



Suicide in Contemporary India: Towards an Aetiological Understanding

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Abstract: Suicide is usually conceptualized as a global public health issue. Durkheim argued that suicide rates could be explained by social rather than individual factors and concludes that, suicide should not be treated as a person's will or the person herself/himself cannot be held responsible for that. Under this situation, his scientific realism seeks to conclude that suicide is a social fact as well and his empirical insight admits that the degree of integration of different societies like religious, domestic, political, and occupational societies have an inverse influence upon suicide across levels, time and countries. More than 1,00,000 people commit suicide in India. Different causes that are this strong in their contribution to increasing suicidal trend in India must be understood as well as Durkheim's theory seems to lead us to predict. Assuming this perspective, the present research tries to observe, how far is this trend of suicide in India relevant to Durkheim's suicidology.

Keywords: Social integration, insanity, anomie, illness, family suicide, social regulation.

Introduction

Suicide is complex and multifaceted. It is a personal act, however, a wide disparity can be observed in the suicide rates of different countries. According to World Bank Data (2019) reveals that the global suicide mortality rate (per 100,000 population) of India is 12.7. There has been an increase in the rates of suicide in India during the decades 2011-2021 although suicidal trends of both increase and decline in suicide rates have been present. The exact search for why people think about suicide or commit suicide is controversial and much discussed. The contrast that can be observed in the trend or rate of suicide in different societies of a country, it is not possible to analyze a serious

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issue like suicide with only the objective and intention. An understanding of suicide and its causes in the Indian context awaits a close examination.

Review of Literature

From that ancient period, so many researchers in various disciplines viz. Philosophy, Psychology and Medicine discuss several definitions of suicide. Among them, WHO (2014, 2019) is quite comprehensive. It emphasized suicide as a major public health issue. There are various arguments presented both in favour and against suicide. Suicide has been discussed since ancient Greece. The belief about suicide varied in ancient Greece. Stoics and Epicures (2013) stated suicide is a person's personal choice. Roman Stoics like Epictetus and Marcus Aurelius (AD 121-180), suicide is more honourable than a life of misery (cited in Sacharoff, 2013:115). Seneca the Younger (65 AD), a Roman Stoic (2013:7) said, "It is the quality not the quantity of one's life that matters". Hume (1757), the empiricist philosopher came to consider that suicide is an individual's free choice, purely on a moral ground. Some philosophers have their own philosophical arguments against suicide. Socrates (1975: 5) asserts, '...for the Gods, we men are among their belonging'. Even Plato (ibid:6) believes, 'One should not kill oneself until God sends some necessity...' But in another sense, Plato (1975) considered suicide as not deviant under some circumstances. Moreover, Aristotle (2009), Locke (1988), Descartes (Bernard, 2014), Kant (1966), and Hobbes (1962) express the same conservative opinion regarding suicide. Among the modern philosophers, Nietzsche (Isabelle et.al.1998) considers suicide as a positive act. Hegel (1846) strictly condemns the concept of suicide purely on the philosophy of rights. Wittgenstein and Kierkegaard's (1986), philosophy illuminates suicide as an elementary sin. Sigmund Freud (1957), mainly focused on a person's motivation towards suicide. So the consequence is that philosophy, religion, and ethics could be endorsed as composite correlations of suicide.

The century saw many discourses on suicide in various disciplines such as philosophy, psychology, and medicine exploring diverse notions of suicide. A review of various research from Seneca to Kant, Nietzsche to Freud on suicide reveals that suicides were largely treated as an expression of human freedom or sanctity of life or metaphysics or the act of free will. This perception sets out a deep consideration of the different paradigms of discourse on suicide but not that of social psychology. It offers a more comprehensive understanding of suicide than other prior reviews, provided by non-sociologist. Emile Durkheim's *Suicide* (1897) is the foundational text of classical sociology for understanding sociological theories of suicide. The richness of Durkheim's

insight has been found in his scientific sociology. All moral or psychological taboos disappeared when he declared social psychology produced suicide.

