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Between Despair And Doctrine: Examining The Escalation Of Suicide Trends Through The Lens Of Islamic Teachings

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Abstract

Suicide is a critical public health crisis, claiming over 700,000 lives annually, with a significant majority occurring in low- and middle-income countries, accounting for 77% of global suicides. It notably ranks as the fourth leading cause of death among individuals aged 15–29. The prevalent methods include ingestion of pesticides, hanging, and the use of firearms. Suicide arises from a complex interplay of various factors. Economic conditions, particularly poverty, create a backdrop of despair and hopelessness that significantly heightens suicide risks. Mental health issues such as depression, anxiety, and substance abuse also play critical roles in increasing susceptibility to suicidal thoughts and behaviors.

In addition to these factors, previous suicide attempts and exposure to violence, including bullying, child abuse, and sexual violence, are significant predictors of suicide. However, strong family ties, community support, and accessible mental health care are vital protective factors that can reduce the incidence of suicide.

From the perspective of Islamic teachings, suicide is stringently prohibited, reflecting the religion's profound reverence for life. The Quran explicitly forbids self-harm, emphasizing Allah's mercy and the sanctity of human life. This research article delves into how economic hardships, mental health challenges, and Islamic doctrines on the sanctity of life intersect with the global patterns of suicide. By integrating modern psychological understanding with religious insights, this study proposes a multifaceted approach to suicide prevention that respects cultural and religious contexts. This approach underscores the importance of addressing economic and mental health issues as part of a comprehensive strategy to reduce the burden of suicide globally, illuminating the potential for religious teachings to inform and enhance public health initiatives.

Keywords: Islamic Suicide Doctrine, Suicide Prevention, Mental Health, Economic Suicide Impact, Islamic Teachings

Introduction

Suicide remains one of the most persistent and troubling public health crises globally, with over 700,000 deaths annually—a number that highlights the urgent need for effective prevention strategies. The phenomenon is particularly acute in low- and middle-income countries, where approximately 77% of these deaths occur. Across all demographics, suicide is a poignant tragedy that devastates families, communities, and even entire nations, leaving a lasting impact on those left behind. This crisis does not discriminate by age, but is notably the fourth leading cause of death among 15–29-year-olds worldwide.

The root causes of suicide are varied and complex. Economic hardships and poverty often create severe psychological stress and despair, significantly increasing the risk of suicide. Mental health conditions, especially depression and substance use disorders, are prevalent factors that frequently contribute to suicidal thoughts and behaviors. In moments of acute crisis, such as financial distress or relationship breakdowns, the impulse to escape overwhelming pain can lead to tragic decisions.

Suicidal behavior may also be influenced by broader social and environmental factors. Experiences of conflict, disaster, violence, or profound loss can precipitate feelings of isolation and hopelessness, pushing individuals towards suicide. Vulnerable groups facing discrimination, including refugees, migrants, and individuals identifying as LGBTI, are particularly at risk. Moreover, impulsivity—a trait that can lead individuals to act rashly on suicidal thoughts—is another critical factor linked to suicide.

From an Islamic perspective, suicide is unequivocally condemned, viewed not only as a sin but as a fundamental violation of the divine gift of life. The sanctity of life is a cornerstone in Islamic teachings, which explicitly forbid self-harm and encourage patience and faith during life's trials. This religious viewpoint provides a unique lens through which to explore suicide

prevention. Islamic teachings promote a life filled with purpose, hope, and reliance on divine grace, offering spiritual resilience against despair.

In addition to religious and psychological perspectives, understanding the methods of suicide—such as pesticide ingestion, hanging, and firearms—is crucial for formulating effective preventive measures. The World Health Organization (WHO) emphasizes the need for comprehensive, multisectoral strategies that include restricting access to means of suicide, promoting responsible media coverage, and fostering socio-emotional skills among at-risk populations.

This study aims to bridge the gap between Islamic beliefs and contemporary psychological insights to develop a nuanced understanding of suicide prevention. By integrating religious doctrines with modern health strategies, the research seeks to contribute to a holistic approach that respects cultural and religious contexts while addressing the pressing global issue of suicide. Through this interdisciplinary lens, the article will explore not only the challenges but also the potential pathways for reducing the incidence of suicide worldwide.

Definition of Suicide

Suicide is the act of intentionally causing one's own death. It is a deliberate and voluntary action where an individual ends their life, typically as a response to complex interactions of psychological, social, and biological factors. This extreme step is often taken as a means to escape unbearable suffering, which can be due to mental health issues such as depression, anxiety, or psychosis, or due to external circumstances such as chronic pain, financial problems, or severe life stressors.¹

Definition of Suicidal Thoughts

Suicidal thoughts, also known as suicidal ideation, refer to thoughts about, consideration of, or planning for suicide. These thoughts can range from a fleeting consideration to a detailed planning of how one would end their life. Suicidal ideation does not always lead to suicide attempts or suicide but is a recognized risk factor and a serious mental health concern. There are typically two types of suicidal ideation: passive, where individuals wish they were dead or could die without a plan to act, and active, where there is an actual plan to commit suicide.²

Historical Background and Theoretical Framework of Suicide - Emile Durkheim

The study of suicide within the sociological discipline was pioneered by French sociologist Emile Durkheim, whose groundbreaking research culminated in the publication of his influential book in 1880. Durkheim's work was the first of its kind to apply a rigorous scientific method to the study of suicide, a subject that had previously been discussed primarily in philosophical or moral terms. His research laid the foundational framework for understanding suicide from a sociological perspective.^{3,4}

Durkheim's Typology of Suicide⁵

In his analysis, Durkheim proposed that suicide can be understood through the lens of social integration and regulation. He identified three principal types of suicide based on the societal conditions that promote these acts. These types include:

