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(Re)Animating Sociology of Suicide in Bangladesh

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Abstract

Durkheim classic *Le Suicide* (1897) gave birth to 'sociology of suicide' and set down an influential theoretical and methodological framework to study the phenomenon. Its impact notwithstanding, the framework has received trenchant critiques as well as attracted modifications and revisions by many sociologists. Whilst the sociology of suicide appears not to attract large numbers of scholars in the global South, even though the magnitude of the problem is striking in some countries, we consider a way of (re)animating the area of study. To this end, we focus on Bangladesh as case study to think *about* as well as think *with* Durkheimian and post-Durkheimian propositions concerning sociology of suicide. Stated differently, we employ Bangladesh to work through some of the tenets, contestations, and revisions regarding suicide made by post-Durkheimian sociologists. Characterized by high rates of suicide, Bangladesh is an amply suitable case given the lack of any evidence of research envisioned under the framework of sociology of suicide. Taking off this we then make some suggestions regarding how sociologists in Bangladesh and more broadly the global South might (re)vitalize their methodological and epistemological work on suicide.

Keywords: suicide, sociology of suicide, positivist, interpretive, sociological autopsy, social-psychology, Durkheim, Bangladesh.

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1. Setting and context

It is common among suicide researchers to categorize suicidal behaviors as fatal or non-fatal. Fatal suicidal behavior, or simply suicide, may involve a single act or a combination of acts people deploy to end their lives. Non-fatal suicidal behaviors are acts that may not necessarily result in instant death of the victim. Non-fatal suicidal behaviors (also known variously as 'attempted suicide', 'para-suicide' and 'deliberate self-harm') can however have significant psychological ramifications for the person as well as social and cultural consequences among family, kin, friends and colleagues (Burrows, Schlebusch, 2008).

Given its deleterious social, emotional, and economic consequences, suicide attracts ample attention among sociologists, epidemiologists and other researchers, policymakers, and interventionists in the global North. In contrast, although the magnitude of the problem is striking in some countries in the global South, the sociology of suicide appears not to attract large numbers of scholars in this world region. Suicide has however been recognized as a global health threat that needs urgent and multifaceted attention. The World Health Organization (WHO) has for example estimated that close to 800000 people worldwide die through suicide-related causes each year (WHO, 2014, 2017a), declaring suicide a global health crisis. It is estimated that suicide could escalate to about 1.53 million deaths per year by 2020 (Engelbrecht *et al.*, 2017). It is further estimated that by 2020 more than 2% of the global burden of mortality will be due to suicide (WHO, 2012).

Estimation of the global, regional and national magnitude of suicide are hampered by lack of comprehensive data, poor quality, and out-of-date information. More specifically, there is no reliable source to ascertain the burden of suicide attempts around the world. No country in the world provides statistical data to the WHO on suicidal attempts. Many low-and middle-income countries, especially those in the global South, do not have any standardized methods of collecting information and surveillance systems on suicide and data on para-suicide is non-existent (Bagley, Shahnaz, Simkhada, 2017). Therefore, relating the national trends of suicide to the attempted suicide is near impossible (Bertolote, Fleischmann, 2005).

The argument in this article is situated within this context of incomplete data and knowledge of suicide and attempted suicide in the global South. The paper highlights critical gaps in the existing sociological research on suicidal behaviors. It points to critical opportunities for (re)animating suicide research particularly as regards low- and middle-income countries. The focus is on Bangladesh, a country located in South Asia, as case study to think *about* as well as think *with* the application of sociology of suicide. The paper works

through some of the key tenets, contestations and revisions regarding suicide made by post-Durkheimian sociologists. Taking off from Bangladesh, it draws out some insights on how sociologists, especially from the global South, might (re)vitalize their methodological and epistemological work on suicide.

2. Brief notes on suicide in Bangladesh

Suicide is a severe concern in many Asian countries, including Bangladesh, due to the vast population in the region and the relatively high suicide rates compared to Western countries (Yip, 2008). More than half of global suicide takes place in Asia (Maniam, 2012; Värnik, 2012; Chen *et al.*, 2012). A few Asian countries, for example India, Japan and China, disproportionately contribute to the worldwide burden of suicide, constituting approximately 40% of the global suicides (Värnik, 2012; Beautrais, 2006). Despite the magnitude of the problem (but also because of the criminalization of suicide) though, there is no national surveillance, comprehensive database or countrywide survey on any sort of suicidal behaviors in Bangladesh (Bagley, Shahnaz, Simkhada, 2017; Arafat, 2016; Salam *et al.*, 2017; Shahnaz, *et al.*, 2017; Shah, Ahmed, Arafat, 2017; Reza *et al.*, 2013).

