

Theoretical Understanding of Suicide: A Multifaceted Sociological, Economic, and Psychological Approach

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Abstract

Framed within a review-based design, this study synthesises existing theoretical explanations of suicidality. It offers economic, sociological, and psychological perspectives on suicidality. The conclusion is that sociological theories of suicide focus on the significance of the social environment, social relationships, and other socio-economic and cultural factors in the aetiology of suicide, providing an understanding from the viewpoint of social interaction. The interpersonal-psychological theory of suicidal behaviour suggests that an individual will not die by suicide unless they have both the desire to do so and the ability to carry it out. For attempting suicide, feelings of burdensomeness and low belongingness alone are insufficient; instead, one must be capable of attempting it, meaning the ability to acquire lethal self-injury. Economic problems or insatiability are key factors contributing to an increase in suicide rates, with economic instability according to Durkheim encompassing both economic booms and recessions.

Key Words: Suicide, Theory. Sociological, Economic, Psychological

Introduction

Sociological theories of suicide emphasise the significance of the social environment, social relationships, and other socio-economic and cultural factors in the aetiology of suicide, offering an understanding from the perspective of social interaction (Macionis, 2014). Psychological theories provide insight from the behavioural viewpoint, which results from personality development and the neurological basis of behaviour (Kendall, 2014). With these dimensions in mind, numerous researchers have developed theories based on the interaction and behavioural aspects of suicidality. This work builds upon the narrative of consolidating existing theoretical debates on suicidality.

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Objective of the Study

This study aims to contextualise suicidality within sociological and psychological debates, particularly considering the work of major theorists.

The Debate

This section of the discussion concerns theories of suicide. It covers sociological, psychological, and economic explanations of suicide in relation to the ideas of various theorists and thinkers.

Sociological Theories of Suicide

Sociological theories of suicide emphasise the importance of the social environment, social relationships, and other socio-economic and cultural factors in the aetiology of suicide. Two different types of empirical investigation generally underpin these theories. The first is a quantitative or statistical approach that grew out of the work of the early moral statisticians and Durkheim. The second is mainly qualitative, that is, the ethno-methodological or interpretive approach exemplified by the work of Jack Douglas as cited in Maskill et al (2005). The detail of the two given approaches is given below

Durkheim's Theory of Suicide

Durkheim is considered a pioneer in the field of suicide. He studied suicide to develop a scientific methodology in sociology. He shifted the concept of suicide from a personal act to a group context. He was interested in suicide rates and explained them in terms of social facts rather than psychological and biological factors. Through his own theory, Durkheim rejected various other theories of suicide prevalent at that time, such as the imitation theory by Gabriel Tarde. Durkheim explains suicide through two main indicators, namely, the degree of integration, which refers to the strength of attachment and closeness that society has (Lester, 2008). In Durkheim's view, there are two social currents or variables affecting the degree of integration; that is, integration can be either too low or too high, which can lead to this type of suicide. This variability results in Egoistic Suicide and Altruistic Suicide. Egoistic suicide occurs in societies where the level of integration is low, and individuals are not well connected to larger social units such as family or religion. Morality, values, and a sense of purpose come from society, and in cases of low integration, the individual is cut off from these larger social units, leading to suicide. Such disintegration causes depression, false