Over the past centuries, there have been different theories about suicide in different disciplines viz, philosophy, medical science, psychology, religion moral science etc. A review of various research from Seneca to Kant, Nietzsche to Freud on suicide reveals that suicide was largely treated as an expression of human freedom or sanctity of life or the act of free will. But Durkheim (1897) was the first to draw attention to the fact that individual lives are affected by social facts. Therefore, to understand the individual, it is necessary to observe the social facts that influence and control the individual beyond his/her introspection. Social facts constrain an individual's morals, beliefs, ideas and values. Durkheim (1895 & 1897) believes that suicide is also a social fact that forces individuals to follow specific social behaviours. This creates a tendency to commit suicide in society.

Research Aim and Objectives

- The present paper attempts to examine how far the theory of suicide developed by Durkheim explains the suicidal trend in India.
- To explore and throw a critical light on the major causes of suicide in India.
- To fit the empirical data of suicide in India, according to Durkheimian typology.

Research Methodology

To explore its objectives the study primarily employs the technique of secondary analysis adhering to the mixed method approach. In order to understand the magnitude of suicide along with its causes, it relies on quantitative data on suicide in India. For this, it takes recourse to the data collected by the agencies like National Crime Record Bureau (NCRB), the World Health Organization (WHO) etc. To evaluate the popular notion of suicide being a psychological and mental health issue, the study also employs the qualitative approach. Here it undertakes an in-depth and critical scrutiny of certain selected cases of suicide as reported by different newspapers, websites, and other electronic and print media. By adopting this double-barrelled strategy, the study tries to unveil the complexities involved in understanding the phenomenon of suicide.

The Theory of Emile Durkheim on Suicide

Men should not necessarily see suicide as the sanctity of life. Durkheim (1897), in his treatise on suicide, seems to depart from all these and presents a uniquely sociological

account of suicide. The challenges of suicide as a social fact were manifested due to the empirical knowledge of the study carried out by Durkheim in *Le Suicide* (1897). He argued that, instead of being morphological, it is a duty to find those social conditions which will from the start be etiological. He claims that 'each society has a collective inclination towards society' (ibid: xiv). In short, this collective inclination is the reflection of society. He again stated that (1897: xiv) 'the social suicide rate is phenomena *sui generis*; that is, the totality of suicides in a society is a fact separate, distinct capable of study in its own terms'. If external causes are the reason for committing suicide then suicide should not be treated as a person's will. In his empirical experience, he found that social suicide rates are higher among men than women, Single than who are married, higher for people who are childless than people with children, higher among soldiers than civilians and higher in times of war than peace. Under this situation, his scientific realism seeks to conclude that the degree of integration of different societies like religious society, domestic society, political society, and occupational groups have an inverse influence on suicide. He also opined that the social suicide rate is caused by direct consequences of social factors, which are social integration and moral regulation. In this way Durkheim (cited in Emirbayer Mustafa, 2003:38) successfully concluded the following proposition:

- Suicide varies inversely with the degree of integration of domestic society.
- Suicide varies inversely with the degree of integration of political society.
- Suicide varies inversely with the degree of integration of religious society.
- Durkheim (1897) classified suicide into two categories depending on the way social integration and social regulation affect the individual. He considers *Egoistic* and *Altruistic* suicide in social integration and *Anomie* and *Fatalistic* suicide in social regulation.

To begin with, the present paper will attempt to describe the rates of suicide during 2011-2021 in India along with their major causes and types. The number of suicides and rate of suicides during 2011-2021 are stated below.

Table 1: Suicidal rates in India during (2011-2021)

<i>Sl. No</i>	<i>Year</i>	<i>Total Number Of Suicides</i>	<i>Mid-Year Projected Population</i>	<i>Rate Of Suicides</i>
1	2011	1,35,585	12101.9	11.2
2	2012	1,35,445	12,133.7	11.2
3	2013	1,34,799	12,287.9	11.0
4	2014	1,31,666	12,440.4	10.6

<i>Sl. No</i>	<i>Year</i>	<i>Total Number Of Suicides</i>	<i>Mid-Year Projected Population</i>	<i>Rate Of Suicides</i>
5	2015	1,33,623	12,591.1	10.6
6	2016	1,31,008	12739.9	10.3
7	2017	1,29,887	13091.6	9.9
8	2018	1,34,516	13233.8	10.2
9	2019	1,39,123	13376.1	10.4
10	2020	1,53,052	13533.9	11.3
11	2021	1,64,003	13671.8	12.0

Source: National Crime Record Bureau, 2011-2021. <http://ncrb.gov.in>

Rate of Suicides: incidence of suicides per one lakh (1,00,000) of the population.