Based on various sources such as the police, media, courts, hospitals, and forensic records, it is roughly estimated that more than 10000 people die by suicide every year in Bangladesh (Mashreky, Rahman, Rahman, 2013). According to WHO Global Health data on suicidal mortality rate, Bangladesh accounts for 5.5/100000 population in 2015 (6.5 in females and 4.6 in males) compared to 6.3 in 2010 and 7.0 in 2000 (WHO, 2017b). Bangladesh Health and Injury Survey (BHIS) 2005 have estimated an average suicidal mortality rate of 7.3 per 100000 population out of which 6.5 is for males and 8.2 for females. Although these rates of suicidal-induced mortalities in Bangladesh are relatively not high, some districts such as Jhenaidah have very high rates. Death from suicide has been found to be significantly higher in rural areas than urban areas. Suicide is also a leading cause of death for adolescents and younger people. Among the 10-19 years and 20-29 years age groups, the rates of suicide were found to be 11.3 and 11.7 per 100,000 population year respectively (Mashreky *et al.*, 2013).

In addition to the criminalization of suicidal death, there is a widespread religious and cultural stigma and even shame associated with suicidal deaths and family members and friends tend not to report suicide cases to authority (Mashreky *et al.* 2013; Begum *et al.*, 2017; Shah *et al.*, 2017). Despite the growing public health concern about suicide, there is a relative dearth of empirical and theoretical work on suicidal behaviors in Bangladesh (Shahnaz,

et al., 2017; Arafat, 2016; Mashreky *et al.*, 2013). It is beyond the scope of this paper to make a detailed layout of the findings and analysis of the studies so far been conducted in Bangladesh. However insights drawn from representative studies show that the existing Bangladeshi knowledge-base has no clear connection with the epistemological and methodological traditions of sociology of suicide. As such, whilst questions of epistemology and methodology in suicide research do not receive a great deal of attention from Bangladeshi scholars, which may simply be a question of the numbers, which in turn is linked to the question of attention to suicide research, we suspect that a concern with *episteme* and *method* might (re)energize the area of study. It is crucial to note that we do not focus on Bangladesh as an end in itself, just as we do not focus on Durkheim's sociology of suicide as an end in itself, but as case study to think *about* as well as think *with* in *thinking through* Durkheimian and post-Durkheimian propositions concerning sociology of suicide. Stated differently, we draw out some insights on how sociologists, especially from the global South, might (re)invigorate their methodological and epistemological work on suicide.

We should make a note that alongside the sociology of suicide, we have had to draw from several other philosophical, disciplinary, and theoretical resources, including public health, medical humanities, psychology, history, anthropology, medicine, nursing, law and biology (Masango, Rataemane, Motojesi, 2014; Fitzpatrick, Hooker, Kerridge, 2015). The implication of this is that we reach beyond sociology and incorporate multi- and trans-disciplinary understandings, approaches, meanings, concepts, theories and methods in thinking about suicide (Fitzpatrick *et al.*, 2015; Knizek, Hjelmeland 2007). The objective of drawing on non-sociological resources is because we are unlikely to sufficiently understand the nature of and prevent suicidal behaviors using insights only from sociology (Leenaars, 1995). All the same, in this article sociology necessarily remains an anchoring discipline for its unique position in the history of suicide research as well as purchase in explaining individual suicidal behavior within a social context.

3. Durkheim and the sociology of suicide

Suicide played a central role in the construction and establishment of sociology as a distinct discipline (Fincham *et al.*, 2011a). Durkheim's (1858-1918) *Le Suicide* (*Suicide*) (1897) is a milestone work in the history of sociology (Tomasi, 2000). It is still considered as one of the most influential classic texts in sociology and has received immense attention and praise for its methodological and theoretical approach (van Tubergen, Grotenhuis, Ultee,

2005; Fincham *et al.*, 2011b). *Suicide* works as a sourcebook of application and demonstration of Durkheim's theory and methodology, a model of integration of theory and data and subsequent research (Lehmann, 1995; Douglas, 1967; Giddens, 1966). Within the field of sociology of suicide specifically, Durkheim is usually a common starting point for sociological and non-sociological analysis of suicidal behaviors and is still frequently cited in many contemporary studies (van Poppel, Day, 1996; Scourfield, Fincham, Langer, Shiner, 2012; Wray, Colen, Pescosolido, 2011).