beliefs, disappointments, and a sense that life is meaningless. The protection provided to individuals by society through morality, values, and purpose in life is no longer present. Regarding integration, Durkheim uses the example of religion, which is a force that gives a sense of purpose and meaning to life, but when religion loses its influence, it creates a gap that can lead to suicide. Altruistic suicide is the opposite of egoistic suicide, which occurs when the degree of integration is too strong (Maskill et al., 2005). The most fitting example is a fighting soldier at the border who dies for the country and feels proud of it. This type of suicide is guided by a philosophy that "springs from hope, for it depends on the belief in a beautiful perspective beyond this life." Another factor is the degree of regulation, referring to external constraints on people, such as limits and restrictions in society where individuals are not permitted to do certain things. There are two social variables: the degree of regulation can be too low or too high. Anomic suicide occurs when society's regulatory powers are disrupted and weakened, with socio-cultural norms and values exerting little control over individuals in the face of their intense emotions, leading them to feel free to pursue their own satisfaction. Both economic recession and economic boom can lead to suicide, as both situations can render existing norms ineffective in controlling people's behaviour. In this context, normlessness is a primary cause of suicide because it fosters depression. The last type of suicide is Fatalistic suicide, which Durkheim discussed very little. Fatalistic suicides are more likely to occur when regulation is excessive. Durkheim described those most likely to commit fatalistic suicide as "persons with futures pitilessly blocked and passions violently choked by oppressive discipline." The classic example is the slave who takes his own life because of the hopelessness associated with the oppressive regulation of his every action. Too much regulation oppression creates strong currents of melancholy that, in turn, lead to an increase in fatalistic suicide rates (Ritzer, 2010). Thus, the discussion concludes that different variables lead to different types of suicide. It also indicates that various social factors generate different social currents, resulting in different types of suicide.

The Interpersonal-Psychological Theory of Suicide

The interpersonal-psychological theory of suicidal behaviour is presented by Joiner (2005). The theory proposes that an individual will not die by suicide unless he or she has both the desire to die by suicide and the ability to do so. The theory is essentially based on two questions: first, what is the desire for suicide, and what are its components? Second, what is the ability to die by suicide, and in whom and how does it develop (ibid).

The first question can be answered by understanding that people develop a desire for death when they long maintain two psychological states in their

mind. The first is perceived burdensomeness, which suggests that a person feels like a burden to family, friends, and society, and thinks that their death might be welcomed rather than their life. This misperception can often be fatal (Joiner, 2005). In this context, DeCatanzaro (1995) found that perceived burdensomeness towards family was correlated with suicidal ideation among community members and high-suicide-risk groups. Additionally, a study of psychotherapy outpatients concluded that perceived burdensomeness is a strong predictor of suicidal ideation and attempts (Van Orden et al., 2006).

Another important aspect is the sense of low belongingness. This can also be referred to as social alienation and explains why some individuals may commit suicide when they feel alienated from others, such as family, friends, and other valued groups. Scholarly research indicates that perceived burdensomeness leads to suicidal behaviour, and according to Boardman et al. (1999), among all risk factors, the strongest one for suicidal behaviour, spanning micro to macro levels, is social isolation. Furthermore, young adolescents, college students, elderly persons, and psychiatric patients are more affected by lower levels of belongingness and are therefore at increased risk of attempting suicide. However, an increase in celebrations and a sense of togetherness can reduce this risk (Joiner, Hollar and Van Orden, 2006). Conversely, during times of hardship, great loss, and misfortune, people tend to come together to offer sympathy and support, which often results in a decrease in suicide rates (Joiner, 2005).

Directly testing the relationship between perceived burdensomeness, social alienation, and suicide, a study was conducted involving 131 methadone maintenance patients. The study was carried out with strict adherence to rules and procedures. Joiner and his colleagues concluded that these factors predict lifetime risk and history of suicide attempts. Furthermore, the study strongly indicated that perceived burdensomeness and social alienation were closely associated with suicide attempts, along with other interpersonal variables (Conner, Britton, Sworts and Joiner, 2007).

Reviewing the second question, i.e., how one becomes so brave and capable of killing oneself or attempting suicide? Studies show that only a few are brave and capable enough to commit such an act. In this regard, those people are more prone to reach a level of capability where they do not fear injury, pain, or even death. Furthermore, such capabilities and fearlessness develop over time, with previous injuries or self-inflicted wounds, repeated accidental injuries, and physical fights playing a significant role. Additionally, individuals from different occupations, such as doctors and frontline soldiers, who are often exposed to injuries and pain, can develop such capabilities more easily (Joiner, 2005).

