

Revisiting Durkheim's *Le Suicide*: Assessing the Explanatory Reach of the Four Types of Suicide in Contemporary India

Dr. Parul Pareek^{1*}

¹Associate Advocate and Independent Legal Researcher, Formerly Assistant Professor, School of Law, Mody University of Science and Technology, Lakshmangarh, Rajasthan, India

DOI: <https://doi.org/10.36347/sjahss.2026.v14i10.001>

| Received: 12.08.2026 | Accepted: 27.09.2026 | Published: 05.10.2026

*Corresponding author: Dr. Parul Pareek

Associate Advocate and Independent Legal Researcher, Formerly Assistant Professor, School of Law, Mody University of Science and Technology, Lakshmangarh, Rajasthan, India

Abstract

Review Article

Émile Durkheim's account of suicide as a social fact a phenomenon produced by the degree of integration and regulation a society exercises over its members yielded four ideal types: egoistic, altruistic, anomic and fatalistic. This article tests that nineteenth-century typology against the patterns of suicide recorded in contemporary India, drawing on National Crime Records Bureau data and Indian sociological scholarship on agrarian distress, gendered domestic suffering and student anxiety. It argues that the typology retains genuine explanatory power, most clearly for anomic suicide among India's agrarian and informal workforce, but that Indian conditions of caste, kinship, gender hierarchy and enduring legal stigma require the framework to be applied with considerable caution rather than transplanted mechanically. The article further situates this sociological reading within India's recent legislative shift, effected through the Mental Healthcare Act, 2017 and the Bharatiya Nyaya Sanhita, 2023, away from treating suicide as a criminal wrong and towards treating it as a condition calling for care, and suggests that this shift implicitly vindicates Durkheim's central insight that suicide is best understood as a social fact rather than a purely private one.

Keywords: Durkheim; suicide; social fact; anomie; India; Mental Healthcare Act, 2017; Bharatiya Nyaya Sanhita, 2023; National Crime Records Bureau.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

I. INTRODUCTION

Suicide occupies an uneasy place in social theory. On its face it appears to be the most solitary and inward of acts, yet Émile Durkheim insisted that it could be properly understood only as a 'social fact': a phenomenon governed by forces external to any single individual and made visible through the remarkable regularity of suicide rates across societies and across time (Durkheim, 1951, pp. 41–47). Writing at the close of the nineteenth century, as France underwent rapid industrialisation and the loosening of older religious and communal bonds, Durkheim argued that suicide rates varied systematically with two social variables: the degree of integration binding individuals to family, faith and community, and the degree of regulation restraining individual desire and expectation. From the interaction of these two variables, he derived four ideal types of suicide: egoistic, altruistic, anomic and fatalistic (Durkheim, 1951, pp. 145–276). His purpose was as much polemical as descriptive: to show, against the

individualist psychology fashionable in his day, that even the most apparently private act carries the imprint of the social structure surrounding it.

More than a century later, in a society Durkheim never examined, India presents a demanding test of this typology. The National Crime Records Bureau's Accidental Deaths and Suicides in India ('ADSI') report recorded 171,418 suicide deaths in 2023, a rate of 12.3 per 100,000 population, following a rate of 12.4 in 2022 that was itself the highest recorded in over five decades of official data collection (National Crime Records Bureau, 2025; Centre for Mental Health Law & Policy, 2025). Behind these aggregate figures lie sharply differentiated patterns: agrarian distress concentrated in particular states, a heavy and rising toll among daily-wage earners and housewives, and continuing anxiety over suicides linked to examination failure among students (National Crime Records Bureau, 2025; Centre for Mental Health Law & Policy, 2023a). These patterns are not randomly distributed. Each maps onto a distinct

Citation: Pareek, P. (2026). Revisiting Durkheim's *Le Suicide*: Assessing the Explanatory Reach of the Four Types of Suicide in Contemporary India. Sch J Arts Humanit Soc Sci, 14(10), 382-387.
<https://doi.org/10.36347/sjahss.2026.v14i10.001>

configuration of integration and regulation precisely the analytic terrain Durkheim's typology was built to chart.

