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Validity of Durkheim's classical study concerning suicides in the XXI century

Case study - Bosnia and Herzegovina

Abstract

The goal of this work is a scientific description of Durkheim's notion of suicide and collected data concerning the number of suicide cases, as well as the explanation of the suicide on the basis of overruling social context or social factors. The starting point of this work is the suicide issue as a global appearance which threatens to endanger public health in countries worldwide, and therefore it conditions the need for introducing multi- sector prevention strategies, as well as continual researches. Therefore the research subject presents the validation check on classical sociological standpoints concerning social causes for suicide and specifically in the society of Bosnia and Herzegovina at the beginning of the XXI century, in other words, searching for the answer to the question-Can Durkheim's classic social study concerning suicide explain the rate of suicides in Bosnia and Herzegovina (further in the text referred as B&H) at the beginning of the XXI century? Specifically, is the classic assumption of social conditioning concerning suicide valid? In this work I used general scientific methods: hypothetical- deductive, statistic and inductive, as well as a case study for data gathering. The research outcomes derive from verified classic assumptions about the causes of suicides in contemporary age, as well as unveiling the socially influenced causes of suicides and the possible measures for their prevention. The suicide rate in B&H at the beginning of the XXI century confirms the assumption on social-

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ly predestined suicide. The veracity of the raised rates of suicide in peaceful rather than in war conditions was proven. The influence of the economic stagnancy and age was also proven to affect the rates of suicides in B&H at the beginning of the XXI century, and the assumption on female resistance to suicide was validated as well.

Keywords: Durkheim, suicide, (de)regulation, (dis)integration, B&H

INTRODUCTION

*We, first of all, must live, then to get to know life,
and at the end, to fix life. Maintaining life is, of course,
the most basic, most needed and most undeniable.
Because, if life, does not exist, then nobody
and nothing can be found out nor fixed.*

Vladimir Solovjov, *Spiritual basics of life*

Suicide is a global phenomenon and a problem of both an individual on one hand- the victim of suicidal thoughts, and the community and society on the other. The phenomenon concerned occurs over an entire lifetime and progresses rapidly, becoming a serious problem for public health. The statistic data of world organisations state that the yearly number of people who commit suicide is almost 1 million, while the number of suicide attempts is even higher. This is confirmed by the suicide rate, which increased to 60% in the last 50 years in developing countries.² The suicide rate is one of the indicators of this issue and it presents the quantity of suicides, in other words, the number of executed cases in one specific time period (annually in most cases) and area, among 100 000 inhabitants. A significantly raised suicide rate indicates a serious problem of population mortality in one state and the need for its prevention.³

Therefore, there exists the need to introduce effective measures in the form of multi-sector strategies for suicide prevention, as well as the need for a

² According to Marchenko and associates (2011) in: Nebojša Bojanić, Marko Srdanović & Darko Marinković, Suicide rate movement in Republic of Srpska, Criminalistics subjects Magazine for criminalistics, criminology and safety studies Year XVI, Number 3-4, 2016: pg. 3. Downloaded from: <http://krimteme.fkn.unsa.ba/index.php/kt/article/view/117/pdf> [15. 02. 2018.]

³ It is estimated that the suicide rate in the previous century was 2 – 3 times higher than the murder rate, and that the number of young people' suicides is increasing. According to Hanson et al., 2010, pg. 58. In: Bojanić and associates, Suicide rate movement in Republic of Srpska, pg. 2.

continuous study of this phenomenon and its consequences. Because of that, dealing with the suicide issue stems also from the importance of the topic itself, which therefore conditions the need for: 1) revitalisation of theoretical start points from sociological classic works (Emile Durkheim) on suicide and 2) reaffirmation of certain social and theoretical paradigms and their discourses on suicide. Accordingly, the subject of this work is introduced in the form of a research question: *Can Durkheim's standpoints concerning suicide explain the occurrence of suicide in the XXI century society? More precisely, does the suicide rate in B&H at the beginning of the XXI century confirm the classic assumption about the social determination of a suicide?*

Therefore, the aim of this paper is to review a hypothesis on social conditioning and suicide, in the case of B&H. More precisely said, the paper leans towards the scientific description of Durkheim's notion of suicides. The research assignment also describes the collected data concerning the number of committed suicides. Then, I will try to explain suicide scientifically (explanation), on the basis of contemporary socio-economic circumstances, tendencies and the most common social context.

The first part of this paper consists of the suicide concept from the perspectives of certain sciences or scientific disciplines, highlighting Durkheim's theoretical standpoints on suicide.

The methodological frame in which the research will take place is given in the second part of the paper, including operationalisation of the research subject, stating the goals and hypothesis.

In the third part, the phenomenon of suicide is analysed within the contemporary context of B&H society, and also Durkheim's hypothesis is reviewed.

With the final reconsiderations we outline the most important results, and ask new questions for further research.

METHODOLOGICAL FRAME OF RESEARCH

With the analysis of the already known scientific facts about suicide and Durkheim's concept of suicide, the problem of validity of the classical theoretical standpoints on suicide in contemporary social circumstances in B&H of the XXI century was detected. By formulating the issue, we form the research subject – *Can Durkheim's theoretical standpoints on suicide explain the occurrence of suicides in the XXI century society? To put it more precisely, can the factors of social integration or regulation explain the change of suicide rate in post-socialistic B&H during the transition period, which started in the 90s of XX century?*

The theoretical determination as a social fact, the way of thinking and acting caused by other social facts (integration and regulation factor) is in accordance with the research subject, and it can be perceived as such in forms of certain regularities which are socially determined.

The main hypothesis is based on Durkheim's basic assumption that suicide represents a socially determined occurrence, in other words, that every society is characterised by a certain suicide rate which is stable in the observed time period because of the uniqueness of the social circumstances which stand out in that same period, and under the influence of these circumstances suicide occurs. Therefore, the main hypothesis is this: *The suicide rate in the society of B&H at the beginning of the XXI century confirms the classic sociological assumption on the correlation of suicide rates and social factors.* Additional hypotheses are also synchronised with Durkheim's theoretical standpoints:

The suicide rate in peaceful social conditions in B&H at the beginning of the XXI century is less than the suicide rate during the war period.

The suicide rate in Bosnia and Herzegovina at the beginning of the XXI century is conditioned by economic stagnation.

The suicide rate in Bosnia and Herzegovina at the beginning of the XXI century increases with age.

The female suicide rate in Bosnia and Herzegovina at the beginning of the XXI century is less than the male suicide rate.

Durkheim introduced the concept of suicide with variables of integration and regulation, whose specific indicators are the following: sudden social changes (state coups, revolutions, wars, state falling apart), divorce rate, morphological society structure (birthrate), and women participation in the work force.

According to Durkheim, sudden social changes, such as state coups, revolutions, the falling apart of the states, wars, can lead to social deregulation. The state falling apart means a weakening of social control in terms of maintaining the existing and the de-legitimisation of the old social order and value system, as a consequence the inability of rapid consolidation of the new produces the anomie i.e. general disorientation in the new situation where old rules are invalid, and the new rules still have not been adopted, according to which the behaviour would be oriented, which brings the uncertainty and general confusion among the lives of individuals who are at risk of committing suicide. War as a complete social phenomenon (includes all social spheres), the inter-weaponry battle of political subjects (social groups) leads to enormous social issues (destruction of economy system and infrastructure, unemployment etc.), and the identity crisis as a result of increasing the integration inside the groups and human losses).

However, considering the fact that nowadays these changes are not common, they were replaced with economic changes, for example a state of stagnation, or prosperity can cause problems in social regulations and increase the probability of anomic- egoistic suicides. Although Durkheim did not use unemployment as the indicator for measuring the economic anomie, the influence of unemployment is undeniable when it comes to anomie occurrence and general disorientation and insecurities in lives of unemployed people and their families, which some of the studies point out. Besides that, unemployment leads to disintegrations, considering the fact that it includes the loss of social connections (social capital). Therefore, this paper will observe the influence of BDP *per capita* and unemployment in relation to the suicide rate.

Durkheim stated divorce to be a marital deregulation⁴, where a high level of divorces within the society causes an increase of the total number of suicides.

A low rate of birth (natality) makes social integration more difficult because the mortality rate increases (suicide rate) i.e. this, in turn, increases the numbers of an older population, which tends to lose social connections. As a result, a decrease in activity and interaction creates a risk of alienation and loneliness.

A participation of women in the work force is connected with female suicide rates, in the way a higher participation of women in society means increasing female roles, as a consequence of a new and/or additional pressure (employment) added to the already existing house work.

For the needs of data collecting, and also the checking of Durkheim's hypothesis i.e. their eventual amendments, corrections or developments⁵ the case study method was used. Speaking more precisely the method of average values with the aim of determining the average values of individual cases of suicides i.e. the state of a widely spread social phenomenon of suicide was used. Using the statistic method, the analysis and processing of the World Health Organisation (WHO) official data was executed, via methods of descriptive and inferential statistics.⁶ By scientific description of the suicide phenomenon, from the perspective of certain sciences/scientific disciplines, its multidimensional conceptualisation will be achieved, in order for the anal-

⁴ Emile Durkheim, *Suicide* (B. V. Radović, prev.), Belgrade: Belgrade publishing and graphic institute, 1997.

⁵ Stanislav Fajgelj, *Research methods on behaviour* (Belgrade: Center for Applied Psychology, 2005), pg. 270.

⁶ Descriptive statistics are applied for describing gathered data on suicide numbers, as well as their arranging and summarising in favour of a better transparency (tables, arithmetic mean). Inferential statistics are used for discovering connections among variables, then finding regularities and differences during the analysis of samples, in or among the samples, as well as drawing conclusions on entire population (generalisation) on the basis of one specific sample.

ysis to be based on perceiving the suicide from the theoretical standpoints of Durkheim's suicide study, all this with focus on the research. The research aims at the description of the collected data, which contain the number of suicide cases i.e. presenting organised and graphically shown data on the average value of suicides (arithmetic mean).

This paper will try to explain suicide scientifically (explanation) and causative – by detecting social factors as its main reasons. Besides that, the paper aims for a structural explanation of suicide as a social phenomenon by placing it in a wider system, a structure, so its nature becomes easier to determine, on the basis of contemporary socio-economic circumstances, the tendencies, i.e. the ruling social context.

The investigation outcomes appear in the form of verification (result of verification) of the classical assumptions on suicide, without enough scientific background, but in our contemporary age, and also unveiling the changes of suicide rates, under the influence of social conditions, as well as certain measures of suicide prevention.

SUICIDE CONCEPTS

The world is not a desert; it is filled with ruins, battle fields, hospitals crowded with corpses, and also with absurd vices and voluntary positions, but also with a desire for life and freedom. And maybe even more with constant thinking about the one who gives life and the one who does evil.

A.Touraine, *New Paradigm*

The suicide phenomenon was given various different meanings throughout history⁷ by many authors, who are in most part contributed to the conceptualisation, but also to an understanding of suicide from the aspect of individual (heritage, organism, personality, mental and physical state) or social factors (cultural and religious values and beliefs, social isolation, social crisis, economical state of the society and family, etc.).

According to a generally accepted definition, suicide is referred as a “*human act of self-hurting and self-initiated life termination*”⁸. However, this defi-

⁷ The most common meanings which suicide had in Western industrial societies were: 1) transformation of soul (suicide as a way of leaving from this burdensome life to the desired heavenly kingdom), 2) transformation of ego (suicide as means of persuading others to change the opinion about the person who committed it), 3) suicide as means of gaining affection (or supporters) and 4) suicide as a method of revenge to others, causing them the feeling of guilt J.Douglas in: Haralambos, *Sociology: topics and perspectives*, pg. 978.

