



Original Research Article

Elderly suicide in India: A critical media analysis

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Abstract

Background: This study seeks to critically examine the ways in which elderly suicide is represented in Indian media, particularly through newspaper narratives. Drawing on critical perspective, the research interrogates how these narratives are constructed, what ideological underpinnings they reflect, and how they align with broader structural realities of contemporary society.

Materials and Methods: Through an in-depth analysis of 29 media-reported cases, the study identifies six dominant narrative frames: (i) Suicide as a tragic end, (ii) Financial distress, (iii) Suicide as personal crisis, (iv) Commercialising tragedy, (v) Stigmatising and individualising tragedy, and (vi) Medicalization of social suffering. These frames are then interpreted within the broader context of neoliberal restructuring to offer an alternative and critical perspective on elderly suicide in India.

Result: From a policy standpoint, the study calls for a more critical and nuanced media discourse on suicide while addressing the structural inequalities that underpin suicide more broadly and amongst the elderly in particular.

Conclusion: This study highlights the need for context-specific interventions to address elderly suicide in India, considering regional and cultural variations that impact coping mechanisms. Financial distress, family conflict, and mental illness are key risk factors, but structural approaches are necessary to effectively address the issue.

Keywords: Suicide, Elderly, Neoliberal society, Media, Death, Inequality.

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1. Introduction

A consistent finding in existing suicide research suggests that elderly suicide victims mostly suffer from personality disorders, depressive disorders, and concurrent physical illnesses that contribute to their deaths.¹⁻⁵ However, this medicalised and individualistic perspective is problematic, as it reduces suicide to a private tragedy, overlooking the broader social, economic, and structural factors that shape such vulnerability. A more nuanced understanding, rooted in Durkheim's seminal work *Suicide*, highlights relevance of structural factors such as social integration, economic security, and a sense of collective belonging in shaping suicide risk. This insight has remained critically important to understand this phenomena even today.⁶ Furthermore, subsequent scholarship within the social sciences has emphasized the importance of interpretative approaches to

the understanding of suicidal acts. For example, Jack Douglas contends that suicidal acts are embedded with social meanings and cannot be adequately understood through mere statistical analysis alone. Instead, they require a nuanced exploration of the subjective intentions and cultural contexts that compels one for such actions.⁷ Similarly Teymoori et al.⁸ while expanding upon the concept of anomie illustrated how structural conditions of social instability, disconnection, and rapid economic transitions can intensify psychological distress. Such scholarships offers a critical alternative to dominant biomedical interpretations of suicide, aligning it with the present paper's argument that structural and sociocultural contexts must be foregrounded in understanding elderly suicide in India.

Central to the discussion of structural causes of suicide and elderly suicide in particular, in recent years there has

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been a growing recognition of neoliberalism's role in shaping human vulnerabilities to suicide. As aptly argued by Balasubramaniam, neoliberalism provides a rational base for suicide amongst the older adults in contemporary times which is a 'a desire for suicide in the absence of diagnosed psychiatric illness'.⁹

This rational bases can be linked to broader process deregulation, privatization, and rising economic inequality and scholars have highlighted its impact on health-related vulnerabilities. One of the often quoted works in this context is of Wilkinson and Pickett's¹⁰ influential work, *The Spirit Level: Why More Equal Societies Almost Always Do Better*. It demonstrates a convincing story of how income inequality has a number of health and social outcomes. This finding also later supported by Jetten et al.,¹¹ and Subramanian et al.¹² In the Indian context, Mayer while highlights cases of farmer and housewife suicides also hints at similar processes of social change in India.¹³ Scholars often argue that neoliberal policies often lead to economic disparities, commodification of health care system, weakened state-sponsored welfare programs, and reinforced individual responsibility for survival, particularly among vulnerable populations.^{14,15} These economic shifts also gradually lead to loss of stable work, changing worker-gendered identities while having disrupted impact on community engagements, social security and social protection measures within a global context of insecure labour highlights the vulnerabilities of the aged highlighting the contemporary context of globalisation that has eroded the moral responsibilities to take care of the aged in India.¹⁶⁻¹⁸ Large scale Privatisation of health care in India post liberalisation further adds flames to this issue. The privatisation of healthcare system also contributes to inequalities in access to this essential services.^{19,20} An interesting study by Mercille about the Irish Nursing Home sector, also reveals the importance of this context of how the neoliberal transformative initiatives through privatisation lead to destruction of public health sector for profit.²¹

