated by a set of shared values and customs. Furthermore, within organic solidarity, there are many common consciences, one for each group in a complex society and those common to the entire society (Pope and Johnson, 1983). The common conscience of the whole society is weak. Durkheim (1964) discusses solidarity as being defined by personal attachments within one’s primary group, such as the family, and emotionally strong bonds to larger, more complex social groups. This concept of solidarity can be applied, within the contemporary world, to the notion of health. Wilkinson (1996) distinguishes a relationship between Durkheim’s theory of social cohesion and solidarity related to health. According to Wilkinson (1996), the healthiest societies in the world are not the richest countries, but instead those where income is distributed most evenly. Also, within these countries, levels of social integration are highest. Thus, the high levels of national wealth are not necessarily related with better health for the population. For example, according to Wilkinson (1996), this can be seen within countries such as the United States where the gap between rich and the poor is more pronounced and undermines social cohesion. On the contrary, Scandinavian countries, such as Sweden, enjoy better levels of health on average. Social isolation and the failure to cope with stress are reflected within health, therefore, it can be possible to outline that social factors, such as ties within communities, the availability of social support and a sense of security, may determine the relative health of a society. In addition, Berkman et al. (2000) highlight the importance of Durkheim’s social integration and cohesion influencing mortality. They argue that geographical relocation related to urbanisation, housing policy or employment opportunities, large scale social change or depression, and job stress represent environmental challenges that tear apart the social networks, having damaging consequences on health.
The previous discussion of solidarity and health follows with a discussion of public health related to Durkheim’s views of the individual and society, especially religion. One of Durkheim’s concepts, organised around organic solidarity, found within the discussion of religion in society, is variously called the cult of humanity (Dew, 2009). Durkheim sees religion as having a function in providing a collective identity and creating solidarity (Dew, 2009). Within the shift towards organic solidarity and the advance of individualism, worship would centre upon the humanity held in common by individuals (Westley, 1978). This ‘new form’ of religion would express the unity of society and its faith would be based upon reason (Pickering, 1984). Public health has many characteristics that fill the role of religion within the contemporary society, as a concern for health is collective in its form and something individuals hold in common. Since mostly every individual has personal experiences about disease and illness throughout their lives, and a specific state of health allows individuals participate in society, thus within public health, personal health is seen to relate to the overall health of the community (Dew, 2009). As a consequence, health can be seen as an individualistic pursuit, but public health is a collective representation in which individual health goals can be viewed within the concept of population health (Dew, 2009). Moreover, activities such as drinking, eating and moving are integrated into a system of meaning which is related to the collective good, therefore, public health can be viewed as fulfilling the function of religion in society based on organic solidarity.

To further the discussion about the relevance of Durkheim’s views about the individual and the society based upon his views on religion, the theory of emotional solidarity is outlined as well as its use in the study of tourism will be considered. Durkheim points out that the most basic of religions have two fundamental attributes, beliefs and behaviours, which serve to bring about solidarity among members within a society (Woosnam et al., 2009). This theory can be applied to the study of tourism within the contemporary world, since much of Durkheim’s theory was focused upon social phenomena or social facts and on how the components of a system serve a specific purpose to bring about balance, integration as well as cohesion within a society. Furthermore, within tourism, there are similar interconnected parts of systems of tourism, each fulfilling their specific functions. For example, the connection between tourists and locals can be examined using the theory of emotional solidarity. The locals’ degree of shared beliefs, behaviours, and interactions with tourists will significantly predict their emotional solidarity experienced with the tourists visiting their community (Woosnam et al., 2009). Such can take place, for example, when participating in similar activities. Derrett (2003) examined locals and tourists attending festivals together and how this interaction facilitated a sense of community. Furthermore, shared beliefs with tourists can be conceptualised through an appreciation for the local area. Locals feel proud that they live in a country that has a rich natural as well as cultural heritage, and also are proud that others want to visit to experience these resources (Woosnam et al., 2009).

These demonstrations employing Durkheim’s concepts of social facts and solidarity show that his views about the individual and the society are still relevant today. According to Berkman et al. (2000), Durkheim’s contribution to the study of the relationship between society, the individual and health is immeasurable. Especially the concept of solidarity sheds light on the function of public health in contemporary society. Consequently, Lukes (1992) suggests that Durkheim’s theory can be seen as a ‘body of ideas with explanatory possibilities’. Thus, these concepts of Durkheim’s theory serve as preliminary explanations about issues such as health, but further multilevel work is needed. For example, Berkman et al. (2000) outline that cross-cultural work comparing countries with different values regarding social relationships, community, and sense of obligation could be
conducted. Similarly, specific areas within countries and specific cultural or ethnic groups with clearly defined values could be examined. Also further evaluation on how issues such as age, gender and class influence, for example, health should be taken into further consideration. On the other hand, Danigelis and Pope (1979) argue that ambiguities and inconsistencies of Suicide have led some commentators to interpret and reinterpret some of the theoretical concepts within the work, such as Durkheim’s attempt to distinguish organic from mechanical solidarity. This can be said to be connected to theoretical difficulties, which are evident within the complex as well as interpretive flexibility of Durkheim’s arguments. Furthermore, Durkheim tended to underemphasise the role of the individual within his views about the individual and the society and this is mirrored in the contemporary uses of his theory. This is apparent in his concept of social facts as well as in his concept of solidarity, as they both underestimate and neglect individual influences upon society.

As a conclusion, Durkheim’s work Suicide has had an important role within sociology as it has demonstrated that the most individual and psychological of acts can be viewed through social causes. Furthermore, Durkheim’s views on the individual and the society, outlined within his work Suicide, can be considered as a key influence in constructing sociology and can be said to remain significant for the theory and practice of the discipline today. Social facts can still be seen to hold a coercive power over individuals, as they develop common ways of perceiving, evaluating, feeling and acting, that give rise to expectations constraining individuals. Today, this is evident within consumerism and can also be used to outline inequalities within life opportunities. Also the concept of social solidarity can be said to serve an importance in evaluating the relevance of Durkheim’s views about the individual and the society today. In the contemporary use of the concept, it can be successfully applied to the notion of health, and when considering its relationship with religion, it can also be applied to the notion of public health as well as to the notion of tourism. Thus, Durkheim’s views about the individual and the society are still relevant today as they serve as preliminary theoretical explanations. On the other hand, the significant limitation of neglecting the role of the individual within these theoretical views necessitate sociology to move further from them in order to give subsequent explanations about contemporary issues and problems.

References


