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Anomic suicides on rise during recently emerging crises: revisiting Durkheim's model

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Abstract

Suicide is a global public health issue, with behavior differing across genders, age groups, places, and sociopolitical settings. Emile Durkheim characterized anomic suicide as occurring when social standards fail, resulting in purposelessness and directionlessness. Young people who are experiencing social issues are in danger, even if they do not voice suicidal ideas. Prevention interventions should target these people by strengthening resilience, minimizing social dysregulation stress, and fostering the development of life skills, coping resources, and social support. Anomic suicide has important psychological and societal implications, emphasizing the importance of fostering social cohesion and assisting persons experiencing purposelessness or a lack of direction in life.

Suicide is a major global public health concern, with variations in suicidal behavior observed among different genders, age groups, geographic locations, and sociopolitical contexts. The various risk factors associated with suicidal behavior suggest that its causes are likely multifaceted. Anomic suicide is a type of suicide that occurs when there is a breakdown of social norms and values, leading to a sense of purposelessness and a lack of direction in individuals' lives. It was first identified by French sociologist Emile Durkheim in his book *Suicide* published in 1897. One theory on the etiology of suicide is Emile Durkheim's sociological perspective, which examines the impact of societal factors on an individual's likelihood to die by going for suicide. Durkheim proposed that suicide rates were influenced by the degree of integration and control within a group's social relationships. Based on these factors, Durkheim identified four different types of suicide, including egoistic/altruistic suicides (based on integration levels) and anomic/fatalistic suicides (based on regulation levels).²

Durkheim argued that suicide rates were linked to the clarity, consistency, and acceptance of a group's laws and social norms. Anomic suicides, for example, were a result of living in an unregulated society or social group. Durkheim believed that a sense of moral unity provided a protective shield for group members, but this protection could be weakened by societal changes or crises. The ecological fallacy, however, limits Durkheim's ability to fully understand the relationship between macro-level societal factors and individual behavior.²

The ecological fallacy of examining suicide rates to comprehend individual behavior is not fully addressed by Durkheim. Durkheim claimed persuasively that societal or macro-level factors (integration and regulation) led to individual-level conduct (suicide), but it is difficult to prove the connection between these two types of forces and individual behavior. Although Durkheim views regulation as soothing and sustaining, there is a difference between moral authority acting as a source of dominance and oppression and acting as an anchor in a storm of chaos.³

While Durkheim's theories continue to dominate the field of sociology, some scholars have called for new approaches to the study of suicide. Despite the lack of new research programs, Durkheim's approach and other theoretical and methodological initiatives have contributed to the understanding that suicidal behavior is not solely attributable to an individual's personal characteristics or decision-making.

People set goals and pursue to achieve their goals to find a sense of satisfaction and probably a meaning in life. However, not every individual can reach the expectations and achieve the goal due to several social circumstances. This sense of failure gives frustration and may result in suicidal behavior, which better explains anomic suicide. In recent years, students face significant stress related to their academic targets and getting through the competitive examinations for pursuing higher studies, which may result in suicidal behavior. Economic uncertainties that arise unexpectedly due to changes in economic policy, political crisis, coronavirus disease-2019 (COVID-19) pandemic, or war, may attribute to the development of significant stress and subsequent suicidal behavior.

Youth suicide is a major public health problem in low- and middle-income countries including India and is following an increasing trend. ¹² Majority of youth suicide are related to stress related to academic challenges, relational difficulties, abuse, and bullying, which result in dysfunctional social regulation. The existing interventions for suicidal behavior mostly deal with

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these aspects; however, the facility is unavailable for all individuals who attempted suicide due to such dysfunctional social regulations due to the paucity of human resources. To address mental health issues and suicidal behavior, the Government of India has recently launched the *tele-manas* program—a dedicated helpline for suicide prevention and the National Suicide Prevention Strategy within the last 2 years. ¹³⁻¹⁵ However, these services need to be consolidated and the policy needs to be implemented by the states effectively to have effective suicide prevention.

A sizable portion of young people who are experiencing social difficulties (due to maladjustment, an inability to live up to expectations and demands, and unjustified interference in achieving life goals) but have not yet expressed suicidal thoughts are still at risk and may start acting suicidally if the stress of society persists. To prevent suicide, these populations can also be addressed. To increase resilience and reduce the stress that social dysregulation causes, life skill development, coping resource improvement, and social support system building may be helpful. Anomie suicide is a severe problem that can have a big impact on both the person and society. To prevent anomic suicide, it is crucial to foster social cohesion and offer assistance to people who could be experiencing thoughts of purposelessness or a lack of direction in their lives.

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