As any event happens in a society, suicide also happens in society. This becomes noticeable only when the variation in suicide rates is seen. The rate of suicides is showing a mixed trend during the decade. Society is constantly changing, but what has happened is a lack of social cohesion and control which is reflected in the above statistics.

Major Causes of Suicide in India

The causes of suicides have been divided into 20 main causes with its break-up, according to NCRB (2011-2021). Illness and family problems are considered as major causes.

Illness: Illness also breaks up with AIDS, cancer, paralysis, insanity and other prolonged illnesses, as presented in Table 2. However, the break-up of illnesses has not been published in the NCRB report yet (2020).

Table 2: Percentage Share of Cause (Illness & Its Various Types) of Suicide During 2011-2021

<i>Sl. No</i>	<i>Year</i>	<i>Total % of Illness</i>	<i>AIDS/STB</i>	<i>Cancer</i>	<i>Paralysis</i>	<i>Insanity</i>	<i>Other Prolonged Illness</i>
1	2011	19.6	1.7	2.3	2.0	33.1	60.8
2	2012	20.8	2.3	2.1	30.9	62.5	62.5
3	2013	19.6	2.2	2.9	2.7	30.2	61.8
4	2014	18.0	0.9	2.5	1.7	30.2	64.9
5	2015	15.8	0.8	3.9	2.9	39.7	52.6
6	2016	17.1	0.9	3.9	3.3	38.4	53.4
7	2017	18.5	0.9	4.9	4.3	42.7	47.1
8	2018	17.6	0.7	5.3	4.7	42.6	46.6
9	2019	17.1	0.93	4.9	3.9	46.2	44.0
10	2020	18.0	No	Data	Is	Available	
11	2021	18.6	0.4	4.0	3.9	45.3	46.2

Source: National Crime Record Bureau 2011-2021, <http://ncrb.gov.in>

'Illness' is the major cause of total suicides which accounted for 18.6% of total suicides during 2021. It has been observed that a large number of persons (30446) committed suicides because of illness. Since 1995, illness has been a yardstick for the Indian suicidal trend. There have been significant increases in suicides on account of 'illness' during the past decade. Insanity or mental illness has always played a major role. On careful examination, it is observed that insanity or mental illness in India during the decade (2011-2021) has recorded an increasing trend. Suicide is viewed basically as an individual act and this deduces the phenomenon purely to the scope of psychology. In this regard, social activities and phenomena are not appreciated as relevant in the course of the suicide rate. Several studies conclude suicide is a mental illness. According to Durkheim, conventional thought, and culture influence the way in which we define and experience mental health and mental illness. He prescribed (1897: 437), Suicide is a "pathological phenomenon that takes or, day by day, an ever threatening aspect" and it is the sociologist's pressing duty to find the means to prevent it. He (ibid.p.276) said, "We see no objection to calling sociology a variety of psychology if we carefully add that social psychology has its own laws which are not those of individual psychology". Durkheim acknowledged that there may be a secondary role of individual psychological pre-disposition too but the real cause of suicide is social or social cohesion. Suicide is globally accepted as a major health issue. The concepts of health, fitness, disease and illness are often confusing, as they often seem synonymous, but all judgments of health include value judgment or norm. Considering the definition of 'health' (WHO, 1948), it can be said, following Broose (1975), that 'the value of health in other terms is always in order.' In particular, an unhealthy condition of mind coincides with mental illness which is undesirable to its carrier. Orthodox view said that psychological phenomena related to very mental health. But the mental health of a person need not coincide with her/his mental illness. Desirability is normative. What a person should desire is never confused with what he or she wants. In the context of mental health, desires could be judged unhealthy or mentally ill and are entirely controlled by society. The rate of suicide due to insanity or mental illness has been showing an increasing trend since 2011(table- 2). Insanity or mental illness as a breakup of illness is the second most important factor reflected in government reports. More preciously, who is insane or mentally ill or further, one step ahead it can be asked how insanity or mental illness is understood in society? Foucault (1965: 66) will say about this, "insane" had as such a particular place in the world of confinement.' They do not come within the scope of the definition of civility or sane as defined by society. Insanity is relative and constructed for particular social and political purposes. Thoughts are rarely expressed or allowed to