⁸ International Encyclopedia of the Social Sciences, 1968, vol. 15, pp. 385-389

nition is construed only on the basis of one single element – the cause of will i.e. the initiative of a conscious perpetrator. Social suicidal causes could serve as an addition to the definition, which Durkheim detected, highlighting the fact that suicide is a socially determined act. In accordance to the basic rule of its study “The Rules of Sociological Method” which states that the first task of social research is to give a clear definition of the phenomenon which is the research subject, Durkheim's suicide definition is the following: “*Suicide is every death case which directly or indirectly stems from one positive or negative act, which the victim herself/himself executed knowing that the act has to lead to the previously mentioned result.*”⁹ Although Durkheim sociologically explains suicide with his study, it is obvious according to this definition that he does not negate the element of will, regardless of not considering it in the study which bares the same name.

On the other hand, according to the psychologically stated definition “*suicide is caused by psychological issues which refer to mental suffering, and it develops when mental issues become unbearable to the individual*”¹⁰. So, this definition represents suicide as an outcome of inner and not outside factors.

General observation of the suicide phenomenon seeks its determination from the perspective of other sciences/scientific disciplines as well¹¹. The representatives of *anthropological acultural viewpoints* highlight that the cultural and historical factors (cult, tradition and religious beliefs i.e. norm system) determine the general behaviour of the individual, and according to that the way of (terminating) his/her life.

Biological viewpoints interpret suicide from the aspect of congenital, biological characteristics of human beings and their dis/functionality (hormonal impacts on organism dis/balance: low levels of serotonin and dopamine; high level of testosterone in men, high level of androgynous, male hormones in women, etc.).

Psychoanalytical viewpoint interprets suicide as a consequence of structural elements of the personality acting out, inborn drives (the drive for death is stronger than the drive for life; suicide as a killing of the lost, beloved person with whom the perpetrator identified; suicide as an illusion of self-renewing,

⁹ Emile Durkheim, *Suicide* (B. V. Radović, transl.) (Belgrade: Belgrade publishing and graphic institute, 1997), pg. 35. Also see: Emile Durkheim, *Rules of Sociological Method* (Zagreb: Edition Jesenski i Turk, Croatian sociological society, 1999).

¹⁰ According to Shneidman in: Antoon A. Leenaars, S. Shneidman on Suicide, *Suicidology Online* 2010; 1:5-18. <http://www.suicidology-online.com/pdf/SOL-2010-1-5-18.pdf> str. 7. [11. 03. 2018.]

¹¹ Compare to: Mateja Šakić, SUICIDE AS A SOCIAL PROBLEM: DISCUSSION FROM THE SOCIOLOGICAL PERSPECTIVE, *AMALGAM* 72 NUMBER 5 (2011): pg. 71-74. Downloaded from: <https://hrcak.srce.hr/76505> [31.01.2018.]

ego reincarnation, which died after losing contact with reality). *Psychological viewpoint*, in the interpreting of suicide, the spotlight is on personality defects which formed as a consequence of errors during the process of socialisation, i.e. during the influence of different situation factors (affective states: emotions of shame, guilt, frustration, childhood traumas, divorce, death or one or both parents leaving, etc.).

Suicide interpretations, which are stated, are a reflection of learning about the determination of human acting and will, i.e. its dependence on internal and outer causes and motifs. However, we should not neglect the indeterminate viewpoints on suicide as an act of free will i.e., an individual act, a choice (ethical and philosophical).

Ethic viewpoints interpret suicide from a moral aspect, ethical codex i.e. differentiating between good and evil (suicide as an act of sinning against the command "Do not kill"; the act of disrespecting and devaluing love and responsibility towards ourselves and consequently towards others; suicide as an act close to God according to Buddhism; an act opposite that of general social wellbeing; the expression of the highest amount of liberation from the gloom of everyday life, surrogate of the ideal, etc.).

*Philosophic viewpoints*¹² consider suicide to be a voluntary act (expression of free will; the escape from misfortunate circumstances, an irrational and mindless act; the response to a limited situation; absurdity), the act of breaking religious bans (the act of sinning against moral commands; rebellion against the Giver of life; losing the meaning of life and losing basic religious support, etc.)

Finally, the concept of suicide of the contemporary suicidology unites both aspects of suicidal causes, and it is summarised in the following definition: "*Suicide is destruction of one's own life consciously and intentionally, and for its execution the suicidogenic disposition needs to be present and to act (i.e. suicidogenic mentality) and suicidogenic motif.*"¹³ Coupling all these factors at the same time, biological and social agents produce suicide.

¹² Compare to: Aleksandar Damjanović, Philosophy of Suicide, *Engrami* Vol. 27, january-june 2005, no. 1-2, 93 –100.

¹³ *Suicidogenic disposition* presents an inherited or acquired life urge or yet enhanced mental reaction to certain external or internal stimulation in individuals. *Suicidogenic motif* is a direct fact or more facts, which a suicidal person perceives as an inducement and reason for destroying his/her own life. Časlav Milić & assoc., Seasonal variations – Risk factors for suicide occurrence, *Med Pregl.* LXIII (7-8) (2010): 531-534. Downloaded from: <http://www.doiserbia.nb.rs/img/doi/0025-8105/2010/0025-81051008531M.pdf> [18.11. 2017.]

EMILE DURKHEIM'S CONCEPT ON SUICIDE AS A SOCALLY CONDITIONED PHENOMENON

*From the moment when human personality
is and must be considered sacred which no
individual nor group can access freely,
every attack on it must be banned.*

Emile Durkheim, *Suicide*

For a better understanding of the suicide concept as a socially conditioned phenomenon we will use theoretical standpoints of Emile Durkheim, which accentuate social causes. That is how Durkheim, according to those criteria, made *classification of suicides*¹⁴ and came to a conclusion that the suicide rate varies depending on the state of different social areas i.e. factors¹⁵ which influence its occurrence¹⁶.

A *social regulation factor* can lead to **anomic suicide**, if its influence is not strong enough. *Anomic suicide* happens in crucial moments of society development (natural cataclysms, economic depression and prosperity, social crises, etc.) which lead to social structures collapsing and de-legitimisation of

¹⁴ Compare to: Durkheim, *Suicide*, pg. 306 – 325; 390-393; Emile Durkheim, *Suicide: A study in sociology* (J. A. Spaulding, G. Simpson, transl.) (London & New York: Taylor & Francis e-Library, 2005).; Kenneth Thompson, *Readings from Emile Durkheim* (London, New York: Routledge, 2005), p. 63 – 81.

Tipology of suicide (according to the goal criteria towards which the suicidal person gravitates) was formed by French sociologist, *Jean Baechler* (1979.), who observes suicide as reaction to problems and method of their solution when an individual has no other alternative. He differs 4 types of suicide: 1) *Escapist* – its aim is to escape reality; caused by an unbearable reality that demands finding an exit, or pain due to loss of somebody/something or feeling guilt and a need for self-punishment. 2) *Agressive* – its aim is to escalate negative affective moods on other people in order to cause them a certain amount of pain; 3) *Self-sacrificing* – its aim is to save others, by taking ones own life; 4) *Ludic* – its aim is to tempt one's own luck, by taking an intentional risk. For more information see: Haralambos, *Sociology: topics and perspectives*, pg. 978.

¹⁵ Compare to: George Ritzer, *Contemporary Sociological Theory and its Classical Roots* (S. Skiba, D. Pavlović, transl.) (Belgrade: Official Gazette, 2012), pg. 58 – 60.

¹⁶ Discussions on suicide which include the Internet and other digital media point out the significance of including data on individual cases of suicide, not just the suicide rates and general data, and also to the significance of importing data from another discipline. In his research on causal relation between Internet use and suicide, Shah expresses his concerns on the matter as well, using collective rather than individual data in favour of the thesis, proving that the prevalence of Internet users is in correlation to general suicide numbers of the population. Ajit Shah. 'The Relationship between general Population Suicide Rates and the Internet: A Cross-National Study'. *Suicide and Life Threatening Behaviour* 40(2) (2010): pp. 146-150.

the norm order, so according to that also to disorientation, resignation, anxiety and psychosis in individuals. Anomie is experienced through the feeling of exclusion from society, not belonging to the society due to weakened social cohesion. Anomie appears during periods of serious social, economic and political turmoil, which result in fast and extreme changes in the society and the everyday life of an individual, depriving them from a safe routine resulting in them losing every meaning of life. A misfortunate set of such social circumstances creates a sense of confusion in a person, disconnection, disbalance, an unreachable goal which pushes one to commit suicide. On the other hand, when it comes to overwhelming social regulation via social regulations, it is possible to speak about the creation of fatalistic **suicide**, which is created under the conditions of extreme social regulations which result in repressive conditions and the denial of one's personality. In a situation such as that individuals rather choose to take their own lives instead of putting up with everyday pressure, which often happens among the prisoners.

When it comes to the *integration factor*, as a suicide cause, in case it is not widely present in any society – **egoistic suicide** will appear. This kind of suicide occurs when people feel completely detached from the society or they have lost the need for participating in different forms of socialisation, an also common cause can be unsuccessful (incomplete, incorrect) socialisation. Usually people are integrated in society via roles and social relations (family relations, community relations, etc.) When these relations become weakened because of retirement or losing ones family and friends, the probability of egoistic suicide increases. This case is especially common in older people, exactly because of the lack of social connections i.e. losing connections with the environment. On the other hand, when there is a high level of integration, social cohesion, harmony and social consensus – it is not unusual to expect the rise of **altruistic suicide**, which is common in situations where there are overly strict regulations of individuals by society forces, which leads those individuals to commit suicide in favour of something or because of society in general. An exaggerated integration creates a situation of submission of the individual into the society, his dependence on the unity. We can take suicide for religious or political reasons as an example of such murder – as it was the case of Japanese pilots Kamikaze from the WW II or the plane hijackers, which crashed into the World Trade Center, Pentagon and Pennsylvania field in 2001. In such social circumstances people are so strongly integrated in society according to social expectations, as to be ready to kill themselves in order to achieve collective goals.

Altruistic and fatalistic suicide is characterised by traditional (pre- industrial) societies, and anomic and egoistic suicides – modern (industrial) societies (two forms of suicide manifests).

For *Emile Durkheim*, suicide represents an act caused by the inability of the individual to integrate¹⁷ into a social community. Namely, as a result of a technical work distribution which creates a technical specialisation, the individuals, employees are forced to do repetitive operations in the production process, which reflects negatively on their psycho-social state through the monotony and repressing creativity – the autoimmune, generic force a man possesses, and in extreme case through suicide as well. Accordingly, the behaviour of the individual, which is unadjusted to social circumstances, precedes the act of suicide. That act results in terminating one's own life under the influence of desire and previous decisions, although in the state of sanity i.e. consciously managing one's own acts (and understanding their meaning), as well as realising the consequences of his/her decision. According to that, suicide occurs under the influence of disfunctionality, or more precisely – society disintegration. This is all about the phenomenon which is determined by “*unnoticeable collective tendencies*”¹⁸ which appear due to the disorder of social balance (unevenly distributed amount of regulation and integration in the society). Durkheim's use of positivistic science method and statistic data¹⁹

¹⁷ Durkheim makes the distinction between social and technical work distribution, highlighting the positive, integrative effect of the first (visible in the transformation of society in the form of mechanical to organic solidarity) and the disintegrating effect of technical work distribution, seen through the indicative appearance of an increased suicide rate, but also of anarchy, as a final phase of disintegration. More on that: *Emile Durkheim, The Division of Labour in Society* (Београд: Просвета, 1972). Also see: Ivan Šjaković, *Introduction to Sociology* (Banja Luka: Naučno udruženje Sociological Discourse, 2017) Compare to: Anthony Giddens, *Durkheim* (A. I. Spasić, transl.) (Belgrade: LibraryXX century, 1996), pg. 8-9.