Neoliberal changes in India dates back to the 1990s which initially introduced economic restructuring under the pressure of world's powerful institutions for trade and finance. It did created bases of economic growth initially. However despite its significant economic growth scholars argue there has been instances of rising income inequality.²² Similarly so far as health care access is concerned, it gives a dismal picture. As aptly argued such an outstanding growth has not got translated into equal progress in public health, eldercare, and social welfare measures which remained still slow and uneven.²³ These structural conditions play crucial while examining critical issues like suicide. Declining labour protections and widespread job losses may further add up to the vulnerabilities related to self-killing.

Newspaper stories on suicide as a significant newsworthy event has been emphasised in scanty scholarly literature.²⁴⁻²⁶ The present paper mainly aims to critically

analyse the media representations on the elderly suicide in India, which has remained still an ignored area in critical media analysis in the context of India while linking it to broader structural processes of change affecting this conditions of vulnerability. Drawing on critical media analysis, it examines how news narratives construct elderly suicide, what ideological biases shape these representations, and how they intersect with neoliberal discourses on aging, economic precarity, and self-responsibility. By shifting the focus from individual pathology to structural vulnerability, this study contributes to a more critical and socially informed understanding of elderly suicide in contemporary India.

1.1. Research objectives

This study seeks to critically examine the ways in which elderly suicide is represented in Indian media, particularly through newspaper narratives. Drawing on a sociological lens, the research interrogates how these narratives are constructed, what ideological underpinnings they reflect, and how they align with broader structural realities of contemporary society.

The two research question are as follows:

1. How do media narratives construct the discourse on elderly suicide, and what ideological biases underpin these representations?
2. How does the media framing of elderly suicide intersect with larger discourses on neoliberalism, aging, and rising inequality?

Together, these questions guide the study's investigation into how suicide among older adults is not just a personal or medical tragedy, but a socially constructed phenomenon deeply embedded in the ideological and material conditions of contemporary Indian society.

2. Methods of the Study

Scholars examining suicides in India often highlight the 'inefficient civil registration systems, non-report of deaths, variable standards in certifying death and the legal and social consequences of suicides as are major obstacles in investigating suicide in the developing world'.²⁷ Media reporting of such stories hence can serve as valuable data sources to understand suicide in India. To address the research questions outlined above, this study relied on similar data sets to conduct a critical media analysis of elderly suicide in India. For this purpose the researchers conducted a Google search for news stories of elderly suicide to collect data for the said purpose. The search included diverse sources such as newspapers, magazines, YouTube videos, Instagram posts, and online news portals to collect stories related to elderly suicide. Important national and local Newspaper such as *Amar Ujala*, *Dainik Bhaskar*, *Hindustan Times*, *The Hindu*, *The New Indian Express*, *The wire*, *Decan Herald*, and *The Times of India* were included, along with few monthly magazines such as *India Today* and *World Asia*. To

enhance the accuracy of search results and focus on actual suicide events, the keywords "*elderly suicide in India*" were used while excluding terms such as "*terrorism*," "*murder of elderly*," "*attempted suicide*," and "*institutional reports on elderly suicide*." The initial search yielded 50 such stories on the topic, which were refined by using the above exclusion criteria finally resulting in a final dataset of 29 suicide stories. These stories occur in various Indian newspapers or print/online publications in between October 2017 to January 2025.

The study employs conventional content analysis, as proposed by Heich & Shannon to systematically analyse the data.²⁸ An inductive approach, as outlined by Elo & Kyngas was deemed suitable given the limited public reporting on elderly suicide in India.²⁹ The analysis followed a three-phase process as per the inductive approach.

1. Familiarisation – Iterative reading of all selected news reports to develop an in-depth understanding of the narratives.

2. Open coding and categorisation – Systematic coding of both quantitative and qualitative data, identifying key themes.
3. Abstraction and Interpretation – Situating findings within sociological theory and broader socio-economic contexts.