1. **Egoistic Suicide:** This form of suicide occurs when individuals feel excessively detached from society. The lack of integration into social or community structures leads to feelings of isolation and meaninglessness. Durkheim associated this type with societies that have weak social bonds and where individuals lack familial and communal ties.⁶
2. **Altruistic Suicide:** In stark contrast to egoistic suicide, altruistic suicide occurs in contexts where individuals are excessively integrated into their society. Here, the needs or norms of the society can lead individuals to sacrifice their own lives for a perceived greater good. This type is often seen in military or religious contexts where the group's interests override individual survival.⁷
3. **Anomic Suicide:** This type arises from a lack of societal regulation. Anomic suicide occurs in times of severe disorientation and moral confusion, often triggered by significant economic or social upheaval. When societal norms are disrupted (for instance, during a financial crisis or after the sudden loss of a loved one), individuals may feel despair from the sudden breakdown of social order.^{8,9}

Significance of Durkheim's Contributions

Durkheim's classifications have significant implications for understanding how societal structures influence individual behaviors. His approach provides a valuable framework for analyzing the various forces that may lead to suicidal behaviors in different social contexts. By integrating Durkheim's theories with contemporary studies, researchers can further explore how his typology might correspond with or differ from modern instances of suicide, considering changes in societal structures and norms. This historical perspective not only enriches the academic discussion around suicide but also enhances the understanding of preventive measures that can be implemented at societal and community levels.

Introduction to Types of Suicide

Suicide, a tragic outcome of complex interplay between individual vulnerabilities and societal influences, manifests in various forms. This paper delineates the categorization of suicide, not merely as a singular act but as a spectrum of behaviors influenced by diverse motivations and circumstances. Through the lens of Islamic teachings, we examine the escalation of suicide trends, seeking to understand the doctrinal intersections with despair that lead to such acts.

1. Altruistic Suicide

Definition: Altruistic suicide occurs when individuals end their lives for the perceived benefit of others, often influenced by cultural, religious, or moral beliefs.¹⁰ **Causes:** Strong societal or communal norms that valorize self-sacrifice for a collective

cause. **Examples:** Suicide bombers, self-sacrifice in military contexts. **Interventions:** Education programs that promote individual value outside of collective contributions, psychological support to reinforce personal identity.

- **Islamic Perspective:** While self-sacrifice is valorized in many traditions, Islamic teachings emphasize the sanctity of life, presenting a nuanced view on altruism that does not endorse self-harm.

2. Egoistic Suicide

Definition: This type arises from feelings of detachment from society, where individuals feel alienated and lack social integration. **Causes:** Weak societal bonds, lack of supportive relationships. **Examples:** Isolated elderly, individuals with severe depression. **Interventions:** Community-building activities, mental health services focusing on social skills and integration.

- **Islamic Perspective:** The emphasis on community and ummah (nation) in Islam advocates for strong social ties and collective support, aiming to mitigate such isolation.

3. Anomic Suicide

Definition: Triggered by a sudden breakdown in social equilibrium, such as economic failure or personal crises. **Causes:** Rapid societal changes, personal trauma.¹¹ **Examples:** Suicides following major financial crises, after the death of a loved one. **Interventions:** Crisis intervention services, economic support programs, grief counseling.

- **Islamic Perspective:** Islam's comprehensive ethical framework seeks to provide stability and resilience against life's unpredictable changes.

4. Fatalistic Suicide

Definition: Occurs under conditions of extreme oppression or hopelessness, where the future appears bleak. **Causes:** Oppressive political regimes, restrictive environments.¹² **Examples:** Prisoners in long-term confinement, individuals in totalitarian states. **Interventions:** Advocacy for human rights, legal reforms, support networks for affected individuals.

- **Islamic Perspective:** Patience (sabr) and the belief in divine justice are core to Islamic teachings, offering solace and forbearance in the face of adversity.

5. Impulsive Suicide

Definition: Characterized by a lack of premeditation and driven by a sudden urge to escape intense distress.¹³ **Causes:** Acute stress, mental health disorders like borderline personality disorder. **Examples:** Young adults reacting to acute relationship problems, sudden traumatic news. **Interventions:** Emergency mental health services, hotlines, educational programs that teach coping mechanisms.

- **Islamic Perspective:** The religion's guidance on impulse control and reflection (tafakkur) encourages deliberation before actions, providing a counterbalance to impulsivity.

6. Assisted Suicide

Definition: Involves the provision of means or procedures for a person to end their own life, often related to terminal illness.¹⁴ **Causes:** Terminal illness, severe chronic pain, the desire for autonomy in end-of-life decisions. **Examples:** Medically assisted suicide in jurisdictions where it is legal. **Interventions:** Palliative care improvements, ethical debate and legislation, psychological counseling for terminal patients.

- **Islamic Perspective:** While compassion is a cornerstone of the faith, assisted suicide is complex and often contested within Islamic bioethics.

7. Suicidal Ideation

Definition: Involves thoughts about wanting to end one's own life, ranging from fleeting thoughts to detailed planning.¹⁵ **Causes:** Mental health issues, environmental stressors, genetic predispositions. **Examples:** Individuals expressing desires to die without specific plans, those devising methods to end their lives. **Interventions:** Mental health assessments, ongoing therapeutic support, crisis intervention strategies.

- **Islamic Perspective:** Open discourse and mental health support are encouraged in Islam, which can be pivotal in addressing suicidal ideation.

Each type offers a window into the complexities of human behavior and the multitude of factors that can lead to suicide. This categorization not only aids in a deeper understanding of suicidal actions from a secular perspective but also provides a framework within which Islamic teachings can be interpreted and applied to modern suicide prevention efforts. The integration of religious beliefs with contemporary psychological and social insights offers a comprehensive approach to addressing this sensitive issue. Through this lens, we can better appreciate the role of despair and doctrine in influencing and potentially mitigating suicide trends globally.

