

SUICIDE IN BRAZIL IN 2024: SUICIDOGENIC CURRENTS AND DURKHEIM'S TYPOLOGY BASED ON EPIDEMIOLOGICAL DATA

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**Cleiton Weiss Soares¹, Adriel Severo Amaro², Alisson Tavares Amaro³, Carine Lino de Matos⁴,
Carla Cristina Santos Coutinho⁵, Milena Mazanti de Andrade Kelm⁶, Sirlei Canabarro⁷, Taciara
Fontoura⁸, Vitória Pott de Medeiros⁹ and Sandra Maria de Mello Cardoso¹⁰**

Abstract

This article aims to provide a sociological diagnosis of suicide in Brazil in 2024 through Émile Durkheim's theoretical framework, emphasizing "suicidogenic currents" and his fourfold typology (egoistic, altruistic, anomic, and fatalistic). It is a reflective paper with an empirical-descriptive basis, grounded in secondary data from Brazil's Mortality Information System (SIM/DATASUS), considering deaths due to intentional self-harm (ICD-10: X60–X84). The analysis described the distribution of deaths

¹ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn) and in Law at the Regional Integrated University of Alto Uruguai and das Missões - Campus Santo Ângelo (URI-SAn)

Lattes: <https://lattes.cnpq.br/0837196041513121>

² Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

Lattes: <http://lattes.cnpq.br/8351045993291124>

³ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

E-mail: alisson.28062@aluno.iffar.edu.br

⁴ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

Lattes: <http://lattes.cnpq.br/5853684256490366>

⁵ Undergraduate student in Nursing at the University of Brasília (UnB)

Lattes: <https://lattes.cnpq.br/3811122043419997>

⁶ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

Lattes: <http://lattes.cnpq.br/6869328998789965>

⁷ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

E-mail: sirlei.34072@aluno.iffar.edu.br

⁸ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

Lattes: <http://lattes.cnpq.br/0961047765693261>

⁹ Undergraduate student in Nursing at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo (IFFar-SAn)

E-mail: vitoria.75019@aluno.iffar.edu.br

¹⁰ Master's degree in Health and Work Management. Faculty member at the Federal Institute of Education, Science and Technology Farroupilha - Campus Santo Ângelo Santo Ângelo, Rio Grande do Sul, Brasil. Participant in the Health and Well-Being Research Group.

Lattes: <http://lattes.cnpq.br/8458317466107341>

by sex, age group, and marital status, linking the observed patterns to Durkheim's etiological interpretation. In 2024, 16,751 suicide deaths were recorded, with a marked predominance among males (13,047) and concentration in economically active ages (20–49 years). Higher frequency was observed among single individuals (9,016), alongside a relevant number among those legally separated (1,330), suggesting vulnerabilities related to insufficient social integration and processes of deregulation, particularly in marital transitions. The findings reinforce the usefulness of Durkheim's framework for understanding collective regularities in suicide, indicating that prevention strategies should combine clinical care with collective actions to strengthen social bonds and promote fairer social regulation.

Keywords: Public Health, Health Sociology, Suicide, Émile Durkheim.

INTRODUCTION

Suicide accounts for approximately 740,000 deaths annually worldwide, which is equivalent to one occurrence every 43 seconds (IHME, 2025). In Brazil, in 2024, 16,751 deaths by suicide were recorded, corresponding to a mortality rate of 7.9 deaths per 100,000 inhabitants (Brazil, 2026). It is further estimated that for each death by suicide there are about 20 attempts (Brazil, 2025).

Although the country's suicide mortality rate is sometimes considered low by the WHO compared to European or North American nations, Brazil is among the ten countries with the highest absolute number of suicides (Meira, 2024). However, to understand the magnitude and nature of these numbers, it is imperative to transcend explanations focused exclusively on the individual, such as psychological diagnoses or biological factors. While crucial in the clinical sphere, these approaches are insufficient to explain why suicide rates vary so consistently across different social groups, regions, and historical periods.

It is at this point that classical sociology, in particular Émile Durkheim's seminal work, offers an indispensable theoretical framework. Durkheim argues that suicide, although it manifests as a profoundly personal act, is, in essence, a social fact, whose rates are influenced by collective forces he called

“suicidogenic currents.” Thus, suicide rates express a reality of their own, related to the state of integration and regulation of the collectivity.

This study is therefore justified by the need to identify the predominant suicidogenic currents in contemporary Brazilian society, revealing structural pathologies such as the weakening of social ties, economic deregulation, and gender pressures that feed despair and voluntary death, in order to support more effective public policies grounded in collective action.

