

THE AETIOLOGY OF SUICIDE IN INDIA TODAY

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The present paper analyses the causes of suicide in contemporary India. The findings reveal that many factors like psycho-socio-somatic combine to cause one particular individual to divert aggression upon himself in the form of suicide.

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Introduction

The most recent statistics on suicides in India reveal that 38,217 persons took their lives during 1979 (Bureau of Research and Development, 1982). Needless to say, a large number of suicide cases, successful and unsuccessful, go unreported. And, if completed and attempted, registered and unregistered suicide cases are considered conjointly, the number of suicides will be much higher. That so many men and women are taking their lives is a serious commentary on our society.

The analysis of suicide, referring to "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (Durkheim, 1951:44), deserves attention from the viewpoint of both the individual and society. Suicide is an individual phenomenon in terms of processes occurring within the psyche of the person. It indicates a series of progressive changes from deep love of life, to a desire to escape from life and all that it implies. Suicide indicates that man is against himself in the society of his own making. It may be noted that it is not simply a mild type of personal maladjustment, but "the final and irreversible culmination of personal disorganisation" (Elliott and Merrill, 1961:31). Suicide implies that the person has reached a stage, where he is no longer able to function adequately in the many interpersonal relationships of a normal human being, and that the ties that bind the members of the organised group are broken.

Suicide is, in fact, a social phenomenon with special reference to the relationship between the person and the group. Suicide is both a result of, and an index to, the relative degree of social disorganisation in society, the processes by which group relationships are broken. "A high suicide rate in a given population", says Fromm (1955:16), "is expressive of a lack of mental stability and mental health", and there is "something fundamentally wrong with our way of life and with the aims toward which we are moving" (Fromm, 1955:19). It also implies that the group has insufficient consensus to maintain the integrity of all its members.

To be sure, suicide is not necessarily a consequence of material poverty. There is evidence to indicate that the poorest countries have the lowest incidence of suicide and that increasing material prosperity is accompanied by an increasing number of

suicides. For instance, Halbwachs (1930:92,481) observes that there is an increase of suicide in modern Western society. Between 1836 and 1890, suicide increased 140 per cent in Prussia and 355 per cent in France. England had 62 cases of suicide per million inhabitants in 1836 to 1845, and 110 between 1906 and 1910, and Sweden, 66 as against 150, respectively. The recent suicide data analysed by Fromm (1955: Tables 1-3) show that Denmark, Sweden, Finland, Switzerland and the United States are the countries with the highest suicide rates, while Spain, Italy, Northern Ireland and the Republic of Ireland have the lowest suicide rates. In other words, the countries in Europe which are amongst the most democratic, peaceful and prosperous ones, and the United States, the most prosperous country in the world, show the most severe symptoms of mental disturbance as evidenced from suicide rate. All this implies that, while satisfying our material needs, the life of prosperity leaves us with a feeling of intense boredom, and that suicide is a pathological way of escape from this boredom. So the search for the causes of suicide should not be confined only to the poor, but must be sought eventually in the wider context of the society that formed the personality of the victim and provided the framework within which he lived. The present paper seeks to analyse the causes of suicide.

Theoretical Background

The explanations for suicide range from those buried in the deep psyche of the individual to the most external conditions of the environment. Central to the argument concerning the causes of suicide is the assumption that the suicide rate can be explained only *sociologically*. In the first great modern work on suicide, Durkheim (1951:299) contended that, "the social suicide-rate can be explained only sociologically" and classified it into three types: (i) the egoistic, (ii) the altruistic, and (iii) the anomic. Egoistic suicide results from a lack of integration or incorporation of the individual into society, caused by conditions in the culture and society which atomise individuals. Altruistic suicide results from the demands and expectations of social customs. Anomic suicide results from the lack of regulation or control over the needs of the individual and satisfactions by society. Of the three types, he says, the egoistic suicide is the most frequent. The basic analysis of Durkheim was extended by modern scholars, including Gibbs and Martin (1958), and Powell (1958), among others. Some of Durkheim's theses have been challenged by Henry and Short (1954).