Suicide Trends and the Impact of Depression

Historical Trends in Pakistan The trajectory of suicide rates in Pakistan has seen a marked shift over the decades. While the period before the 1980s witnessed a notable decline, subsequent years have unfortunately experienced a significant upsurge. This alarming trend underscores the need for a deeper examination of the underlying causes and effective intervention strategies.¹⁶

The Debilitating Nature of Depression Renowned German psychiatrist Karen Horney posits that depression poses a more severe threat than cancer, primarily because it strips away hope and self-confidence—key factors that empower many cancer patients to overcome their illness. In contrast, individuals grappling with severe depression often find themselves in a state of mental paralysis, rendering them incapable of combating their condition.¹⁷

Depression: Beyond Disappointment William Styron, in his seminal work “Darkness Visible,” describes this form of depression as a state more harrowing than mere disappointment. It inflicts such excruciating pain that individuals may feel compelled to end their own lives to escape it. The intensity of this suffering, often inconceivable to those who have not experienced it, is clinically recognized as major or clinical depression.¹⁸

Prevalence and Consequences The National Institute of Mental Health reveals that 15% of individuals diagnosed with clinical depression may rapidly progress to suicide. Complementary research indicates that depression is the driving factor behind 80% of suicide cases. Contrary to common misconceptions, depression is not synonymous with insanity; rather, it represents a severe form of mental stress that demands immediate attention and care.¹⁹

Socioeconomic and Cultural Factors In developing nations like Pakistan, socioeconomic challenges such as poverty and unemployment significantly contribute to the prevalence of depression. Conversely, in more affluent societies, including Sweden, Germany, France, and Japan, the erosion of familial structures, estrangement from religious beliefs, and rampant materialism are identified as key contributors.

Biological Underpinnings Scientifically, depression has been linked to deficiencies in specific neurotransmitters, notably the ‘serotonin transporter gene’ (5-HTT). Alterations in this gene can precipitate depressive states, detectable only through advanced imaging techniques like brain CT scans.²⁰

Symptoms and Treatment Accessibility The manifestation of depression can vary, with symptoms ranging from fatigue and headaches to digestive issues and memory loss. When such symptoms persist beyond two weeks, they signal a critical need for professional intervention. While medication can offer relief, the expertise of a psychiatrist specializing in clinical depression is often necessary for effective treatment—a resource not readily accessible to all, particularly in low-income settings.

Impact on Children and Adolescents Recent surveys conducted by pediatricians and mental health professionals have highlighted a distressing 25% increase in mental health issues among children, particularly in regions of Sindh affected by violence and natural disasters. The pervasive fear and trauma have led to widespread reluctance among children to attend school, accompanied by various psychological and physical symptoms.²¹

Challenges in Mental Health Care The path to recovery from mental disorders is both time-intensive and costly, posing significant barriers for families with limited financial means. This situation calls for a concerted effort to make mental health care more accessible and affordable, particularly for the most vulnerable segments of society.

Approaches to Treating Depression

Medical and Psychological Interventions Depression, a multifaceted mental health condition, can be addressed through two primary treatment modalities: medical and psychological. Medical treatments often involve pharmacotherapy, which can be effective but may require time to find the right medication and dosage. On the other hand, psychological interventions, such as interpersonal therapy and Coping with Depression (CWD) courses, offer a more immediate and interactive approach. These talking therapies have garnered support for their effectiveness in managing depressive symptoms.²²

Neurobiological Insights into Fear and Bravery Recent advancements in neurobiology have shed light on the brain’s mechanisms governing fear and bravery. Research published in ‘Neuron’ has identified a specific brain region implicated in the genesis of these emotions. This area, involved in the regulation of stress hormones, plays a pivotal role in distinguishing between cowardice and courage. Ongoing research aims to develop pharmacological solutions that could potentially modulate these stress hormones, thereby influencing bravery.²³

Global Suicide Epidemic Suicide represents a critical public health issue worldwide. The World Health Organization reports approximately 3,000 suicides daily, translating to one death every 30 seconds.²⁴ In the United States, suicide ranks as the 11th leading cause of death, with an estimated 40,000 lives lost annually²⁵. Notably, the actual figures may be underreported, with some experts suggesting the true rates could be two to three times higher.

Crisis and Suicide Rates The impact of economic downturns on mental health cannot be overstated. The 2008 financial crisis, for instance, saw a dramatic spike in suicide rates.²⁶ The U.S. government’s Annual Study Report highlighted that over eight million Americans seriously contemplated suicide during this period, indicating a substantial increase in risk during times of economic strife.²⁷

The Multifaceted Impact of Global Crises on Suicide Rates

The Global Health Crisis and Its Psychological Repercussions The COVID-19 pandemic has not only claimed lives due to the virus itself but has also exacerbated mental health issues globally. The fear of death, coupled with economic downturns, has significantly impacted individuals, particularly those with preexisting mental health conditions or vulnerable psychological profiles.²⁸

Suicide Trends in the United States Recent data from the Centers for Disease Control and Prevention (CDC) indicate a troubling rise in suicide rates in the United States. After two consecutive years of decline, 2021 saw an increase in suicide deaths to **48,183**, nearly reaching the peak of 2018.²⁹ This rise is particularly significant among certain racial and ethnic groups, with non-Hispanic American Indian or Alaska Native persons experiencing the highest relative percentage increase in suicide rates from 2018 to 2021. Additionally, suicide rates among young people aged **10–24 years** have increased notably during this period, especially among non-Hispanic Black individuals.³⁰ These statistics underscore the urgent need for improved mental health support and proactive intervention strategies to address this growing public health concern.

Military Mental Health Concerns A Pentagon report sheds light on the increasing rates of suicide among American soldiers, particularly those engaged in conflicts in Iraq and Afghanistan. Despite the use of medication to manage stress and anxiety, there has been a disturbing trend of soldiers overdosing on these drugs, leading to fatal outcomes. This situation calls for a reevaluation of mental health practices within military contexts.³¹

Social Dynamics and Suicide in Western Societies Experts have expressed concern over the disintegration of the family unit and collective social structures in Europe, which they believe contributes to the rising suicide rates. The lack of familial support, combined with transactional friendships, has led to a diminished will to live among individuals, making them more susceptible to suicidal behaviors.³²

Cultural and Religious Influences on Suicide Rates Research by the American Association of Suicidology indicates that suicide rates vary across religious and cultural groups, with lower rates observed among Muslims and higher rates in certain Asian populations, such as in Japan.³³

Environmental Factors and Suicide Contemporary research underscores the significant impact of environmental and social determinants on suicide rates. A study from the University of Chicago has provided statistical evidence linking social vulnerability in communities, such as exposure to violence, crime, and access to healthcare, to increased suicide risks³⁴. Furthermore, a recent study has found that improved air quality is associated with reduced suicide rates, suggesting a direct correlation between environmental conditions and mental health³⁵. These findings align with historical data indicating seasonal fluctuations in suicide rates, with peaks often observed during winter and early summer months. The research also corroborates the notion that certain days of the week, particularly Mondays and Fridays, experience higher suicide rates, which may be attributed to social isolation and the start or end of traditional workweeks. This body of evidence points to the need for comprehensive public health strategies that address both environmental and social factors to mitigate suicide risks.