In view of the above, the objective of this article is to conduct a sociological diagnosis of suicide in contemporary Brazilian society. To this end, Durkheim’s etiological method and fourfold typology—egoistic, altruistic, anomic, and fatalistic suicide—are applied to mortality data on suicide in 2024, extracted from DATASUS. Through analysis of variables such as marital status, sex, and age group, the study seeks to identify predominant suicidogenic currents acting upon different segments of the Brazilian population.

METHODOLOGY

This is a reflective article with an empirical-descriptive basis, which articulates Émile Durkheim’s sociological interpretation of suicide as a social fact and the notion of “suicidogenic currents” with the analysis of epidemiological indicators of mortality in Brazil. The approach is inspired by the Durkheimian etiological method, seeking to interpret variations in the phenomenon based on observable social conditions, without restricting it to exclusively individual explanations.

Secondary, public, and aggregated data from the Mortality Information System (SIM/DATASUS) were used. Deaths classified as intentional self-harm were considered, corresponding to ICD-10 codes X60 to X84, encompassing all records in Brazilian territory in the year 2024 (data accessed and tabulated according to availability in the system).

For analysis, the variables sex, age group, and marital status were selected due to their theoretical relevance as indicators of social integration and regulation. The analytical strategy consisted of: (1)

describing the distribution of deaths according to these variables through frequencies and proportions; and (2) providing a sociological interpretation of the identified patterns in light of Durkheim's typology—egoistic, altruistic, anomic, and fatalistic suicide—seeking to discuss which suicidogenic currents are most compatible with the population segments most affected.

Because this study is based on secondary data in the public domain, without individual identification, submission to a Research Ethics Committee was not required, while maintaining a commitment to responsible use of information. Potential limitations are acknowledged, including underreporting and incomplete completion of variables in the system.

RESULTS AND DISCUSSION

FOUNDATION FOR A SOCIOLOGICAL ANALYSIS OF SUICIDE

Émile Durkheim's work *Suicide* represents not only a study of a specific social phenomenon, but also a demonstration of the viability and necessity of sociology as an autonomous science. To achieve this, Durkheim establishes from the outset a methodological and conceptual framework. He starts from the premise that, for sociology to exist, it must have an object of its own, distinct from the objects of psychology or biology. This object is the social fact.

The analysis of suicide thus serves as a proving ground where the existence and causality of social facts can be empirically demonstrated. The foundation of his analysis rests on three axes: (I) the objective definition of suicide, (II) the conceptualization of the social suicide rate as a *sui generis* phenomenon, and (III) the adoption of an etiological method that classifies types of suicide based on their social causes.

SUICIDE AND ITS DEFINITION

Durkheim begins the investigation with a methodological critique of pre-scientific notions and the indiscriminate use of everyday language in the production of knowledge. For him, common-sense categories are imprecise, and therefore cannot guide, without mediation, the construction of the scientific

object. In this direction, he maintains that the researcher must construct the groups of facts he intends to study, conferring upon them homogeneity and specificity compatible with scientific rigor (Durkheim, 2024).

Starting from this principle, Durkheim seeks an operational definition, based on observable characteristics, capable of including comparable cases and excluding those of a different nature. His initial formulation encompasses both actions and omissions performed by the subject himself, considering that suicide involves a death resulting “from a positive or negative act” of the individual (Durkheim, 2024). This breadth is relevant because it prevents restricting the phenomenon only to active and violent conduct, also incorporating situations in which death results from a deliberate refusal or abstention.

However, Durkheim identifies a problem: defining suicide by “intention to die” would shift the analysis to the psychic interior, making the concept dependent on an element difficult to observe and compare externally. Moreover, this emphasis would exclude cases in which death is not the “desired end,” but is a result accepted as certain in the course of action. That is why he prefers a less subjective criterion: not psychological purpose, but knowledge of the outcome.

The decisive element, therefore, is not the psychological intention to die, but the fact that the subject, in acting, was aware that his conduct would produce death as a result. This criterion makes it possible to distinguish suicide from situations in which the individual contributes to his own death without understanding the effect, such as in certain states of confusion or delirium, in which there is no knowledge of the consequences of the act.

Based on this foundation, Durkheim establishes his final definition, which will serve as the cornerstone of his entire work:

“we call suicide every case of death which results directly or indirectly from a positive or negative act carried out by the victim himself, and which he knew would produce this result.” (Durkheim, 2024, p. 23).

This formulation shifts the concept from the domain of interiority—where intention is difficult to access and compare—toward an observable criterion, making the phenomenon classifiable and comparable. This enables statistical analysis and supports Durkheim’s move away from strictly psychologizing explanations, guiding the investigation toward collective regularities and the identification of social determinations (Durkheim, 2024).