Pitted against this strictly sociological explanation is the approach that suicide can be explained only in *psychological* terms. The most vocal analysts tend to focus on factors deep in the psyche (the unconscious) which cause the individual to take his own life. Freud (1914, 1933; 1949) formulated a psychoanalytic theory which contended that human beings are born with two basic urges, the will to live (*anatos*) and the will to die (*thanatos*). While the former is constructive, the latter is destructive. The life and death instincts:

are in constant conflict with each other. These comprise the id, which is the reservoir for the originally undomesticated impulses. Failure to develop an adequate ego and superego can mean that the individual cannot handle his lusts or hostilities. Deep seated guilt feelings, feelings of inadequacy, and feelings of hostility may generate all kinds of psycho-somatic symptoms, fantasies and dreams, as well as all kinds of neuroses. The need to kill, once in a while, is linked to an obsessive compulsion, which evidently the superego is not able to repress, and the ego is not able to parry. Modern scholars followed Freud in the analysis of suicide (Wertham, 1949:346).

Among the prominent followers of Freud are Menninger (1938: 24-25), Fenichel (1945) and Fisch (1954). Menninger identifies three components of suicide: (i) the wish to kill, (ii) the wish to be killed, and (iii) the wish to die. Suicide, he contends, springs from the wish to kill, the destructive, aggressive tendencies in man.

Some scholars have tried to *synthesise sociological and psychological* explanations of suicide and adopted a middle way. One such explanation is the external restraint theory propounded by Henry and Short (1954). Both suicide and homicide are looked upon by these sociologists as acts of aggression consequent to frustration (defined as interference with goal responses). Among others who follow this line of thinking of Henry and Short are Jackson (1954) and Gold (1958).

Still others try to play safer by developing *many ramifications of the suicide problem*, including socio-psychological analysis of the genesis of the suicidal attitude (see Cavan, 1928). A similar posture is adopted by Reckless (1971) who puts forward the containment collapse theory. His theory postulates inner (self) as well as outer (the world of meaningful relationships) containment. He argues that when outer containment collapses, the person's world crumbles, shrinks, or becomes too much of a whirlpool. If, in addition, the self is not strong enough to sustain itself and collapses, then suicide ensues. The collapse of the self, following the collapse of one's world, may be said to cause suicide.

An alternative hypothesis is that *special cultural traditions* account for suicide (Verkko, 1951: 113). Wolfgang (1959) advances the sub-culture theory and seeks to relate homicide (and by implication suicide) to the norms of a tradition of violence. His theory also embraces differential association, conflict of culture (social norms and values), and the (destructive) impulses of the id.

Fromm (1955) advances *the whole 'balance' concept of life* to account for suicide. Many cases of suicide are caused by the feeling that 'life has been a failure', that "it is not worthwhile living any more". One commits suicide just as a businessman declares his bankruptcy when losses exceed gains, and when there is no more hope of recuperating the losses.

There are others who suggest that the suicide rate depends exclusively upon the *external condition of environment*. As a result, the basic argument is usually elaborated to suggest that climatic variations and peculiar atmospheric conditions exert an effect on suicide (see Sorokin, 1928: 159 ff., for various references).

A group of scholars departs from all these traditions and speaks of the *military approach* to suicide (Schneidman and Farberow, 1957).

These are some of the explanations now current in the field. It transpires that, depending upon their orientations, scholars have tried to explain suicide from their specific view points. The general impression that can be gathered from these explanations is that each one of them makes a claim of perfection to the exclusion of others. For us, the single variable approach is not acceptable for the simple reason that society, culture, and personality are an inseparable trinity (Sorokin, 1947), and life is conditioned by the environment. So, not one, but many causes combine to cause suicide. We feel that only the multi-variable approach can adequately explain the causes of suicide.