Durkheim considered suicide as an act, positive or negative, carried out by the victim who is aware of the fatal outcome. Attempted suicide is defined in a similar way, except that it stops before the fatal outcome has occurred (Durkheim, 2005). It is noteworthy that although Durkheim acknowledged that attempted suicide fits his definition of suicide as a behavior, he excluded it from discussion as it does not bring the fatal outcome (Kushner, Sterk, 2005).

Situating his work within a positivistic paradigm, and heavily loaded with statistical data, Durkheim viewed suicide as a social fact that can be interpreted as an indicator of the level of social solidarity or discord within a given context (Bearman, 1991). For Durkheim society is independent of individuals, social facts are autonomous, and no direct relation exists between individuals and social facts (Taylor, 1982). Hence he conceived of suicide as a by-product of socio-cultural interactional needs and circumstances. In highlighting the social dimension of suicide, Durkheim thus saw the act as not entirely dependent on an individual's motivations, but a much more complex phenomenon. Societal characteristics are therefore invariably linked to suicidal acts (Pickering, Walford, 2000; Hendin, 1978).

The essence of Durkheim's sociological theorizing is that people do not kill themselves out of nothing but rather are forced by social forces and currents in doing so (Pickering, Walford, 2000). The locus of explanation was to show how individual intention is rooted in the (dys)function of social dynamics (Berkman *et al.*, 2000). This point was a sharp departure from psychological understandings which situated 'suicide as an explicitly individual and private act' (Jaworski, 2010: 47). As a sociologist, Durkheim was interested in exploring why one group had a higher tendency to commit suicide than the other and not why an individual commits suicide (Ritzer, 1992). Yet Durkheim's main interest or contribution was not presenting statistical information such as ratios on suicide but more on rejecting biological, psychiatric, psychological, geographical, sexual and other allied approaches to suicide (Pickering, Walford, 2000; Adams, Sydie, 2001) and thereby developing a coherent sociological theory on suicide (Giddens, 1995).

Perhaps the most significant contribution of Durkheim (2005) theorization was in developing a four-fold schema of suicide: egoistic, altruistic, anomic and fatalistic. In describing each type of suicide, he examined associations between suicide rates (using statistical data from various countries) and various social factors (for example, religious affiliation, marriage status, rural-urban divides, gender, and socioeconomic status) and their relationships with two social forces: integration and regulation (Adams, Sydie, 2001; Scourfield *et al.*, 2012; Rose, 2015). Integration, which refers to the degree of collective sentiments, and regulation, meaning the degree of external control over people, are the main currents of the model (Ritzer, 1992; Wray *et al.*, 2011), providing the key as to the origin of the four-fold typology of suicide (Hynes, 1975). Integration and regulation are closely linked, each offering the contextual praxis in which the other is reproduced (Bearman, 1991). The typology also traced imbalances in integration and regulation, such that, for example, in egoistic and altruistic suicides people are poorly and highly integrated respectively, and in anomic and fatalistic suicides people are under- or overly-regulated respectively (O'Connor, Sheehy, 2000).

Egoistic suicide occurs when individuals are not strongly integrated into the larger social group or community and do not feel interested in it for support. The lack of integration leads to a sense of meaninglessness among individuals (Ritzer, 1992). The cause of egoistic suicide is exaggerated individualism. The prevalence of egoistic suicide was seen as evident among unmarried persons, men, urban dwellers, and the Protestants as these groups found it difficult to maintain integration into the society (Durkheim, 2005). Whereas egoistic suicide occurs where 'society allows the individual to escape it' (Durkheim, 2005: 179), altruistic suicide occurs when 'society holds him in strong tutelage' (Durkheim, 2005: 179). As such, altruistic suicide occurs amongst individuals who are chained by the fact of strong social integration (Ritzer, 1992). Such suicide is characteristically performed by an individual as a form of cultural obligation and for the collective benefit of the group (Adams, Sydie, 2001). In altruistic suicide an individual kills him or herself not because he or she assumes the right to do so but it is considered a duty or obligation, and failing to commit suicide is dishonorable (Durkheim, 2005).