This article asks how far Durkheim's four-fold typology illuminates these Indian patterns, and where the particularities of Indian society its agrarian economy, its gender relations, its caste-structured kinship networks and its passage from a colonial to a constitutional legal order require the theory to be read critically rather than applied mechanically. Part II sets out Durkheim's original framework. Parts III to VI examine each of the four types in turn against Indian material, moving from the loosening of urban kinship ties, through sacrificial and honour-based deaths, to the agrarian and economic anomie that dominates India's suicide statistics, and finally to the regulation and domestic oppression that may underlie much of what official statistics record as 'family problems'. Part VII offers a critical appraisal of the typology's limits when transplanted from nineteenth-century Europe to contemporary India, Part VIII situates India's recent legal reform of suicide law within this sociological frame, and Part IX concludes.

II. Durkheim's Theoretical Framework: Integration, Regulation and the Social Fact of Suicide

Durkheim's central methodological claim was that, although every individual suicide has its own private history, the suicide rate of a society is a stable and patterned phenomenon that cannot be explained by individual psychology or biography alone; it must instead be explained sociologically, by reference to the structure of the society that produces it (Durkheim, 1951, pp. 41–46). He arrived at this claim by comparing suicide rates across nations, religious denominations and family situations, and by identifying regularities Protestants dying by suicide more often than Catholics, and the unmarried more often than the married that no explanation confined to the individual could account for.

He organised his typology along two independent axes. The first, social integration, measures the strength of the bonds attaching an individual to family, religious community and other collective life. Too little integration leaves the individual excessively dependent on private judgment and vulnerable to despair, producing egoistic suicide; too much integration subordinates individual identity so completely to the group that the individual may be expected to die on the group's behalf, producing altruistic suicide (Durkheim, 1951, pp. 152–216). The second axis, social regulation, measures the extent to which society restrains and gives shape to individual desire. Too little regulation, typically following rapid economic or social upheaval, leaves aspiration unlimited and undirected, producing anomic suicide; too much regulation, foreclosing any legitimate future for the individual, produces fatalistic suicide a category Durkheim treated only briefly, illustrating it with the historical condition of slavery and confining his

discussion of it to a single footnote in the original text (Durkheim, 1951, pp. 217–258, 276).

Durkheim's own statistical evidence supported the egoistic and anomic types far more strongly than the altruistic and fatalistic ones, leaving the latter two comparatively under theorised. It is this gap that makes the Indian material discussed below sociologically significant: India supplies precisely the kind of historical and contemporary evidence of altruistic and fatalistic suicide that Durkheim's own French data could not.

III. Egoistic Suicide: The Loosening of Kinship Ties in Urban India

Durkheim associated egoistic suicide with insufficient integration into family, religious and communal life, observing that unmarried and religiously unaffiliated individuals in his French data died by suicide at markedly higher rates than those embedded in stable domestic and congregational life (Durkheim, 1951, pp. 152–170). Indian society has traditionally been organised around dense kinship structures the joint family, caste associations and the village community that would, on Durkheim's own logic, be expected to depress suicide rates by supplying strong integrative bonds. Caste and kinship in India have historically performed much of the integrative function that religious denomination performed in Durkheim's France: they supply ready-made networks of mutual obligation, marriage alliance and material support that cushion the individual against isolation.

Three concurrent processes are nonetheless loosening these ties for significant sections of the Indian population. Rural-to-urban labour migration physically separates individuals from extended kin for months or years, often leaving migrants in cities without the dense networks that would otherwise integrate them. The gradual displacement of the joint family by nuclear households, particularly in urban middle-class life, reduces the number of adults co-resident with, and available to, any given individual in distress. And the ageing of a generation whose adult children have migrated for work within India or abroad has left many elderly parents in a condition of relative isolation, within cities and villages that were not built around their needs.