THE SOCIAL FACT

Durkheim’s next step consists in demonstrating that suicide, although carried out at the individual level, can and must be analyzed as a collective phenomenon. To do so, he shifts the focus from the isolated case to the set of suicides recorded in a society during a given period. This total, according to the author, is not equivalent to a simple arithmetic sum of independent events; on the contrary, it expresses a reality of its own, relatively stable and endowed with regularities, which cannot be explained only by individuals’ psychological characteristics.

It is in this sense that Durkheim formulates the notion of the social suicide rate: a collective datum that reveals the presence of social forces acting upon the population. The rate therefore assumes a *sui generis* character, because it presents consistency and systematic variation according to specific social conditions, which allows it to be treated as a social fact—that is, a reality external to individuals and capable of exerting influence over them. From this premise, it becomes possible to investigate not only “why someone commits suicide,” but why a society produces, in a relatively regular way, certain levels of suicide compared to others, or compared to itself over time.

ETIOLOGICAL METHOD: FROM SOCIAL CAUSES TO SOCIAL TYPES

Faced with the practical impossibility of elaborating a “morphological” classification of suicides—that is, one based on the individual characteristics of each act and its detailed description—Durkheim proposes a methodological inversion. Instead of starting from particular forms and then

seeking their causes, he starts from the social causes that modify the suicide rate and, from them, delineates social types. This choice is not merely pragmatic; it follows from Durkheim's very program of constructing sociology as the science of the social fact, avoiding reduction of the phenomenon to intimate intentions, psychological states, or subjectivities.

The method, which he calls etiological, consists of classifying suicides according to the social conditions that produce them. Durkheim maintains that systematic differences in causes imply corresponding differences in effects, such that "every specific distinction observed between causes therefore involves a similar distinction between effects" (Durkheim, 2024, p. 159). Thus, when distinct social states that raise or lower the suicide rate are identified, it becomes possible to infer that there are social modalities of suicide associated with these states, each expressing a particular collective current.

To reach such causes, Durkheim refuses to rely on statistics of "motives" attributed to suicides (such as physical pain, family setbacks, or economic losses), because these records, for him, mainly describe the immediate level at which the act manifests, not its deep social determinations. The evidence he mobilizes is the relative stability of the distribution of these "motives" even when the general rate increases or decreases significantly, suggesting that such reasons function as pathways of expression (points of least resistance) through which more general social forces become concrete in individual experience.

Therefore, the procedure considered effective is to observe how the social suicide rate varies according to social concomitants. Durkheim investigates the states of different milieus and institutions, such as religious groups, family forms, political dynamics, and professional structures, to verify in which contexts suicide increases, in which it decreases, and with what regularity this occurs. This path makes it possible to isolate, indirectly, the collective forces operating upon individuals and then construct a sociological typology grounded not in case descriptions, but in social mechanisms.

THE TYPOLOGY OF SUICIDE AND THE FOUR SUICIDOGENIC CURRENTS

The etiological investigation leads Durkheim to identify social currents that, when intensified or rendered pathological, elevate the propensity to suicide. Theoretically, these currents are organized around two axes: social integration and social regulation. When integration is insufficient, the tendency toward egoistic suicide emerges; when it is excessive, altruistic suicide takes shape. When regulation weakens, anomic suicide sets in; when regulation becomes oppressive and without horizon, fatalistic suicide is outlined, included by Durkheim as a logical counterpoint to the anomic type. Thus, the typology functions as a systematic model for interpreting imbalances in the relationship between individual and society.

EGOISTIC SUICIDE AND INSUFFICIENT INTEGRATION

Egoistic suicide does not refer to selfishness in the vulgar sense of self-interest, but to a social state of disaggregation and weakening of collective belonging. Its central law is formulated by Durkheim when he states that “suicide varies inversely with the degree of integration of the social groups of which the individual forms a part” (Durkheim, 2024, p. 239). In sociological terms, this means that the lesser the subject’s rootedness in shared bonds, norms, and purposes, the greater the vulnerability to moral isolation, loss of meaning, and fragility in the face of adversity.

Durkheim supports this thesis through comparisons across major spheres of integration. In the religious sphere, the discussion shows that it is not the dogma itself that explains differences, but the density of community and the strength of common practices capable of producing cohesion and moral support. Where there is greater space for religious individualization and less uniformity of beliefs and rites, integration tends to be weaker; where the community is more cohesive, social protection intensifies. The sociological logic, therefore, does not depend on theological content, but on the extent to which religion operates as an effective “society”—that is, as an instance of belonging and shared moral discipline.

