Ideological Cause and Hero Worship Related Suicides: Indian Perspective and Changing Trends During 2001–2014: An Exploratory Study

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ABSTRACT

Background: Of the various causes of suicides in India, very less number commit it for an ideological cause or due to hero worship (IHW). The prevalence and changing trends in IHW suicides are not much discussed. An attempt is made to draw attention to this subset of suicides during 2001–2014. Materials and Methods: Accessible data from the National Crime Bureau Records in open domain was employed for this study. As only whole sum numbers associated with state, age groups, and genders and years were only available parameters, descriptive statistics of rate of suicides, linear trend with age groups, gender, and geographical divisions are presented. Results: In 14 years period, 1,721,946 suicides with an average of 122,996 suicides per year were observed. In total, a sum of 2395 IHW related suicides was noted accounting an average 171 suicides per year was observed. The difference among genders and age group with respect to various parts of India is presented. Southern India and in particular, Tamil Nadu consistently had the highest IHW related suicides. Discussion: The possible causes behind this unique phenomenon, cultural ethos, and implication are presented. In addition, the implication of changing trends in terms of geographical distribution, age group distribution, and gender dynamics are presented and discussed. Key words: Copycat suicides, hero worship, ideological causes, India, suicide

INTRODUCTION

A completed suicide often is a disastrous, self-termination of life caused by a large number of contributory and or interaction of several factors including, but not limited to biological, socio-ethno-religious-cultural, environmental, and psychological causes.[1][1] The Indian subcontinent is plagued by huge number of suicides with certain parts of India, exhibiting as high as fifty suicides per lakh of population in any given year.[1,2] The background of the individual besides the intrinsic, cultural inheritance of the land has a significant influence on the suicidal idealization.[3,4] The suicide pattern in India is undergoing a rapid transformation, requiring a paradigm shift in the suicidal research.

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and response pattern. Furthermore, this calls for an immediate attention as mental health policies need to be updated to accommodate such shifting dynamics.

In a recent manuscript about suicide trends in India, the influence of the cultural ethos has been related to. Of interest is the emergence of a recently, increasing phenomenon of suicide due to predominantly altruistic suicide form of a hero worship or due to loss/death of their beloved personalities. Furthermore, a similar, related phenomenon is suicide for a cause to which they are closely devoted. The famous examples would be the spate of suicides including the Potti Sriramulu’s fasting for creation of Telugu language based state of Andhra Pradesh, the peri-Mandal commission implementation agitation, anti-Hindi agitation in Tamil Nadu and suicides related to death/arrest of prominent political leaders. Few authors cite this to be associated with “copycat phenomenon” and few others differ.

A literature search on this phenomenon yielded less pertinent literature. Hence, an attempt is made to present to study the characteristics and changing trend of suicides due to ideological causes and hero worship (IHW) in India, during the period 2001–2014.

MATERIALS AND METHODS

The data for this study were collected from the Indian National Crime Bureau records (NCBR) (http://ncrb.nic.in) and the Union Government of India’s open data initiative https://data.gov.in. The authenticity of this data source had been an issue of contention but in the absence of such records in public domain, this data source serves us to provide a robust estimate of the trend and several publications have been based on this government data.

From the archives of the NCBR, all the numbers suicides between 2001 and 2014 were collected and collated. From this, only data pertaining to suicides that were listed as IHW as the cause were isolated and studied further. The year of suicide, age groups (classified as below 14 years, 15–29, 30–44, 45–59, and above 59 years) and gender (male/female) was collected. From this, only data pertaining to suicides in each region, age group, and gender was used for the analysis. No further calculations were computed. Data were not subjected to any statistical tests and only the numerical trends over the years were observed and presented.

RESULTS

The total number of suicides during the period was 1,721,946 suicides with an average of 122,996 suicides per year. A sum of 2395 IHW related suicides was noted accounting an average 171 suicides per year was observed. The rate of suicide per lakh of population during the study period fluctuated in the range of 10.3–11.4. In the same period, the rate of IHW suicide was in the range of 0.003–0.034 per lakh of population [Table 1 and Figure 1]. Among males, till 2008, the 30–44 years groups were more commonly involved with IHW suicides. From 2009 to 2010, it was 45–59 years after which the younger 15–29 years age group was more commonly involved. Among females, consistently the younger age group, 15–29 years age group was more commonly involved with IHW type of suicide. In both gender, the extremities of age group below 15 years and those above 60 years of age were less commonly involved [Figure 2a and b].