The National Crime Records Bureau's occupational data lends some support to this reading: housewives form the second-largest single occupational category among suicide victims nationally, and recent ADSI reports record a marked rise in this category alongside an increase in suicides attributed to alcohol and substance dependence patterns more consistent, on a Durkheimian account, with weakening social support than with any single acute economic cause (National Crime Records Bureau, 2025; Centre for Mental Health Law & Policy, 2023a). Elderly persons living apart from adult children, and migrant workers separated for long

stretches from their village households, represent contemporary instances of the egoistic pattern Durkheim identified in nineteenth-century Europe, even though the underlying structure that once supplied integration caste and extended kinship rather than religious denomination differs from the French Catholic and Protestant communities on which his original data was based.

IV. Altruistic Suicide: Sacrifice, Honour and the Costs of Excessive Belonging

Where egoistic suicide arises from too little attachment to the collective, altruistic suicide arises from an excess of attachment, to the point that the individual's own life is subordinated entirely to the perceived honour or interest of the group (Durkheim, 1951, pp. 217–240). Indian history offers illustrations Durkheim himself did not have before him. Commentators applying his framework to India have placed jauhar the historical practice of mass self-immolation by Rajput women following military defeat within the altruistic category, since the act was understood by its participants as one of collective honour rather than individual despair; the same commentary suggests that the suicides of many abused or abandoned Indian women would, by contrast, have struck Durkheim as fatalistic rather than altruistic, since such women are oppressed by family and social expectation rather than devoted to it (Solomon, n.d.).

In the contemporary period, scholars examining farmer suicides through a Durkheimian lens have argued that a subset of these deaths is better read as altruistic than anomic. One study of cinematic and sociological representations of agrarian distress in Uttar Pradesh argues that where a farmer takes his own life believing often because his life is insured, or because his death will relieve the household of part of its debt that the act will directly benefit his dependents, it corresponds more closely to Durkheim's altruistic type than to the anomic despair conventionally attributed to agrarian distress (Verma, 2024). This reading remains contested, and most Indian sociological writing continues to classify the great majority of farm suicides as anomic rather than altruistic. It is nonetheless instructive, because it illustrates the interpretive difficulty of applying a typology built around stable ideal types to real cases in which motive is mixed, filtered through the perceptions of surviving family members, and rarely recoverable in full from the bare cause-of-death categories recorded in official statistics.

V. Anomic Suicide: Agrarian Distress and the Deregulation of Aspiration

Anomic suicide, arising where the ordinary regulatory checks on individual aspiration collapse under the pressure of rapid economic change, is the type most frequently invoked in Indian sociological writing on suicide, above all in relation to farmers (Nagaraj *et al.*, 2014). India recorded 10,786 farmer and agricultural-labourer suicides in 2023, some 6.3 per cent of the

national total, with the phenomenon historically concentrated in states that underwent significant agrarian transformation following economic liberalisation Maharashtra, Karnataka and Madhya Pradesh among them, and Punjab, the original site of the Green Revolution, in earlier decades (National Crime Records Bureau, 2025).

A widely cited study in the *Economic and Political Weekly* examined farmer suicides directly through Durkheim's categories and concluded that the phenomenon corresponds most closely to a combination of egoism and anomie: agrarian liberalisation lowered farmers' real economic achievement even as market integration and consumer culture raised their aspirations, and it is this widening gap between aspiration and achievement the essence of Durkheimian anomie that precipitates crisis, with the anomie itself emerging as a consequence of the underlying egoistic disintegration of the traditional agrarian community (Economic & Political Weekly, 2013). Sociological work focused on Punjab reaches a similar diagnosis by a different route, locating the crisis less in indebtedness as such than in the disruption of an established agrarian culture by market forces and a rising culture of consumerism an emphasis on deregulated aspiration, rather than material want alone, that tracks Durkheim's own account of anomic suicide (Singh, 2020).