In the family sphere, Durkheim extends the argument by addressing the protection associated with marriage and domestic life, emphasizing that the effect is not explained by a supposed “selection” of more balanced individuals who would marry, but by the integrating force of the family group. A denser family, especially when it involves responsibilities and durable ties, tends to produce greater day-to-day integration, which is associated with a lower propensity to suicide. This observation, analytically, justifies the relevance of the marital-status variable in contemporary studies inspired by Durkheim, because it can function as an indirect indicator of the subject’s degree of insertion into structured social bonds.

In the political sphere, Durkheim observes that major collective upheavals can reduce the suicide rate by reinforcing common sentiments, reorienting social life toward shared ends, and reactivating cohesion around public goals. The interpretation is that, in moments of intense mobilization, the individual tends to be “taken back” by the collectivity, displacing the centrality of the isolated self and finding meaning in purposes that transcend him. Taken together, these evidences reinforce the thesis that Durkheimian egoism is less a psychological disposition and more a state of fragile social integration.

At the individual level, the egoistic current may manifest as an emptying of meaning, withdrawal, and persistent dejection, in which life loses collective direction and subjective experience is impoverished by the absence of shared bonds and horizons. This form need not be described as a “clinical profile,” and Durkheim does not intend to do so, but as a possible psychological expression of a social condition: when society integrates little, it leaves the individual more exposed to his own isolation.

ALTRUISTIC SUICIDE AND EXCESSIVE INTEGRATION

In opposition to the egoistic type, altruistic suicide stems from excess integration—that is, from limited individuation, in which the self is intensely absorbed by the group. Under this condition, individual life acquires reduced value in the face of collective demands, and death may be experienced as duty, honor, or obedience to the collective conscience, rather than as flight from private suffering. The

center of conduct is not the individual, but the group that defines rigid norms of loyalty, sacrifice, and belonging.

Durkheim describes forms in which suicide is imposed or strongly valued by social codes, especially in traditional societies or enclaves of high cohesion. In some situations, the act is interpreted as a moral or ritual obligation; in others, as a socially prestigious practice, in which renouncing life is associated with ideals of honor, fidelity, or purification. Although many examples presented by Durkheim are historical or ethnographic, the sociological point remains: when integration becomes totalizing, the individual may become an instrument of a collective morality that demands sacrifice.

In the modern world, Durkheim identifies a survival of this type in highly disciplined institutions, such as the army, where corps cohesion, hierarchical subordination, and the ideal of self-abnegation can create an environment in which the value of individuality is reduced. In such contexts, greater integration is not necessarily protective; when it turns into absorption of the self, it can produce conditions compatible with the altruistic current.

ANOMIC SUICIDE AND INSUFFICIENT REGULATION

Anomic suicide results not from integration in deficit or excess, but from a deficit of social regulation. For Durkheim, society performs a regulatory function by establishing morally recognized limits for desires and expectations; without this external reference, aspirations tend toward unlimited expansion and recurrent frustration. Anomie arises when norms and collective parameters weaken, whether due to abrupt crises or a chronic state of deregulation, leaving individuals without a socially shared “measure” of what is possible, just, or to be expected.

Durkheim shows that anomie can occur both in situations of collapse and in phases of accelerated prosperity, because in both cases the prior normative order is disturbed and limits lose clarity. When expectations expand rapidly and society cannot regulate the new level of ambitions, a moral instability sets in that fosters intense frustrations. The central mechanism, therefore, is not poverty or wealth in

themselves, but the rupture of the normative equilibrium that orients desires, goals, and evaluations of success.

Beyond acute crises, Durkheim points to the possibility of a chronic anomie associated with the modern economic world, when social life comes to revolve around competition, performance, and growth without sufficiently solid regulatory counterweights. In this reading, the incessant pursuit of more and more recognition, more consumption, more status, tends to produce permanent dissatisfaction, especially when the individual perceives that limits are moving and the promise of fulfillment is continuously deferred. It is thus a social pathology of weakened regulation, translated into suffering and disorientation.

Durkheim also discusses anomie in the conjugal sphere by relating changes in the norms of marriage and divorce to variations in the social protection exercised by this institution. The central idea is that, when the normative discipline of the conjugal bond weakens or becomes unstable, a loss of regulatory reference may occur that affects certain groups differently. Regardless of the specific historical discussion, the methodological point is that institutional transformations can alter conditions of regulation and thus reverberate in suicide rates, which lends sociological meaning to the use of variables such as marital status in empirical analysis.

At the individual level, the anomic type tends to manifest as tension, irritability, and dejection associated with frustrated expectations and the absence of socially established limits. Once again, Durkheim's emphasis does not fall on intimate traits as the primary cause, but on subjective experience as an expression of a social condition of deregulation.