Anomic is seen as a natural and specific factor in suicide in modern societies (Durkheim, 2005), occurring among individuals who become dissatisfied with the breakdown or disruption of the regulative powers of society (Ritzer, 1992). In this schema, rates of suicide in societies are predicted to rise when the nature of disruption is positive (e.g. economic boom) and negative (e.g. economic depression) as in both the cases people find it difficult to adjust to the new situation. Durkheim states: 'society cannot adjust them instantaneously to this new life and teach them to practice the increased self-

repression to which they are unaccustomed' (Durkheim, 2005: 213). As such, anomic suicide is the result of the upheaval of moral community and disturbance created in the societal equilibrium (Adams, Sydie, 2001). In contrast to anomic suicide, fatalistic suicide occurs in situations where social regulation is excessive (Ritzer, 1992). Although Durkheim discussed very little about this kind of suicide, he postulated that 'persons with futures pitilessly blocked and passions violently choked by oppressive discipline' (2005: 239) are likely to commit this kind of suicide. Suicides committed by slaves and prisoners were taken as the classic examples of fatalistic suicides as these persons are caged by the harsh regulations in society (Davies, Neil, 2000). Another example of fatalistic suicide comes from a state of the totalitarian environment which is marked by relatively low freedom and respect for human dignity. Persons living under this social structure might view life as meaningless and might take decisions to take their own lives (Stack, 1979).

In sum, in radical contrast to the view of suicide as linked to purely psychological and individualistic problems, Durkheim's conceptualisation of suicide stemmed from a view of disrupted social and cultural environment (Khan, Naz, Khan, 2017). Durkheim considered suicide as an effect of various forms of crisis in society caused by rapid and constant social changes that inflict inexplicable pain in and endangers the individuals in society (Tomasi, 2000). On the whole then, Durkheim's work on suicide has been more than helpful in deepening critical understandings about the significance of external, social factors in the causation of individual actions (Taylor, 1982).

4. A critical appraisal and an alternative proposal

Suicide is an old subject of study traversing several centuries (Fincham *et al.*, 2011a). Suicide was one of the most widely discussed social problems in the eighteen century, and certainly, Durkheim was not the first scholar to objectively examine suicide rates. There were at least two scholarly perspectives for understanding of the problem during that period: firstly, moral implication or anti-ethical perspective on suicide; secondly, a shift towards objectively examining the determinants of suicide (Giddens, 1965). By the time Durkheim propounded his theory of suicide a wide array of empirical correlations were already developed between suicide rate and social causes over the idea of individual motivation of the suicide act (Giddens, 1965; Wray *et al.*, 2011). Durkheim's originality therefore did not rest in the empirical correlation made in *Le Suicide* as those were already done by others and he adopted much of his materials from other writers. His originality was expressed in explaining the previous findings in the form of a comprehensible

sociological theory (Giddens, 1965; Fincham *et al.*, 2011b). And whilst Durkheimian conceptualization of suicide remains influential, it is also a subject matter of extensive discussion and contestation (Stack, 1982). As the post-Durkheimian era of sociological debates on suicide are wide-ranging and would require a different and much longer paper to summarize (Wray *et al.*, 2011), what we do here is to idiosyncratically select and situate pertinent critiques that find Durkheim's *Le Suicide* to be characterized by significant *theoretical* or *methodological* gaps, silences, and shortcomings (Robertson, 2006; van Poppel, Day, 1996).