A structured extraction form was designed to systematically collect quantitative details (e.g., age, gender, method of suicide, marital status) and qualitative aspects (e.g., excerpts from suicide notes, police statements, and family-reported reasons).

Ethical considerations were integral to this study. Anonymisation techniques were applied to remove identifying details such as names, addresses, and workplaces from media excerpts. The study ensures confidentiality in handling sensitive data while adhering to ethical research guidelines. A tabular representation of the research methodology is presented below (**Table 1**).

Table 1: Research methodology framework

Component	Description
Research Objective	To analyse media narratives of elderly suicide in India within the broader context of neoliberal social transformations. The study examines how different frames—emotional distress, financial hardship, familial burdens, sensationalism, stigma, and medicalization—shape public discourse and obscure structural causes.
Research Approach	Critical media analysis using conventional content analysis (Hsieh & Shannon) with an inductive approach (Elo & Kyngäs). This method helps identify dominant media frames and underlying assumptions in suicide reporting.
Data Sources	- Newspapers: Amar Ujala, Dainik Bhaskar, Hindustan Times, The Hindu, The New Indian Express, The Times of India. - Magazines: India Today, World Asia. - Digital platforms: YouTube videos, Instagram posts, online news portals.
Data Collection Method	- Search Engine: Google - Keywords: "Elderly suicide in India" (Exclusions: 'terrorism,' 'murder of elderly,' 'attempted suicide,' 'institutional reports on elderly suicide') - Initial Hits: 50 reported cases - Final Selection: 29 suicide reports (Oct 2017 – Jan 2025)
Data Extraction Process	- Quantitative Data: Age, gender, method of suicide, marital status. - Qualitative Data: Suicide notes, police statements, family-reported reasons.
Data Analysis Framework	Conventional Content Analysis (Hsieh & Shannon): - Phase 1: Familiarization – Iterative reading of media reports. - Phase 2: Open coding & thematic categorization. - Phase 3: Interpretation – Linking findings to sociological theories.
Thematic Framework (Media Narratives of Elderly Suicide)	(i). 'Tragic End' Narrative – Suicide framed as an impulsive emotional act, ignoring systemic pressures. (ii). 'Financial Distress' Narrative – Frames suicide as a personal financial failure, overlooking economic policies and inequalities. (iii). Personal crisis Narrative – Reinforces the idea that elderly individuals take their lives due to being a liability often seen as inability on the part of the victim. (iv)commercializing Tragedy- Commercializes suicide through exaggerated headlines and stigmatizing and individualizing Tragedy – Stigmatizes suicide as an individual moral failing, reinforcing social isolation. (vi). 'Medicalization of Social Suffering' – Frames elderly suicide purely as a mental health issue, obscuring broader socio-economic and policy failures.
Ethical Considerations	- Anonymisation: Removal of identifying details (names, addresses, workplaces). - Confidentiality: Ethical handling of sensitive information to respect the dignity of individuals and families affected.

3. Discussion

The analysis of media-reported elderly suicide cases in India reveals distinct yet interconnected patterns shaped by socio-economic conditions. A range of issues or causes of such actions were highlighted in the selected cases such as family conflict, family neglect, growing financial distress, financial

distress and health, illness (physical health), old age, mental illness, loss of significant other, living alone without children etc. Family issues leading to mental health crisis along with financial distress emerge as significant contributors in media reporting as per the collected data. The **Table 2** showcases a socio demographic profile and characteristics of media reported elderly suicide of all selected media stories.

Table 2: Socio-demographic profiles and characteristics of media reported elderly suicides (N=29)