All these explanations seem correct in their own right, if their authors agree not to be monistic. Sociological theory rightly argues that suicide occurs due to the unsatisfactory shrinking world of the individual. The psychoanalytic theory is equally correct when it points out that suicide results due to the unconscious need for self-destruction. The cultural theory is right when it emphasises that suicide is caused by the cultural constraint of the society in which the individual is enmeshed. The environmentalists are correct to stress the significance of the environment. The only drawback of these explanations is that they take their view to be final and make others a non-entity. However, we feel that suicide can be explained adequately only by a combination of factors that affect the victim, and not by any single factor.

Objectives

The main objective of this paper is to analyse the causes of suicide in contemporary India.

Data Sources

The data for this study come from the report entitled *Accidental Deaths and Suicides in India 1979* (Bureau of Police Research and Development, 1982) prepared by the Bureau of Police Research and Development (BPRD) of the Ministry of Home Affairs, Government of India, and released in 1982. The data have been prepared by BPRD from figures furnished by the States, Union Territories and Metropolitan cities.

There is a caveat in relation to the data in hand. The statistics on suicide pertain to those cases, where persons succeeded in putting an end to their lives and which were registered with the police. Apart from the successful reported suicide cases, there is a large number of suicide cases where persons tried to take their lives but did not succeed, which is not included in this report. Furthermore, there are suicide cases in addition to the official suicides and recognised suicidal attempts, many of which are never recorded. Among this number are included those (1) who deliberately kill themselves (and sometimes others) in automobile accidents; (2) who fail to kill themselves on first attempt, only to die several days, weeks, or months later, presumably from "natural" causes; and (3) who actually succeed in killing themselves in other ways but the fact is never officially admitted. Thus the statistics available do not indicate the total number of actual deaths and attempted suicides caused by "a positive or negative act of the victim himself" (*cf.*, Simpson and Simpson, 1950: 658-663).

Analysis and Discussion

Before we look at the causes of suicide, let us examine the historical trend of suicide in India. The incidence and volume of suicides in India for the period 1972-79 show an *erratic* trend, (see Table 1). During the period of 8 years, the highest number of suicides was recorded in 1974, i.e. 46,008 suicide cases with a rate of 7.8 per lakh of population. If we see the rate per lakh only, the figures generally showed a downward trend, except for 1974. However, the absolute number of suicides tells a different story. As against 43,601 suicides in 1972, it came down to 40,807 in 1973, but again shot up to 46,008 in 1974. It showed a downward trend continuously for three years: 42,890 suicides in 1975, 41,415 suicides in 1976, and 39,718 suicides in 1977. In the year 1978, it went up again to 40,207 and came down to the lowest number, i.e., 38,217 suicide cases in 1979.

Table 1

INCIDENCE AND VOLUME OF SUICIDE IN INDIA, 1972-79

Year	Estimated mid-year population in lakhs	Number of suicides	Volume of suicide per 1,00,000 of population
1972	5635	43601	7.7
1973	5769	40807	7.1
1974	5883	46008	7.8
1975	6008	42890	7.1
1976	6133	41415	6.8
1977	6258	39718	6.3
1978	6384	40207	6.3
1979	6510	38217	5.9

Source: Bureau of Police Research and Development, Ministry of Home Affairs, Government of India, *Accidental Deaths and Suicides in India, 1979*, New Delhi: Bureau of Police Research and Development, 1982, Part II, Table I, p. 19.

Causes of Suicide

Without doubt, the problem of suicide is a most complex one and no single factor can be assumed to be the cause. Different social formations have revealed different causes of suicide. For instance, in India, we find *satipratha*, (the wife committing suicide after the death of her husband); in China, there is a pattern of revenge suicide, and all over the world suicide is caused by melancholia. Keeping in view the differing causes of suicide in different societies, let us now look at the causes of suicide in contemporary India.

Table 2 shows that half of the suicides were caused by unspecified causes. Hence, no comment can be made on them. Among the known, specified causes of suicide, dreaded diseases alone account for 15.4 per cent cases of the suicides during 1979. The second important cause is quarrel with parents-in-law (8.3 per cent), followed by quarrel with spouse (5.9 per cent), love affairs (5.7 per cent), poverty (3.2 per cent), dispute over property (3.1 per cent), insanity (2.6 per cent), fall in social reputation (1.7 per cent), failure in examination (1.6 per cent), unemployment (1.2 per cent), and bankruptcy or sudden change in economic position (0.8 per cent).