Although he is often regarded an orthodox follower of Durkheim, one of the notable post-Durkheimian sociological differences came from Halbwachs. According to Atkinson (1978), Halbwachs' works were mainly devoted to modernize or modify Durkheim's suicide thesis than to present a trenchant critique. In *Les Causes du Suicide* (Causes of Suicides) (1930), Halbwachs demonstrated his own originality in understanding the causation of suicide. Without gathering new statistical data, he judiciously re-examined the statistical information already used by Durkheim and advanced new explanations that were ignored or dismissed by Durkheim. Of critical significance, Halbwachs uniquely integrated both sociological and psychological explanations in his elucidation of suicide. In his explanations, sociological and psychological factors cannot be detached or separated from the bigger web of factors that influence people's decision to commit suicide. Importantly, suicide is caused because of social detachment and dislocation of the individual which may result in a sense of social isolation (Halbwachs, 1978; see also Wallis, 1960). In this sense, Halbwachs proposed a social-psychological theory of suicide. Diverging from a Durkheimian lens, Halbwachs underscores the power of emotions, social dissatisfaction, and sentiment and how these might encourage individuals to commit suicide. He argues that the power of emotions, social dissatisfaction, and sentiment might not have any obvious relevance to social factors but could generate feeling of rage and anguish and subsequent social isolation (Travis, 1990). Alpert (1951) remarked that Halbwachs' study has a complementary and corrective role to Durkheim's study. Alpert views Halbwachs' study as an indispensable text that builds on Durkheim's work. Alpert however warns against using Durkheim's study without referring to Halbwachs' one for scientific and ethical reasons (Wallis, 1960). It is worthwhile to make a note that Durkheim himself did not completely reject psychology as such as he stated: 'we see no objection to calling sociology a variety of psychology, if we carefully add that social psychology has its own laws which are not those of individual psychology' (Durkheim (2002: 276).

Considered as one of the most prolific sociologists of the post-World War period, Giddens wrote extensively on suicide, later shifting his interest to the entirety of Durkheim's life-work. Giddens raised some crucial questions about Durkheim's interpretation of suicide (Giddens, 1966, 1971; Hynes, 1975). Durkheim's assertion that there is no room for psychological or individual factors of suicide is, according to Giddens, defective and fragmented. If Durkheim's proposition is right with regard to the social disorder that causes suicide, then all individuals exposed to that disorder would commit suicide *ceteris paribus*. But not everyone exposed to such situation commits suicide. In fact, the interaction between society and personality can determine the etiology of suicide (Giddens, 1966, 1971). If, according to Durkheim, the social conditions act upon suicide-prone individuals, complex-personality characteristics should also be considered as part of the influence that generates suicide-proneness. Supporting the important role of psychology in suicide, Giddens (1966) argues that a suicide episode is also linked to the psychoanalytic idea of depression. Apparently, both Halbwachs and Giddens put emphasis on maintaining a socio-psychological perspective in analyzing suicidal acts and made critical modifications to Durkheim's theory.

Yet another important critique comes from Pope in his *Durkheim's Suicide: A Classic Analyzed* (1976) which was addressed toward three levels: Durkheim's theory; the fit between theory and data; and social realism. For Pope, although the relationship between integration and regulation is so crucial for Durkheim's model, it is difficult to clearly distinguish the difference between them, and thereby, among the forms of suicide. As Durkheim was unsuccessful in establishing a viable sociological distinction between integration and regulation, it made his theory of suicide difficult to test and left it essentially with little explanatory rigor. Pope was also skeptical about Durkheim's use of data to support his theory as he used only naturalistic observation and demographic variables. Durkheim provided only social factors as relevant to suicide and discarded potential other factors implicated in suicide. Overall, Pope claimed that Durkheim was overtly interested in demonstrating the superiority of sociological explanations to other competing explanations.

Some criticisms of Durkheim were more specific to methodology. Usually, *Le Suicide* is treated as one of the most outstanding examples for the positivist methodological innovation in the history of sociology (Wacquant, 1993; Tomasi, 2000). Yet, Selvin (1958), a sociologist and statistician, argues that Durkheim lacked an accurate conception and application of statistical interaction and replication which resulted in inconsistent measurement in developing theoretical relationships. He criticized Durkheim's over reliance on

official statistics. Like Selvin, Hassan (1998) has been skeptical about Durkheim's use of official statistics for theory generation. In his opinion, official statistics are often unreliable because of the risks of concealment, misrepresentation, and under-reporting of suicide acts and might preclude or conceal a true picture of the social facts associated with suicide. Surprisingly, Durkheim was so optimistic to produce more information out of his data despite their significant limitations and lack of adequate statistical tools (Tomasi, 2000). Therefore, Gane (2000) has remarked that *Le Suicide* was in large part of a presentation of statistics and no way a purely empirical study. In this connection, one of the most comprehensive critiques of the official suicide statistics that Durkheim used came from Douglas and Atkinson (see Taylor, 1982; Varty, 2000) who proposed alternative sociological perspectives to the study of suicide.