Reason for Suicide	Case ID	News Source	Gender	Method of Suicide	Region/ Location	Living Arrangements
Family Conflict	1	Times of India	Couple	Jumping in front of train	Azamgarh, UP	With Family
	2	India Today	Couple	Drowning	Rajasthan	With Family
	9	Indian Express	Male	Wrist slit	Delhi	Alone
	26	ABP Live News	Couple	Self-immolation	Kerala	Alone
Family Neglect	17	India Today	Couple	Consumption of poison	Haryana	With Family
Financial Distress	5	Indian Express	Couple	Hanging, Poisoning	Surat, Gujarat	Alone
	11	New Indian Express	Couple	Poisoning	Cuttack, Odisha	With Family
	12	The Wire	Male	Not Reported (NR)	Bangaluru	With Family
	14	Times of India	Couple	Hanging	Mumbai, Maharashtra	Alone
	19	Times of India	Couple	Hanging	Lucknow, UP	With Family
	22	India TV News	Male	Hanging	Noida, UP	Alone
Financial Distress & Health	28	Times of India	Male	Poisoning	Uttarakhand	Alone
Illness (Physical Health)	7	Times of India	Couple	Not Reported (NR)	Hyderabad, Telangana	Alone
	8	Times of India	Male	Hanging	Bhubaneswar, Odisha	Hospital
	10	Times of India	Male	Hanging	Chhattisgarh	With Family
	27	Indian Express	Couple	Not Reported (NR)	Punjab	Alone
Old Age/Health Issues	13	Times of India	Couple	Hanging	Nagpur, Maharashtra	Alone
Mental Illness/Depression	3	Indian Express	Male	Jumping from height	Mumbai, Maharashtra	With Family
	6	Onmanorama	Couple	Drowning	Thiruvananthapuram, KL	Alone
	15	Free Press Journal	Male	Jumping in front of metro	Delhi	Not Reported (NR)
	18	India Today	Female	Jumping from height	Noida, UP	With Family
	21	Times of India	Male	Jumping from height	Mumbai	With Family
	23	India Today	Male	Jumping in front of metro	Delhi	With Family
Loss of Significant Other	24	India Today	Male	Hanging	Rajasthan	Alone
Without Children	16	Indian Express	Couple	Self-immolation	Kerala	Alone
NRC Hearing Stress	20	Indian Express	Male	Not Reported (NR)	Assam	With Family
Digital Stigma	4	NDTV	Male	Hanging	Rajasthan	Alone
Not Reported	25	India Today	Male	Hanging	Sikkim	Not Reported (NR)
	29	Times of India	Male	Hanging	Bhopal, MP	Alone

Amongst the sample of 29 suicide cases, financial distress that overlapped with health concerns was the most common reason, accounting for approximately 24% (7 cases) of all cases. This data is consistent with prior studies that emphasize the fact that suicide behaviour is most visible in over-indebted individuals.³⁰ Similar conclusion was also been drawn in the context of India showing how macroeconomic indicators related to per capital income, total health expenditure gross domestic products etc contribute to rising instances of suicide.³¹ Family conflicts, including disputes and neglect, contributed to 17% (5 cases) of suicides in the study sample. Mental illness and depression responsible for 21% (6 cases) was also highlighted in the media reporting. Regarding the methods used, hanging was the most common method, employed in 48% (14 cases) of suicides, followed by poisoning (17%), drowning (10%), and jumping from height or in front of a train/metro (21%). Self-immolation was reported in 7% of cases. In terms of demographics, 13 cases (44.83%) were couple suicides indicating a disturbing concern for elderly well-being in India. The highest number of cases of elderly suicide were reported from Maharashtra, Rajasthan, and Uttar Pradesh, with multiple cases also reported from Delhi, Kerala, and other states from the selected sample cases. The two questions that the study hopes to answer are:

1. Q.1. How do media narratives construct the discourse on elderly suicide, and what ideological biases underpin these representations?
2. Q.2. How does the media framing of elderly suicide intersect with larger discourses on neoliberalism, aging, and inequality?

To address the above research question, this paper set out to explore, the analysis of 29 news stories which reveals a set of recurring thematic frames such as (i) Suicide as a Tragic End, (ii) Financial Distress, (iii) Suicide as Personal Crisis, (iv) Commercialising Tragedy, (v) Stigmatising and Individualising Tragedy, and (vi) Medicalization of Social Suffering. These frames are not mutually exclusive; rather, they often overlap, illustrating the complex interrelation of social, economic, and cultural factors that inform media representations of elderly suicide. Each of these frames is discussed in detail in the following section. A tabular representation of such frames are given below:

4.1. Suicide as a "Tragic End"

A significant portion of media reports frame elderly suicide as an individual tragedy, emphasizing personal suffering, loneliness, or isolated cases of family neglect, rather than engaging with broader systemic issues. *Deccan Herald*, for instance, amplifies suicide as a result of a personality disorder, writing that "the couple frequently quarrelled over trivial matters" leading to their act of self-harm.³² Many cases are reported with emotive headlines, portraying the elderly as helpless victims of circumstances beyond their

control. For example, a story reported in *Onmanorama* of an elderly couple in Kerala, who jumped into a river after experiencing severe depression due to their son's death, was framed as an emotional reaction to personal loss, rather than sparking a discussion on how grief counselling, elderly mental health support, or community intervention could have prevented the tragedy.³³ A similar framing appeared in another report by *Deccan Herald*, where a 78-year-old man and his 74-year-old wife who died by suicide at home. The media simply stated that "they were living alone".³⁴ The report presented their deaths as an unavoidable consequence of old age and isolation, rather than questioning why social systems fail to provide support for isolated elderly individuals. Another case, reported in *New Indian Express*, involves the joint suicide of an 84-year-old man and his 76-year-old wife in Odisha, who ended their lives after their son lost his job due to a software company layoff and could no longer support them.³⁵ The report focused on the couple's personal despair, without critically examining broader issues of corporate layoffs, the exploitative nature of multinational employment contracts, or the systemic failure to provide independent social welfare benefits for elderly citizens. Similarly, in the reporting of a celebrity's death, media narratives framed it as a "tragic death", stating that he was in "deep despair", and had expressed to family members during a "heart-wrenching conversation" that he was "sick and tired", which preceded the "devastating event".³⁶ News coverage focused heavily on his family and public life, rather than addressing the mental health challenges faced by aging professionals in high-pressure industries, where depression and loneliness are growing concerns.

This pattern of normalizing elderly suicide is echoed in another report that casually stated "the couple took the drastic step because of old age", thereby reinforcing the narrative that aging naturally leads to suicide.³⁷ In yet another story, an elderly man's suicide was depicted as an expected response to grief, with a headline reading "I miss my wife: elderly man ends life a year after spouse's death in Rajasthan's Bharatpur".³⁸ These examples illustrate a broader trend within the dataset: stories focusing on grief, despair, and social isolation often reinforce the notion that suicide is a result of personal misfortune, while ignoring systemic policy failures, such as the absence of institutional care or societal neglect of those who live alone. A further example comes from Raipur, where an elderly man died by hanging himself in the storeroom of his house after an argument about loud music in the neighbourhood.³⁹

4.2. Suicide as personal crisis

Some media representations subtly reinforce ageist stereotypes, portraying the elderly as a burden on their families and society. Reports of suicides linked to financial distress often depict elderly individuals as economically dependent, vulnerable, or unable to contribute productively to society. For example, *The Times of India* report on a joint

suicide of a couple in Lucknow vividly describes how the businessman "had taken loans of around ₹1 crore from several banks and private moneylenders, which he could not repay due to heavy losses".⁴⁰ In another instance, a 60-year-old man, who was unemployed and financially struggling, died by suicide despite having sold his property in Delhi for ₹75 lakh and moving to a more affordable residence in Delhi NCR.⁴¹ Yet, media reports did not address broader issues of elderly unemployment or financial insecurity, instead framing his suicide as a personal economic failure, rather than recognizing it as a consequence of inadequate state pensions or a lack of employment opportunities for older adults. The link between job loss and well-being is well-established. Quinlan and Bohle demonstrate that downsizing and job insecurity can greatly harm workers' health and well-being, as cited in Schrecker.¹⁴ Similarly, suicide cases related to health issues are sometimes framed as "acts of mercy", implying that suffering elderly individuals see death as a rational response to unaffordable healthcare and lack of social support. For instance, an elderly man died by poisoning due to overwhelming medical expenses incurred for his wife's treatment, having already sold his land and depending solely on a small old-age pension to cover daily expenses.⁴² Although reported as a "tragic" event, the media's focus on the incident's emotional dimension overshadows critical discussions on the lack of accessible healthcare, elderly poverty, and the absence of institutional care mechanisms.