speak or act when they come to light; inversely sanity became spectacles in the world. Sane who are enforcers of society categorized them as social misfits. Are they insane threats to social order? At least Foucault (1965) suggests, that it is more important to know the social and cultural meaning rather than psychological and medical discourse. Insanity is seen as moral degrading rather than a product of society's own weakness and structures. Sanity and insanity exist at the end of two poles on one spectrum of society. Insanity played an intermediate role like other social variables (religion, urbanization etc.) which has the impact of suicidal impulses that lead to actual suicide. It is necessary to rethink the transitive relation between society, insanity and suicide.

Family Problem: Statistics may convey their own story which often amazes us. Each and every death is tragic. 'Family Problems' (other than marriage-related issues) have been widely accepted as a standard yardstick or major cause of suicide among the other specified causes in India. An attempt has been made from the year 1995 (NCRB) to collect information on a number of cases, where family members committed suicide together under a common agreement. The rate of suicide has shown an increasing trend since 2011, presented in Table 3.

Table 3: Percentage Share of Family Problems (Other than Marriage Related Issue) during (2011-2021)

<i>Sl. No</i>	<i>Year</i>	<i>Percentage of Family Problems</i>
1	2011	24.3
2	2012	25.6
3	2013	24.0
4	2014	21.7
5	2015	27.6
6	2016	29.2
7	2017	30.1
8	2018	30.4
9	2019	32.4
10	2020	33.6
11	2021	33.2

Source: National Crime Record Bureau (2011-2021) AT <http://ncrb.gov.in>

The increasing trend of family suicide has been found during 2011-2021, reflected in Table 3.

Empirical Evidence (Family Suicide): From the details of the incident published in the newspaper, it can be assumed that the reason for the suicide is the inability to repay the debt. Some events are mentioned below:

- (i) Spine chilling fact of the mass family suicide of 11 members of the same family committed suicide in Delhi's Buran region in 2018 (Economic Times, 2018) due to heavily borrowed money. This event is known as Burari's death.
- (ii) Maharashtra's event brings back the memory of Buhari's death where 9 members of the same family committed suicide. Suspected that indebtedness was an issue (Ramesh, 2022).
- (iii) 60-year-old man, his wife (50) with his son (27) committed suicide after he lost his job, in the Raopura area of Gujarat's Vadodara. He couldn't feed his family after losing his job (Express News Service, 2023).
- (iv) A couple and their two children committed suicide in Bhopal due to unsettled financial debt (Singh,2023).
- (v) In Eastern Bengaluru a software engineer before committing suicide, killed his wife with his two daughters, one was eight months (Siddiqui, 2023).
- (vi) Five members of a family including two women and two children died by suicide at Sangatpur village Phagwara. Police suspected that people were pressing him to return his debt of around 50 lakhs (The Tribune, Aug 2023).
- (vii) A mass family suicide happened on 19 March 1986 by a farmer's family (Mitra, 2021). Yavatmal Karpe Patil, a farmer, and a panchayat member of Chil Gavhan village in Maharastra had committed suicide along with his wife and four children. Mass Farmer's family suicides are also involved in such family problems.
- (viii) Another incidence was found in Santalpur village of Junagadh on 11th August 2023 (PTI, 2023). A farmer with his wife, son and daughter committed suicide. They consumed a poisonous substance. Police investigating the reasons but yet not known.