In *Social Meanings of Suicide,* Douglas (1967) argued in opposition to the Durkheimian positivist tradition for analyzing suicidal behavior. He developed an alternative sociological understanding to suicide (Fincham *et al.*, 2011a), but many of those propositions had already been proffered by Giddens (see also Hynes, 1975). Nevertheless, Douglas's approach to suicide exposed some of the theoretical weaknesses and epistemic inadequacies of Durkheim's theory. Douglas does this most effectively by using a subjective or interpretive epistemology for understanding the underlying reasons and meanings of suicidal behaviors (see Sourfield *et al.*, 2012). For Douglas, Durkheimian perspective is flawed and lacked analytical rigour as it failed to consider the in-depth social and cultural meanings of suicidal behavior (Wray *et al.*, 2011). In addition, Douglas also notes that official statistics are socially 'constructed'– not objectively patterned (Varty, 2000). The constructedness of official statistics is partly due to the fact that they are combination of the negotiated meanings between the state, doctors, coroners and in some cases relatives who report the suicide and hence are based upon subjective interpretations, judgments, perceptions, and intuitions of fallible social actors (Douglas, 1967). Douglas therefore questioned Durkheim's thinking regarding a fixed or constant meaning and categories for explaining the social facts of suicide. The 'social facts' that Durkheim used were simply 'definitions of the situation' constructed by social actors. Douglas emphasizes that sociological analysis must uncover and interpret the range of motives and meanings associated with each act of suicide. Those who die by suicide might have different motives and meanings of their acts, and these meanings can be explored through using qualitative methods (e.g. studying suicidal notes, diaries, biographies, psychiatric notes and wills, interviewing family, and friends) (Douglas, 1967). The most important pressing contribution of Douglas's work to the sociology of suicide is his emphasis on the importance of context and

the role that context plays in shaping the meaning of suicide. His intention was to strengthen sociology of suicide by using in-depth observation, description and analysis of individual cases of suicide (Douglas, 1967). He suggested that 'research and analysis must be on the whole complex of shared and individual meanings of the actions involved in the suicidal process' (Douglas, 1967: 231). Douglas was skeptical about the validity and reliability of official suicide statistics used by Durkheim, arguing that the latter never considered or minimized the frequency of mistakes in recording motives of suicide (Varty, 2000), and therefore ultimately rejected the quantitative approach to suicidal research altogether (Wray *et al.*, 2011). Douglas then proposed for a new suicidal typology based on the supposed meaning of the actors: *escape suicide* (as a means of transforming the soul); *atonement suicide* (as a means of transforming the self); *sympathy suicide* (as a means of achieving a fellow feeling or sympathy); and *revenge suicide* (as a means of gaining revenge) (Douglas, 1967). In doing so, Douglas provided an essential basis for rejecting much that is central to the Durkheimian stance of suicide and moving towards a new way of understanding the 'sociology of suicide'.

Similarly, Atkinson's (1978) *Discovering Suicide: Studies in the Social Organization of Sudden Death* has made a useful contribution to the sociology of suicide (see Scourfield *et al.*, 2012). By adopting the subjectivist standpoint as Douglas, Atkinson expressed his concerns on the ways in which official statistics on suicide are compiled. For him, official figures on suicidal deaths are not right or wrong; these are simply a process of reporting. Official statistics are compiled by persons who are not sociologists. Atkinson provided new insights and analytical rigor into the common sense and often taken-for-granted judgments made by coroners. According to Atkinson, Durkheim was too dependent on official rates of suicide prepared by coroners and shaped by their judgments (Scourfield *et al.*, 2012). He argued that officials compile suicide data for different purposes other than scientific research. The rationale for the decision for sociologists to use official statistics is usually unsatisfactory. Therefore, he adopted the ethnomethodological approach for the analysis of suicide. Any research on suicidal behavior other than ethnomethodological deconstructions is, according to Atkinson (1978), meaningless. Suicidal behavior can be usefully studied using contextually grounded meaning and understanding. Sociologists should endeavor to unpack the complex meaning of suicide for the individual rather than assume an objective act of suicide. Atkinson prefers to explore the subjective meaning to categorize or label deaths as suicidal. He concluded that, with sufficient understanding, sociological research of cases of suicide might, to a limited extent, accurately support suicide prevention strategies (Scourfield *et al.*, 2012).