Taking into consideration everything that is stated, one should bear in mind the rise of cybernetised productions based on automatation which creates technical preconditions for replacement of the human factor with automatic machines, leaving a small area to a man in the production process and forcing him into a change of roles and demanding him to be highly specialised. This does not leave us even the smallest hope that the alienation of human labour, as a consequence of specialisation, could be overcome. This is how a contemporary man will be exposed to numerous risks (unemployment, poverty, death risk, etc.) because he will no longer be in a situation to enjoy the certainty of the concept “a job for a lifetime” during his working life and forming a career on one single work place, since he will be forced to change occupations depending on social circumstances. Such fluidity of social streams inevitably leaves consequences to instability of a psycho-social state and different auto-destructive forms of behaviour.

¹⁸ Michael Haralambos, *Sociology: Topics and Perspectives* (M. Paić Jurinić, R. Rusan, V. Tomić, transl.) (Zagreb. Golden marketing, 2002), pg. 976.

¹⁹ There are opinions that Durkheim's study showed itself to be the best empirical research on egoistic suicide and that, no matter if other theories seemed credible, it can not be said with 100 percent certainty if Durkheim was right or not, until there exists the lack of empirical research on altruistic, anomic and fatalistic suicide. For more information: Kevin D. Breault, 'Was Durkheim Right?: A critical survey of the empirical literature on Le Suicide' in Pickering, W.S.F and Walford G. (Eds.) *Emile Durkheim: Critical Assessments of Leading Sociologists*.

is the reason why his approach to the suicide phenomenon caused affirmative reactions of the majority (mostly positivists) of a professional public, and which characterised it as “*ultimately irrefutable*”²⁰. Durkheim’s work *Suicide*²¹, is a detailed study of suicide through which social causes of this phenomenon are introduced²². The essence of Durkheim’s suicide definition consists in the fact that suicide itself is not the product of will elements of human personality i.e. an individual act of self-destruction, it is actually the phenomenon of “supra individual nature”, caused by social circumstances. And the reason for that is, as Durkheim explained in his study, highlighting that society creates the best parts of human beings (moral, values and meaning of life, purpose of existence), and a person becomes liable to suicide even for the smallest frustration if he/she is deprived of and lacks moral support.²³ Durkheim confirms that statement with the observation based on a fact he noticed- that the number of suicides or its forms does not depend upon changeable and accidental characteristics of individuals and their will, it depends rather on different states of social de/organisation i.e. depersonalised forces, which the individual is not aware of²⁴. The study also proved the thesis on the external, objective and forced existence of social facts²⁵, and pointed to the significance

Third Series, Volume IV (2001) London: Routledge. Even Giddens, although he has different standpoints on suicide from Durkheim, acknowledges that Durkheim’s analysis “... *presents a classic work, and its basic assertion is still true: even a seemingly personal act of suicide requires social explanation*”. Anthony Giddens, *Sociology* (Zagreb: Publishing Institute Globus, 2007), pg. 11.

²⁰ According to: Halbwachs, 1930. u Michael Haralambos, *Sociology: Topics and Perspectives* (M. Pač Jurinić, R. Rusan, V. Tomić, transl.) (Zagreb. Golden marketing, 2002)

²¹ Emile Durkheim, *Suicide* (B. V. Radović, transl.) (Belgrade: Belgrade publishing - graphic institute, 1997)

²² Reasons why Durkheim decided to reconsider the suicide topic are as follows: 1) need for finding sociological methods for solving social and moral issues, among which the most significant one is certainly suicide; 2) need for differentiating sociology from other sciences, more concretely psychology, to reach the goal of securing its academic and scientific status on the basis of studying the social dimension of phenomena and problems. 3) finding confirmation for Durkheim’s personal, but also theoretical standpoints on individualism as one of the suicide causes i.e. the disorder of preserving a social balance mechanism: integration and regulation. Compare to: Dušan Marinković, *Introduction to Sociology: Basic Approaches and Topics* (Novi Sad: Mediterran Publishing, 2008).

²³ George Ritzer, *Sociological Theory* (7th Ed.) (New York: McGraw-Hill, 2008), p.91

²⁴ Hari Elmer Barnes, *Introduction to the History of Sociology II* (V. Đukanović, D. Milanković, transl.) (Belgrade: Belgrade publishing – graphic institute, 1982), p. 566 - 568.

Statisticians Quetelet and Morselli, just like Durkheim, found surprisingly stable rates of suicide annually, by analyzing a large number of suicide statistics, and were shocked by the overall increase in rates in modern society. See in: Matt Wray, Cynthia Collen & Bernice Pescosolido, *The Sociology of Suicide, The Annual Review of Sociology* 37 (2011): pp. 505-528.

²⁵ Social facts present an impersonal social force, which constructs human action, and they possess various levels of crystallisation: morphological (visible sphere), institutional (norma-

of studying the phenomenon of anomie and its manifestations²⁶ i.e. disfunctionalities²⁷ it produces.

The most famous rule of Durkheim's theoretic-methodological system is that social reality should be studied as a factual situation and action, because a society consists of the totality of human actions which form social order, and whose continuity of existence appears as objectivity to new generations. Therefore, social order appears to the individual as external, objective and forced, i.e. as a fact that does not depend upon his/her will. Durkheim observes suicide, first of all as a phenomenon that aims at the specific individual, but also society itself through its own existence (as a problem) in a period of time. That same existence of suicide seen through a period of time is the main reason why suicide is perceived as a social fact.²⁸

That is how Durkheim, with the tendency of revealing sociological law²⁹, approaches suicide as a phenomenon which is determined by various social area factors³⁰, since the suicide rate, according to his words, is not possible to explain by personal reasons of a suicidal person. The rate³¹ of suicides is

tive sphere), collective understandings (symbolic sphere). See in: Durkheim, *The Rules of Sociological Method*. Also see: Kenneth Thompson, *Emile Durkheim* (London, New York: Routledge, 2002).

²⁶ Ivan Šijaković & Nemanja Đukić, Introduction to classic sociological theories (Banja Luka: Faculty of Economics, 2010). Ivan Šijaković & Dragana Vilić, Sociology of Contemporary Society (Banja Luka: Faculty of Economics University of Banja Luka, 2010).

²⁷ For more information see: Dušanka Slijepčević, Deviations and Disfunctionality of Society. *Anomie of Society and its consequences: proceedings/* Second International Scientific Convention Social Deviations (2; 2017; BanjaLuka), [edit. Nebojša Macanović, Jagoda Petrović, Goran Jovanić]. Banja Luka : Centar modernih znanja, 2017: 204– 216.

²⁸ Giddens interpretations of Durkheim's standpoints confirm: "Number of suicides remains fairly stable in every society given year after year (although there are occasional significant deviations, as well as longterm trends which can be discerned on them). According to Durkheim that exact stability confirms that we deal with one social fact Because there we can be sure that individuals which appear in a number of suicides per year re not the ones who do it next year also; therefore, there must exist certain social impacts which affect all those individuals." Giddens, -Durkheim, pg. 39 – 40.

²⁹ See in Jonathan H. Turner: *Sociology* (T. Bajović, D. Pavlović, transl.) (Novi Sad: Mediterran Publishing, 2009), pg. 39- 41.

³⁰ Some authors, such as Breault, point out that Durkheim's argument against psychological suicide explaining could be considered primitive nowadays, considering the significant researches done till now which show that factors such as affective disorders, schizophrenia and substance abuse are actually constantly related to suicide. However it is highlighted that Durkheim partially left out psychological factors since he thought that suicide has no psychological regularities, because consistent psychological correlations still have not been identified in his lifetime. Breault, 'Was Durkheim Right?', p. 61

³¹ Suicide rates appear year after year in forms of regular patterns which is necessary to explain in a sociological way. Anthony Giddens, *Sociology* (Zagreb: Publishing institute Globus, 2007), pg. 12.

conversely proportional to the level of social groups' integration (high rates of suicide caused by high and low levels of social groups' integration, whilst in the cases of average integration- rates of suicide are the lowest)³² and it varies depending on the state of different social environments.³³ According to that, the disorders of social integration (degree of unity) and social regulation (degree of social normative) condition the appearance of suicides, which result in violation of social relations.³⁴

The possibility of overcoming these situations marked by suicide risk can be found in protection which religion and family can offer to individuals, and in a certain way also the appropriate environment, rather rural than urban because of the inborn solidarity (community, closeness, empathy, etc.) on which it is based upon. The value system, which is interiorised under the influence of primary agents of socialisation (family, church) contains explicit prohibition when it comes to human decisions on the issue of life.

³² A study also offers an explanation of the death rate in relation to a religion factor. This is how Durkheim set the differences between Protestants and Catholics via comparative analysis on the basis of suicide tendency criteria. To say it more precisely, the number of suicides among Catholics is lower due to the stronger forms of social control and cohesion unlike in the case of Protestants.

The results of his analysis show that the frequency of suicides is less among married partners, and those who have children as opposed to single people. Namely, those individuals who are integrated in society, due to the sense of connection and affiliation, find their purpose inside the social context, so they consequently have less probability to commit suicide. So, the lower the social integration level, the higher the chances of suicide are. That being said, the tendency of an individual for committing suicide depends on social conditions i.e. causes, and not his/her physical and organic constitution.

He discovered that suicide rates are higher in war than in peaceful life conditions, due to the increased integration in war, so consequently the soldiers committed suicide more often than the civilians. For more extensive information on the topic see: Emile Durkheim, *Suicide*, pg. 358 –395.

³³ “.. social conditions suicide number depends on the only ones, which can be changed. That is why that number always remains the same, as long as society does not change (...) That constant exists because impersonal causes which create and maintain it remained the same. That constant emerges from the fact that nothing happened that could have changed the way of social units grouping or the nature of their consensus. Actions and reactions, which they exchange remained the same, so due to that the ideas and feelings which come from them cannot be changed.” Durkheim, *Suicide*, pg. 354.

³⁴ See: Durkheim, *Suicide*, pg. 15. Confirmation of Durkheim's thesis that egoistic suicide is caused by social isolation is shown in the research conveyed using a methodological approach different from Durkheim's. It is a nationally representative questionnaire research about young people's behaviour from the USA, which deals with the Internet and video games influence on teenagers (aged 12 to 18), who are targeted as a group in negative behaviour risk due to 5+ hours spent on the Internet, as well as suicidal ideas and suicide planning. More information in: Erick Messias, Juan Castro, Anil Saini, Manzoor Usman & Dale Peeples, 'Sadness, Suicide, and Their Association with Video Games and Internet Overuse among Teens: Results from the Youth Risk Behaviour Survey 2007-2009'.