Durkheim's Opinion on Family: From the above research, this empirical fact agrees with Durkheim's opinion that there is a relationship between suicide and family integration. The immunity to suicide increases with the size of the family, a fact Durkheim attributed in his treatise. In a large family collective sentiments are strong, and members are powerfully integrated with others. On the other hand, in a small family, collective sentiments are not echoed in all others. Small families are short-lived. Emotions and memories cannot be very intense and consequently, increasing rates of suicide are found in a small family. Socio-economic changes are digging at the integrity of the family. Modern India is also facing many of these changes. The concept

of joint family so common in India in the past, is disintegrating. Modernity is the cry of Indian society and has also contributed much to the disorganization of the family. At present time small family or nuclear family structure has an inverse influence on suicide. Durkheim's (Emirbayer Mustafa 2003:38) utterance added that *suicide* varies inversely with the degree of integration of domestic society.

Framework of Anomie

Conflict between Human Need and Desire: Durkheim's advice is to distinguish the types of suicides by looking at the nature of the events. Endless desires are satiable or insatiable and are a source of human misery. No living man can be happy unless his/her needs are met in sufficient proportion according to their means. In an individual, of course, the desired equilibrium between needs and means is established and maintained by societal regulation. Society integrates individuals as well as regulates their beliefs and behaviours, and this is where humans differ from animals. Human needs are not limited to the body like animals, indeed, an individual's immense aspirations cannot be ceasing at any point in his own psychology and physiology- here is human mystery. So, for a person to be happy, their individual needs and means which are the products of reflective collective consciousness must be constrained. Durkheim (1897), therefore, insisted human happiness can be achieved by accepting societal moral regulation.

Nonetheless, when a person's needs conquer their capacity to fulfil them, the result can only be pain, conflict, lack of productivity, and weakening of the impulse to live. What has this to do with suicide? When society is disturbed by some crisis, its structure deflects and the individual performs or acts accordingly. When society is incapable of regulating the function for a limited period of time, and lack of moral regulation is imposed on individuals' aspirations and makes happiness implausible. This is brought about by sudden economic disaster in the economy and or social circumstances. These economic or social disasters are associated with an increased rate of suicide.

Anomie and its Type: Durkheim (1897:201), used the term *anomie* to describe this deregulation of society. So anomie is said to be a situation where there is weak social integration between individuals and the society's norms. As a result of a person's incapacity to balance with the norms of society, he/she sees suicide as the only way. According to Anderson and Taylor (2009:1), "Anomic suicide happens when the disintegrating forces in the society make individuals feel lost or alone". Without great effort and imagination, it can be assumed that two contemporary structures of modern societies globalization or capitalism and economization are the causes of an unequal distribution of socio-economic state and also the cause of a realm of anomie. Bankruptcy

or indebtedness is also an example of economic anomie. This is why, Durkheim (1897), declared that anomie can happen in different ways, such as war, sudden drop in income, physical disaster, the loss of a family member etc. This probably led Durkheim to classify anomie suicide into four: First, *Acute Economic Anomie* occurred with a rapid increase in growth and slumps. In both cases, individuals are freed from social regulation and provision by traditional actors. For example, religion which has lost most of its power, was once involved in carrying out economic support. The second is *Chronic Economic Anomie*, a product of the long-term diminution of social networks. This shows in this manner that for over a century there had been an erosion of social regulation or it can be said, removed the former one, yet not replaced. He exemplified the Industrial Revolution and trade. In the domestic realm, anomie is to be seen. The third one is *Acute Domestic Anomie* and the fourth is *Chronic Domestic Anomie*.