Gaining Ability to Act out Fatal Self-Injury

Attempting suicide is not solely driven by feelings of burdensomeness and low belongingness, although such feelings can gradually lead to suicidal attempts. Clearly, another factor must be present that enables a person to carry out a suicide the ability to inflict lethal self-injury. A person develops this capacity through repeated experiences across different domains, which instils the ability to override the self-preservation instinct (Joiner, 2005). This aspect of the interpersonal psychological theory is fundamentally based on the principles of opponent process theory. Opponent process theory states that when someone is repeatedly exposed to a stimulus, their reaction to that stimulus diminishes over time. Additionally, repeated exposure to pain increases tolerance and can act as a provocative experience, thereby enhancing the capacity for suicide (Joiner, 2005).

Past suicidal behaviour and attempts are significantly associated with habitual pain tolerance, self-injury, and an increased likelihood of future suicidality. A history of suicide attempt is indeed a strong predictor of suicidal behaviour, including death by suicide, as supported by Joiner et al. (2005) and Brown et al. (2000). Individuals with a history of suicide attempts, self-injury, and pain are at greater risk of engaging in more dangerous and serious acts of suicide compared to those without such a history, even when excluding other variables such as mood disorders, personality disorders, and family-related factors (Joiner et al., 2005). Furthermore, research indicates that, generally, people with a history of suicide attempts exhibit higher pain tolerance (Stack and Danigelis 1985). Additionally, a scale assessing the relationship between past attempts and future predictions shows that the number of previous suicide attempts significantly predicts the acquired capability to inflict self-harm. Those who have attempted suicide multiple times possess greater pain tolerance and are at a much higher risk of future suicide (Van Orden et al., 2008).

Studies also indicate that non-suicidal self-injury, self-starvation, and physical abuse are correlated with suicidal behaviour. These factors are acquired through repeated exposure to pain and fear-inducing behaviours. People with a history of non-suicidal self-injury are more prone to suicide. They are more aware of different methods to attempt suicide and become habituated and tolerant to such acts (Nock, Joiner, Gordon, Richardson, and Prinstein, 2006). Moreover, exposure and tolerance to pain are not the only factors that increase the risk of suicide; exposure to the pain of others can also enhance the capability for a suicide attempt. An appropriate example is physicians, who show higher rates of suicide despite many protective factors (Hawton et al., 2001).

The Interactive Nature of the Theory

The previously discussed three aspects perceived burdensomeness, low sense of belongingness, and the ability to inflict lethal injury interact in a specific and unique way, leading to suicide. This particular theory suggests that the joint occurrence of perceived burdensomeness and low sense of belongingness is sufficient to produce a desire for suicide, and such a desire makes one capable of enacting lethal self-injury (Joiner, 2005). Explaining the relationship between these variables, Joiner and his conducted studies provided conclusive and statistically supported evidence of the connection between perceived burdensomeness and low belongingness. In this regard, a study concluded that current suicidal ideation in undergraduates was statistically associated with higher levels of burdensomeness and lower levels of belonging (Van Orden et al., 2008).

The interpersonal psychological theory concludes that an individual attempts suicide when they want to die and are capable of doing so. The ability to commit suicide stems from feelings of alienation, perceived burdensomeness, and thwarted belongingness. Furthermore, the theory also suggests that family, friends, and other valued groups are responsible for contributing to suicidal behaviour among individuals. In addition, the theory indicates that only a few people are brave enough to attempt suicide, including those who are constantly exposed to physical and emotional pain and individuals suffering from mood disorders.

Theory of Economic Business Cycle

Economic booms, prosperity, and economic recessions and depressions are the two cycles of modern economies, also known as the economic business cycle (Maskillet al., 2005). Several theorists belonging to this school of thought explain suicide as a result of changes and problems associated with the economic business cycle. In this regard, the contributing writers in this school of thought are discussed below.

Durkheim's U-Shaped Theory and Suicide

Emile Durkheim (1858-1917), a pioneer in sociology, believed that economic problems or insatiability are significant causes of the increase in suicide rates, especially during economic instability. Durkheim refers to both economic booms and recessions. He explains that during periods of economic instability, people struggle to adjust to rapid changes, which results in the removal of restraints (Khan et al., 2025). Furthermore, this decline in restraints leads to situations

where individuals have no control over their gratification, resulting in higher suicide rates. Additionally, Durkheim asserted that people in high social classes during the economic cycle tend to have relatively higher rates of suicide. His theory of the business cycle is particularly important because it paved the way for other theories in the same field. These theories largely focus on the relationships between suicide and factors such as poverty, unemployment, social class, the business cycle, and levels of economic development (Maskill et al., 2005). Thus, the theory suggests that individuals suffering from economic problems or exposed to sudden economic booms lack control over their actions, which can lead to suicidal behaviour.