SUICIDES IN BOSNIA AND HERZEGOVINA AT THE BEGINNING OF XXI CENTURY

Changes of suicide rate (increase or decrease) in the countries of the European Union are initiated by numerous reasons (socio-economic changes, changes in mentality i.e. political culture, state interventions for prevention and medication) and in the last 30 years they have developed unequally.

When it comes to Bosnia and Herzegovina, in the entities' institutes for statistics and the Statistics Agency on the state level, it is often highlighted that the data concerning the number of suicides is underestimated because suicide is often coded as "cause of death unknown", and not as violent death i.e. suicide. Besides that, statistics on the level of the state are limited or non-existent, since each of the entities notes its own statistics. However, the official *World Health Organisation* data of mortality statistics offers us a more reliable overview of suicide rate variations.

The following table (Table 1) contains the *World Health Organisation* statistics data on average rates of suicide in Bosnia and Herzegovina for the period listed (2000 – 2015).

Table 1 Average rates of suicide in Bosnia and Herzegovina (2000 – 2015)

Control panel of World Health Statistics Last changes: 2017/06/23		Suicide rates per 100.000 inhabitants			Sage-standardised suicide rates per 100.000 inhabitants		
Country	Year	Both sexes	Male	Female	Both sexes	Male	Female
Bosnia and Herzegovina	2015 ³⁵	6,0 ³⁶	9.3	2.7	4.4	7.1	1.9
	2010	6.0	9.3	2.7	4.7	7.5	2.0
	2005	8.0	12.8	3.2	6.7	11.1	2.6
	2000	9.8	15.6	4.1	8.9	14.7	3.5

Source: World Health Organisation. World Health Statistics data visualisations dashboard <http://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en> [18.02. 2018.]

³⁵ The highest suicide rate in 2015 was recorded in Europe (14.1 per 100. 000 inhabitants), and the lowest in the Eastern Mediterranean (3. 8 per 100. 000). World Health Organisation. Monitoring health for the Sustainable Development Goals (SDGs), 2017, str. 61. Available at: <http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1>; <http://www.who.int/mediacentre/news/releases/2017/half-deaths-recorded/en/> [18/02/2018]

³⁶ According to the World Population 2018 Review, Bosnia and Herzegovina had 6 suicides per 100 000 inhabitants. <http://worldpopulationreview.com/countries/suicide-rate-by-country/>

(De)regulation and suicide

Social crises and suicide. In the conditions of social crisis and all other forms of sudden changes that bring us general disorientation on a personal and social level, the factor of social regulation gets weaker and leads to anomic suicides, which is shown in the warning rates of statistic data. So the data in (Table 1) shows that the recorded rate of suicide in 2000 was 9.8, and 5 years later the average rate decreased to 8.0. The suicide rate decrease is noticeable also in the case of the following 5 years' time period of observation (2005 – 2010), since in the year 2010 the average rate was 6.0, and the decrease was noted in regards to 2005. In the following 5-year-time period (2010 – 2015), the rate of 6 remained stable, in other words, there was no significant change in relation to the suicide cases. Comparing the average suicide rate in the year 2000 (9.8) with the average rate in 2015 (6.0), we can see that the suicide rate decreased.

If we compare the suicide rate from 2000 and 2015 with the suicide rate from 1991, it is possible to answer the question: *Is the suicide rate in B&H at the beginning of the XXI century lower than the suicide rate during the war?* Namely, as recorded in the official data of World Health Organisation (2011). Bosnia and Herzegovina recorded suicide rates of 11.8 (20.3 of which are males, and 3.3 females).³⁷ If we compare this rate with the rate from 2000 (9.8), we can notice the variations, i.e. the suicide rate in B&H at the beginning of XXI century being lower than the suicide rate recorded in 1991. That period was marked by the **falling apart of the Yugoslavian Federation** – social crisis triggered by **political turmoil and war caused by them**, also by extreme changes in the society and people's everyday life, which disabled the safety of routine resulting in easily losing every meaning of life.

Namely, the post-socialistic era of transition represented a new period in the history of Yugoslavia and it was marked by a huge economic crisis (lack of basic life supplies, the average growth of BDP of symbolic 0,5%, piling of foreign debt, high rates of unemployment and hyperinflation)³⁸, and also social and political riots because of the ethnic tensions and nationalism outburst. All of that contributed to the weakening of the regulation factor i.e. the appearance of anomie, which reflected through suicides. A misfortunate set of such anomic circumstances contributed to de-legitimisation of norm

³⁷ World Health Organisation. Suicide rates per 100,000 by country, year and sex. 2011
https://web.archive.org/web/20120122021659/http://www.who.int/mental_health/prevention/suicide_rates/en/ [19/02/2018]

³⁸ Susan Woodward, *Socialist Unemployment: The Political Economy of Yugoslavia 1945 – 1990* (Princeton: Princeton University Press, 1995), 194-208.

order, and according to that also to disorientation, resignation, anxiety and psychoses in individuals i.e. the general feeling of confusion, disconnection, misbalance, unreachability of goals, which all together encourage suicide. Weakening of the social regulation factor caused the relation loss with society, the liberation of the individuals from a submissive relationship with society, or to say it more precisely – the cessation of dependence on society, i.e. the appearance of anomic and egoistic suicides.

Shortly after the war had stopped, the availability of fire weapons decreased, the standard of life increased step by step, and public health services improved, so as a result of those positive social changes which contributed to better social security and individual integration, the rate of suicide started to decrease, and by the year 2015 it went down to 5.8. If we take into consideration the European standards³⁹, that would mean that in the period from 1991 to 2015 the change of suicide rate was achieved, it decreased from medium (11.8) to low (6.0). Therefore, a change of suicide rate was achieved since the period of transitional shock which exposed Bosnia and Herzegovina as well as other countries of former Yugoslavia in the 90s during the deterioration of one social order and the value system that went with it, together with the inability for rapidly construing a new one. That is how the general state of anomie i.e. social disorganisation (disorientation, loss of existential safety: work place safety, enabled access to health and a school system, forms of social pathology, etc.) was reflected in an increased rate of suicide cases among Bosnia and Herzegovina's population during the war and shortly after it, compared to the 2015 figures. This was confirmed by IHME⁴⁰ estimations stating that in the year 2016 the total number of suicide cases ending in death was 817.000, which shows a small reduction in comparison to the late 90s when the number of death cases per year was between 850.000 and 860.000. That is how Durkheim's standpoint that suicide rates in war conditions are higher than during times of peace were confirmed in the case of B&H, but also on the international level. As a confirmation of this thesis on an international level we have the proof in the Eastern Mediterranean countries (Lebanon, Syria, Palestine, Israel, Turkey, Egypt, Jordan and Libya). According to the World Health Organisation data, this region has the lowest number of suicides per number of inhabitants, although it has been overwhelmed by political crises and war in the last couple of decades.

³⁹ According to European standards a suicide rate is qualified in the following way: to 4,9 – very low suicide rate veoma, from 5 to 9,9 – low suicide rate, 10 – 19,9 – average suicide rate, from 20 to 24,9- high suicide rate and 25 and higher a very high suicide rate .<http://standard.co.me/index.php/drustvo/item/7324-svaki-treci-dan-se-neko-ubije-samoubice-se-ne-radaju-vec-se-radaju-okolnosti-za-taj-cin>[19/02/ 2018]

⁴⁰ Institute for Health Metrics and Evaluation

The post socialist period⁴¹ was marked by a **World financial crisis in 2007 - 2008**, which was estimated to be the biggest economic crisis⁴² since 1930 and the Great Depression. The breakdown of market mortgage loans which began in the USA soon came to the rest of the world, and catastrophic consequences did not pass Bosnia and Herzegovina either (downfall of small and big companies, increase of unemployment rate and decrease of BDP rate). Consequences of that social deregulation manifested through the period of stagnation and decline in the market economy development, followed by the occurrence of anomic suicides, as recorded in the 2007 suicide rate which was 13.0⁴³. In the post-crisis period of economy renewal, the rate decreased, and in 2010 it reached the value of 6.0.

Reeves, McKee & Stuckler (2014)⁴⁴, Chang and associates (2013)⁴⁵ and Nordt and associates (2015)⁴⁶ studies reached similar conclusions. Below we have the description of the proofs introduced by Reeves, McKee and Stuckler (2014) from the Financial Crisis of 2007 – 2008 in Europe.

⁴¹ In the period from 1997 to 2000, the GNP increased by an average 13.6 percent, with a falling trend of growth. With a GNP of 1,222 USD per person in 2001, Bosnia and Herzegovina belongs to a lower rank of countries with average income.

⁴² Different studies analysed a correlation between economic recessions and suicide rates. Chang and associates (2009) used statistics of World Health Organisation and Taiwan statistics on mortality in order to investigate if there is a correlation between the Asian and European crisis from 1997 to 1998 and suicide rates. Results can be seen in the enclosed charts: male suicide rates in 1998 increased significantly in Japan, Hong Kong and Korea, while female suicide rates were lower in some countries. Similar suicide rate patterns have not been recorded in Taiwan and Singapore, where the economic crisis had a smaller impact on the economy. See: <https://ourworldindata.org/suicide> [23/06/2018]. Also see: Chang S-S, Gunnell D, Sterne JAC, Lu T-H, Cheng ATA. Was the economic crisis 1997-1998 responsible for rising suicide rates in East/Southeast Asia? A time-trend analysis for Japan, Hong Kong, South Korea, Taiwan, Singapore and Thailand. *Soc Sci Med* 68 (2009). <https://ourworldindata.org/suicide> [23/06/2018]

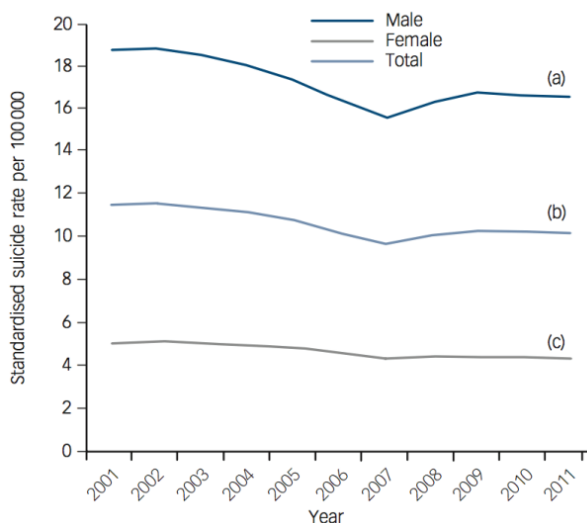
⁴³ Nebojša Bojanić, Marko Srdanović & Darko Marinković, Suicide rate movement in Republic of Srpska, *Criminalistics topics Magazine for criminalistics, criminology and safety studies* Year XVI, Number 3-4, 2016:pg.1- 19. Downloaded from: <http://krimteme.fkn.unsa.ba/index.php/kt/article/view/117/pdf> [15/02/2018]

⁴⁴ Aaron Reeves, Martin McKee, David Stuckler. Economic suicides in the Great Recession in Europe and North America. *The British Journal of Psychiatry*, Jun 2014. <https://ourworldindata.org/suicide> [23/06/2018]

⁴⁵ Chang S-S, Stuckler D, Yip P, Gunnell D. Impact of 2008 global economic crisis on suicide: time trend study in 54 countries. *BMJ* 347 (2013). <https://ourworldindata.org/suicide> [23/06/2018]

⁴⁶ Nordt, C., Warnke, I., Seifritz, E., & Kawohl, W. (2015). Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *The Lancet Psychiatry*, 2(3), 239–245. <https://ourworldindata.org/suicide> [23/06/2018]