Different region exhibits different numbers of suicide. In the year 2001, eastern region predominated in the IHW type of suicide. In 2002–2003, South predominated while 2004 saw North and Western India witnessing highest number of IHW and from 2005 to 2010, South India saw the most number of IHW types of suicide. In 2008, North India saw a surge in IHW suicide. In 2011, western region had the highest IHW while in 2012–2013, it was Northern India that topped in IHW related suicides. In 2014, it was South and Western India that had highest IHW related suicide. In the study period, the least IHW related suicides were seen in the West India (comprising Indian territories of Goa, Gujarat, Maharashtra, Dadar Nagar Haveli, Daman)

• North East India (comprising Indian territories of West Bengal, Sikkim, Assam, Arunachal Pradesh, Meghalaya, Nagaland, Manipur, Mizoram, and Tripura- For the year 2012, West Bengal did not have their classification of cause of suicide and hence for that year the values of this state was excluded)

• Central India (comprising Indian territories of Madhya Pradesh, Chhattisgarh, and Odisha).
Central and North Eastern India. In the study period, least IHW suicide was observed in 2011 while maximum was observed in 2008. In all, 2394 IHW suicide was observed during 2001–2014 of which, 1184 (49.46%) were observed with Southern States.

In Central, East, North East parts of India, 15–29 years were commonly involved while in Northern parts the 30–44 years were more commonly involved and involvement of 15–29 years is more common since 2011. In South India, it has been the 15–29 years that is more commonly involved in IHW suicide. But since 2013, the 15–29 years is dipping while 30–44 years seem to be on the rise. In the Western India, it is 15–29 years that is more commonly involved with IHW suicide.

As shown in Table 3, the southern state of Tamil Nadu had witnessed more number of IHW suicides during the study period. On probing further the instances of timeline variation in IHW suicide phenomenon in Tamil Nadu, among males, between 2005 and 2009, males aged between 30 and 44 years were commonly involved with IHW followed by 15–29 years. As compared to 2001, in 2013 and 14, the instances of males below 15 years being involved with IHW is observed. On the contrary in females, during 2005–2009, 15–29 years of age was more commonly involved followed by the 30–44 years of age group. Furthermore, instances of females below 15 years of age succumbing to IHW suicide were seen in 2011. The southern state of Kerala has relatively low number of IHW related suicides as compared to other adjacent southern states.

Table 1: The number, rate and of all suicides, suicide related to ideological and hero worship causes in India during 2001-2014

| Year | Total number of Suicides | Total ideological suicide | Estimated mid-year population (in lakhs) | Rate of suicides (col. 2/col. 4) | Percentage of ideological suicide (col. 3/col. 2×100) | Rate of ideological suicide per lakh population |
|------|--------------------------|--------------------------|------------------------------------------|-------------------------------|-----------------------------------------------------|-----------------------------------------------|
| 2001 | 108,056                  | 104                      | 10,270                                    | 10.6                          | 0.096                                               | 0.010                                         |
| 2002 | 110,417                  | 87                       | 10,506                                    | 10.5                          | 0.079                                               | 0.008                                         |
| 2003 | 110,851                  | 242                      | 10,682                                    | 10.4                          | 0.218                                               | 0.023                                         |
| 2004 | 113,697                  | 81                       | 10,856                                    | 10.5                          | 0.071                                               | 0.007                                         |
| 2005 | 113,914                  | 215                      | 11,028                                    | 10.3                          | 0.189                                               | 0.019                                         |
| 2006 | 118,112                  | 289                      | 11,197.5                                  | 10.5                          | 0.245                                               | 0.026                                         |
| 2007 | 122,637                  | 261                      | 11,365.5                                  | 10.8                          | 0.213                                               | 0.023                                         |
| 2008 | 125,017                  | 392                      | 11,531.3                                  | 10.8                          | 0.314                                               | 0.034                                         |
| 2009 | 127,151                  | 128                      | 11,694.4                                  | 10.9                          | 0.101                                               | 0.011                                         |
| 2010 | 134,599                  | 102                      | 11,857.6                                  | 11.4                          | 0.076                                               | 0.009                                         |
| 2011 | 135,585                  | 41                       | 12,101.9                                  | 11.2                          | 0.030                                               | 0.003                                         |
| 2012 | 135,445                  | 176                      | 12,133.7                                  | 11.2                          | 0.130                                               | 0.015                                         |
| 2013 | 134,799                  | 221                      | 12,287.9                                  | 11.1                          | 0.164                                               | 0.018                                         |
| 2014 | 131,666                  | 56                       | 12,404.4                                  | 10.6                          | 0.043                                               | 0.005                                         |

Figure 1: Graph comparing the rate of suicide and ideological/hero worship type of suicide during the period 2001–2014

Figure 2: (a) Ideological and hero worship related suicide among males in different age group during 2001–2014. (b) Ideological and hero worship related to suicide among females in different age group during 2001–2014
DISCUSSION