In yet another case, an elderly couple (aged 60 and 54) was found dead at their Hyderabad home, leaving behind a suicide note citing prolonged illnesses as the cause.⁴³ The reports emphasized that "health issues drive elderly couple to kill selves", referencing the man's retired job profile. Such narratives subtly reinforce the notion that elderly individuals who fall ill become burdens, and suicide may be seen as an acceptable escape, rather than highlighting failures in healthcare systems and the breakdown of familial support structures, including the increasing migration of adult children for work. A similar pattern is evident in a case from Kerala as reported in Indian Express, where a couple in their late 70s self-immolated themselves in their own house. The news story highlights their loneliness as cause and writes they were staying 'alone'. Rather than critically analysing the structural causes of social isolation among the elderly, media reports framed their deaths as a natural consequence of aging, dependency, and loneliness. Likewise, in Haryana, an elderly couple ended their lives after leaving a suicide note blaming their son for refusing to provide them food, despite owning property worth ₹30 crores.⁴⁴ Media narratives focused on family conflict, neglecting to question why elderly individuals, despite asset ownership, remain financially dependent on their children in the absence of effective social security measures.

The financial distress, job loss, company layoffs, and debt crises highlighted in these stories must be understood within the broader framework of neoliberalism, which has

eroded labour protections, promoted insecure employment, and dismantled public welfare programs through processes of "creative destruction".⁴⁵ Instead of framing economic distress as a systemic issue arising from privatization, financial deregulation, and state withdrawal from welfare responsibilities, the media continues to portray such suicides as isolated cases of personal or moral failure, implying individual mismanagement rather than structural inequities. Furthermore, the privatization of healthcare and escalating medical expenses reflect how neoliberal policies commodify essential services, leaving elderly populations especially vulnerable to market-driven insecurities, as evidenced in the cases mentioned. Additionally, many stories highlight suicides caused by family neglect, such as a case in Surat, Gujarat, where an elderly couple died by poisoning after their son, who had moved to Canada, severed ties with them over an unpaid debt.⁴⁶ The media framed the suicide as an extreme response to familial dishonour, noting that the son visited India but avoided meeting his ailing parents, focusing on moral failures within the family. However, these narratives fail to engage with larger socio-economic processes, such as out-migration, rising middle-class aspirations, and shifting family dynamics, which contribute to elderly distress. The issue of out-migration is not merely an individual family matter but a systemic phenomenon linked to globalization, which has intensified the vulnerabilities faced by elderly populations. This issue cuts across classes—affecting not only the asset-less working class but also the middle class, where economic pressures and the pursuit of upward mobility result in elderly neglect, increased abandonment, and the erosion of their social and economic security.

4.3. Commercializing tragedy

While many reports maintain a neutral or sympathetic tone, a significant number sensationalize elderly suicides, employing graphic details, shocking headlines, and emotional storytelling to drive readership. This sensationalism is especially evident in cases of public suicides—such as jumping in front of trains, self-immolation, or hanging in public spaces—which are often covered with intense dramatization, focusing on the spectacle rather than the underlying causes. Such instances of commercialisation is clearly visible in the study samples.

For instance, an online report covered the case of an elderly man who died by suicide after jumping in front of a Delhi Metro train.⁴⁷ The report primarily focused on the disruption of metro services and the crowd's reaction, effectively reducing the suicide to a public spectacle and ignoring broader societal concerns that may have led to such an act. Similarly, in another case from Varanasi, Uttar Pradesh, an elderly couple died by suicide by jumping in front of a train, and the media coverage emphasized the gruesome nature of the act rather than exploring the couple's struggles. The report merely mentioned that the couple "frequently had disputes with their daughter-in-law" and that their son lived

away from home for work, suggesting these as causes for the suicide without interrogating why elderly couples feel compelled to take such extreme steps, especially in public spaces.⁴⁸ Such sensationalized reporting is not only reductive but also potentially harmful, as it may lead to copycat suicides, particularly among vulnerable elderly individuals who may identify with similar circumstances portrayed in these stories. A report published by *India Today* from Rajasthan described how an elderly couple died by drowning following a dispute over property inheritance and harassment from their children.⁴⁹ Rather than analysing this as a failure of legal protections for elderly inheritance rights, the media sensationalized the family conflict, presenting the couple's suicide as an act of protest or a final emotional decision. Similarly, over-dramatized headlines such as "*Beaten, starved by children for property, elderly couple dies by suicide in Rajasthan*" evoke strong emotional reactions, but rarely engage with policy failures — including the lack of adequate elderly pensions, affordable healthcare, and legal protections against elder abuse.⁵⁰

