# Editorial Note

## Suicide and the Fractured Self – Interrogating the Social, Cultural, and Psychological Complexities of a Global Emergency

Suicide is not only the tragic cessation of life—it is often a final expression of pain unheard, burdens unshared, and disconnection unaddressed. It forces us to confront the fragility of our modern societies, the silences of our institutions, and the profound loneliness that can take root in even the most seemingly connected lives. That the current moment demands a renewed, uncompromising engagement with the question of suicide is beyond dispute. According to the World Health Organization (2023), over 700,000 people die by suicide annually, with many more attempting it. Suicide is now among the leading causes of death worldwide, particularly in low-and middle-income countries and within specific vulnerable groups such as students, the elderly, LGBTQ+ individuals, and rural populations experiencing chronic distress. The Supreme Court of India recently referred to the rise in student suicides as a "suicide epidemic," highlighting

the stark reality that over 13,000 young lives are lost every year due to overwhelming pressure to succeed. The alarming rise in these cases points to a need for systemic change, not only in how academic success is measured but also in how mental health is addressed within educational institutions. A more supportive environment- one that values emotional well-being just as much as exam scores- is vital to avoid the loss of valuable young lives. A recent headline, '*Social Media Influencer Dies by Suicide After Losing Followers*', points to a growing concern that can no longer be overlooked. It draws attention to how digital pressures are beginning to affect mental health in adverse ways, especially when it comes to young people. The stress that comes from constantly managing one's image, chasing numbers, and fearing public failure is becoming more common. This is adding to existing challenges like academic stress, unemployment, and the social stigma around mental illness. To address the issue of suicide in India effectively, we need to acknowledge these changing realities and build a more open, supportive environment where mental health is taken seriously, both offline and online. The rise of cyberbullying, reflected in tragic suicides globally, is also becoming a growing issue in India, where online harassment is contributing to a rising mental health crisis among young people. The anonymity of the internet often enables harmful behaviour, while the emotional impact on the person targeted is very real. Unfortunately, most people suffering from such abuse feel they have nowhere to turn, as support systems are either lacking or not taken seriously. As our lives become increasingly digital, it is essential to treat online abuse as a legitimate mental health risk and to ensure that both awareness and legal protections evolve to meet this new reality.

What accounts for this rise? Why, in an age of unprecedented technological connectivity, wellness movements, and global advocacy, are increasing numbers of individuals finding themselves unable to go on? In posing this question, we must

resist the oversimplification that attributes suicide solely to mental illness. While depression, bipolar disorder, and substance use are undeniably risk factors, reducing suicide to clinical pathology obscures the broader, more insidious forces at work. Suicide must be understood as a multidimensional phenomenon that intersects with economic despair, cultural alienation, identity-based oppression, and the emotional costs of living in a fast-moving, hyper-individualized world.

The sociological imagination offers valuable insight here. Émile Durkheim's landmark study *Le Suicide* (1897) remains disturbingly relevant. His categorization of suicide into egoistic, anomic, altruistic, and fatalistic types provides a lens to explore the tensions between the individual and society. In contemporary life, the prevalence of egoistic and anomic suicides is glaring. Urbanization, labor precarity, disintegration of traditional support systems, and weakening community bonds create a sense of isolation so profound that it undermines the will to live. Today's societies increasingly valorize self-sufficiency and success, while offering little in terms of collective responsibility, emotional solidarity, or communal healing.

These conditions have only intensified in what sociologist Zygmunt Bauman termed "liquid modernity," where everything—relationships, identities, meanings—is fluid, transient, and increasingly commodified. In such a world, individuals are rendered responsible not just for their material well-being, but for their emotional resilience, productivity, and relevance. Failure is internalized. Suffering is privatized. Within this framework, suicide often becomes a desperate act of protest against a society that demands much but listens little.

From a psychological standpoint, the frameworks have evolved, though not always in tandem with social realities. Sigmund Freud, in his early work *Mourning and Melancholia* (1917), theorized

suicide as an expression of self-directed aggression, rooted in ambivalence and loss. While contemporary psychodynamic thinkers have built on this, newer models such as Thomas Joiner's Interpersonal Theory of Suicide (2005) offer a more empirically testable framework. Joiner identifies thwarted belongingness and perceived burdensomeness as core components driving suicidal desire. When these intersect with an acquired capability for self-harm—often shaped by trauma, habituation, or access to means—the risk escalates. Yet even this model, while valuable, must be situated within broader social ecologies. Who is made to feel like a burden? Who is denied belonging, and why?

Cultural scripts further complicate the picture. In many societies, the language available to express despair is limited, shrouded in stigma, or completely unavailable. In such cases, suicide becomes a tragic form of communication—a way to say what cannot be said in life. Anthropologists like Arthur Kleinman and Nancy Scheper-Hughes have documented how suicide, especially in contexts of poverty and marginalization, can be a culturally saturated act, entangled with ideas of honor, shame, and existential protest. In India, for instance, the alarming rates of farmer suicides must be read not just through an economic lens but as a collapse of identity, dignity, and moral selfhood. Similarly, the suicides of students struggling with academic pressure, caste-based discrimination, or familial expectation underscore how structural violence can operate through psychological pathways.

Technological change presents a paradox. On the one hand, social media and digital platforms offer avenues for mental health awareness, crisis support, and community building. On the other, they have introduced new sources of distress—cyberbullying, performative comparison, and the addictive pursuit of online validation. Research by Twenge et al. (2017) has shown correlations between increased screen time and elevated rates of anxiety, depression, and suicidal ideation among adolescents. Young

people, constantly tethered to their devices, are paradoxically more disconnected from meaningful human connection than ever before. The internet age has thus birthed a generation that is both hyper-visible and profoundly unseen.