FATALISTIC SUICIDE AND EXCESSIVE REGULATION

To complete the theoretical scheme, Durkheim introduces fatalistic suicide as the logical opposite of the anomic type. Here, the problem is not the lack of rules, but an excess of regulation, experienced as oppressive discipline and closure of the future. Fatalism describes situations in which rigid norms, absolute authority, or life conditions without autonomy drastically reduce hope, making existence

perceived as an inescapable destiny. Durkheim mentions examples linked to extreme forms of subjection, in which the subject lives under strict control and without prospect of change (Durkheim, 2024).

Even appearing less developed than the other types, the fatalistic category is theoretically indispensable because it highlights the symmetric structure of the model: both insufficient regulation and excessive regulation can be pathological and suicidogenic, just as integration can be insufficient or excessive. With this, Durkheim offers a robust analytical matrix for interpreting suicide as an expression of imbalances in the relationship between individual and society, allowing contemporary studies to connect variables such as sex, age group, and marital status to the discussion of integration and regulation without reducing the phenomenon to strictly individualizing explanations.

EPIDEMIOLOGICAL INDICATORS OF SUICIDE

Table 01

Brazil by number of suicide cases by marital status in 2024

MARITAL STATUS	NUMBER OF SUICIDES
Single	9.016
Married	3.711
Widowed	534
Legally separated	1.330
Other	912
Unknown	1.248
TOTAL	16.751

Source: DATASUS (2026).

The family, or what Durkheim called “domestic society,” constitutes the first and most immediate group of integration for the individual. The analysis of suicide by marital status therefore offers a privileged field for testing Durkheimian theses about the protective role of family ties and the dangers arising from their weakening or dissolution. The 2024 data for Brazil provide a striking panorama.

The data reveal a marked disparity: with 9,016 cases, the number of suicides among single individuals is more than double the number among married individuals (3,711 cases). This empirical finding reinforces Durkheim's central thesis that a dense "domestic society," especially one with children, confers upon its members a "coefficient of preservation" against suicide (Durkheim, 2024).

The suicidogenic current manifested here is predominantly that of egoistic suicide. This type of suicide, as defined by Durkheim, does not stem from moral egoism, but from an "excessive individuation" that results from the loosening of social bonds. When society—in this case, the family—disintegrates or fails to form, it "lets the individual escape," abandoning him to his own forces. Deprived of a collective purpose that transcends him, the individual turns toward an "I" that reveals itself as empty, and life loses its meaning, making the slightest adversity a pretext for abandoning it (Durkheim, 2024).

The "single" category in the 2024 data can be interpreted as a statistical marker for a broader social condition of atomization. In a contemporary society that often values individualism, being single correlates not only with the absence of a spouse, but often with a lifestyle of lower interdependence, fewer daily social obligations, and the absence of the "buffer" that an integrated family unit represents against economic and existential pressures (Durkheim, 2024; CFP, 2013).

Recent research corroborates this view, identifying "social isolation," "individualism," and the absence of a "relational network" as critical risk factors for suicide, providing a modern psychological corollary to Durkheim's sociological concept. The condition of being single, therefore, represents a state of lower social integration, fertile ground for the melancholy and apathy that characterize the individual form of egoistic suicide (Durkheim, 2024; CFP, 2013).

The significant number of suicides among those "legally separated" (1,330 cases) points to a distinct suicidogenic current: anomic suicide. Durkheim identified this specific form as "conjugal anomie," resulting from the weakening of marital regulation. Divorce or separation is an event of acute social deregulation. The norms, routines, roles, and expectations that structured the individual's life are suddenly destroyed, leaving him in a state of anomie, or absence of norms. This "deregulation" casts

appetites and passions into a vacuum, without the limits previously imposed by social structure, leading to painful frustration and loss of orientation.

This analysis is particularly relevant for understanding male suicide. Studies on the topic indicate that, for heterosexual men, the end of a relationship and the loss of what has been described as the “love device of a woman”—that is, the regulating, caring, and emotional-support function exercised by the partner—can constitute a profound anomic shock, intensifying suicidal crises (Baére; Zanello, 2020). Separation dismantles the order that contained and gave form to their affective and social life, manifesting psychologically in the “anger” and “irritation” typical of anomic suicide (Durkheim, 2024).

It is crucial to recognize that separated or divorced individuals often find themselves at a suicidogenic crossroads, under the influence of two currents simultaneously. The act of separation is intrinsically anomic—a crisis of regulation that disorganizes existence. However, the subsequent social condition is often egoistic, marked by a crisis of integration. The loss of the primary partner, distancing from shared networks of friends and family, and increased social isolation drastically weaken the individual’s ties to the collectivity.

