

Srole L. Social integration and certain corollaries: an exploratory study.
Amer. Sociol. Rev. 21:709-16, 1956.
[Cornell University Medical College, New York, NY]

The paper was the result of the author's long preoccupation with differential qualities of cohesion among human groups. Influences were (1) the impact of reading Émile Durkheim's pioneer theoretical and empirical work *Suicide*, and (2) personal exposure to two episodes of massive human destruction, resulting in conceptualization of interacting macrosocial anomie and microindividual anomie, plus operationalization of a public-opinion type measure of the latter. The article reported these efforts and their first research findings. [The *SCI*®, the *SSCI*®, and the *A&HCI*™ indicate that this paper has been cited in over 555 publications.]

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August 10, 1987

The universe is an immeasurable dynamism driven by immense currents of energy displaying phenomenal stability amidst incessant change. A continuing enterprise of all sciences is to uncover sources of the "togetherness" that operates to counteract nature's underlying, destabilizing mutability.

On the human level, a pervasive source of instability is typified by such deviant behaviors as crime and suicide. Attempts to terminate one's life are among the most individually motivated of all human acts, against which societies bring to bear the heaviest of constraints, including police intervention.

Nonetheless, one of the achievements of nineteenth-century social science was to discover intergroup differences in aggregate suicide rates, variations that persist over considerable stretches of time; a prime example is the higher rates of suicide among Protestant than among Catholic countries, which have been consistently documented for the past century.

This discovery was made by Émile Durkheim, who formulated a typology of "suicidogenic" pressures.¹ He labeled the type that has drawn the most attention from social scientists "anomie." This type, in one definition, is a variable macrosocial property arising from deterioration in group norms that guide and regulate goal-directed behavior.

However, it is possible to discern a common element cutting across Durkheim's types, namely, intergroup differences in their internal cohesiveness. In my *American Sociological Review* article, I defined this generic element as "self-to-group belongingness-alienation" and reasoned that it had sociocultural affinities and deviant, potentially destructive behavioral consequences.

Without question, two of the most destructive episodes in human history were the triggering of World War II by the Axis powers and Hitler's decision to exterminate Europe's Jews. The vicissitudes of history carried me into service of the traumatized victims of both episodes: first, in the uniform of the wartime

US Army Air Forces as a military psychologist, and then, in the uniform of the postwar United Nations Relief and Rehabilitation Administration, working with just-liberated Holocaust survivors.

Returning to civilian life, I felt most urgently that the time was long overdue to attend to that common element expeditiously, with a de-emphasis on macrolevel theory and an accelerated empirical emphasis, however crude, on extending the recently invented survey-research apparatus by focusing on measurement of a broader spectrum of behavioral indicators than crime, suicide, genocide, and war.

My first step toward operationalizing such a measure was to conceptualize, on largely *a priori* grounds, three dimensions of the individual impact of anomie as a macrosocial attribute of groups; the second step was to construct three opinion-poll type statements to represent each dimension. To differentiate this construct from macrosocial anomie I labeled this ensemble of individual perceptions an index or scale of self-reported "anomia." The three dimensions are: (1) *norm devaluation*—referring to deflation of moral guidelines in goal-striving and typified by the agree-disagree item, "To make money, there are no right and wrong ways any more, only easy ways and hard ways"; (2) *interpersonal deintegration*—referring to the destabilization of interpersonal supports and typified by the opinion item, "These days a person doesn't really know whom he can count on"; and (3) *future foreclosure*—expressing the abandonment of further goal-striving and typified by the item, "It's hardly fair to bring a child into the world with the way things look for the future." I reported my preliminary conceptualization of anomie and first survey research findings on five of the nine self-reported opinions in the 1956 *Classic* article.

Since 1956 the measure has been applied in cross-sectional investigations in hundreds of American communities that focused on potential determinants of anomie. Since 1973, moreover, it has been employed in a time series of national samples by the continuing General Social Survey program of the National Opinion Research Center at the University of Chicago. Selected results have been reported in a US Census Bureau monograph.²

Finally, as director of the Longitudinal Midtown Manhattan Mental Health Study, I have used the anomie scale with 695 white adults at two separate times spaced 20 years apart. Now in preparation is the monograph reporting the changes in anomie over the adult life cycle during the turbulent third quarter of the twentieth century.³ One of its most telling findings is that high anomie scores at the first stage were predictive of suicidal ideation scores 20 years later, which tends to support a central theory in Durkheim's work.

The forthcoming Midtown Study sequel also proposes a theory of the spiraling interaction over time of anomie on the macrosocial level with anomie on the microindividual level. This has permitted me to elaborate the convergences of the theory with the different but seminal formulations of anomie advanced by my contemporary and friend of 55 years, Robert K. Merton.

1. Durkheim É. *Suicide: a study in sociology*. Glencoe, IL: Free Press, (1897) 1951. 405 p. (Cited 1,330 times since 1955.)
2. US Department of Commerce. *Social indicators 1976*. Washington, DC: US Government Printing Office, 1977. p. 540-2.
3. Srole L, Fischer A K & Millman J. *Mental health in the metropolis revisited: twenty years later*. (In preparation.)