Geographical Variations in Suicide Rates Scandinavian countries experience some of the highest suicide rates, which may be attributed to the prolonged darkness and harsh winters. These environmental conditions are thought to have a profound impact on mental well-being.³⁶

Astrological Considerations The manuscript also touches on the influence of lunar cycles on human behavior, noting an increase in suicide, murder, and robbery around the full moon. This phenomenon is attributed to the reception of radio waves from the earth, which are believed to affect mood and mental states.³⁷

Suicide Statistics in India³⁸ and Cultural Perspectives on Suicide in Japan³⁹

Suicide Trends in India In India, the prevalence of suicide is alarmingly high, with conservative estimates suggesting that approximately 300 individuals die by suicide each day. However, it is believed that many cases remain unreported. The Indian National Crime Records Bureau has highlighted a particularly distressing trend among farmers, with reports indicating that one farmer commits suicide every half an hour due to various forms of distress⁴⁰. The states of Maharashtra, Karnataka, Andhra Pradesh, and Tamil Nadu have recorded the highest rates of these tragedies.

The Paradox of Prosperity and Suicide⁴¹ Contrary to expectations, nations that have achieved significant advancements in science and technology, and where citizens enjoy a high standard of living, are not immune to the scourge of suicide. Despite material wealth and resources, there is a substantial segment of the population grappling with deep depression, leading to approximately 100 suicides daily.

The Internet's Influence on Suicide in Japan The advent of the internet in Japan has coincided with a notable increase in suicide rates, particularly among the youth. Online platforms have facilitated the organization of mass suicide events, attracting individuals in the 20-25 age bracket. These websites not only provide information on methods of suicide but also offer services for a fee, reflecting a disturbing commodification of death.⁴²

Cultural Significance of ‘Harikari’ in Japan In Japan, where suicide is not traditionally sanctioned by religion, the practice of ‘harikari’ or ‘seppuku’—a ritualistic form of suicide by disembowelment—holds a unique cultural significance.⁴³ This ancient and sacred ritual is respected within Japanese society, especially when performed to preserve one’s honor. George Hovey Colte, in his book “The Enigma of Suicide,” discusses the historical context of ‘harikari,’ which dates back a thousand years to the feudal era. It was often chosen by individuals as a dignified alternative to the disgrace of capture or arrest. The Japanese cultural emphasis on honor is so profound that accusations or public shame can drive individuals to consider suicide as the only viable option to preserve their dignity.⁴⁴

Escalating Suicide Rates in Pakistan: Socioeconomic and Societal Factors⁴⁵

Economic Hardships and the Rise in Suicide In recent years, Pakistan has witnessed a distressing rise in suicide rates, a trend closely tied to the country’s struggling economy. As the financial system falters, an increasing number of individuals find themselves deprived of life’s basic necessities, leading to a sense of despair and hopelessness that, tragically, culminates in the decision to end their own lives.

Domestic Violence and Its Impact on Women The prevalence of domestic abuse has contributed significantly to the high rates of suicide among women in Pakistan. The perpetual cycle of violence and oppression leaves many feeling trapped, with few avenues for escape or support, resulting in a dire choice as a last resort.

The Pressures on Youth and Children Children and adolescents are not immune to this epidemic. The Human Rights Commission of Pakistan points to unrealistic parental expectations, where the pursuit of perfection often disregards the child’s capacity to cope with such pressures. This relentless pursuit of idealism can lead to severe psychological distress among the young.

Intolerance and Its Deadly Consequences Societal intolerance has also been identified as a catalyst for the increase in suicides. Minor disagreements can escalate rapidly, sometimes even leading to murder. In some cases, individuals facing legal repercussions may view suicide as an escape from the potential shame and punishment of court proceedings.

The Complex Tapestry of Suicide Causation

Socio-Psychological Underpinnings

Suicide, a phenomenon transcending economic boundaries, is predominantly linked to a labyrinth of emotional and psychological factors. The intricate web of causation includes, but is not limited to:

- **Societal Injustices:** The pervasive non-availability of justice and societal inequality.
- **Personal Crises:** Unrequited love, the burden of debt, domestic strife, and severe illnesses.
- **Psychological Distress:** Trauma, feelings of deprivation, despair, loneliness, and the psychological aftermath of torture and terror.

Cultural and Historical Paradigms

Suicide has also been ritualized or enacted en masse in response to cultural or historical events:

- **Ritualistic Traditions:** Such as the ‘Sati’ practice in India.
- **Collective Demises:** Notably, the mass suicide at Waco, Texas, and the ancient siege of Masada.

Methodology and Socioeconomic Status

The choice of suicide method often reflects an individual’s socioeconomic status:

- **By the Educated:** A preference for methods such as overdosing.
- **By the Impoverished:** More drastic measures like hanging or drowning.

Behavioral Shifts as Precursors

Changes in behavior can be harbingers of suicidal intent, including:

- **Social Withdrawal:** Detachment from loved ones and relinquishing possessions.
- **Mood and Habit Changes:** Alterations in sleep, eating patterns, and a general disinterest in life.

The Influence of Substance Abuse and Genetics

Alcohol and genetic predispositions to mental health disorders are significant factors:

- **Alcohol’s Role:** As per Paul G. Quant, alcohol can embolden individuals towards suicide.
- **Hereditary Patterns:** The transmission of psychological disorders that may influence suicidal tendencies.