Therefore, the person is struck by a double force: their world is cast into normative chaos (anomie) at the same time as their system of social support is dismantled (egoism). This interaction of two distinct forces, which are not mutually exclusive in lived experience, likely explains the high vulnerability of this group and demonstrates the complexity with which suicidogenic currents operate in social reality (Durkheim, 2024).

The 534 cases among widowed individuals also deserve attention because they represent a condition in which the loss of the conjugal bond can intensify isolation and weaken daily routines and supports, approximating, in many cases, dynamics compatible with egoistic suicide, insofar as social integration may be reduced after the definitive rupture of the tie. Although widowhood is not, by itself, a causal explanation, it functions as a relevant marker of transformations in “domestic society” and of

possible processes of relational withdrawal, consistent with the Durkheimian hypothesis that the loosening of protective bonds exposes the individual to greater vulnerability (Durkheim, 2024).

The “other” category (912 cases) points to interpretive limits inherent in administrative classifications, since it groups distinct situations that do not permit, without further detail, direct sociological inferences about integration and regulation. Even so, its numerical presence reinforces the need for caution in reading the data and shows that statistical measurement, although indispensable for grasping collective patterns, always carries zones of indetermination that require interpretation—especially when the aim is to relate demographic markers to suicidogenic currents (Durkheim, 2024).

Finally, the volume of records marked as “unknown” (1,248 cases) constitutes a methodologically relevant aspect, as it reduces the precision of comparisons between categories and indicates possible completion failures or limitations in data collection within information systems. This datum signals how the institutional production of statistics can affect the scope of conclusions, requiring prudence when assigning absolute explanatory weight to observed differences. Even with such limits, however, the overall marital-status pattern in 2024 remains consistent in highlighting the centrality of bonds and their ruptures as decisive sociological dimensions for interpreting vulnerability to suicide within the framework of suicidogenic currents (Durkheim, 2024).

Table 02

Brazil by number of suicide cases by sex in 2024

SEX	NO. OF SUICIDES
Male	13.047
Female	3.700
Unknown	4
TOTAL	16.751

Source: DATASUS (2026).

The distribution of suicide by sex presents the most pronounced disparity in the entire dataset—a social fact that demands a robust sociological explanation beyond biological or purely psychological factors. In 2024, with 13,047 cases, men account for the vast majority of suicide deaths in Brazil, while women total 3,700 cases, yielding an approximate ratio of 3.5 male deaths for each female death. This marked male vulnerability can be interpreted, in Durkheimian perspective, as the result of the combined action of anomic and egoistic currents, both traversed by social gender expectations and the demands of hegemonic masculinity.

The primary current in evidence is anomic suicide. Research on male suicide in Brazil identifies a recurrent core of suffering related to what is described as the “efficacy device,” that is, a permanent social demand for performance in “sexual and labor virility,” sustained by ideals of productivity, power, and success. When such goals become socially unlimited and weakly regulated, a scenario of chronic deregulation is established, in which male identity is pressured to continually prove its validity (Baére; Zanello, 2020; Durkheim, 2024).

In this context, events such as unemployment, income decline, bankruptcy, or crises in sexual performance can operate as shocks of declassification, producing rupture of expectations, loss of reference, and disorganization of the social meaning of one’s trajectory. This mechanism approaches Durkheim’s analysis of modern dynamics in which “appetites” cease to recognize limits and come to be guided by a disoriented social opinion, intensifying frustrations and vulnerabilities (Baére; Zanello, 2020; Durkheim, 2024).

However, the same social script that imposes this anomic pressure also contributes to egoistic suicide by weakening men’s social integration. Traditional male socialization tends to value self-sufficiency, emotional control, and denial of vulnerability, reinforcing practices of silence and affective withdrawal as signs of strength and autonomy. This pattern, by discouraging help-seeking and the construction of emotional support networks, undermines precisely the bonds that Durkheim understands as decisive protection against despair, because it reduces relational density and deepens isolation in

moments of crisis. Thus, the requirement to appear self-sufficient often operates as a social cost, distancing men from spaces of welcome and belonging that could buffer suffering and reorient the experience of loss and failure (Baére; Zanello, 2020; Durkheim, 2024).

The interaction of these two forces produces a kind of sociological “pincer”: on one side, masculinity is subjected to elevated and unstable expectations of success and control (anomie); on the other, it tends to restrict the resources of integration and solidarity that could sustain the individual in the face of frustrations and ruptures (egoism). Sociologically, this is not merely an individual attribute or a moral trait, but a structural configuration in which gender rules simultaneously intensify pressures and weaken supports. This Durkheimian reading helps explain why the sex disparity remains so marked, by showing how suicidogenic currents can operate more intensely on certain social groups, producing collective regularities that surpass individual histories.