Chart 1 Sage-standardised rates of suicide in the European Union, 2001 – 2011- Reeves, McKee and Stuckler(2014)⁴⁷



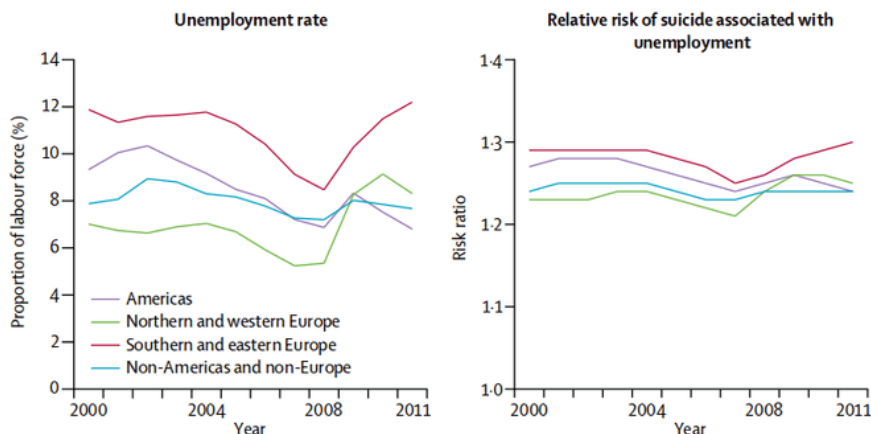
Source: The same

As we can see, a significant change in suicide trends existed immediately after the crisis. The expanding studies which use data from countries of various different regions in the world during longer time periods came to similar results. So, Nordt and associates (2015)⁴⁸ retrospectively analysed the public data on suicides, population and economy in the period of 2000 – 2011 in 63 countries of the four world regions. Their results match the previous research which demonstrates that the increase of **unemployment**, caused by the crisis is created to the increase of suicides.

⁴⁷ Aaron Reeves, Martin McKee, David Stuckler. Economic suicides in the Great Recession in Europe and North America. In: Lindsay Lee, Max Roser & Esteban Ortiz-Ospina, *Suicide*, OurWorldInData.org, August 2015; <https://ourworldindata.org/suicide> [23/06/2018]

⁴⁸ The study refers to research in the period 2000–11, in four regions – America, Northern and Western Europe, Southern and Eastern Europe and not-America and not-Europe. Although Hong Kong is included, China and India are not. Nordt, C., Warnke, I., Seifritz, E., & Kawohl, W. (2015). Modeling suicide and unemployment: longitudinal analysis covering 63 countries, 2000–11. In: Lindsay Lee, Max Roser & Esteban Ortiz-Ospina, *Suicide*, OurWorldInData.org, August 2015; <https://ourworldindata.org/suicide> [23/06/2018].

Chart 2 Average rate of unemployment and estimated relative risks of suicide related to the unemployment in four world regions, 2000 – 11 – Nordt and associates/ *The Lancet Psychiatry*



Source: World Economic Forum: The link between unemployment and suicide, <https://www.weforum.org/agenda/2015/02/the-link-between-unemployment-and-suicide/>, [25/06/2018]

Research shows that the increased relative risk of suicide is connected to unemployment in all of the regions from 20% to 30%. It was estimated that 233.000 suicides per year occurred in the period from 2000 – 11, from which about 45.000 could be attributed to unemployment. In 2007 before the crisis, there were 41.148 identified cases of suicide. In 2009 that number increased to 46.131 – which is an increase of 4.983 or 12%. These data once more confirmed the fallacies of Hayek's ideas about economic depression prevention by the country not intervening in the sphere of economy or taking any action even in the periods of crises. And indeed, the use of the agenda is especially criticised after the financial crisis in 2008, considering the lack of government responsibilities (leaving it to the market) for the depression, especially the responsibility for not fulfilling the obligations towards the workers, in favour of the global capitalistic class (financial elite), which caused and increase and an emphasis of inequality. That was the sign of the changes in suicide seen in the new suicide cases. The applying of the neoliberal politic principles reflected similarly on the other spheres of social life.

Divorce and suicide. The period during and shortly after the World Financial Crisis was marked by other indicative changes related to suicide also. Namely, the divorce rates in Bosnia and Herzegovina increased in the period 2009 to 2015⁴⁹, which can be perceived as the additional consequence of the

⁴⁹ See on: http://www.bhas.ba/tematskibilteni/NUM_00_2017_TB_0_BS.pdf pg. 12.

reaction (marriages) to the World financial crisis. In 2007 there were 23,494 new marriages i.e. the rate of marriages was 6.10, so it was higher than in the year 2012– 4.80.⁵⁰ The general feeling of confusion, disconnection and disbalance caused by the influence of the World financial crisis, did not result in an individual drawback but rather in the unexpected resistance to the extreme phenomena which caused it. As a sudden reaction of individuals to the set of extreme circumstances, the increase of social connections started to go up in numbers i.e. the rise of mutual closeness, which was visible in the increase in marriage numbers. That only means the solidarity is both an individual and collective response to the unwilling and unwanted life circumstances that prevent the isolation of individuals. The establishment of primary social relations on the basis of intensive relations in the community sphere (village, family, neighbourhood, etc.) contributes to enduring low life standards. However, the maintenance of new founded connections gradually became problematic in the period after the recession (period of economic recovery), when the neoliberal agenda (deregulation and tax decrease, weakening of the welfare state and full employment principle) experienced the rise. That means also that the market principles of the competition, and individualism along with it, became legitimate and main regulation factors of human beliefs and praxis, i.e. the organisation of human activity, which in a way reflects in the form of suicidal behaviours risk.

(Dis)integration and suicide

Weak social integration causes the separation from society, weakening of social roles and relations with the environment, and consequently lethargy and a lack of will for participating in any forms of social activity, which contributes to the occurrence of egoistic suicide.⁵¹ The differences between sexes point to different levels of social integration, and also to differences in suicide rates.

⁵⁰ See: <https://countryeconomy.com/demography/marriages/bosnia-herzegovina> Number of new marriages in 2013 drastically decreased in comparison to 2007, when 17. 623 marriages were registered. In 1996. Also a higher number of marriages was not recorded (21.107) compared to 2007 http://www.bhas.ba/tematskibiltenti/dmg_002_000-bh.pdf pg.70. A slight increase happened in 2015, but shortly after it fell again to 19, 265 in comparison to 2007 See: http://www.bhas.ba/tematskibiltenti/NUM_00_2017_TB_0_BS.pdf, pg. 12. So, the accurate data was 5.10 (19,541) rate of marriages in Bosnia and Herzegovina in 2010, which could be related to a decreased suicide rate in the same year, by using Durkheim's analogy. On marriage rate see: <https://countryeconomy.com/demography/marriages/bosnia-herzegovina> Also see: [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Crude_marriage_rate,_selected_years,_1960-2015_\(per_1_000_persons\).png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Crude_marriage_rate,_selected_years,_1960-2015_(per_1_000_persons).png)

⁵¹ The opposite to egoistic suicide, which occurs due to a high integration, is an altruistic suicide – it is characteristic of pre-industrial, feudal societies, and that is the reason we do not take it into account in this paper.

Gender and suicide. The differences between sexes in B&H reflect the suicide rates. Therefore, the answer to the question – *Is the rate of female suicides in B&H at the beginning of the XXI century less than the male suicide rate* – becomes certain, if we consider the data presented above (Table 1) on rates of female and male suicides, and from which we can see a higher percentage of males suicides. Namely, in the period from 2000 – 2015, the rate of female suicides decreased from 4.1 (2000) to 2.7 (2015). On the other hand, male suicide rates in 2000 were greater in comparison to female suicides in the same year- 15.6 as opposed to 4.1, and in 2015 that ratio was 9.3 as opposed to 2.7 in favour of males. The male suicide rate decreased in the period of 15 years from 15.6 to 9.3. Despite the decrease in suicide rate among men, it is still evident that male suicides dominate, which favours Durkheim's standpoint that women are "immune by nature"⁵² to suicide because of the traditional, compatible **roles** (mothers, housewives, wives), intended for them and which are in accordance to their more gentle nature oriented to psycho-social peace (integrative factor), unlike men who are more involved in social activities taking different roles and therefore, are exposed to higher risks of suicide (role conflict as the factor of disintegration, anxiety, stress, etc.). On the other hand, although in the period observed (2000 – 2015) no significant decrease of the female suicide rate was recorded, these data give an excellent overview of the socio-economic state in Bosnia and Herzegovina.

The following chart shows the ratio of male and female suicide rates in B&H (1985 – 2004).

Table 2 *The ratio of male and female suicide rates in Bosnia and Herzegovina (1985 – 2004)*

Country	Year	The ratio of male and female suicide rates
Bosnia and Herzegovina	1985	3.549677
	1986	3.277545
	1987	3.01334
	1988	3.64803
	1989	4.255596
	1990	4.511446
	1991	5.929029
	2004	3.019755

Source: Our World Data <https://ourworldindata.org/suicide> [23/06/2018]

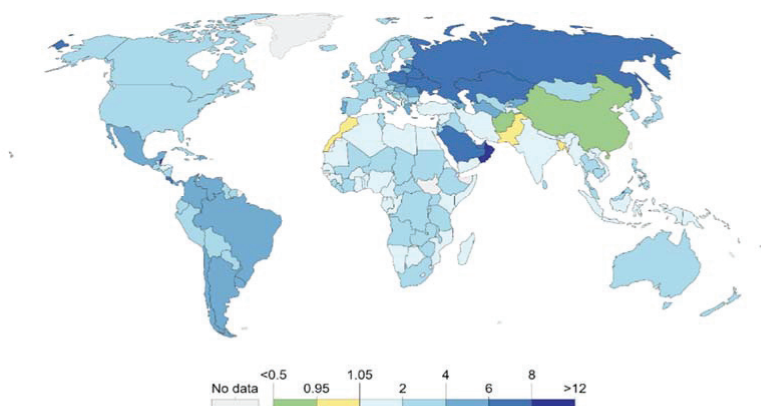
⁵² Cited according to Durkheim: Howard I. Kushner & Claire E. Sterk, *The Limits of Social Capital: Durkheim, Suicide, and Social Cohesion*, Am J Public Health. 2005 July; 95(7): 1139–1143. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449331/> [18/03/2018]

As seen in the table, the ratio moves from the value coefficient 3 and 4, which is an indicator of male suicide committers' domination. The following male and female suicide rate ratio chart of 100.000 people yearly on a world level, also speaks in support of the previously stated data.

Chart 3 Scale of male and female suicide rates in the world, 2004

Male to female ratio of suicide rates, 2004

Gender ratio of suicides per 100,000 people per year. Values higher than 1 indicate countries where more men die from suicide than women.



Source: World Health Organization (2005)

Note: Suicide rates are adjusted for the changing age structure of the population. This chart shows a ratio and does not depict the overall number or frequency of suicides in a country.