From the sociological viewpoint, we may group the causes of suicide into three broad types: physical, social, and psychological. Before we proceed, let us make it clear that these three aspects are only *analytically* separable. Psycho-socio-somatic causes are really an inseparable trinity, and three aspects of the same unity. To understand suicide, we must understand all of them.

Table 2

SUICIDE CLASSIFIED ACCORDING TO CAUSES DURING 1979

<i>Causes of suicide</i>	<i>Number of suicidal deaths</i>	<i>Percentage to total suicide</i>
<i>Physical Causes:</i>		
1. Dreaded diseases	5901	15.4
<i>Social Causes</i>		
I. <i>Familial Causes</i>		
1. Quarrel with parents-in-law	3163	8.3
2. Quarrel with spouse	2239	5.9
3. Love affairs	2188	5.7
4. Deaths of dear persons	178	0.5
II. <i>Social Status</i>		
5. Fall in social reputation	635	1.7
6. Failure in examination	626	1.6
III. <i>Economic Causes</i>		
7. Poverty	1241	3.2
8. Dispute over property	1190	3.1
9. Unemployment	458	1.2
10. Bankruptcy or sudden change in economic position	295	0.8
<i>Psychological Causes</i>		
11. Insanity	1012	2.6
<i>Miscellaneous</i>		
12. Other causes (not specified)	19091	50.0
<i>Total</i>	38217	100.0

Source: Bureau of Police Research and Development, Ministry of Home Affairs, Government of India, *Accidental Deaths and Suicides in India 1979*, New Delhi: Bureau of Police Research and Development, 1982, Part II, Table III, p. 24. Table has been rearranged.

Physical Causes

In the majority of cases, the single most important factor inducing men to take their lives are somatic disease. The dreaded, many of them incurable, diseases motivate the largest number of persons to commit suicide (15.4 per cent) in India today. The person suffering from dreadful diseases is barred from, or rendered incapable of, performing the functional role he was thus far performing. This situation leads to rolelessness, boredom or exasperation, and meaninglessness. In these and other ways, dreadful diseases motivate the individual to end his life which no longer seems worth the pain and the trouble. Anyone who has passed through an acute illness (even fracture of a leg) would appreciate that, from the viewpoint of human happiness, at such times nothing is more important than immediate and efficient medical assistance. Far more important than the quantitative and financial aspect is the qualitative aspect, i.e., the quality of the medical service. In India, total

expenditure on health in 1970-71 was Rs. 299 crores for a population of 548,160 million and in 1980-81 it was Rs. 1,608 crores for a population of 685,185 million. Per capita health expenditure for the same periods in the country were Rs. 6 and Rs. 24, respectively (see Centre for Monitoring Indian Economy, 1983: Table 1.1 for population and Table 2.3 for health statistics). That so many men are killing themselves due to the dreaded diseases, and that the country is able to afford only such a meagre sum on medicare, is a sad reflection on the country's management of health and the quality of the medical service.

Social Causes

There are three important *social* causes of suicide—familial, social status and economic. Let us take familial causes first. There are four familial causes leading to suicide—quarrel with parents-in-law, quarrel with spouse, love affairs, and death of near ones which together are responsible for over one-fifth of suicide cases. This reflects, *inter alia*, growing family disorganization in the Indian social structure.