In conclusion, the act of suicide emerges as a complex, multifaceted phenomenon that cannot be attributed to singular causes. It is a confluence of psychological, emotional, societal, and cultural factors that vary across individuals and contexts. The intricate interplay between personal crises, societal injustices, and cultural paradigms underscores the need for a compassionate, multidisciplinary approach to prevention and intervention. Substance abuse and genetic predispositions further complicate the landscape, necessitating targeted mental health strategies. The contentious issue of suicide bombing highlights the intersection of ideology, desperation, and political machinations, reflecting the profound impact of geopolitical narratives on individual actions. This study reaffirms the importance of understanding the nuanced realities of those contemplating suicide, advocating for a holistic perspective that considers the doctrinal, ethical, and humanistic dimensions of this global challenge.

The Concept of Suicide in Various Religious Teachings

In some religions, not only is there permission to take one's own life in the name of divine will and worship, but people are also encouraged to do so. While some religions do not explicitly address the matter, there are four instances in the Holy Torah where individuals, instead of confronting their circumstances, chose death. This concept of escape through death is also found among Greek philosophers. Jewish and Christian scholars condemn it, but they neither have the authority to denounce it outright nor does their religion provide a clear method to prevent it.⁴⁶

According to Hindu teachings, death is not the end of life; instead, the soul of the deceased returns to the world in another form. The souls of those who have performed good deeds return in more favorable forms, while those who have committed misdeeds may return as donkeys, horses, or dogs. This issue of reincarnation is a result of one's karma (actions), and the ritual of Sati also reinforces this ideology. From this perspective, there is no deterrent for a Hindu to commit suicide, as they believe they will soon return to the world.

The following incident supports this theory: In America, a Swami established a community where he deceived people with the promise of liberation (Moksha), Nirvana, and peace of mind. There, he openly taught the use of drugs along with sexual promiscuity. When he learned that the police had surrounded them and he was about to be arrested for spreading indecency and drug trafficking, he gathered his followers and frightened them with talk of divine punishment and hell, convincing them that if they all committed suicide that night, they would surely go to heaven. Consequently, the next day, 800 women and children mixed poison in buckets, drank it, and committed suicide out of greed for heaven and fear of punishment, along with their guru.⁴⁷

Suicide in Islam: A Prohibited and Disliked Act

In Islam, suicide is considered a prohibited (haram) and detestable act. Islam recognizes the intrinsic value and sanctity of human life and thus mandates its protection in all circumstances, setting it apart from other religions. Allah, the Almighty, commands in the Quran:

"Do not kill yourselves. Surely, Allah is Most Merciful to you."⁴⁸
 "And do not throw [yourselves] with your [own] hands into destruction."⁴⁹

The first verse implies that believers, being akin to one body, should not commit suicide, as some ignorant people do. The second verse advises not to cast oneself into destruction. Islam uniquely honors the preservation of human life right from the outset.

Life on earth is a test. Every action performed here will be accounted for in the afterlife, where humans will be rewarded or punished accordingly. Earthly trials and tribulations, be they illnesses or hardships, should not lead one to forget the purpose of their creation and resort to means that are not sanctioned by Sharia (Islamic law). According to Maulana Khalid Saifullah Rahmani, "The concept of human existence according to Islam is that one's life is a trust. One is only permitted to deal with their body as allowed by the Sharia. They are not authorized to harm or alter their body according to their desires. Protecting oneself is a religious duty and maintaining physical health is a responsibility under this trust."⁵⁰

Every moment and phase of life presents new challenges. These can be pleasant or painful. The truly successful individual is the one who bravely confronts all adversities and reaches the final stage of life. Those who abandon patience amidst trials and hastily end their lives disrupt their afterlife with their own actions. In the hereafter, only those who have proven their devotion to God during the most delicate moments of worldly life will achieve success and enjoy the blessings there.

Those who commit suicide or intend to do so generally fall into two categories, each possessing distinct thoughts and beliefs, yet not disconnected from religion. One type perceives the world merely as a place of sorrow, pain, and misfortune. To them, the joys and pleasures of life seem meaningless and fruitless. The other type, in contrast, lives and enjoys these worldly pleasures but becomes despondent when deprived of them. Both perspectives are fundamentally flawed and absurd because this world is neither solely a place of comfort nor just a chamber of suffering. It is a complete system in itself. A person cannot deny or ignore these aspects, as they are naturally affected by the conditions around them—grief influences them just as happiness does. However, due to impatience, narrow-mindedness, and unawareness of consequences, a person may lose balance in both situations.⁵¹

From an Islamic viewpoint, if faith in God is firm and the heart is filled with His remembrance, then a person will not falter in either comfort or hardship and will stay on the right path. Islam holds life in such high regard that it prohibits desiring or praying for death even during hardships. Prophet Muhammad (peace be upon him) said on several occasions: "Let none of you wish for death because of a harm that has come to him. If he must wish for death, he should say, 'Oh Allah, keep me alive as long as life is better for me, and let me die if death is better for me'"⁵².

It is not permissible in Islam for someone to end their life to escape worldly troubles and failures, as this is considered a major sin. According to a narration by Abdullah bin Amr (may Allah be pleased with him), the Prophet (peace be upon him) listed the major sins as associating partners with Allah, disobedience to parents, murder, and false oaths⁵³. No matter how pious or good a person may be, committing suicide due to worldly difficulties is a mistake. Death has its appointed time and will come at its decreed moment. No one has the authority to hasten their own death. The Creator who gave life also holds the authority over how long a person should live. The Quran states, "When their time comes they cannot delay it for a single hour nor can they bring it forward by a single hour"⁵⁴.

This Islamic perspective emphasizes the sanctity and value of life, urging patience and faith even in the most challenging times, and views suicide as a grave error and a sin.

Confronting Trials and Tribulations Elevates One's Spiritual Rank

Allah Almighty has not only created humans but has also adorned them as jewels, safeguarding them from the womb to the later stages of life and blessing them with comfort and peace. However, when humans receive joy, they indulge in it, and when troubles arise, they sometimes despair to the extent of contemplating death. This response is not fitting. During such times, a believer's attitude should be one of patience and gratitude.