OurWorldInData.org/suicide/ • CC BY-SA

Source: Our World in Data <https://ourworldindata.org/suicide> [23/06/2018]

Namely, according to the data in the chart, the ratio values above 1 indicate the countries where male suicides dominate over female ones. B&H belongs to this group with the coefficient 3.02. This coefficient most certainly indicates the existence of gender differences in terms of suicidal reactions caused by socially determined roles, which establish social behaviours of individuals. In this way the differences in gender roles and expectations can affect some of the differences in suicidal behaviour. The male gender stereotype on men as the superior and stronger sex, who is not predetermined to fail, suggestively affects men when it comes to the choice of more violent and deadlier suicide methods; while women, who are socially allowed to express weakness, can use the suicide attempts as a cry for help. Also, we should bear in mind the potential outcomes of imposing such behaviour patterns on men's psychosocial state i.e. "male gender role stress"⁵³. This symptom refers to the experienc-

⁵³ Every society is based on rules of generally desirable and acceptable behaviour for both men and women. Therefore it is expected in Western societies that people behave according to traditionally determined roles, in other words, to behave rationally in each situation, and when it comes to men, they are expected to be self-confident and strong and not by any means emo-

ing of emotional suffering, as a result of breaking or disrespecting traditional male role norms. This is how traditionally adopted male gender roles have a significant impact in the occurrence of post-traumatic stress disorder (PTSD) in certain men.⁵⁴

Besides that, when we explain this ratio we should bear in mind **women's participation⁵⁵ in the workforce**, which is low according to international standards, and the lowest in the region. The gap between male and female participation in the work force is the highest in the region, and it is the consequence of low post-war employment i.e. high unemployment⁵⁶. Besides,

tional (except when it comes to expressing rage), because that would not be in accordance with an earlier adopted male role. Considering that role, it is possible to make a distinction between men, i.e., to what extent are they following the rules prescribed by that role. However, some of these rules are opposed to normal human reactions to stress. Therefore, it is not surprising that numerous studies showed that men who try to follow these rules strictly and who are afraid of breaking them could be exposed to a wide spectrum of risks which have negative outcomes, including PTSP. Matthew Tull, Male Gender Role Stress and PTSD: Stress About Fitting into the Masculine Norm Can Make Symptoms Worse, *verywellmind.com*, February 20, 2017. <https://www.verywellmind.com/the-consequences-of-male-gender-role-stress-2797513> [25.06. 2018.] ALSO SEE: Nancy Schimelpfening, Differences in Suicide Among Men and Women: Differences Between Men and Women in Suicide and Suicidal Behaviours, *verywellmind.com*, May 28, 2017. <https://www.verywellmind.com/gender-differences-in-suicide-methods-1067508> [25/06/2018]

⁵⁴ Men who suffer male gender role stress have a higher probability of experiencing anxiety, depression, alcohol abuse as well as problems they try to control by acting aggressively. Besides, "male gender stress" can prevent them to seek social support or use healthy skills for problem solving. For example, men who are afraid of breaking male gender role norms are less prone to expressing emotions, especially those that could make them look and feel vulnerable. (Sadness or anxiety).

⁵⁵ The rate of labour force participation in Bosnia and Herzegovina in 2001 was 48%, where the rate of male participation was 62%, and the female participation rate was only 28%. See in: Report no. 24889-B&H, Bosnia and Herzegovina, Labour market in post-war Bosnia and Herzegovina: How to encourage companies to make work places and increase workers' mobility, November 4 2002. https://www.esiweb.org/pdf/bridges/bosnia/WB_Trzisterada.pdf pg. 17. [26/06/2018] Among other Balkan countries, Bulgaria, Croatia and Macedonia also have very low rates (49, 50, i.e. 53%), while the rates in other Balkan countries are slightly higher (for example in Romania the rate is 63%). Also see in: Abide, pg. 27.

⁵⁶ The annual economic growth significantly exceeded 10% per year in a real sense between 1996 and 2001. Despite this, economic results are still far from pre-war levels, and in 2000, the GDP in B&H was only 48% of its pre-war level per person. Post-war employment is significantly lower from its pre-war level, a great part of employment transformed into an unofficial sector, and unemployment remained very high. *Ibidem*, pg. 7. The unemployment rate in 2001 was very high 16.4%, with slightly higher rates in favour of women. *Ibid*, pg. 18. Taking into consideration the structure of the sector, the employment changed, starting from production, in comparison to the pre-war time. As opposed to other sectors, the employment in production crashed completely in the post-war period also, so comparing it to 1991, the total participation of production in overall employment decreased by 12% points till 2001. Due to the stagnation

the lower participation of women is possible to explain with illiteracy data⁵⁷ recorded in the latest census in 1991, according to which, the percentage of illiterate popularity of Bosnia and Herzegovina, aged 10 and over is 9,9% of which 16,4% are female members, while only 3,4% are males. Nowadays that rate is significantly lower in B&H, however, it is still the highest in illiteracy among countries in the region and still reflects a higher illiteracy in women than in men.

Natality and suicide. It is possible to observe the social integration from the perspective of a society's natality. A low birthrate (natality) makes social integration more difficult because the mortality increases (and also suicide, as the second cause of death) i.e. the increase in numbers of the older population, that loses social relations due to less activity and interaction, which creates a risk of alienation and loneliness.

The differences in suicide rates on the entities level point to the demographic state in Bosnia and Herzegovina. Namely, some research⁵⁸ confirmed that the suicide rate in the Federation of B&H is significantly lower than the one in the Republic of Srpska and Brcko District.⁵⁹ Namely, in the period from 2007 to 2011, the average rate of 8.7 was recorded in FB&H (medium low) and in the Republic of Srpska and Brcko District – the medium high suicide rate of 19 in the Republic of Srpska i.e. 19.3 in Brcko District.⁶⁰ These data could be interpreted through Durkheim's arguments on religion impact on suicide prevention (in the case of FB&H). However, the data deny the attitude on lower suicide rates among Christians. Because of the more relevant

of agriculture, employment in the service sector increased in comparison. Compared to the Federation in 2001, the Republic of Srpska had the highest worker participation employed in production (3.5 % more points) and in agriculture (1.7 % more). The decrease of employment participation in production in the 90s is similar to the one in Bulgaria and Romania, but it exceeds Croatia, Macedonia and Yugoslavia. See in: *Ibidem*, pg. 19. [26/06/2018] Structure according to employment sectors, reveals that Bosnia and Herzegovina has the biggest participation of employment in production among the Balkan countries (36%) and that, with the exception of Croatia, it has the lowest participation of agricultural workers (19%). *Ibidem*, pg. 27.

⁵⁷ See in: Pašalić Kreso, Adila. Education of the population in Bosnia and Herzegovina: Bosnia and Herzegovina between the highest illiteracy rate and the lowest education level. *Demographic and ethnic changes in B&H* (I. Cvitković, ed.), Sarajevo: Academy of Sciences and Arts of Bosnia and Herzegovina, 2017, pg. 102. Available at: http://www.anubih.ba/images/publikacije/posebna_izdanja/ODN/09_posebna_izdanja_CLXXII_9/06%20-%20Adila%20Pasalic%20Kreso.pdf [20/06/2018]

⁵⁸ Nebojša Bojanić, Marko Srdanović & Darko Marinković, Suicide rate movement in Republic of Srpska, *Criminalistics topics Magazine for criminalistics, criminology and safety studies* Year XVI, Number 3-4, 2016. Downloaded from: <http://krimteme.fkn.unsa.ba/index.php/kt/article/view/117/pdf> [15/02/2018]

⁵⁹ See also: <http://krimteme.fkn.unsa.ba/index.php/kt/article/view/117/pdf> [19/03/2018]

⁶⁰ *Ibidem*, pg. 1 – 19.

confirmation of these assumptions it would be legitimate to ask – Why is the suicide rate higher in the Republic of Srpska and Brcko District than in FB&H, when the population of all three parts is more or less under the influence of religion?⁶¹ Answers should be found in deeper causes, like in demographic and economic ones and their mutual impacts. Official data confirms that the natality in the Republic of Srpska was favourable i.e. the birthrate was positive until 2001, from then on it changed to being negative (the number of people born decreased while the number of deaths increased), and by 2015 the number of deaths was higher than the number of births. If we also consider the trend of economic and political migrations, the demographic image of Serb (Christian) people in B&H is clear i.e. the decreasing rate of natality and the progress of Islam. Generally, the constantly increased number of deaths compared to the number of births, following the mass emigration of population is contributing to the **demographic recession in B&H**, and there are numerous signs which point to the fact that B&H, due to the white plague, is becoming a country of old people, and if the depopulation trend which started 10 – 15 years ago continues, which the Republic of Srpska has been facing since 2001, and FB&H since 2007, it will remain that way. In 2007 for the first time since 1996, Bosnia and Herzegovina recorded a negative birth rate, due to the change of natality.⁶² Namely, because of a decrease in fertility and the

⁶¹ The explicit signification of a religious factor impact in FB&H, compared to the Republic of Srpska and Brcko District is also seen in the educational system since religion as a subject was introduced in schools in 2002 as an obligatory subject both in the Federation and the Republic of Srpska. It has also become a part of obligatory high school subjects in the Federation from 2007. In the Brcko District this happened in the third quarter of 2017, while in the Republic of Srpska it will occur in the third quarter of 2018. Besides, the data in FB&H points to potential extremist religion impacts on the appearance of altruistic-fatalistic suicides (no matter how probable it seemed that pre-modern forms of suicides are not likely to happen in the age of capitalism; due to an overstated religious integration i.e. regulation), easily acceptable in the areas such as B&H, i.e. to significantly traditionally marked entities, which are liable to radical religious groups influence and their resistance to globalist (cultural) strategies attempts. Security-intelligence Services reports confirm the institutionalisation and enrooting of religious extremism of the Wahabi-selefic provenance in B&H and an overall affirmation and enrooting of the Selefistic movement, as well as satisfying the interests of certain Arab countries.

⁶² The birth rate in Bosnia and Herzegovina in 1996 was 20.110 (34.331 births, 14.221 deaths), in 1997 that number was 18.184 (34.304 births, 16.120 deaths), a year later 15.270 (31.480 births, 16.210 deaths), and then in 1999, 11.856 (27.964 births 16.108 deaths). The demographic image of B&H in the 90s was characterised by a higher number of births as opposed to deaths, so the birth rate in 1991 was 24.367 (42.899 births, 18.532 deaths). In the beginning of the new century that number was decreasing, but still it was measured in thousands. A. Z. The birth rate in the 90s was far better than the one we have nowadays, and excuses are found in migrations. <https://www.klix.ba/vijesti/bih/prirodni-prirastaj-90-ih-godina-daleko-bolji-nego-danas-opravljanja-se-traze-u-migracijama/171009089> [18/07/2018]

mass emigration (caused by war and its consequences, the economic state, and social status of the population) and a relatively high death rate are the main reasons for a population decrease⁶³ (change in numbers and structure of the population).

Age and suicide. Durkheim treated the increase in suicide rates with age as a natural fact, which was confirmed by relevant statistic data in all countries. It is possible to conclude from the table below if the data on suicide rates in Bosnia and Herzegovina in the period from 2000 to 2006 confirms the rule (Table 3).