Anomic patterns in India are not confined to agriculture. NCRB data for 2023 records daily-wage earners as the largest single occupational category among suicide victims, and roughly two-thirds of all suicide victims nationally belonged to the lowest annual income bracket (National Crime Records Bureau, 2025; Centre for Mental Health Law & Policy, 2025). The precariousness of daily and informal wage labour in India's urbanising economy work without stable norms, written contracts or long-term security reproduces, at the level of individual biography, the deregulated condition Durkheim associated with economic crisis in industrialising Europe: income, employer and workplace can all change from week to week, leaving no stable frame of reference against which to set realistic expectations of the future.

Rising anxiety over competitive entrance examinations, particularly in coaching hubs oriented towards medical and engineering admissions, has likewise been analysed by Indian psychiatric and sociological researchers as a symptom of anomie among students, whose aspirations are inflated by families and coaching institutions beyond what the education and employment system can realistically satisfy for all who attempt it (Kar, 2024; Shoib & Kar, 2024). 'Failure in examination' continues to be recorded as a distinct cause of suicide in official NCRB statistics, and the repeated postponement of major competitive examinations in recent years has itself been analysed as a further,

compounding source of anomic strain on an already anxious cohort of young aspirants (Kar, 2024).

VI. Fatalistic Suicide: Domestic Regulation and Gendered Suffering

Fatalistic suicide, born of excessive regulation and the closing-off of any legitimate future for the individual, was the type Durkheim developed least of the four, offering the historical condition of enslaved persons as his principal illustration and devoting to it only a brief footnote in the original text (Durkheim, 1951, p. 276). Commentary applying Durkheim's typology to India has suggested that this thinly developed category may nonetheless be unusually apt for understanding the suicides of Indian women subjected to oppressive marital and domestic regulation women whose choices are foreclosed not by an absence of social ties, as in egoistic suicide, but by an excess of controlling ones from which there is no socially sanctioned exit (Solomon, n.d.).

NCRB data lends indirect support to this reading. 'Family problems' has consistently been recorded as the single largest cause of suicide in India, accounting for 31.9 per cent of cases in 2023 excluding marriage-related problems, which contribute a further 5.3 per cent; together these two categories point towards domestic relations, rather than economic hardship alone, as a central axis of vulnerability (National Crime Records Bureau, 2025). This vulnerability is structured, for many women, by dowry expectations, restrictions on personal autonomy and, in some cases, sustained domestic abuse conditions the law has long sought to address, from the Dowry Prohibition Act, 1961 to the offence of cruelty by a husband or his relatives, retained in substantially identical form as sections 85 and 86 of India's re-codified penal law (Dowry Prohibition Act, 1961; Bharatiya Nyaya Sanhita, 2023). That such statutory protections coexist with a persistently high share of suicides attributed to family problems suggests a gap between formal legal regulation and the informal, household-level regulation that Durkheim's fatalistic category is best suited to describe: law can prohibit dowry demands, but it cannot by itself dissolve the social expectations and hierarchies within the household that sustain them.

Prison suicides, and the suicides of persons under close institutional confinement more generally, represent a further contemporary analogue of Durkheim's fatalistic type, in which regulation is total and the future entirely closed off from the individual's own agency a condition structurally closer to Durkheim's own illustration of slavery than either the agrarian or urban patterns discussed above.

VII. Assessing the Typology: Its Reach and Its Limits in the Indian Context

Despite its continuing analytical value, Durkheim's typology faces real limits when applied to

Indian material. First, the four categories are ideal types, and empirical suicides rarely fit cleanly into a single box: the Economic and Political Weekly study of farmer suicides discussed above concludes that anomie and egoism operate together, as cause and effect, rather than as mutually exclusive alternatives a difficulty in disentangling integration from regulation that has been noted by sociologists working outside the Indian context as well (Economic & Political Weekly, 2013).