Even as we turn our gaze to survivors—those who have attempted suicide and those left behind—we find silences that are deafening. Survivors of suicide loss often encounter stigma, blame, and disenfranchised grief. Suicide attempt survivors, too, navigate shame, medicalization, and institutional neglect. Despite growing awareness, most health systems still lack robust postvention protocols. The WHO's *Live Life* guidelines (2021) and models such as Zero Suicide offer valuable frameworks, yet implementation remains uneven, particularly in resource-scarce settings. It is imperative that the lived experiences of survivors inform our prevention and care efforts—not as afterthoughts but as central narratives.

Prevention, therefore, cannot be reduced to a checklist of risk factors or a campaign of awareness days. It must be embedded in systemic change. This includes investing in community mental health services, integrating psychosocial education into schools and workplaces, training frontline professionals in trauma-informed care, and critically—reweaving the social fabric. Societies must learn to listen—not only to cries for help, but to the quieter, chronic expressions of fatigue, alienation, and loss of meaning. The work is cultural as much as it is clinical; ethical as much as it is infrastructural.

To face suicide honestly is to confront uncomfortable truths about the world we have built and the values we uphold. It is to admit that progress can be dehumanizing, that freedom without solidarity can be suffocating, and that success without compassion can be lethal. It is to question whether the systems that govern our lives—

education, labor, healthcare, family—still serve our deepest needs or exacerbate our silent suffering.

This issue of the journal is not simply a collection of articles. It is a collective attempt to bear witness—to the pain, the complexity, the stories that are too often lost in statistics. It draws on voices across disciplines and geographies, acknowledging that no single framework can capture the totality of suicide's meaning. And yet, through this multiplicity, it affirms one core belief: that every life matters not just in its achievement, but in its vulnerability.

As we continue the vital work of suicide prevention, research, and advocacy, let us remember that compassion is not a luxury—it is a lifeline. And in a world where suffering is too often silent, let our scholarship, policy, and practice echo with the radical clarity of care.

## OVERVIEW OF THE CURRENT ISSUE OF SAMBHASHAN

The current issue includes three main sections following by a tribute to Dr. Anita Ghai. Section I features papers and articles that explore various dimensions of suicide, addressing its psychological, social, cultural, and ethical aspects. The first article by Tama Dey advocates for the adoption of critical suicidology in India, emphasizing the need to contextualize suicide within broader socio-political, economic, and cultural frameworks. It highlights how marginalized groups disproportionately suffer and calls for a shift beyond individual-focused approaches. The second article by Abhina Jose explores Kerala's high suicide rates—particularly in the marginalized district of Wayanad—despite its strong social indicators, dentifying key vulnerabilities among tribal, male, and agrarian populations. In the following article by Shreya Kurnool and Lata Dyaram, they address the rising suicide rates among Indian workers and critique the lack of scholarly attention to workplace-

related suicide. The next article by Jeevan Jyoti., Mehmood Ahmad and Rabia Choudhary presents a conceptual study synthesizing literature on various dimensions of techno-stress. It explores their physiological impacts, shifting focus from psychological to bodily outcomes. Following this, Ankita Singh and Moitrayee Das review literature on elderly suicide, emphasizing overlooked risk factors like loneliness and illness, and call for culturally sensitive, policy-driven interventions. Dave Sookhoo, in his article, advocates for a sociocultural perspective in understanding suicide, highlighting the need to integrate social context into prevention, assessment, and treatment strategies. Nisha Yadav, in the following article, analyzes the root causes of farmer suicides in India, emphasizing income insecurity and risk exposure, and proposes policy reforms to enhance resilience and sustainability. The article by Srishti Sharma, Juhi Deshmukh and Aparna Satpute explores the link between binge gaming in adolescents and emotional distress, highlighting vulnerability factors and proposing preventive strategies grounded in psychology and community support. Biraj Mehta Rathi reviews Abbas Kiarostami's *Taste of Cherry*, examining how the film uses the protagonist's search for a burial to explore themes of ethics and human connection. Lakshmi Muthukumar and Saniya Gonsalves' article analyzes the representation of suicide ideation in *If Tomorrow Doesn't Come* by Jen St. Jude and *Me (Moth)* by Amber McBride, using Vulnerability Studies to show how mental health issues are shaped by broader social and relational factors.

Section II features a Case analysis by Anjali Joshi, exploring the journey from suicidal thoughts to rational living through Rational Emotive Behavior Therapy (REBT). Section III features a movie review by Tina Chakravarty of Not Today (2021), directed by Aditya Kriplani, analyzing the film's portrayal of suicide and mental health. The section also includes a book review by Aishe Debnath of *Why Physicians Die by Suicide* by Michael Myers (2017), exploring the mental health challenges faced by medical professionals. The

following book review by Wilbur Gonsalves presents a review of The Anxious Generation by Jonathan Haidt (2024), examining how the shifting nature of childhood is contributing to a rise in mental health issues. This is followed by a review by Aishe Debnath of Left Behind – Surviving Suicide Loss by Nandini Murali (2023), offering a poignant exploration of coping with suicide loss. Tanvi Upadhyay reviews *A Book of Light: When a Loved One Has a Different Mind* by Jerry Pinto (2016), an anthology that provides intimate narratives from caregivers of individuals with various mental health conditions, fostering open dialogue and compassion. Anuradha Bakshi reviews Saving Lives: A Review of the National Task Force on Mental Health and Well-being of Medical Students, highlighting the report's focus on addressing systemic failures and providing essential mental health support to medical students in India.

This issue also features a tribute by Biraj Mehta Rathi commemorating Dr. Anita Ghai's invaluable contributions to advancing disability rights in India. The issue concludes with a list of suicide prevention mental health helpline numbers.

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