Thus, media sensationalism not only obscures the structural and systemic issues underlying elderly suicides but also risks perpetuating stigma and misinformation, hindering efforts to address these problems through effective public discourse and policy interventions. A more responsible, structural, and empathetic approach in reporting is essential to highlight the real causes of elderly distress and to push for policy reforms that ensure dignity and security for older adults.

4.4. Stigmatizing and individualising tragedy

Media coverage frequently invokes cultural notions of honour, duty, and shame, particularly in cases where elderly suicides are linked to family disputes, financial dependency, or perceived social failure. Reports on property disputes and family abandonment often focus on the dishonour associated with intergenerational conflicts, reinforcing traditional family values while neglecting the structural factors that underlie these disputes — such as the lack of legal protections for elderly parents. Many of these media narratives assume that families are the primary caregivers for older adults, thereby reinforcing traditional Indian family norms and overlooking alternative support mechanisms, including state welfare programs, old-age homes, and community networks. These stories are frequently framed as moral failures, rather than as outcomes of broader systemic issues. For instance, one story narrates the case of an elderly couple who set themselves ablaze inside a car, reportedly unable to cope with their 39 years sons being a drug addict.⁵¹ The report focused on parental moral failure, emphasizing the couple's distress over their son's addiction and its impact on family relations, particularly marital discord between the son and his wife. Rather than addressing drug addiction as a social and public health issue, the report individualized the tragedy as an act of familial despair, thus depoliticizing the issue.

Similarly, *The Times of India* reported on a businessman and his wife in Lucknow who died by suicide, leaving behind a computer-typed and signed suicide note explaining that they could not repay a ₹1 crore debt. Instead of situating this case within the broader context of financial insecurity among the elderly, the media focused on the businessman's personal financial downfall and wounded pride, framing suicide as an escape from disgrace rather than exploring how economic precarity affects aging populations. Another case framed through the lens of stigma was reported by *The Indian Express*, in which an elderly couple in Punjab died by suicide after the husband was diagnosed with HIV.⁵² Media reports emphasized their decision as influenced by the stigma and fear associated with the illness, portraying it as an untreatable and shameful condition, while failing to address systemic issues such as the lack of healthcare access and psychosocial support for elderly individuals with chronic illnesses. Moreover, the sensationalized focus on their "HIV positive" status risks misrepresenting HIV/AIDS, perpetuating stigma rather than challenging it. A different angle is presented in a story by *NDTV.com*, which highlights the plight of a waste collector, drawing attention to the livelihood vulnerabilities faced by older adults.⁵³ The report also touches on digital humiliation through social media, illustrating the social and emotional struggles that lead to a loss of dignity. While such stories are crucial in exposing the intersection of aging, poverty, and social exclusion, media coverage must go beyond episodic and sensationalized reporting. Rather than focusing solely on the personal tragedy, media outlets should contextualize these stories with visual evidence and connect them to larger policy debates, advocating for stronger protections against digital bullying and systemic measures to mitigate elderly vulnerabilities.

Thus, while media representations of elderly suicides often engage with culturally resonant themes of honour and shame, they tend to overlook the structural and institutional failures that make aging precarious. A shift towards structurally-informed, socially responsible reporting is necessary to foster public understanding and policy action aimed at addressing the underlying causes of elderly suicide.