Taylor offers a different perspective from those of developed by Douglas and Atkinson, In *Durkheim and the Study of Suicide* (1982), Taylor acknowledges Durkheim's contribution to showing the connected meaning of the individual act of suicide with the broader social phenomena. Nonetheless, he was also concerned of relatively uncritical of use of official quantitative data as these are sometimes, and even often, unreliable, inappropriate and incomparable. He also identified the risks associated with use of the subjective approach adopted by Douglas and Atkinson for research. For him, the distinction between positivist versus subjectivist explanations are largely irrelevant, trivial and often misleading. Taylor viewed the individual/subjective perspective and the social, positivist perspective (Durkheimian) not as alternatives to each other but rather supplementary, complementary and united. Each approach is insufficient in itself. From a realist perspective Taylor signaled for inclusion of an alternative social-psychological approach to a structural theory of suicide which attempts to show how suicidal performances are the result of four general states of mind of the individuals (Atkinson, 1983; Taylor, 1982). Taylor's ideas therefore overlap Giddens' and Halbwacks' who emphasized socio-psychological perspective to analyze suicidal behavior.

Drawing on the tradition of psychological and psychiatric autopsy of suicide, Slater (2005) introduced the sociological autopsy model in suicide research by combining individual and social context. Later on, Fincham and associates (2011a) widely advanced this innovative approach to suicide research by adopting a qualitatively-dominant mixed method approach to study individual suicidal cases in order to have richer and more meaningful insights into the wider structural and cultural contexts in which suicidal behaviors are grounded. Sociological autopsy model exemplifies the potential of dual-paradigm research, combining objectivism and interpretivism. This approach provides meaningful evidence of its aptness to provide contextualised, situated, individual-level or case-based approach to understanding the origin of the suicidal act (Platt, 2012). According to Fincham *et al.* (2011a), the qualitative vs. quantitative debate in many respects rests on artificial divisions and paradigmatic wars and poses pseudo-problems. For them, sociological autopsy study will meet sociological purpose by encompassing knowledge about the cases of suicide and also provide objective judgements of associated suicidal circumstances (Scourfield *et al.*, 2012). Keeping these and preceding debates, criticisms and innovations in mind, we suggest Bangladeshi sociologists and more broadly global Southern sociologists – perhaps working in multi-, inter-, and trans-disciplinary and transnational teams that incorporate Northern counterparts – can draw from these to (re)animate their work on suicide.

5. Some final thoughts toward framing a Bangladeshi knowledge base for suicide research and prevention

Several compelling and contesting paradigms within sociology of suicide make the subject of suicide worthy of study because it is not only a significant social and health problem but also a demanding topic. The root of sociology of suicide lies in Durkheimian positivistic paradigm that explains suicide as a social fact over individual actions. As we have shown, Durkheim's approach has invited several important criticisms on both theoretical and methodological grounds. These criticisms have led to shifts to include the adoption of an interpretive approach, socio-psychological approach, or combination of interpretative-positivist/sociological autopsy approach. All these ideas are quite appealing as well as very relevant to analyze suicidal behaviors under the domain of sociology of suicide. Although the academic domain of sociology of suicide reached a peak through the 1970s, its prominence seemed to have faded by the end of the twentieth century (Wray *et al.*, 2011). Surprisingly, contemporary sociologists, particular in the global South as a whole, but even more pointedly in a country such as Bangladesh which evidences some districts with very high levels of suicide, are making almost no significant contribution towards expanding the frontiers of sociological *theory* on suicide. Rather, contemporary works in suicidology is being dominated by various disciplines allied to medicine, including psychology, psychiatry, and epidemiology (Fincham *et al.*, 2011a; Wray *et al.*, 2011). As sociology of suicide heralded the development of suicidal knowledge over a long period of time, it is unfortunate to see it waning. Therefore, it is imperative to re-animate its knowledge-base towards expanding its horizon, compatibility and applicability.