The most important familial causes of suicide are 'quarrel with parents-in-law' (8.3 per cent), followed by 'quarrel with spouse' (5.9 per cent). Interestingly, these two causes occupy the second and third places among the twelve specified causes of suicide. The former means that the relationship between the daughters-in-law and parents-in-law is disturbed, the latter indicates that there is tension in the relationship between husband and wife, and both conjointly point out that the family in India may be gradually becoming more disturbed. Generally patterns of behaviour are conditioned by the concept of the 'paterfamilias' which can present a reckless distaste for life (Durkheim, 1951, Book II, Chapt. 3, Halbwachs, 1930: Chap. 8). On the other hand, conflict, between mother-in-law and daughter-in-law and between spouses are undisputed symptoms of a family where the familial ties are seriously broken especially the controlling authority of the male. Throughout the greater part of human history, in different manners and quantity, men tended to regard women as inferior and of lower order (Pandey, 1974:57-77). The Indian family is notoriously authoritarian. Both parents-in-law, as well as husbands, are authoritarian in their attitude. They want their orders to be obeyed, failing which they redirect their underlying hostility towards weaker scapegoats, towards daughters-in-law in case of parents-in-law and towards wives in case of husbands. Furthermore, modern Indian society is plagued with the problem of the dowry system in marriages. The daughters-in-law are oppressed by the parents-in-law in case they fail to bring the demanded or promised dowry.

The causes may differ but the self-destruction tendency has been noted among the divorced, the widowed, and the unmarried (Cf. Morselli, 1882: 226-239; Dublin, 1933: Chap. 11). Durkheim has also made an elaborate analysis of the causes for a high suicide rate among groups of "abnormal" marital status. "Quarrel with spouse" indicates that there is severance of marital relationship which constitutes a crisis of the greatest magnitude in the life organisation of one or both of the partners. Loneliness, sex hunger, a thwarted craving for response and affection, and disorganised emotional tensions, all these and many other factors contribute to the demoralisation and eventual suicide of the man or woman whose marital relations have been violently broken.

Romantic frustration accounts for 5.7 per cent of suicide cases. Love affairs are basically familial but their implications soon become psychological and personal. Such suicides are initiated with serious intentions. The purpose of the suicide may be the demonstration of extreme affection for, or to cause unhappiness to, the unsatisfactory loved one. Here is a queer combination of conscious and unconscious motives. Real or threatened loss of love, according to psychoanalysts, is one of the most excruciating stresses. This does not merely mean love between romantic lovers; even more, it involves various forms of affection, acceptance and intimacy in interpersonal relations. When the individual feels that he is denied affection, he ordinarily turns his aggressions against those who seem to be denying him. In certain cases, however, he internalises them and directs them against himself. Then he becomes a potential suicide (Jackson, 1954: 89-96. cf. Gold, 1958: 651-661).

The death of near and dear persons accounts for 0.5 per cent of suicide cases. The death of dear persons emancipates the individual from primary group life and thereby carries a corresponding emancipation from life itself. The individual yields to the shock of the death and becomes a prey to suicide. In our society, people are accustomed to living in small groups (Homans, 1950) or, what Tonnies (1957) terms *gemeinschaft*, be it rural or urban villages (Gans, 1962). Thus, close relationship, if disturbed by its dissolution due to the death of a loved one, serves as a severe shock. Furthermore, for a long time, the tradition was that wives must die on the pyre of their husbands. The custom, coupled with emotional attachment with the dead, induces women to take their lives. Such occurrences are still noticed in India from time to time.

There are four *economic factors* causing suicide: poverty, unemployment, dispute over property, and bankruptcy, or sudden economic change. Both poverty and affluence possess anomie-producing qualities. The anomie of affluence is a consequence, not only of the distribution of wealth, but also of changes in wealth. The abrupt change in wealth, whether growth or loss of wealth, upsets the scale.

Poverty is the cause in 3.2 per cent and unemployment in 1.2 per cent of suicide cases. Dispute over property accounts for 3.1 per cent of the suicide cases. In a relatively smaller proportion of cases (0.8 per cent), bankruptcy or sudden change in economic condition, induced persons to take their lives. Poverty makes a family helpless and powerless. The pangs of poverty are at times so deep that the person is not able to bear them and kills himself. Sometimes the poor man kills his own family members before killing himself. Unemployment leads to suicide, for it is the cause and the result of grinding poverty, of homelessness, of the loss of basic economic and social security.