4.5. Medicalisation of social suffering

Medicalisation refers to the misclassification of non-medical problems as medical issues, as defined by Zola.⁵⁴ The medicalisation of suicide, wherein complex structural factors are reduced to individual mental health conditions such as depression requires critical examination within the context of the present study. The debate of medicalisation or bio politicisation of suicide dates back to the works of Michel Foucault where he argues that suicide is externalised, and medicalised under the discourse of public health that often lead to its subjugation to biopower's rhetoric. Quoting Foucault, Gan argues that what lies at the core of this powerful argument is that Suicide is external to individual

and is therefore separable from the individual who commits the act.⁵⁵

The study found that media reports frequently massifies elderly suicides to mental illness such as depression, anxiety, or loneliness, thereby overemphasizing a medicalised narrative while neglecting the broader socio-economic conditions, family neglect, and inadequate healthcare systems that contribute to mental distress among older adults.

This tendency to medicalise is prevalent in much of the news reporting on elderly suicide. For example, one report describes how a 76-year-old woman died by suicide following depression after her husband's death. Although the report acknowledged her emotional distress, it failed to address how widowhood among elderly women often leads to social exclusion, financial vulnerability, and profound loneliness, particularly in the absence of robust social security mechanisms. Similarly, another report highlighted the suicide of a man due to 'mental illness' who died by jumping in front of a railway track.⁵⁶ In all these instances, the media primarily framed the suicides as consequences of depression or mental illness, failing to critically interrogate why elderly individuals, particularly retirees, experience profound isolation or why palliative and geriatric care remains largely inaccessible in India.

Attributing suicide solely to mental illness reflects a broader neoliberal tendency to psychologize social suffering.⁵⁷ The erosion of collective community ties and the promotion of individualism—hallmarks of neoliberalism—construct individualism as a moral and desirable characteristic, within which seeking help is stigmatized.⁵⁸ Such neoliberal stressors are rarely examined within media narratives on elderly suicide, despite their critical relevance in understanding these deaths.

Thus, there is an urgent need to move beyond the narrow medicalised framing of elderly suicides and to adopt a more comprehensive analysis that foregrounds the structural, economic, and social determinants that render aging populations vulnerable to such extreme acts.

4. Conclusion

This study critically examined media narratives on elderly suicide in India (2017–2025), revealing how news reports often frame these deaths through ideological biases that obscure broader structural causes. The study explored as to how factors such as economic insecurity, social/familial disintegration, migration related isolation and neoliberal policies etc. as structural factors contribute to elderly suicides amongst other causes. Although most media stories highlight family conflict, loneliness, and social isolation as contributing factors to mental distress leading to suicide, few make a concerted effort to address the economic and social pressures that drive older individuals to self-harm. A significant trend in media portrayals is also the framing of

elderly suicides as isolated incidents confined to the private domain, typically attributed to personality disorders, family disputes, health problems, or the loss of significant others. This individual-centred narrative obscures the structural and systemic dimensions of the issue.

Scholars have long emphasized the need to recognize suicide as a multidimensional phenomenon.⁵⁹ It is imperative therefore to shift public discourse on elderly suicide toward a broader understanding that acknowledges the role of socio-economic environments in precipitating such deaths. Media, as a critical actor in shaping public discourse, must move beyond sensationalist and tragedy-focused reporting to adopt a structural, rights-based, and socially responsible approach to framing elderly suicides. The diversity of findings in this study underscores the importance of context-specific interventions specifically to address the health and wellbeing of elderly in India. While financial distress, family conflict, and mental illness are well-established risk factors for suicide, regional and cultural variations significantly influence coping mechanisms making the issue of elderly suicide a structural one. Strengthening community engagement, enhancing access to healthcare services, and implementing targeted financial aid programs for older adults could serve as effective preventive strategies. Both policy recommendations and empirical research support these arguments. For example, Vijaykumar et al.,⁶⁰ advocates for community-based interventions, while empirical studies such as Singh et al.,⁶¹ report that in Punjab, individuals engaged in community and religious networks were less likely to die by suicide, highlighting the protective role of social support structures. Nevertheless, addressing the challenges posed by a neoliberal social order and its accompanying transformations requires robust policy interventions alongside sustained community action, with the broader aim of fostering a more equitable society. As Wilkinson et al.,⁶² assert, "Physical and mental health are better and a wide range of social problems are less prevalent in more equal societies". Therefore, in addressing the complex issue of suicide, and elderly suicide in particular, it is essential to move beyond a narrowly psychopathological lens to embrace a comprehensive socio-structural perspective.

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