Bangladesh is proposed as a test case for re-energising work on the sociology of suicide. Examining suicidal behavior through the framework of sociology of suicide in Bangladesh, we would argue, holds important methodological and theoretical lessons as suicidal research is relatively new here yet the problem of suicide in parts of the country like Jhenaidah is quite high (Rahim, 2015). To the best of our knowledge, no attempt has been made so far to test the Durkheimian sociological perspective in Bangladesh. Specifically, considering the origin of the discipline, if Durkheimian sociology of suicide has remained unexamined or underutilized, there will likely be an occurrence of epistemological and methodological incompleteness on suicidal knowledge. At the same time, the individual level qualitative sociological study in line of Douglas (1967) and Atkinson (1978), the study comprising sociological autopsy (Finchman *et al.*, 2011a), and socio-psychological approach (Taylor, 1982; Halbwachs, 1978; Giddens, 1965; 1966; 1971) are also

invisible. Usually, the studies in Bangladesh are being conducted from medical science, psychiatry, injury, epidemiology or public health perspectives. Researchers of the important studies (reviews and empirical) (see for example, Feroz *et al.*, 2012, Reza *et al.*, 2013, Shah, Ahmed, Arafat, 2017, Arafat, 2016; Arafat, Mali, Akter, 2018, Choudhury *et al.*, 2013, Chowdhury *et al.*, 2017, Begum *et al.*, 2017, Mashreky *et al.,* 2013, Shahnaz *et al.*, 2017, Bagley, Shahnaz, Simkhada, 2017, Wahlin *et al.*, 2015, and Salam *et al.*, 2017) are either medical doctors, public health professionals, psychiatrists, psychologists, and/or professionally associated with public health, mental health departments, or injury prevention research institutes. Although these researchers have widely used statistical tools and techniques, they have not empirically tested Durkheimian sociological theories nor any subsequent alternatives proposed by post-Durkheimian sociologists. Understandably, their academic and professional orientation has not allowed them to apply sociological knowledge and insights in their research. To fill in this critical academic vacuum, sociologists in Bangladesh are urged to pay focus to the explanations, meanings and understandings developed so far under sociology of suicide. Hence, we argue for researchers to test and apply Durkheimian theoretical insights into suicidal studies, as well as test and incorporate the available post-Durkheimian approaches into the broader theorizing of suicide. By doing this, we are of the view that a solid epistemological and methodological footprint can be (re)generated from a country where application of true sociological knowledge on suicide is completely absent.

As rightly noted by Giddens (1966), sociological studies always tend to focus on completed suicide, not on attempted suicides, although these are no less significant in their implications. Later on, Taylor (1982) also realised that most sociological studies are confined to completed or fatal suicidal acts which ironically ensure little justice to the complexities of the phenomena. Therefore, Taylor encourages researchers in the field of suicide studies to extend their focus beyond the completed suicide and include other suicidal acts such as attempt. Still today, there has not been much advancement in the situation per se. Global estimates confirm that for every suicide, there are roughly 10-30 times more attempts (Bachmann, 2018; WHO, 2014; Michel, Gysin-Maillart, 2015). Higher risks for suicidal deaths are associated with the attempters than the non-attempters (Liu, Huang, Liu, 2018; WHO, 2014). Hence, there is no alternative to extend critical sociological knowledge on suicide attempts. In this regard, we suggest that global Southern sociologists in Asian countries like Bangladesh to apply their energies to make a serious contribution to global sociological theories of suicide and parasuicide and toward the reduction and prevention of various suicidal behavior in their specific contexts.

In order to regain the unique historical position of sociology in suicide research, studies and theoretical work on suicide have to be significantly advanced. Bringing the qualitative-quantitative or Durkheimian or post-Durkheimian dichotomy on the stage would not help to get out of the current stagnant position of the field, especially with respect to Bangladesh and perhaps everywhere else where the social sciences and humanities are under pressure to show their value to society. Therefore, a big push needed in countries of Asia like Bangladesh and possibly other countries in the global South is to shift the field towards more epistemological and methodological sophistication by, most critically, taking note that suicide is a multifaceted, troubling and widespread concern (White, 2012) which could arise from individual decision or the social environment surrounding the individual (Luhaäär, Sisask, 2018). In a country like Bangladesh where research on suicidal acts is still very limited – which can be seen as opportunity – such a shift could lead not only to advancing the academic knowledge; it holds the potential of working across disciplines and borders to identify the risk and protective factors for suicide in specific contexts; and it may also lead to (re)animating and profiling sociology as a vital discipline in addressing a significant societal issue.

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