Table 3 *Suicide rate in Bosnia and Herzegovina according to age (2000 – 2016)*

Country	Year	70+ years	50 – 69 years	15 – 49 years	5 – 14 years
Bosnia and Herzegovina	2000	44.0501	108.2774	254.2035	5.908709
	2001	44.80271	105.0214	233.6696	5.023931
	2003	45.87147	103.2787	213.1407	4.329432
	2004	47.92903	102.2716	196.1873	3.712338
	2005	49.56514	100.8762	183.926	3.247077
	2006	51.29661	99.93003	174.2736	2.951842
	2007	52.75827	98.86086	166.9893	2.806232
	2008	54.21082	97.77312	160.4537	2.666621
	2009	55.5726	96.39714	153.9371	2.567642
	2010	56.00945	95.26804	149.8964	2.44263
	2011	56.50779	95.78119	145.5341	2.303196
	2012	55.97745	95.71685	137.6375	2.103202
	2013	60.35457	105.7534	145.9538	2.051274
	2014	64.50084	116.1235	150.8567	1.948124
	2015	70.64127	128.5577	155.0424	1.871245
	2016	69.19466	127.6957	153.0111	1.721777

Source: <https://ourworldindata.org/suicide> [23/06/2018]

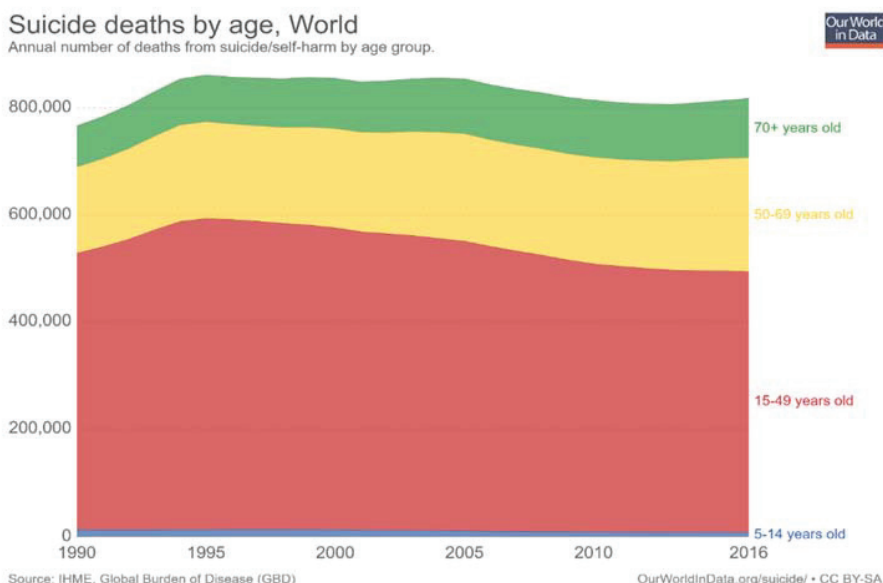
The lowest number of suicides is recorded between the ages 5 – 14. The number of suicides in this age group decreased in the period from 2000 to 2016. Less suicide cases were recorded in the group 70+ than in the categories

Bosnia and Herzegovina recorded negative natural increase since 2007, when the number of dead was 1.029 higher than the ones who were born (-1.029). In 2008 natural increase was 150, in 2009 - 354, 2010. (-1.590), in 2011. (-3.217), in 2012. (-3. 270), in 2013. (-4. 978). Agency for Statistics of Bosnia and Herzegovina, *Bosnia and Herzegovina in numbers*, Sarajevo: 2014, pg. 7. http://www.bhas.ba/tematskibiltleni/BHB_2014_001_01_bh.pdf [18/07/2018]

⁶³ UN report: "Predictions for world population: Revision 2015" points to the impairment of this issue, considering the predictions for Bosnia and Herzegovina and other Western Balkan countries in terms of the population decrease for at least 15%, from 2015 to 2050. Namely, as estimated in the United Nations report – Department of Economic and Social Affairs, The World Population Prospects: 2015 Revision, un.org.<http://www.un.org/en/development/desa/publications/world-population-prospects-2015-revision.html> [18/07/2018]

aged 15 to 49, and 50 to 69. Suicides among the population aged 15 to 49 decreased also in the time period observed. However, the highest suicide rates are occurring in this exact group, so among the reproductive part of the B&H population. The second, according to the number of suicides is the group aged 50 to 69, whose rate increased during that time period. The group aged 70+ had an increased number of suicides during the observed time period. The increase in both cases (50 – 69: 70+) confirm Durkheim's assumptions on a suicide risk increasing with age⁶⁴ i.e. with the period of time one spends in society, during which one is exposed to social challenges and its effects. The following chart points to world suicide numbers according to age (Chart 4).

Chart 4 World suicide numbers according to age



Source: <https://ourworldindata.org/suicide> [23/06/2018]

The highest rate of suicide is in the category aged 15 to 49, which consists of about 60% of death cases, pointing to the specific vulnerability of this group due to the highest exposure to multiple life uncertainties as opposed to older members of the population. Therefore, the data points to the separation

⁶⁴ Since the population growth is to a great extent dependent on the future movement path of fertility rates, considering relatively small changes in fertility patterns, which have been projected for decades, can generate huge differences in the general population. In the last years, the fertility decreased in almost all world areas, even in Africa where fertility levels remain the highest in comparison to other parts of the world. *Ibidem*

of a great number of people (in the reproductive life phase) from the society and the deficiency of their social connections i.e. the disconnection to the environment, which leads to an increase of egoistic suicide probability.

The fact that the highest number of suicides happens among the population aged 15 – 49 and 50 – 69 shows us that the explanation of such a mortality distribution cause by suicides may be found in the transformation of the social circumstances starting from the 70s of XX century i.e. in the period of the liberal economy rise which demands life studying and accommodating to market demands. Such social order brings groups aged 50 – 60 in a state of risk due to a loss of security, whose social status is no longer protected as it was the case in the previous order, and whose adjustment to the new, faster social streams is in question. Besides that, also younger social groups are not the exception considering multiple social challenges awaiting them, such as a slower economy growth, unemployment, delinquency, prolonged adolescence, and as a result, the delaying of marriage and starting one's own family. All of this is reflected on stagnation of population growth, due to the total decrease of fertility rate and it causes the increase of proportion of elderly people during this time period.⁶⁵

FINAL OBSERVATIONS

We know for sure that one of the most necessary things which would help us in time of need is a belief that life despite its pains and disappointments in final analysis is better than everything death brings us. And that faith is, no matter what we call it, our philosophy of life.

Paul Quinnett, *Suicide: The Forever Decision*

Suicide, as a form of death, is an inevitable society issue on all levels, considering that it poses a threat to the way it is organised, coordination of social structures, (self)maintenance i.e. unity based on interpersonal dependence. It represents a serious problem to the third millennium society also, although it significantly differs from the previous one in the XIX century, in Emil Durkheim's who was its diagnostician.

Durkheim approached the suicide issue with the theoretical and methodological precaution of a sociologist and with the belief that it is possible

⁶⁵ It is expected that the global number of persons over the age of 60 will be more than double in the year 2050, and more than triple in 2100. The significant aging of the population in the following couple of decades is projected for most world regions, starting in Europe where it is estimated that by 2050 about 30% of the population will be older than 60. *Ibidem*

to explain it by observing social factors and their influence to the suicide rate of certain groups. In other words, the results of his research showed that every society is characterised by certain suicide rates, which remains stable in the observed time period because of the uniqueness of social circumstances which prevail in that period, and under those exact circumstances suicides occur. Noticing that consistency of suicide issue through time, Durkheim explained the meaning of suicide as a social fact i.e. social act, independent from man's elements of will, yet exclusively from the existence of the objective (real) social order, which is imposed since the existence of it does not depend on the will of an individual. However, every insisting, even sociological one, on interpreting suicide from the perspective of studying the determination of human actions and its relation to external and internal causes and motifs (even a man's free will), would mean the regression of deterministic perceiving of social phenomena, which are characteristic to the XIX century period. Such practices would be anachronistic to the sociology of the XXI century, which should stream towards an explanation from an integrative theoretical perspective.

Durkheim interpreted the phenomenon of suicide by society movements (totality of its turnovers: cultural, legally-political and economy development), whose "health" was observed through suicide statistics. In that context, Durkheim recognised the risk of suicide in sudden social changes oriented towards social development, through prevalence of traditional communities (village, family, and neighborhood) and their protective mechanisms, by which the autonomy of individuals and their unstoppable aspirations are activated. This is how the suicide rate increase during the period of industrialisation in the West and prosperity of society in the XIX century was conditioned by the outcomes of that process, which soon were recognised as suicide progression factors (birthrate decrease, aging of population, weakening of religious praxis, increase of divorces). After this cycle, the period of stagnation and decrease followed in the XXI century, which contributed to a faster economy growth. Factors of suicide progression (divorce increase, decrease of natality, population aging) on a national level, as seen in the case of B&H, with the exception of the religious factor, whose influence gets stronger especially in time of post-socialist transition, thus reflecting global tendencies of resistance to globalist, cultural strategies.

Truthfulness of Durkheim's *assumption on higher suicide rate in war rather than in peaceful social circumstances* was confirmed in the example of B&H. It was confirmed by statistic data of IHME, according to which the number of suicides since the end of 90s was significantly reduced. The thesis, therefore, proved to be valid on an international level also, considering the fact that the

lowest number of suicides by number of inhabitants was recorded in the East Mediterranean countries, which in the last couple of decades was significantly destabilised by the political crises. The explanation of such a state relies on Durkheim's argument about the religion impact on suicide prevention, among other things, through the natural population movement. If we take into consideration the falling of the natural increase of the autochthonous Europeans alongside with their (Christians) demographic recession, as well as the demographic expansion of Muslims under the influence of Islam, and the institutionalising of Islam in Europe and re-Islamisation of its Muslims, the validity of Durkheim's argument (although it is reconsidered sporadically in this paper, yet not checked more deeply and empirically) about the religion influence on natural population movement becomes certain. Considering previously stated arguments, the thesis is indeed valid and it is possible to add the religion factor, as Durkheim highlighted its effect on the decrease of suicide rate. The growing religion factor in time of the war and shortly after in post-socialist B&H, could be interpreted as a higher need for re-finding authentic forms of identification, determined by religion and culture after the crisis of old social identity, and encouraged by the disintegration of the Federation of Yugoslavia. A similar situation on the international level is confirmed by the fact that the radical forms of national identity are being revived when facing the exponents of ideology and the process of global integration. All of this points to the undeniable historical stronghold of religious impact, considering that religion, as a global social phenomenon, has always been in the service of integrating social functions (intra/inter social integration factor), according to which it has provided existence for society (keeping moral laws and order, values and norms, solidarity and unity-harmony, consciousness and conscience) and its sub-systems from the earliest period of its existence.

On the other hand, in the observed time period in peaceful conditions a mid to high suicide rate was recorded in the Republic of Srpska and Brcko District, which apparently points to a reduction of internal cohesion i.e. mutual trust (social capital) of inhabitants in entities mentioned. Some of the possible reasons for that are the presence of political parties' antagonism, non-democratic political practices (criminal, corruption, nepotism, etc.), which block citizens' mutual trust of these entities, and generally too many political parties which create more division in a society than it actually exists. That means a great number of internal factors influence the increase of suicide rate in peaceful times (parties' antagonism, lack of trust, and social capital, submissive political culture, as well as different kinds of economic and political deviations), which absorb even the integrative and regulative religion influence.