A defeat in the dispute over property' is not only the loss of property but also the cause of a feeling of inferiority and helplessness in the defeated person. In this situation, he chooses to die than to face the winner in the dispute.

Finally, the sudden economic change, particularly bankruptcy, is accompanied by a loss of self-confidence, a feeling that life is a dismal fiasco, a feeling of powerlessness, and loss of comfort, and when these pecuniary values collapse, in many cases there is nothing to live for and the person seeks release from his humiliation in death. Durkheim calls it 'anomie suicide'.

The second social cause is the loss of social reputation. In our case, 1.7 per cent of suicide cases take their lives because of the fall of social reputation. Most analysts

have examined self-esteem within a trait-conceptualisation of personality (Sniderman, 1975). A small percentage of victims of self-inflicted death are persons who have lost their social reputation. The loss of status is too much to bear. The loss of social status occurs in several ways. When persons highly placed in large corporations, financiers, and persons in other fiduciary positions are caught violating public trust, such persons take their lives rather than suffer the consequences of their wholesale betrayal of public confidence. The thought that the president of an organisation is in social danger, or serving a sentence like a common thief, is too bitter a pill for him to swallow, as it is a loss of status. To the ruined and disgraceful culprit, suicide seems the only way out (Cressey, 1953). Even when there are no criminal implications, times of financial panic bring suicide among the very wealthy. The prospect of drastic curtailment of their scale of life, with the consequent lowered status, is often defined as the complete collapse of their social world. Suicide is often the result of this despair. Arrest is one of the conditions under which some persons commit suicide, even when their crime is not a serious one, but there is a mixture of fear and shame.

Following failure at examinations, 1.6 per cent persons committed suicide. This may be explained from both the sociological and psychological perspectives. From the sociological viewpoint, the integration of the young committing suicide is strong. Failure at examinations invites parental displeasure which the young person is not able to bear. Here ego belongs to the group, not to the individual. In Durkheim's terminology, this is altruistic suicide. It is a kind of subtle form of loss of status. From the psychological perspective, the change induced in the person by his failure at examinations becomes a disease for him. He fails to maintain a coherent life plan.

Psychological Causes

Mental disease—to be more exact, insanity—accounts for 2.6 per cent of the cases of suicide. Personal disorganisation culminate many times in mental disease. The patient, then, broods his life away in deep and hopeless melancholia. The mentally ill person takes the final tragic flight from life and kills himself. In this sense, suicide is the denouncement of personal disorganisation. Let us caution that all suicides are not an insane act (Cavan, 1928: 112). Certain specific mental disorders, however, are apparently related to suicide. These include melancholia, acute paranoia, senile dementia, dementia praecox, dementia paralytica, and chronic alcoholism (Cavan, 1928: 117). Despite the presence of mental illness in many suicides, they represent a fraction of the total number (Cavan, 1928: 122). "Thus", concludes Durkheim (1951: 81), "no psychopathic state bears a regular and indisputable relation to suicide. A society does not depend for its number of suicides on those persons who are mentally ill".

Summary and Conclusions

The paper began with a brief note on the implications of suicide for the individual and society. Then, the theoretical position regarding causes of suicide was explained. In doing so, the basic assumptions of various theories were explained. It was contended that, singularly, none of these explanations is perfect to explain suicide. Hence, a multi-factor approach was preferred.

The findings reveal the erratic trend of suicide. Suicide is caused by physical, social and psychological factors. Most important causes are social, familial, social status,

and economic, followed by physical diseases, and psychological causes. Interestingly, the quarrel with parents-in-law and spouse, and frustration in love affairs have surfaced as the major causes of suicide. This speaks of deteriorating family relations in India. Further, poverty and unemployment, as compared to affluence, account for relatively large number of suicides. Physical disease and mental illness induce quite a significant proportion of people to take their lives. All this shows that some individuals in Indian society are so disturbed by social, psychological, and physical factors that they have gone against themselves. A society in the making cannot overlook this social problem.

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