Abu Hamid Muhammad al-Ghazali states that a servant's life is met with two types of situations: those that align with his desires and those that do not, which he dislikes. In both situations, patience is required.⁵⁵ It is essential to remember that any calamity that befalls a person, and the pain and agony it brings, is often a consequence of one's own actions. This principle is clarified in the Quran: "And whatever strikes you of disaster - it is for what your hands have earned; but He pardons much."⁵⁶ (Surah Ash-Shura, 42:30)

In the most delicate moments, everyone should reflect wisely on their actions, supplicate, and weep before their Lord in hope of His full mercy and relief. Studying the lives of the Prophets, the noble companions, the saints of Allah, and other virtuous individuals offers lessons. There was no form of hardship through which they were not tested. Yet, instead of lamenting or wailing during tough times, they remembered their Creator, repented, and prostrated in prayer for deliverance.

For their perseverance, Allah Almighty enriched them with the wealth of this world and the hereafter and elevated their ranks forever. A hadith explains this condition as follows: It was narrated from Mus'ab bin Sa'd that his father, Sa'd bin Abu Waqqas, said: "I said: 'O Messenger of Allah, which people are most severely tested?' He said: 'The Prophets, then the next best and the next best. A person is tested according to his religious commitment. If he is steadfast in his religious commitment, he will be tested more severely, and if he is frail in his religious commitment, his test will be according to his commitment. Trials will continue to afflict a person until they leave him walking on the earth with no sin on him.'"⁵⁷

This elaboration further emphasizes that the greatest trials are reserved for the Prophets and then progressively for the righteous and the common believer, depending on the strength of their faith. Continuous afflictions purify a person, such that they may walk upon the earth sinless, reflecting the depth of their spiritual endurance and faith in Allah.

The Divine Purpose and Human Trials in Islam

Allah Almighty has created everything in the world with a specific purpose and intention. For humans, the greatest honor is that they have been chosen for His worship. Even more gloriously, Allah has appointed humans as His vicegerents on Earth to follow and implement His commands^{58, 59}. It is also a settled fact that the more beloved a servant is to Allah, the greater the trials they may face.

Allah Almighty states in the Quran:

"We will surely test you with something of fear and hunger, and loss of wealth, lives, and fruits, but give good tidings to the patient, who, when disaster strikes them, say, 'Indeed we belong to Allah, and indeed to Him we will return.' Those are the ones upon whom are blessings from their Lord and mercy. And those are the ones who are rightly guided."⁶⁰

This verse emphasizes that life's trials are a means to test faith and resilience. Those who endure with patience and remembrance of Allah's greater plan are promised His blessings and mercy. The notion of being tested through fear, hunger, loss of wealth, and personal affliction is a profound reminder that our ultimate return is to Allah, and that these worldly challenges are temporary.

The steadfastness in the face of trials is not merely about enduring pain or hardship; it's about maintaining faith and trust in Allah's wisdom. Those who navigate their trials with patience and a strong sense of faith are reassured of their correct path in life, affirmed by divine favor and guidance. These tests, therefore, serve to strengthen one's spiritual standing and draw the believer closer to Allah, making them exemplars of faith who receive His endless mercy and blessings.

Avoid Suicide Under All Circumstances!

Not only is suicide itself condemned, but Islam also instructs to avoid even the semblance of such acts, in order to preserve the dignity and sanctity of human life. There are times when a person may find themselves in such distress and trial that it seems death surrounds them from all sides, and escape seems impossible. In such instances, jurists say that one should act thoughtfully in a way that does not attribute the cause of death directly to themselves. This can be understood through the example of a group of mujahideen who, while traveling by sea, learn that the enemy has been alerted of their arrival. The enemy sets their boat on fire. If they stay on the boat, their death by burning is certain. In such a situation, it is necessary for them to jump into the sea with the intention of saving their lives, though there is still a risk to their lives. Sheikha (the two sheikhs) say they have the choice to do what they will, while Imam Muhammad says it would not be permissible for them to jump into the sea in this situation. This is because if they throw themselves into the sea, they will perish, and if they stay on the boat, they will also perish. However, if they stay and endure on the boat, the cause of death would be due to the enemy's actions, not their own, making patience in this case the better and closer option to righteousness.⁶¹

When Hajjaj bin Yusuf laid siege to the Kaaba, the renowned companion Abdullah bin Zubair stood firm for the sake of Islam's honor, despite sensing danger to his life. However, his heart was not inclined towards escape or surrender. He decided to resist until the end, even if it cost him his life. Before going to battle, he visited his mother, Asma bint Abi Bakr, who was blind and severely ill at the time. When she embraced him, she felt he was wearing a chainmail under his shirt and sensed some fear in him. She asked, "Abdullah, what is this and why have you put it on? You are going to fight the enemy and you are so afraid of dying?" If you are on the right, the number of companions does not matter. Abdullah replied, "Mother, I am not afraid of dying, but now that I am alone, I fear the enemy will mutilate my body after killing me." Asma said, "Abdullah! Once the goat is slaughtered, what does it care if its skin is peeled or its meat is cooked? Remove this armor. Whatever you do, do it with insight and keep seeking help from Allah." Eventually, Abdullah bin Zubair fought alone against the enemy until he

was martyred. He neither thought of fleeing nor of surrendering to the enemy, nor did he consider suicide as an alternative to being killed by the enemy.^{62,63}

Islamic Suicide Prevention Model (ISPM)

In recent years, the rise in suicide rates globally has prompted a critical examination of prevention strategies across cultural and religious landscapes. The Islamic Suicide Prevention Model (ISPM) presents a framework specifically tailored to align with Islamic teachings and the unique socio-cultural dynamics of Muslim communities. This model leverages theological principles, community resources, and modern mental health practices to address the complex issue of suicide. Rooted in the sanctity of life—a core tenet of Islam—ISPM aims to not only prevent suicide but also enhance the overall mental well-being of individuals by integrating spiritual, educational, and psychological resources. This paper outlines the various components of ISPM, demonstrating how each segment contributes to a holistic approach that respects religious values while employing evidence-based strategies to combat the escalating trend of suicide.