Explanation of Empirical Evidence- Anomie: The above examples are the result of the economic crisis in the society. Unable to cope with the sudden change in the situation, they think or commit suicide. The families feel helpless in front of the sudden economic crisis. How will they survive in the coming days without income, this thought is the main cause for committing suicide. Every member of the family is in solidarity with this decision. It is an example of Acute anomie suicide. Farmer suicides in Indian states become the core research in the field of agrarian studies over the decades. The growing pressure of indebtedness, the adverse impact of economic liberation, new social order, declining returns from agriculture etc. As a result, acute anomie suicide happened. The disappointment and despair of the suicide victims had their origin in growing social isolation and individualism, resulting in egoistic suicide (Mohanty, 2013). According to Mohanty (2013, pp:52) in cases of farmers' suicide "anomie is an effect of egoism, and the latter is a prerequisite for the emergence of the former". It is not easy to articulate the proper reason or the present state of mind which driven to such an extreme step. Family Problems caused by bankruptcy or indebtedness or unemployment may be financial and moral debt when occurring within the familial realm and personal and family humiliation matters. Suicide resolves a person's humiliation and is a logical decision to express agitation towards a toxic society.

Causes of Family Suicide

Bankruptcy or Indebtedness: The issue of bankruptcy or indebtedness driving Indians towards death by suicide is presented in Table 4.

Table 4: Percentage Share of Bankruptcy or Indebtedness during 2011-2021

<i>Sl. No</i>	<i>Year</i>	<i>Percentage of Bankruptcy or Indebtedness</i>
1	2011	2.2
2	2012	2.0
3	2013	2.0
4	2014	1.8
5	2015	3.3
6	2016	2.8
7	2017	4.0
8	2018	3.7
9	2019	4.2
10	2020	3.4
11	2021	3.9

Source: National Crime Record Bureau (2011-2021) AT <http://ncrb.gov.in>

The rate of suicides is showing a mixed trend during the decades. Society has changed in the past decade; as Durkheim says, there has been economic normlessness in society from time to time, which has been reflected in the suicide rate.

Unemployment: Such economic normlessness or anomie has been created in India many times. The 11th September 2001, known as 9/11, suicide terrorist attack carried out against the United States. The world economy faced tremendous downfall. Due to this incident U.S. and other countries, even India suffered a moderate recession. The Unemployment rate during 2002 & 2003 was respectively 8.10% and 8.36%. The suicide rate due to sudden unemployment in India, during 2002(9.2%) and 2003(11.9%) according to NCRB, rose sharply immediately aftermath of the 9/11 attack. Such unemployment in society is created as a result of economic lawlessness. Suicides in cities of India during 2003 (NCRB) revealed that nearly 4.7% committed suicide due to unemployment as against 2.3% at the national level. The individual doesn't know their limits between possible and impossible, what is right or wrong, formal demands and hopes and those boundless aspirations. Consequently, there is no curb upon those limitless aspirations. In this context Keel (2000:1) captured an extract of anomic suicide: "When people have a set of meaningful goals and have a set of regulated rules and norms, suicide will be in decline. But when goals lose their effectiveness and meaning or cannot be achieved because something has changed, suicide will increase". The Individual's greed is aroused without knowing where to find the ultimate foothold; nothing can calm it. Durkheim (1847: 216) concludes,

“Since its goal is far beyond all it can attain”. This explains why the period of economic anomie is accompanied by an increase in the number of suicides. Countries which immersed in poverty could enjoy immunity to self-inflicted death. Durkheim (ibid, 214) posited that poverty protects against suicide because it is a restraint in itself.

Theoretical Aspect of Individual’s Mental Life in Cities

In cities, Simmel Georg (1950:409), “modern mind has become more and more a calculating one”. He erected, cities are the soil which cherishes the integration between psychological intellectualistic attitude and money economy most successfully. Money can greatly improve a person’s mentality, taste, preference and behaviour but fails to create solidarity. All of the mental life that Simmel (1971) talks about in the case of the citizen is pseudo. Metropolitan culture is to show what it is not. Its real essence of individuality is not acceptable in city life. The impact of the rapid expansion of modernity as it engulfs civic life further extends the rise in suicide rates already predicted by Durkheim. It is presupposed that cities have an adverse effect on an individual’s death. Comparatively suicide rates are higher in urban areas than rural in most countries, although China is exceptional (Pritchard,1996).