The phenomenon of IHW could be best explained by Durkheim’s altruistic, egoistic, or anomic types of suicide.[1] When individuals live in a disrupted relationship, they may develop a tendency to take famous personalities as a role model. When such personalities die or face difficulty, these individuals resort to suicide (anomic). When an individual who has held a person or cause in high esteem sees that such a person/cause is at dire problems, they choose suicide over living (probably obligatory type of Altruistic suicide). When individuals live in a psycho-socio-culturally deprived situation, they may develop an abnormal or a perceived pseudo-proximity to a certain person or cause they adore. When such a person/cause is threatened by natural or other means, they feel themselves threatened, leading to preferring suicide to living (egoistic).[5,6] Thus, in either way, people in a fit of emotional turbulence, seek suicide as a tool to express their anguish. Very often such suicides are well-thought, meticulously planned and carefully executed to create a maximum public impact.[5] As per available reports, self-immolation is often the method employed by such subjects.[5] When one such subject, succumbs to IHW, other people who are already under preexisting emotional turmoil would be susceptible and influenced by the media attention that such phenomenon attracts. Other than altruistic tendency such as outpouring grief and sympathy, other possible mitigating factors such as imitation, attention seeking could explain this phenomenon. Such a snowballing of events could be best explained by Albert Bandura’s social learning theory.[1]

The IHW appears to be highly wavering as shown in Table 1 and Figure 1 in the time frame. The incidence of IHW is independent of the rate of suicide and appears to be inversely proportional to the rate of suicide. However, during 2005–2008, the rate of IHW was the highest. The observation of this study, particularly the changing face of gender and age group needs to be approached with caution. The faster change in Indian social structure, influence of social media and advertisements are few influencing factors that might trigger the IHW suicide.[1,4] Similarly, the preponderance of certain regions, such as South India, North India (2008) and low incidence in North Eastern part of India is an interesting finding. The preponderance of Tamil Nadu as a highest region experiencing IHW could be best explained by its long-standing cultural ethos.

In ancient Tamil culture, taking back beyond 100 CE, suicides, particularly, martial suicidal forms were common and looked as a highest form of sacrifice and thus held in highest reverance. The most common forms of martial suicide in ancient Tamil Land include the Avippali, Thannai Verttal, Vallan Pakkam, Pun Kiltithu Mudiyum Maram and Marakkanchi besides other forms. Pulla Vazhkai Vallan Pakkam also referred as Thannai Verttal where the warriors commit suicide on hearing the death of their king or commander. Punkilithu Mudiyum Maram is another venerated martial act by an ancient Tamil warrior class suicide performed by tearing apart his battle wound. Avippali also commonly known as Navakamandam, a martial ritualistic suicide where a warrior cuts his own neck as a prayer or to fulfill the vow made to goddess of war for his commanders or King’s victory in battle. Such warriors are honored and venerated for generations among their kinsman.[7,8] Another method called Vadakkiruththal is a type of starvation style of suicide, preferring death to dishonor, as seen in the case of legendary Chera King Irumborai when he was ill-treated by his captors. Similarly, another King Koperunchehal following issues of succession among his sons committed suicide. This evoked a typical, mass suicide among followers, particularly poets, notably, Pisiranthar, and Pothiar. The suicidal thoughts of another poet of early Tamil sangam literature, Kapilar, after the death of his friend and benefactor, King Pari can also be read in same lines.[9]

Acts of such suicides related to IHW were commemorated by “Nadu Kal,” in temple inscriptions and the kinsman

**Table 2: Ideological and hero worship related to suicide in different parts of India**

|          | South | North | East | West | Central | North East |
|----------|-------|-------|------|------|---------|------------|
| 2001     | 19    | 2     | 65   | 0    | 3       | 15         |
| 2002     | 44    | 3     | 9    | 9    | 21      | 1          |
| 2003     | 101   | 51    | 11   | 39   | 30      | 10         |
| 2004     | 11    | 24    | 13   | 23   | 0       | 10         |
| 2005     | 141   | 1     | 8    | 20   | 15      | 30         |
| 2006     | 191   | 17    | 30   | 19   | 18      | 13         |
| 2007     | 200   | 12    | 13   | 22   | 14      | 0          |
| 2008     | 201   | 163   | 1    | 11   | 14      | 2          |
| 2009     | 105   | 4     | 0    | 14   | 1       | 4          |
| 2010     | 59    | 3     | 11   | 10   | 11      | 8          |
| 2011     | 12    | 6     | 1    | 17   | 1       | 4          |
| 2012     | 45    | 95    | 19   | 5    | 8       | 4          |
| 2013     | 29    | 78    | 8    | 59   | 42      | 5          |
| 2014     | 26    | 2     | 0    | 27   | 1       | 0          |