1. Theological Framework

- **Objective:** Establish a clear theological stance on suicide, contextualizing the sanctity of life within Islamic teachings.
- **Actions:**
 - Conduct in-depth analysis and dissemination of Quranic verses and Hadiths that address life's trials and the prohibition of suicide.
 - Develop scholarly articles and papers that explore the theological arguments against suicide and publish them in academic and religious platforms.

2. Community Education and Outreach

- **Objective:** Educate the Muslim community about the Islamic perspective on mental health and suicide prevention.
- **Actions:**
 - Create educational programs delivered through mosques, community centers, and online platforms that discuss how Islam views mental health challenges.
 - Organize community seminars featuring Islamic scholars and mental health professionals to discuss coping mechanisms for dealing with hardship and depression.

3. Mental Health Services Integration

- **Objective:** Provide culturally and religiously sensitive mental health services within the community.
- **Actions:**
 - Establish partnerships with mental health organizations to train practitioners on cultural and religious sensitivity concerning Muslim patients.
 - Set up a referral system where imams and community leaders can direct individuals to professional help within a framework that respects Islamic beliefs.

4. Support Networks

- **Objective:** Develop strong support networks within the community to aid those at risk of suicide.
- **Actions:**
 - Form support groups that operate within Islamic guidelines to provide a safe space for individuals to share their experiences and struggles.
 - Launch a mentorship program where trained volunteers provide regular check-ins and support for individuals identified as at risk.

5. Crisis Intervention

- **Objective:** Implement effective crisis intervention strategies that align with Islamic teachings.
- **Actions:**
 - Develop a 24/7 crisis hotline that offers immediate counseling with access to Islamic scholars and mental health professionals.
 - Train imams and community leaders in basic crisis intervention techniques and mental health first aid.

6. Research and Development

- **Objective:** Continuously research and develop new strategies for suicide prevention in the Muslim community.
- **Actions:**
 - Encourage and support research on the effectiveness of Islamic teachings in preventing suicide.
 - Partner with academic institutions to study the impact of various interventions and publish the findings.

7. Policy Advocacy

- **Objective:** Advocate for policies that recognize and address the specific needs of Muslims in relation to mental health and suicide prevention.

• **Actions:**

- Work with healthcare providers and legislators to develop policies that ensure access to culturally appropriate mental health services.
- Promote the inclusion of Islamic perspectives in national mental health programs and strategies.

Implementation and Monitoring

- **Implementation:** Collaborate with Islamic centers, healthcare facilities, and educational institutions to roll out the ISPM components.
- **Monitoring and Evaluation:** Regular evaluation through community feedback, professional input, and academic research to assess the effectiveness of the interventions and make necessary adjustments.

8. Spiritual Counseling and Therapy

Objective: Offer spiritual counseling and therapy that aligns with Islamic values and principles. Actions:

- Train counselors and therapists in Islamic spiritual care to address the religious and spiritual needs of individuals.
- Incorporate Islamic spiritual practices, such as prayer and Quranic reflection, into therapeutic sessions to provide holistic care.

9. Online Resources and Digital Platforms

Objective: Utilize digital platforms to broaden the reach of suicide prevention resources. Actions:

- Develop a centralized online portal with resources, counseling services, and educational materials on Islamic teachings related to mental health.
- Create mobile applications that provide daily motivational Islamic teachings, mental health tips, and direct access to support services.

10. Interfaith Collaboration and Dialogue

Objective: Engage in interfaith dialogue to foster mutual understanding and collaborative efforts in suicide prevention. Actions:

- Organize interfaith seminars and workshops to share best practices and resources for suicide prevention.
- Collaborate with other faith-based organizations to create a unified front against the challenge of suicide.

11. Youth Engagement and Empowerment

Objective: Empower the youth with knowledge and skills to prevent suicide and promote mental well-being. Actions:

- Implement youth-focused programs that teach coping skills, resilience, and the importance of seeking help.
- Encourage youth participation in peer support initiatives and community service projects related to mental health.

12. Media and Public Awareness Campaigns

Objective: Raise public awareness about suicide prevention through media campaigns. Actions:

- Partner with media outlets to disseminate messages that destigmatize mental health issues and encourage seeking help.
- Use social media to engage with the community, share success stories, and highlight the importance of mental health.

The Islamic Suicide Prevention Model (ISPM) offers a comprehensive and culturally sensitive approach to addressing the rising concern of suicide within Muslim populations. By grounding suicide prevention efforts in Islamic doctrine and combining them with modern mental health strategies, ISPM fosters a supportive environment that can significantly mitigate the risk factors associated with suicide. Through its multifaceted components—from theological education and community outreach to crisis intervention and policy advocacy—ISPM ensures that individuals receive the spiritual, emotional, and practical support they need. The implementation and ongoing evaluation of ISPM are crucial, as they allow for adaptive responses to the changing needs of the community and continuous improvement of the model. Ultimately, ISPM not only aims to reduce the incidence of suicide but also to empower communities to nurture mental resilience and uphold the Islamic commitment to preserving life. As this model continues to evolve, it holds the promise of becoming a cornerstone in the global effort to understand and prevent suicide in diverse socio-religious contexts, potentially guiding similar strategies in other faith-based communities.

Enhanced Roles in the ISPM

The integration of religious institutions and educational entities in suicide prevention efforts is pivotal for addressing the unique needs of Muslim communities. The Enhanced Roles in the Islamic Suicide Prevention Model (ISPM) aim to leverage the influence and reach of mosques, madrasas, schools, colleges, and universities to create a supportive and informative network that addresses mental health issues from an Islamic perspective. By aligning religious teachings with contemporary mental health practices, these institutions can provide a holistic approach to suicide prevention that respects cultural and religious values while promoting psychological well-being. This section of the research outlines how each type of institution can play a vital role in the ISPM, detailing specific responsibilities and actions that can be taken to prevent suicide effectively within the Muslim community.

Mosques

- **Education and Sermons:** Utilize Friday sermons and other gatherings to educate the community about mental health and the Islamic perspective on suicide prevention.
- **Crisis Support:** Establish a crisis response team within the mosque community, trained in basic mental health first aid, to assist members showing signs of distress.
- **Spiritual Counseling:** Offer regular counseling sessions with imams or trained religious counselors who can provide spiritual support alongside mental health guidance.