Over time in India, the effects of rural-urban residence are changing due to human development. The discrepancy between suicide rates in rural and urban may vary. Durkheim (1897) studied the variability of suicide rates by investigating suicide data in European countries like Spain, Portugal, Italy, France, Germany, Prussia, England, Saxony, and Denmark, rapid suicide trends were the direct impression of increasing modernization. Where the rate increases rapidly, it is symptomatic of individuality, secularity, free enquiry, divorce, small family etc. These are reflections of modern society. Modernity enters any social system through socio-economic development or industrialization as well and socio-economic growth influences human development also. The degree of urbanization provides an understanding of human development. Following Durkheim it is also supposed to have a similar influence on suicide as he says, ‘Social causes of suicide are themselves closely related to urban civilization’ (1897: 16). proof of this can be found here as the higher rate of suicide is observed in more urbanized states in India (NCRB, 2011-2021). A strong predictor of suicide across time and countries is the socio-economic aspect. Overall suicide rates appear to be associated with higher-income countries than in low and middle-income countries (WHO, 2014).

Factual Information (Economic Anomie): The next disaster happened when demonetization came into practice in 2016. Again society faced anomie. The Indian government announced this on 8th November 2016 at 8.15 am. Demonetization aimed

to break the grip of corruption and black money. In the past demonetization was implemented in 1946 and 1978. The Indian government announced the demonetization of all rupees 500 and 1000 to increase cashless transactions and curb the illegal income and counterfeit cash earned from unsocial activity and terrorism. Common people, retailers, the farming sector, labourers, hawkers, vendors, and pension holders are affected by this decision directly related to money. The demand for new currencies in the market increased but the normal way of life was disrupted due to the lack of supply. Most of the people didn't have enough money to buy or sell raw materials. For those who had the old currencies till then, most of the people were denied access to emergency services (hospitals, medical shops, ambulance etc.). As easy as bank services are available in cities, it is very difficult in villages. Maybe a bank can be found within 5 km. Common people hoard money due to panic, which reduces the market liquidity. According to RBI (2020), 72% of people use direct cash for transactions. At that time citizens of India were not so much aware of online transactions. In 2021, 65% of the total population of India lives in rural areas and 47% of the population is directly connected with agriculture for livelihood (2023). After COVID-19, people are now trying to accustomed to the digital economy. It is this lawless state that slowly pushes the person towards suicide. Some real facts may understand the present situation:

Explanation of Factual Information- Economic Anomie: This issue is discussed below with examples-

- (i) A 55-year-old woman committed suicide due to the decrease of her money following by government order, which happened in Hyderabad (India Today Web Desk, 2016).
- (ii) A woman farmer in Shangapuram village of Telangana, committed suicide due to the thought that her money was just a piece of paper with no value and hanged herself (India Today Web Desk, 2016).
- (iii) A person earns money to live well. Suddenly, it became known that the money earned from tomorrow has no value anymore. So how will she feed herself or her family, if she can't earn? In such a situation, suicide is a better way to escape.
- (iv) Mankind is once again introduced to *anomie* at the hands of the pandemic called COVID-19. People of the world are now familiar with the word lockdown and also learned with its life how devastating its effects are. In India on 24th March 2020 the evening Indian Government declared nationwide lockdown. The longer the lockdown continued, the more chaotic the socio-economic situation became.

Socio-Economic Anomie: During 2019-2021 the rates of suicide (NCRB) were respectively 10.4, 11.3 and 12.0. Some suicides due to aftereffects of coronavirus just came out through print media and online media.