Table 03

Brazil by number of suicide cases by age group in 2024

AGE GROUP	NUMBER OF SUICIDES
Under 1 year	2
1 to 4 years	2
5 to 9 years	4
10 to 14 years	157
15 to 19 years	845
20 to 29 years	3.490
30 to 39 years	3.590
40 to 49 years	3.283
50 to 59 years	2.431
60 to 69 years	1.620
70 to 79 years	937
80 years and over	368
Age unknown	22
TOTAL	16.751

Source: DATASUS (2026).

The distribution of suicides across the life course functions as a demographic map, indicating points of greater social, economic, and relational pressure. The peaks and declines observed are not random; they concentrate in phases of transition and vulnerability that can be interpreted through Durkheim's axes of integration and regulation.

In 2024, the largest totals are concentrated in the age groups 20 to 29 years (3,490), 30 to 39 years (3,590), and 40 to 49 years (3,283), evidencing a pattern of concentration of suicide in the center of adult life—a period of greatest insertion in the world of work, economic responsibilities, and demands for performance. This profile is compatible with the reading of anomic suicide in its structural dimension: it is the stage of maximum exposure to the pressures of the modern economic world, marked by instability, competition, and continually rising goals, a scenario in which expectations become deregulated and frustrations intensify. It is precisely in this environment that Durkheim describes the “social pathology” associated with industrial and commercial life, in which the pursuit of success and recognition tends to assume an unlimited and socially weakly contained character, fostering states of deregulation and exasperation (Durkheim, 2024).

This interpretation is supported by national studies that point to an association between economic indicators—such as unemployment, income instability, and precarization—and elevated suicide risk, with more sensitive impact precisely among young people and adults of productive age. From this perspective, economic crises and abrupt changes in social position do not operate merely as individual events, but as collective disturbances that alter parameters of expectation and belonging, disorganizing references of what is “possible,” “just,” and “to be expected,” converging with the Durkheimian understanding that anomie emerges when social regulation fails to contain and orient aspirations (Durkheim, 2024).

In addition, the age datum allows one to add an important Durkheimian element: age is not only a biological marker, but an indirect indicator of social position and type of bond. In youth and early adulthood, the transition to financial autonomy, entry into work, and formation of life projects tend to occur under elevated and often unstable expectations, which can intensify anomic experiences. At the

same time, when these processes unfold with low relational support—whether due to weakened networks, family ruptures, or isolation—space opens for the concomitant action of the egoistic current, because insufficient social integration removes symbolic and practical buffers in the face of crises and failures (Durkheim, 2024).

At the opposite end of the life course, the numbers remain relevant in older ages, such as 60 to 69 years (1,620), 70 to 79 years (937), and 80 years and over (368), which allows a second complementary reading through the lens of egoistic suicide. For Durkheim, when daily ties loosen and the individual loses integration with significant groups, vulnerability to an emptying of meaning and moral isolation increases. In older ages, processes such as reduced social contact, loss of roles, and diminished participation in networks can weaken integration, making the subject more exposed to the egoistic current, especially when dense bonds and collective purposes that organize social life are lacking (Durkheim, 2024).

Finally, the presence of 157 deaths among 10 to 14 years and 845 among 15 to 19 years requires specific attention—not because it represents the greatest volume, but because it indicates significant vulnerability in phases of intense transition and reconfiguration of belonging. In Durkheimian terms, these are stages in which integration and regulation are particularly sensitive to ruptures, group changes, identity conflicts, and instability of normative reference, reinforcing the need to interpret age not as an individual attribute, but as an expression of social positions and collective contexts that vary across the life course (Durkheim, 2024).

Table 04

Brazil by intersection between age group and marital status in suicides in 2024

Age Group	Single	Married	Widowed	Legally separated	Other	Unknown	Total
Under 1 year	-	-	-	-	-	2	2
1 to 4 years	-	-	-	-	-	2	2
5 to 9 years	4	-	-	-	-	-	4
10 to 14 years	148	-	-	-	1	8	157
15 to 19 years	793	6	1	-	13	32	845
20 to 29 years	2.831	170	6	46	189	248	3.490
30 to 39 years	2.247	607	10	224	258	244	3.590
40 to 49 years	1.549	853	32	345	233	271	3.283
50 to 59 years	891	807	60	334	135	204	2.431
60 to 69 years	391	680	124	255	49	121	1.620
70 to 79 years	119	452	164	107	27	68	937
80 years and over	43	136	137	19	7	26	368
Age unknown	-	-	-	-	-	22	22
TOTAL	9.016	3.711	534	1.330	912	1.248	16.751

Source: DATASUS (2026).