**Table 3: Variation among southern states in ideological and hero worship suicides and age group**

|          | Below 15 years | 15-29 years | 30-44 years | 45-59 years | 60 years and above |
|----------|----------------|-------------|-------------|-------------|--------------------|
| Andhra Pradesh | 5 / 114 | 91 / 102 | 11          |
| Karnataka  | 2 / 45  | 25 / 26   | 6           |
| Kerala     | 3 / 27  | 48 / 37   | 31          |
| Tamil Nadu | 7 / 253 | 223 / 106 | 23          |
of such suicide victim gained much favors including gifts, grants, and tax-free status.\textsuperscript{[7–9]} Such examples are richly found in Tamil folklore, songs and passed on from one generation to other via stories and other fine art forms including theater. Today the yester era’s chieftain, commanders, and kings are replaced by politicians and film personalities.\textsuperscript{[10]} It has been reported that IHW suicides, especially ones associated with political functionaries, are unduly publicized by contemporary media reports adding a glamor component to such events. The huge financial enticement to the bereaved family, visit by prominent personalities and media attention may add significantly to such IHW suicide idealization to others with potential suicidal thoughts or those with vulnerable psycho-social makeup. In this regard, calls for self-restriction by the media while reporting such suicides, discouragement of financial enticements have been documented in literature. The tendency of present-day media which portrays such suicides as a glorious culture rather than as a gory one should be discouraged.\textsuperscript{[11]}

These historical evidence and references indicate that IHW has been an integral part of culture in this part of India. Probably, this long, distinct, culture that celebrates ritualistic suicides has indirectly contributed to the highest occurrence of IHW among South India. Partly, this might be the reason why popular film actors, political personalities of this region command a huge following.\textsuperscript{[10]} In addition, such a reason was sited to be the cause of the high degree of suicides and Martyrdom among Tamil Eelam fighters, in the neighboring Sri Lanka.\textsuperscript{[7]}

The increasing trend of children (14 years and below) and young adults (15–29 years) being increasingly victim of IHW suicide since 2001 is a cause of concern.
The probable cause of high numbers of IHW in 2002–2003 relates to sudden turns of political climate in South India, the 2005–2008 phenomenon could possibly related to Elections, continuous Telangana agitation (2005–2010), incidents involving film icons and other personalities besides the last stages of Tamil Eelam war in neighboring Sri Lanka triggering a bout of such suicides in Tamil Nadu.[5,10] Overall the period of elections (as collected from website www.elections.in) appears to be indirectly influencing the numbers of IHW. However, as the NCBR data does not provide links to such association, the relevance of these factors would remain largely anecdotal. In addition, the absence of reliable data on preexisting psychiatric illness, contributing socio-economical demographics render it difficult for this study to assess the influence of these vital parameters on the suicidal rates/trend.

Traditionally, Kerala and Puducherry have higher rates of suicides.[2-4] However, given their small geographical boundaries and limited number of population, even the smaller numbers may appear to be out of proportion. However, in the present context, no IHW suicidal incidence was found to occur in Puducherry, for which we cannot find any suitable explanation. Similarly, the low number of IHW suicides in Kerala, which is known to have one of the highest suicidal rates needs to be studied. Interestingly, Kerala tops the IHW in the older age group of above 60 years age group only. The trend of influence of gender and age group on IHW suicides is shown and this warrants more well-designed study with more access to pertinent data. The present study, to the best of our knowledge for the 1st time records, the rate of IHW in the Indian subcontinent as well as documents its changing trend over the period of 14 years. More detailed study with other demographics would yield better clues to control and combat the issue at hand.[12] The psychological and other dimensions of use of suicide as a method of violent protest and as a tool against oppression has been discussed elsewhere.[13] In this regard, recent use of statistically proven cluster models to identify geographically (or culturally) suicide prone areas may be employed to identify and to design more sensitive/accurate policies.[14]

The present study is plagued by the limitations such as (i) absence of inferential statistics (ii) validity and reliability of database (iii) absence of root cause analysis and/or verbal autopsy in data (iv) nonconsideration of rate of IHW suicide at state level (iv) influence of the population density, geographical boundaries and cluster effect not duly accounted. However, the trend with numbers is too obvious and correlation at superficial with no statistical approach gives an idea that the increasing trend of IHW cannot be ignored. Furthermore, the pattern of IHW across India during 2001–2014 is not consistent but dynamically varying indicating the large role of external factors.

CONCLUSION

With more youngster, even children under 14 years of age currently succumbing to IHW, more detailed studies are the need of the hour. All possible events that lead to IHW should probably undergo a verbal autopsy for possible reconstruct for a better understanding of events that culminated in suicide. Such knowledge would help the changing Indian social structure to adapt better suicide combat strategies. In such an endeavor, the loco-regional cultural ethos may play a major role, and they should be considered as a critical factor in understanding the phenomenon of each suicide. This is crucial because each of IHW suicide results in loss of precious human life, often at the early or prime phase of life.

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Conflicts of interest
There are no conflicts of interest.

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