- (i) Some news of suicides published during COVID-19, there could be many more. 300 or more people committed suicide during the lockdown caused by fear of being infected, loneliness, lack of freedom of movement, and stress (PTI, 2020).
- (ii) Another 39 people have committed suicide because they were panicked about getting the coronavirus or getting quarantined, or because of loneliness (The Wire, 2020).
- (iii) At least 39 people could die or commit suicide for not getting alcohol (The Wire, 2020).
- (iv) 300 or more individuals committed suicide, caused of fear of being affected, loneliness, mental stress etc. Lack of social integration and regulation was the cause. So, probable tendencies indicate anomie but it could be egoistic or altruistic also (The Economic Times, 2020).
- (v) 34 Indian students died by suicide each day in pandemic-hit 2020, (Kumar,2020).
- (vi) 11,716 business persons died by suicide in 2020. (Shrivastava, 2021).
- (vii) Daily wages earner died by suicide during COVID-19 accordingly 32,563 in 2019,37,606 in 2020 and 42,004 in 2021 (The Wire, 2023)
- (viii) From 2019 to 2021, among housewives 21,359,22,374 and 23,179 died by suicide during lockdown (The Wire, 2023)
- (ix) A 35-year-old man attended Tablighi Jammats gatherings in New Delhi. Unfortunately, this gathering was treated as a spreader for COVID-19. He was suspected to be COVID-19, so he was admitted to the hospital. He attempted suicide by jumping from six floors from the hospital (Ojha, 2020).
- (x) A 50 years old man, suspected himself to be affected by COVID-19. He was so panicked that he took self-quarantine. He told everybody that he could spread deadly coronavirus to us and others could get infected. So he decided to hang himself to protect others (Raghavan, 2020).
- (xi) Amit Yadav with his wife Tina, Amit had hanged himself next to the bodies of his wife and two children in Indore (Sarkar, 2022).
- (xii) Rajkaran Shukla, a 52-year-old farmer from Uttar Pradesh, India, reportedly committed suicide by hanging himself from tree in his own agricultural field (The Telegraph, 2020).

Explanation of Socio-Economic Anomie: With the arrival of COVID-19, human contact was lethal to humans at that time. The arrival of COVID-19, thanks to quarantine, made it clear that one's own family members can be untouchable. During the lockdown many people became jobless. Lockdown has impacted mobility and employment across India and farmers and daily wages are affected most (BBC, 20).

Social control is completely disrupted. Unable to cope with the normlessness situation, they choose suicide to escape. The sudden unexpected announcement shakes the person's current situation. Pre-arranged calculations are messed up, which creates fear in the person's mind; if the situation is not normal then how to face the days? When society becomes lawless, the person doesn't think about himself/herself, what he/she does is who cannot accept that lawless state. Among those who are more vulnerable attempt suicide or commit suicide. Durkheim's (1987) theory validates this fact and suggests that the rise in suicide rates is a common trend during or after the crisis. A prolonged deterioration or loss of social regulation often disturbs a person's psycho-social condition or well-being which leaves them helpless and hopeless, making it difficult for them to cope with acute stressors and leading them to suicidal thoughts or behaviour.

This essay attempts to understand Durkheim's suicide classification with suicide trends in India. In doing so, some concrete examples are used. In summarizing Durkheim's work of suicidal typology, it asserts that, although it is theoretically possible to make the classifications mutually exclusive, it is difficult to show that in practice. The trends of occurrence are such that, it is not possible to categorize them definitively. In fact, the trends of suicide are mixed with each other. Therefore, the events can be included in more than one category during the analysis. What is done theoretically is to categorize the cause of suicidal tendencies according to their dominant nature. Again this also requires classification to understand reality.

Conclusion and Recommendation

Finally, the study involves the key face of the suicidal nature of India, exploring the socio-psychological state and impacts of ordinary people and exploring the aspects of human experience beyond the more conventional psychological staples. Isn't it socially determined? If so, why are some individuals rather than others impaired mentally? When social conditions fail to harmonise between social integration and moral regulation, the most vulnerable, whose socio-psychological health is impaired, commit suicide.

All these above empirical examples as reported by various studies critically examined and invariably show that the suicide victims experienced a kind of anomie due to loss of social regulation (indebtedness, unemployment etc.) which pushed them to anomie situations. Durkheim's types explain suicides in India and suggest that they correspond to two of his types- egoism and anomie.

In this paper, the sociological, psychological and physiological aspects of anomie are brought into the Indian context. Operationalizing this new way of reading anomie needs to be explored broadly. The break up of 'Illness' mentioned in the NCRB report needs to be more thoughtful, especially for mental illness or insanity. Because extra social forces which are the causes of suicide due to illness are not clear and distinct, they remain yoked.

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