Ginsberg's Pro-Cyclical Theory and Suicide

Ginsberg, in his theory, argues that the state of anomie or normlessness in society mainly arises from dissatisfaction and unhappiness, where such conditions create gaps between people's desires, aspirations, and their actual financial rewards. In this context, he believes that as financial rewards increase, people's ability to meet their desires also increases, whereas if rewards decrease, their ability to meet desires diminishes. Consequently, aspirations and desires lead to appropriate behaviour aimed at gaining proper rewards; however, a problem occurs during an economic boom when rewards increase faster than aspirations and desires. When aspirations and desires grow more rapidly than rewards, a state of anomie develops, leading to an increase in suicide rates within society. Additionally, Ginsberg argues that the core problem of suicide occurs when the prosperity phase of the economic cycle ends prematurely, before reaching its normal duration, mainly because a large gap then emerges between aspirations, desires, and rewards (Maskill et al., 2005). Furthermore, Lester and Yang (1997) criticise Ginsberg by claiming that this theory is inconsistent and has not been empirically tested in his research. Thus, the theory suggests that suicide rates in society rise due to normlessness, which results from unfulfilled desires.

Henry and Short's Counter-Cyclical Theory of Suicide

This theory extends business cycle theories discussed by Ginsberg. Henry and Short's Counter-Cyclical Theory of Suicide focuses on the connection between the business cycle and changes in social status through suicide and homicide (Lester and Yang, 1997). The theory posits that during an economic recession, individuals from higher socio-economic classes lose more status than those from lower classes. Consequently, suicide primarily occurs among the higher socio-economic group, while homicide is more common among those in lower socio-economic groups. Additionally, individuals in higher social classes have fewer constraints and face fewer external targets for their aggression (Henry and Short,

1971). The theory relies on two main assumptions: first, that during economic prosperity, suicide rates decrease, while during recessions, they increase. Conversely, homicide rates tend to rise during economic prosperity and fall during recessions. Second, the impact of the business cycle on suicide is stronger among individuals in high-status groups, whereas its impact on homicide is more pronounced among those in low-status groups (Lester and Yang, 1997; Taylor, 1988).

To validate these assumptions, Henry and Short analysed data on suicide and homicide among whites and non-whites in the United States using the Ayres Index of Industrial Activity from 1900 to 1947. Their data showed that, for non-whites but not for whites, homicide rates were correlated with the business cycle. Additionally, the data supported their second hypothesis. Furthermore, Henry and Short discovered that firstly, suicide rates tended to increase when the Ayres Index was falling, but less frequently decreased when the Index was rising. Secondly, suicide rates peaked during economic troughs and reached their lowest levels one or two years before economic peaks. Thirdly, there was a slightly stronger link between the business cycle and suicide rates among men compared to women. Fourthly, the relation was more pronounced among people of working age (Maskill et al., 2005). Thus, their analysis suggests that suicide rates depend on the economic cycle, with higher rates during recessions and higher homicide rates during economic booms. Similarly, the rates of suicide within a society are influenced by its socio-economic status.

Conclusion

It is concluded that sociological theories of suicide emphasise the importance of the social environment, social relationships, and other socio-economic and cultural factors in the aetiology of suicide. Durkheim is regarded as a pioneer in the field of suicide. He studied suicide to develop a scientific methodology in sociology. The interpersonal-psychological theory of suicidal behaviour is presented by Joiner (2005). The theory suggests that an individual will not die by suicide unless they have both the desire to die and the capacity to do so. For attempting suicide, feelings of burdensomeness and low belongingness alone are not sufficient, although such feelings may gradually lead to an attempt. Economic boom, prosperity, recession, and depression are the two cycles of modern economies, also known as the economic business cycle.

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