Madrasas

- **Curriculum Integration:** Incorporate mental health education into the curriculum, teaching students how to cope with psychological stress using Islamic principles.
 - **Student Support Services:** Provide on-site counselors trained to recognize and address mental health issues, offering support and referrals to external professionals when needed.
 - **Teacher Training:** Equip teachers with training on identifying mental health issues among students and responding appropriately within an Islamic framework.
- ### Schools, Colleges, and Universities
- **Mental Health Education:** Integrate mental health awareness into the educational programs, focusing on the development of coping mechanisms and resilience.
 - **Islamic Perspectives in Counseling:** Offer counseling services that respect and integrate Islamic beliefs, catering to the needs of Muslim students.
 - **Research and Collaboration:** Encourage research projects on mental health issues, particularly those affecting Muslim youth, and collaborate with mosques and madrasas to extend reach and impact.
 - **Workshops and Seminars:** Regularly conduct workshops and seminars that address mental health from an Islamic perspective, inviting scholars, mental health professionals, and community leaders.

Implementation Strategies

- **Partnerships:** Develop partnerships between mosques, madrasas, and educational institutions to facilitate resource sharing and joint initiatives.
- **Training Programs:** Implement comprehensive training programs for imams, teachers, and counselors to enhance their understanding of mental health within an Islamic context.
- **Outreach Programs:** Coordinate outreach programs that involve students, parents, and community members, promoting awareness and destigmatization of mental health issues.

Monitoring and Evaluation

- **Feedback Mechanisms:** Establish feedback mechanisms at each institution to assess the effectiveness of the implemented programs and identify areas for improvement.
- **Community Involvement:** Engage the wider community in monitoring efforts to ensure transparency and inclusiveness.
- **Continuous Improvement:** Regularly update training materials and intervention strategies based on the latest research and community feedback to ensure they remain relevant and effective.

Incorporating these roles for mosques, madrasas, schools, colleges, and universities into the ISPM ensures a comprehensive, multi-layered approach to suicide prevention that leverages the strengths and reach of various educational and religious institutions. This collaboration not only amplifies the impact of the model but also fosters a community-wide support network crucial for effective prevention and intervention.

The Enhanced Roles in the ISPM represent a strategic and collaborative effort to combat the rising trend of suicide by embedding mental health awareness and intervention within the fabric of Islamic educational and religious settings. Mosques, madrasas, and academic institutions are uniquely positioned to influence and educate the community, making them essential partners in suicide prevention. Through education, crisis support, and counseling that integrate Islamic teachings, these institutions help to destigmatize mental health issues and provide accessible support. The implementation strategies—including partnerships, training programs, and community outreach—ensure that the efforts are comprehensive and inclusive. Monitoring and evaluation mechanisms are crucial to this model as they provide the feedback needed to refine and optimize the prevention strategies continuously. By embracing these roles, Islamic institutions can significantly contribute to a supportive environment where individuals facing mental health challenges feel understood and supported, thereby reducing the prevalence of suicide and enhancing community resilience.

Jurisprudential Perspectives on Funeral Prayers for Suicide Victims

One school of thought advocates that the funeral prayer for a person who has committed suicide is prohibited so as to serve as a deterrent. This perspective is grounded in the belief that omitting the funeral prayer acts as a posthumous societal reprimand, discouraging others from contemplating suicide. This view is often supported by citing that such an omission publicly underscores the gravity of the sin, thus reinforcing the sanctity of life as prescribed in Islam.

Conversely, another prevalent opinion among Islamic jurists argues that the funeral prayer should be performed for anyone who dies, including those who commit suicide, provided they have not renounced their faith. This stance is based on the broader Islamic principle that every Muslim deserves the prayers of forgiveness, reflecting the faith's overarching ethos of

mercy and redemption. This view emphasizes that withholding prayer could be contrary to the compassionate spirit of Islam, which advocates seeking Allah's mercy for all believers irrespective of their sins.

Additionally, a nuanced view considers the mental state of the individual at the time of committing suicide. It distinguishes between a sane individual who commits suicide under the influence of severe distress or poverty, which might indicate a diminished trust in Allah, and someone who is mentally ill or suffering from a psychological disorder. This perspective argues for a more compassionate approach, suggesting that those with mental health challenges should be treated differently in terms of religious obligations and societal responses.

Theological Reflections and Contemporary Implications

These discussions are not merely theological but have significant implications in contemporary Muslim societies where mental health awareness is increasing. Recognizing the complexities that lead to suicide, including mental illness, can influence contemporary Islamic responses to such tragedies, encouraging a more compassionate and understanding approach.

The Quranic message of mercy and forgiveness often serves as a counterbalance in these discussions, as highlighted by verses like, "O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient"⁶⁴, which invites a broader interpretation of divine compassion.

In summary, while the debate on whether to perform funeral prayers for suicide victims showcases varying interpretations, it also highlights the dynamic nature of Islamic jurisprudence in addressing modern challenges. The majority of contemporary scholars lean towards advocating for mercy, inclusivity, and understanding, particularly in the context of increased awareness of mental health issues, aligning with the Islamic principles of compassion and mercy.

Conclusion:

In conclusion, Islamic teachings unequivocally prohibit suicide, highlighting it as a grave sin under any circumstances. The sanctity of life is paramount in Islam, which holds that it is only Allah who gives life and has the right to take it away. However, there is a growing recognition within the Muslim community that addressing the root causes of suicide, such as mental health issues, economic hardships, and social stresses, requires a multifaceted approach. It is the responsibility of the society to provide support systems and appropriate interventions that can prevent such desperate measures. This involves the integration of religious guidance with psychological and economic support to help those in distress. Furthermore, the community must work towards removing the stigma associated with mental health issues, encouraging open discussions and accessibility to mental health services, while continuously aligning these efforts with Islamic ethics and compassion. This comprehensive approach ensures that while the sanctity of life is upheld, the community also fulfills its duty to protect and support its members through their trials.

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