Second, Durkheim theorised a society moving from mechanical to organic solidarity in the specific historical setting of industrialising Western Europe, where religious denomination, occupational guild and the nuclear family supplied the principal channels of integration (Durkheim, 1951, pp. 291–312). Indian social integration, by contrast, is structured as much by caste, extended kinship and religious community as by the occupational division of labour Durkheim treated as central, so the concrete mechanisms of integration and regulation he described require substantial adaptation before they can be read onto Indian data with any precision. A typology built for a society moving from village-based mechanical solidarity to urban-industrial organic solidarity cannot simply be superimposed on a society in which both forms of solidarity coexist unevenly across regions, castes and classes.

Third, the reliability of Indian suicide statistics is itself constrained by the stigma long attached to suicide, reinforced for over a century by its criminalisation under section 309 of the Indian Penal Code, 1860, which created a standing incentive for families and local police to record ambiguous deaths as accidental rather than as suicides. NCRB figures, accordingly, probably understate the true incidence of suicide, and the understatement is likely most severe for the egoistic and fatalistic types, which occur within private domestic settings least visible to official record-keepers. None of these limitations renders the typology useless; they instead counsel using it as a heuristic for organising enquiry asking, of any given cluster of suicides, whether integration or regulation, excess or deficiency, appears to be doing the explanatory work rather than as a rigid classificatory scheme into which every recorded death must be sorted.

VIII. From Punishment to Care: Indian Suicide Law as a Social Response

Durkheim's insistence that suicide is a social pathology calling for a social response, rather than an individual moral failing calling for punishment, finds a striking echo in India's recent legislative history. Section 309 of the Indian Penal Code, 1860 had long made attempted suicide a criminal offence punishable with simple imprisonment or fine, but the Mental Healthcare Act, 2017, in force from 2018, effectively displaced this provision without formally repealing it: section 115(1) of the Act creates a rebuttable presumption that a person

who attempts suicide is under severe stress, directs that such a person shall not be tried and punished under section 309, and places a corresponding obligation on the appropriate government to provide care, treatment and rehabilitation to reduce the risk of a further attempt (Mental Healthcare Act, 2017; Indian Penal Code, 1860).

The Bharatiya Nyaya Sanhita, 2023, which replaced the Indian Penal Code with effect from July 2024, went further still, removing the offence of attempted suicide altogether and completing a shift, spanning more than a decade of law-reform debate stretching back to the Law Commission's 2008 recommendation to scrap section 309, from a punitive to a therapeutic legal framework (Centre for Mental Health Law & Policy, 2023b).

This legislative trajectory, together with the National Suicide Prevention Strategy launched by the Ministry of Health and Family Welfare in 2022 and the Tele-MANAS mental health helpline established under it, reflects an implicit acceptance of the Durkheimian premise that suicide rates are an index of underlying social conditions economic distress, family breakdown, inadequate mental health infrastructure rather than simply an aggregation of individual moral failing, and that policy must therefore address the social causes that a typology such as Durkheim's helps to identify and organise (Ministry of Health and Family Welfare, 2022). Whether this legal and policy shift will, in time, alter the social conditions Durkheim's typology describes is a separate empirical question, but the shift itself marks a change in how the Indian state officially understands the phenomenon: from an act of individual criminal culpability to a symptom of the surrounding social fabric.

IX. CONCLUSION

Durkheim's four-fold typology remains a productive lens for organising the sociological study of suicide in India. Egoistic suicide illuminates the costs of weakening kinship integration under urbanisation and migration; altruistic suicide offers a vocabulary, however contested in its application to farm deaths, for sacrificial acts embedded in family honour and obligation; anomic suicide captures with particular force the agrarian and economic distress that dominates India's suicide statistics, from farmer suicides to the precarity of daily-wage labour and the pressures of competitive examinations; and fatalistic suicide, though the type Durkheim himself developed least, may be the category best suited to the gendered domestic suffering recorded under India's persistently dominant statistical category of 'family problems'.