Suicidal statistics on the threshold of the third millennium show that *the suicide rate in Bosnia and Herzegovina at the beginning of the XXI century is conditioned by economic stagnation*. Namely, it is certain that there exist de-regulated economies which, through alternating phases of economic growth and stagnation (prosperity and stagnation period) violate the state of social balance, due to the radical re-compositions of social order. Therefore, it is possible to identify the causes of regression/progression of the suicide rates, just as in the European countries and the USA in the XIX century, in terms of economic development and social transformation i.e. new forms of social organisation based on the prosperity crisis – the accumulation of enormous amounts of wealth in the same time with changes of the cultural system (value and symbol system) and personality system (consciousness, needs, behaviours). Namely, the disintegration of the Federation of Yugoslavia brought certain economic consequences (unemployment, inequality, privatisation, etc.). The transition marked the beginning of new income distribution, and with that, the scorning of the preferred earlier principles of equal incomes. The old expectations were not fulfilled from that point of view in the new organisation of post-socialist economies, which reflected significantly on the subjective feeling of insecurity and position endangering of an individual in the new society, especially certain social groups such as women, who are more prone to risks in the undeveloped societies. In other words, due to the greater expectations of equality, female sensitivity to high levels of inequality grows, just as the risk of suicidal behaviour does. However, putting these changes aside, the presumption that "poverty protects" (Durkheim) proved to be true on a national level, considering the low suicide rate in B&H, which is still on its way to economic wealth and progress. The poorest countries in the world also have low rates of suicide, due to the high levels of inequality (African and Latin American countries). On the other hand, it turned out that the wealthier a country is – the higher the suicide rate. The most obvious example of that are the rich northern European countries, with very little percentage of inequality (measured by the amount of wealth).

Finally, the existence of social (de)regulation is possible to express by the following patterns: the greater a religion influences a society, the less the suicide rates, either in war or peace. Next, the poorer the society the greater the inequalities are, the suicide rate is lower and *vice versa*. These regularities point to a subcutaneous level of social regulation, but not to its absolute absence (due to the religion impact), so it is possible to conclude that the lower the control in society, the higher the probability of anomic suicides.

Economic consequences, caused by the transformation of the economy sphere, reflected highly on that exact part of the population which was not

familiar with the above-mentioned under the reign of the socialist government, which confirms the thesis about higher suicide rates in older people, *i.e. the increase of suicide rate in B&H in the XXI century with age*. Such, undoubtedly anomic, conditions steered post-socialist countries in the direction of different choices of economic reforms, which reflected on mortality and health trends. In that context, during the transitional period in the 90s, socialistic social programmes and family politics have been forgotten. The neo-liberal agenda is being applied more and more, based on policies oriented towards the market of national economies deregulation, the necessary national market opening to market and foreign investments, as well as requests for lowering the number of governments by privatisation and savings measures. Abandoning social programmes and family politics reflected in new family sphere changes, but also the demographic image. Namely, we are talking about the phenomena of marriage and birth delaying, marriage rate decrease, spreading cohabitation out of wedlock, and the decrease of natality rate. The decrease of natality rate reflected on the increase of male suicides. Of course, B&H is no exception here, since all the Western Balkan countries, according to statistics and demographic experts, are in a process of depopulation, and the contributions to it give unfavourable social and political conditions undoubtedly (generally bad political situation in the country, impossibility of employment, unsatisfied younger population which is demotivated in giving birth to new population). The natality decrease is most certainly a direct consequence of migrations too (children born in B&H also choose to apply in foreign schools). So, Bosnia and Herzegovina is faced with a "double plague" (emigration and low natural increase), which is also the case with the Eastern countries, as opposed to the Western and Southern European countries, which neutralise that issue by migrant attraction politics. According to that, a demographic recession (depopulation) is happening among Christians, both in B&H and Europe which has, for the first time in modern history, reached a negative natural increase in 2015, from then on its suicidal natality rate (along with the migrants) becomes a gloomy reality or, as it is often said, a "demographic earthquake as disastrous as the Great plague in the IV century". The population growth trend (natural increase as a sign of a country's population progress and satisfaction level) is possible in the conditions of high economic development, which is not the case either in the region or in B&H, which is characterised by a solid economy growth rate and auspicious GDP. According to that, it is possible to formulate a rule that suicide rates increase in the conditions of a population decrease, and they decrease in the conditions of population growth. However, if we do not stop the White plague, neither a solid economy growth rate, an auspicious GDP, nor new work places will soon mean anything.

The assumption on a greater resistance of the female sex to suicide was confirmed by different suicide rates i.e. the data on male suicides' domination, which accordingly are targeted as a risk group in, the still significant, traditional society of Bosnia and Herzegovina with its patriarchal culture, which still puts the brunt of the carrier of dynamic activities and participation in society on men. Therefore, the complex of different male social roles imposed on an individual determine men's behaviour in the direction of expectation fulfillment, often causing male gender stress by complying, followed by suicide, as a consequence of high integration into society. The integration process carries a suicide risk with itself, considering the submission of an individual into society.

That leads to the conclusion that the lower female participation in the work force in Bosnia and Herzegovina is connected to lower female suicide rates, since the increased participation of women also means additional pressure in the form of imposing new roles and work commitments, alongside the obligatory housework. In favour of lower female participation in B&H go the data of statistic agencies in Bosnia and Herzegovina which question the difference in education level among the population depending on gender, whereby the lower level of education (without education, incomplete and elementary education) is much more present among women, the same as illiteracy.

According to that, the female suicide rate is low there where the differences between male and female roles in society are bigger, i.e. in case of bigger gender differences. That also refers to the wide gap between male and female participation in the work force. On the other hand, higher female participation would mean higher male suicide rates. Namely, for the male sex, female participation in the workforce may present as a threat to their traditional male gender role of being the family breadwinner, as well as a lack of previous female emotional support at home.

Besides that, also on an international level, the trend of female liability to suicide is present, which could be interpreted as women being more open to accept (professional) help in a crisis, while that is not the case among men due to the stigmatisation fear determined by their gender role (devaluation of masculinity) and rejection caused by accepting (psychiatric) help. Because of this, the reasons for the existence of male and female suicide rate differences is possible to explain by the existence of i.e. not altering gender behaviour patterns and its construed identities, according to which men are more socially oriented, and consequently more exposed to social crises than women, whose focus is on taking care of the activities in everyday life, reserved for the privacy sphere, where exposing female sensitivity straight forwardly is tolerated.

Although certain general facts on suicidal behaviour of men and women can be derived, we should mention that general tendencies cannot be taken as absolute guidelines for struggles with suicide prevention. Suicide attempts should always be taken seriously, and not as a form of attention seeking, nor should there be a presumption that only persons of one sex will use a certain suicide method.

Finally, social (dis)integration of individuals is manifested through several phenomena and regularities. Namely, the rate of female suicides is lower when differences between male and female gender roles are bigger. That also refers to a wide gap between male and female participation in the work force. Furthermore, the lower the birthrate, the larger the elderly population percentage, i.e. the higher the mortality rate (therefore a higher rate of suicides). As the previously highlighted regularities point to an insufficient level of social integration, it is possible to conclude that if the subordination i.e. devotion of an individual to society, social aims is low, the probability of egoistic suicide occurrence is higher.

Judging by the World Population Review report for 2018 on the low (but not the lowest) suicide rate, B&H was characterised by a below-average population integration. The truthfulness of this thesis is proved by the process of post-socialist transformation i.e. a still unfinished transition, which means: 1) changes of current social conditions (which contributed to suicide occurrence) i.e. the transition from industrial to post-industrial society, in which most of the employees will be working in the tertiary and quaternary sector, replacing the secondary sector, as a former source of employment, and 2) step forward to prevent the issue of population mortality, best shown by high rates of suicides. Taking into consideration the structure of employment in each sector, the transition from industrial to post-industrial society is still not completed in B&H, since this country has the highest part of employment in production among the Balkan countries. Also, B&H is not characterised by a high suicide rate, and according to that, neither a mortality rate, which developed countries are facing, so it could be stated that Durkheim's assumption on poverty as a protecting factor is still relevant, at least on a national level, in B&H, which is still on its way to economy wealth and progress. Observed on an international level, the poorest countries in the world with very high inequalities are also characterised by a low suicide rate (countries of Africa and Latin America). On the other hand, it turned out that the wealthier a country is, - the higher the suicide rate. The most notable example of that are rich Northern American countries with a very small percentage of inequality (measured by wealth concentration).

Apart from that, a complete development of organic solidarity has not been reached yet, due to the lack of mutual trust – the basis of social capital, and especially bonding relations, which contribute to a connection despite the differences of individuals.

Taking the previously stated arguments into consideration, it is evident that Durkheim's suicide determinants are present even today, although differently formulated, considering that *the changes of suicide rates in post-socialist B&H during the transitional period starting from the 90s of the XX century re influence by factors of social (de)regulation and (dis)integration*. The classic social assumption that suicide presents a socially conditioned phenomenon is confirmed by that both in the case of the social context in Bosnia and Herzegovina and on an international level. If we take into consideration the tendency of certain societies towards specific and general, global, through current processes of global integration, it is possible to conclude *that Durkheim's theoretical standpoints on suicide can indeed explain the occurrence of suicide in the society of the XXI century*. This proved to us once more that this classic sociological study endured the time test, raising its value, based on the work distribution law, i.e. on the causes among the specialisation of work that causes the alienation of industrial age workers and their suicides. The distribution of work nowadays as well is and will be more complicated, taking into account the tendencies of society development in the XXI century followed by fast technology development, and serving the world integration, thus making technical specialisation narrower, and certain crafts, work places and occupations (new ones arising and old ones disappearing), and also existential safety (guarantee of employment) questionable to people due to obsolescence caused by technological changes. According to that, the impact of social conditions is inevitable (work specialisation, religion factor, family, trust, good public health service, high life standards, government measures, non-government organisations, etc.) when it comes to appearance i.e. suppression of suicides.

Following validity checks on Durkheim's theoretical standpoints would include reconsideration of new suicide manifestations caused by gradual changes of social circumstances (rise of social networks, as well as new social structures, etc.). The digital age social circumstances carry new challenges of a suicide phenomenon research with it, and also unveiling its new, unexplored dimension (suicide in de-materialised, Internet sphere- cyber suicide, suicide pacts, etc.) and causes of it (cyber bullying and abuse on network). Therefore, the task of sociology will be the interpretation of a social phenomenon of suicide in its new, developing forms, along with testing and/or revising the classic sociological starting points. In the context of contemporary

manifestations of the suicide act, it will be necessary to answer the following question: Can suicide committed on live stream (broadcasted on the Internet for a specific targeted group of viewers) be considered as one of the types of suicides from Durkheim's typology or is it a completely different type?

In the end, but not less important, it should be pointed out that suicide presents a complex issue influenced by social factors, so according to that the problem itself can be solved by applying appropriate, socially determined methods (state intervention) of suppressing i.e. decreasing the rate of it. In that context the support of both family and the wider community to vulnerable social categories comes to the surface (women, elderly people, single people, people on the edge of poverty and people suffering from mental disorders, etc.) needs to be expressed in time, so the proper intervention can help to identify the state of risk in persons who are in need, and therefore prevent a potential suicide, especially in persons whose mental state is emotionally unstable and those who are not resistant to pressures coming from their social environment. However, the appearance of this problem depends on the individual himself/herself, and his/her freedom to choose between life and death i.e. his/her level of responsibility to himself/herself and to people from his/her environment. From that point of view, it is immensely important to create a national strategy focused on universal prevention programmes, and with action plans that start from the earliest age of an individual, through strengthening civil societies' organisations and their programmes devoted to mental health, including education institutions also, as the most important mechanism of support and socialisation strengthening (upbringing) and education of compassionate, confident and responsible young people. One of the more appropriate fight methods against suicide would also be the de-ta-booing of this issue and liberation from prejudices and delusion that follow it, by providing accurate information about this problem.

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