The distribution by age group gains explanatory density when crossed with marital status, because it shows how integration and regulation vary across the life course, producing distinct combinations of vulnerability. In 2024, suicide is strongly concentrated in the center of adult life—20 to 29 (3,490), 30 to 39 (3,590), and 40 to 49 (3,283)—and, within this block, there is a pronounced predominance of the single condition, especially at younger ages: among 20 to 29, singles total 2,831 (about 81% of the age group), and among 30 to 39 they total 2,247 (about 63%). This pattern is compatible with the Durkheimian hypothesis of greater exposure to egoistic suicide when “domestic society” does not consolidate as a dense daily network of belonging, protection, and meaning, weakening integration precisely in phases marked by economic and identity demands (Durkheim, 2024).

At the same time, as age advances, the internal composition changes: in the 40 to 49 and 50 to 59 groups, married individuals gain much greater weight (853 and 807, respectively), while participation of

those legally separated grows substantially (345 and 334). Separation, as a rupture of routines, roles, and expectations, appears as a typical event of deregulation and can be interpreted in the direction of anomic suicide (conjugal anomie), especially when the break in the bond disorganizes normative references and produces a sense of loss of direction (Durkheim, 2024). And, beyond the regulatory crisis, separation also tends to produce a crisis of integration—greater isolation, fragmentation of networks, and weakened support—creating a scenario in which anomie and egoism can act simultaneously upon the same individual (Durkheim, 2024).

In older ages, the table shows an even clearer inversion: among 70 to 79, married individuals total 452 (about 48%) and widowed individuals 164 (about 18%); in 80 years and over, widowed individuals (137) practically equal married individuals (136), becoming the most representative category in the age group. This shift suggests that aging, beyond biographical changes, may involve objective transformations in the density of bonds and in domestic life, providing a basis to discuss vulnerability through loss of integration, consistent with the egoistic current when social life becomes rarified and protective ties weaken (Durkheim, 2024).

LIMITATIONS OF THE STUDY

This study is based on secondary data from SIM/DATASUS, which entails limitations inherent to the quality and completeness of the record. Among these, the possibility of underreporting and regional variations in information quality stands out, especially in deaths from external causes, whose investigation and coding process may be unequal depending on institutional capacity and local reporting flows.

In addition, there are limitations related to incomplete completion of sociodemographic variables, as evidenced by the “unknown” category in marital status, which reduces the precision of comparisons and may introduce information biases. This aspect requires caution in interpreting differences between

categories and recommends a critical reading of observed patterns, especially when the analysis seeks to infer social currents from administrative markers.

There are also inconsistencies in recording in age groups incompatible with the understanding of suicide as intentional conduct, such as the two cases in children under 1 year classified as intentional self-harm (ICD-10: X60–X84). This finding should be interpreted as a probable error in completing age and/or coding the underlying cause, rather than as a factual occurrence of the phenomenon at that age. Thus, although it does not alter the overall distribution pattern, it reinforces the need to recognize the database's limits and to avoid absolute interpretations based on administrative categories.

Finally, because this is a reflective article with descriptive analysis and sociological interpretation, the design does not allow the establishment of direct causal relationships between variables (sex, age group, marital status) and suicide, nor does it capture qualitative dimensions of suffering and social experience that traverse individual cases. The findings should therefore be understood as indicative of collective regularities and possible suicidogenic currents, in Durkheim's perspective, and not as deterministic or exhaustive explanations of the phenomenon (Durkheim, 2024).

CONCLUSION

The analysis of suicide data in Brazil in 2024, through Émile Durkheim's framework, reveals a complex picture of contemporary social malaise. The sociological reading makes it possible to go beyond the surface of numbers and interpret the distribution of the phenomenon as an expression of collective forces—suicidogenic currents—that operate unevenly across different population segments. In this sense, the variables marital status, sex, and age group function as relevant empirical indicators for observing patterns of social integration and regulation and, thus, for understanding why suicide concentrates systematically in certain groups.

If the Durkheimian interpretation is consistent, its practical implications must also be considered. By conceiving suicide as a social fact, Durkheim indicates that exclusively individualized interventions,

while indispensable at the clinical level, are not sufficient to confront a phenomenon that expresses collective imbalances of integration and regulation.

Durkheim reinforces that suicide cannot be satisfactorily explained only by individual variables or by isolated clinical categories. It emerges as an expression of social forces that produce specific vulnerabilities in different groups. The challenge that therefore imposes itself is to shift a central part of the debate from the strictly individual plane to the collective dimension: to recognize that prevention requires, in addition to health care, the reorganization of social conditions that intensify despair, seeking to reconstitute forms of integration and regulation capable of sustaining individuals with belonging, moral compass, and shared purpose.

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