At the same time, the typology cannot be applied mechanically to Indian conditions. Indian suicides frequently straddle more than one Durkheimian category at once, Indian social structure differs materially from the industrialising Western Europe

Durkheim studied, and the statistics on which any sociological analysis must ultimately rest remain shaped by decades of criminalisation and stigma that almost certainly understate the true incidence of suicide, particularly within the private domestic sphere. India's recent legal shift away from punishment and towards care through the Mental Healthcare Act, 2017 and the Bharatiya Nyaya Sanhita, 2023 suggests that Indian law is moving, consciously or not, towards the central Durkheimian insight with which this article began: that suicide is best understood, and can only be effectively addressed, as a social fact rather than a purely private one.

REFERENCES

- Durkheim, E. (1951). *Suicide: A study in sociology* (J. A. Spaulding & G. Simpson, Trans.). Free Press. (Original work published 1897)
- National Crime Records Bureau. (2025). *Accidental deaths & suicides in India 2023*. Ministry of Home Affairs, Government of India. <https://www.ncrb.gov.in/accidental-deaths-suicides-in-india-year-wise.html>
- Centre for Mental Health Law & Policy. (2025). *Takeaways from the NCRB data on suicide for 2023: What has changed?* <https://cmhlp.org/imho/blog/takeaways-from-the-ncrb-data-on-suicide-for-2023-what-has-changed/>
- Centre for Mental Health Law & Policy. (2023a). *Takeaways from the NCRB data on suicide for 2022*. <https://cmhlp.org/imho/blog/takeaways-from-the-ncrb-data-on-suicide-for-2022/>
- Solomon, R. (n.d.). *Who is responsible for Indian farmer suicides?* Transcend Media Service. <https://transcend.org/tms/?p=57998>
- Verma, S. P. (2024). *Agrarian distress, altruistic suicide, and agriculturists in India: A sociological study of Sherdil: The Pilibhit Saga* (2022). *New Literaria*, 5(1), 46–53.
- Nagaraj, K., Sainath, P., Rukmani, R., & Gopinath, R. (2014). *Farmers' suicides in India: Magnitudes, trends, and spatial patterns, 1997–2012*. *Review of Agrarian Studies*, 4(2).
- *Economic & Political Weekly*. (2013). *Farmer suicides in India: Durkheim's types*. *Economic & Political Weekly*, 48(21), 45.
- Singh. (2020). *Farmers' suicides and the agrarian crisis in Punjab: Some sociological observations*. *Sociological Bulletin*, 69(2), 270–286.
- Kar, S. K. (2024). *Recurrent mental trauma of repeated postponement of examination in India: A manmade crisis*. *Odisha Journal of Psychiatry*, 20, 1.
- IShoib, S., & Kar, S. K. (2024). *Student suicide prevention in India: Moving towards a feasible solution*. *Indian Journal of Psychological Medicine*, 46, 600–601.
- Dowry Prohibition Act, No. 28, Acts of Parliament, 1961 (India).

- Bharatiya Nyaya Sanhita, No. 45, Acts of Parliament, 2023 (India).
- Mental Healthcare Act, No. 10, Acts of Parliament, 2017 (India).
- Indian Penal Code, No. 45, Acts of Parliament, 1860 (India).
- 1Centre for Mental Health Law & Policy. (2023b). IPC policy brief: Decriminalisation of attempted suicide The implications of the Bharatiya Nyaya Sanhita Bill, 2023. <https://cmhlp.org/wp-content/uploads/2023/11/IPC-Policy-Brief.pdf>
- Ministry of Health and Family Welfare. (2022). National Suicide Prevention Strategy. Government of India.