

RELIGION AND SUICIDE

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Although most religions oppose suicide, suicide rates vary considerably among religions and between areas with predominant religion. For example WHO () reports lower rates of suicide in Muslim predominant countries. Suicides in Muslim predominant districts of Kerala are far lower than other states (SCRB, 2002). Suicide rates among catholic populations have been recorded as lower than rates among Protestants and Jews (Marselli, 1879). Suicide risk may also be lower among persons who have higher rates of participation in religious practices (Neeleman, 1998). Some of these differences may arise from technical artefacts including variance in reporting of suicide, with a tendency toward lower rates in countries with strong sanctions against suicide. For example, catholic countries have striking recent increases in suicide rates that are attributed to better data collection and greater acceptance of religious funerals for suicides (Kelleher et al, 1998). It may be that degree of orthodoxy and integration with religion are more accurate measures of risk within this category, than in simple institutional religious affiliation.

Ecological association between religions variables and suicide rates are stronger for women than for men, stronger for measures of belief than observance and is mediated by tolerance to suicide. In individuals, stronger religious beliefs were associated with lower tolerance to suicide and for men exposure to a religious environment may protect against suicide by reducing its acceptability (Neeleman et al, 1997).

Suicide rates are lower in religious than in secular countries. It is not clear whether an association between religious and suicidal behaviour also applies at the individual level. Neeleman's study (1997) simultaneously examined individual and contextual issues of protective factor against suicide.

A comparison of suicide rates according to prevalent religious denominations in countries brings to light a most remarkable difference between countries of Islam and countries of any other prevailing religion. In Islamic countries (for example, Kuwait), where committing suicide is strictly forbidden, the total suicide rate is close to zero (0.1 per 100,000 population. In India and in Italy (where prevalent religions

other than Islam), the total suicide rate is around 10 per 100,000 (Hindu 9.6, Christian 11.2). In Japan, where Buddhism and Shintoism prevent the total suicide rate is distinctly higher at 17.9 per 100,000 population. At 25.6, the total suicide rate is markedly highest in atheist countries (for example China) where religious observances have been prohibited for a long period of time (for example Albania). With regards to gender, the suicide rates according to prevailing religion in countries are generally higher among men than women. The highest male: female ratio can be found in atheist and Christian countries, namely 3.5:1 in both cases; the lowest is seen in Hindu countries, at 1.3:1. Certainly these findings do not take personal levels of religiosity into consideration; they might indicate the importance of religious context, that is, the prevalence of a religion in a country, and its influence, as an important cultural factor in the determination of suicide deaths (Bertolote & Fleischmann, 2003).

Role of religion in suicide prevention

CHRISTIANITY

Suicide is considered a sin against God among monotheistic religions including Judaism, Christianity and Islam (Tondo, 2000; Dublin, 1963). The Ten Commandments to Moses do not explicitly mention suicide, but forbid 'killing'. Apparent rarity of suicide in the Old Testament and throughout Jewish history may reflect a view of life as sacred. Judaism did not permit religious burial of suicides, based on 2nd century Talmudic writings (Mishnah) paralleling contemporary Roman and Christian laws and practices. Although they did not explicitly condemn suicide, some Talmudic Scholars proposed that suicide could preclude external happiness. Punishment was intended only if suicides were 'intentional' as indicated by communication of intent, a criterion that may underline the variety of suicides reported in ancient Hebrew texts. Nevertheless, mass suicides occurred during the centuries of persecution of the Jew (Tondo, 2000; Dublin, 1963)

Early Christianity became concerned with 'voluntary martyrdom' at the hands of Roman

military, which was provoked by groups of the faithful presumably to assure a favourable after life, but at some risk of depleting number of early converts. Self-sacrifice was accepted as altruistic, but taking ones own life was considered egotistical, and therefore sinful. Saint Augustine (AD 354-430) condemned suicide as an act against God by extension of the Sixth Commandment to Moses ('Thou shalt not kill') (Dublin, 1963). The second Roman Catholic Council of Orleans (AD 533) expressed the first official disapproval of suicide, considering it (ambiguously) as either the Devil's work or an expression of mental insanity, and the Council of Barga (AD 563) forbade burial of suicides (Sullivan 1982; Zilboorg, 1996). Suicide was condemned not only as a sin against God and the will of God, but also an 'ideological' defect in the control of free will. Thomas Aquinas (1225-1274) considered suicide a sin against God and the state and particularly dangerous for making repentance impossible. Suicide emerging from morbid or despair was particularly abhorrent to the early church but despair was to be dealt with by benevolence as well as by reason and penance. It was only by the 20th century that Christianity softened its teachings on suicide by accepting a lack of effective conscience implicit in suicide, but condemnation for suicide was not abandoned until 1983. As recently as 1995, Pope John Paul II restated church opposition to suicide, euthanasia and abortion as crime against life not unlike homicide and genocide (Tondo, 2000; John Paul II, 1995).

ISLAM

Islam has generally condemned suicide based on the belief that Allah's will determine the destiny and the time of death, but tolerates suicide as a form of self sacrifice, particularly holy wars. Islam encourages submission to God's will in suffering and sickness. As a consequence Muslim patients do not really talk about suicide. It appears that Islamic art and literature rarely address the themes of suicide. Often one finds in clinical practice, depressed Muslim patients, who divulge their suicidal ideas quickly go on to state that they would not carry out their ideas because it is against their religion. It takes that much more for a Muslim to cross the bridge and therefore if a Muslim patient mentions suicidal plans he should be taken quite seriously. Islam asks man and woman to wait for his or her destiny, rather than snatching it from the hands of God. If he doesn't he will be depicted as unfaithful wretch (Venkoba Rao, 1992).

HINDUISM

Hinduism's view of suicide is more complex. According to some scholars, the Hindu scriptures give complicating view about whether suicide is permissible. Some forbid it, but others permit it for those who have attained enlightenment. Some think that the more tolerant attitude of Hinduism is because of the belief in reincarnation and the eventual detachment of the soul from the body, a view shared by Buddhism. Other Hindus, however, state that since Hinduism is pantheistic, to kill one's body is wrong, for that would be equivalent to killing of the God in oneself.

Adityanjee (1986) from his paper on the cross-cultural aspects of suicides and suicide attempt in India 'Traditionally, Hindu religion has taken very tolerant view of suicide unlike Christianity or Judaism. Under Brahminic influence, the Hindu has been traditionally inclined to self-destruction purely for the joy of sacrifice because even with no particular reason, renunciation of life was considered praiseworthy. The Brahma Purana, one of the important Hindu scriptures, reports five kinds of suicides as justifiable and acceptable. This ambivalence is reflected in the discourse of the distressed in Hindu society. Vedic and Upanishadic period penalised suicide in general.

Ramayana and Mahabharata have recorded instances of suicide. When Lord Sri Rama died there was an epidemic of suicide in Ayodhya. Bhagavad Gita is against self-torture and self-killing. Brahmanical view was that any one who tries to kill oneself but fails should fast for a stipulated period. Hinduism accepts ritual suicide by a widow (Sati) as a way to cancel her husband's sin, and to gain honour for their children; Raja Ram Mohanrai organised agitation against sati and this practice is now rare. During Vedic and Upanishadic times, apart from sati, death from drowning at the confluence of rivers to achieve 'punya' (salvation in the next life), the self destruction for incurable diseases, ascetics undertaking great journey towards the last year of life (Mahaprasthanam), were allowed. Vedic and Upanishadic period penalised suicide in general but with the above exceptions

BUDDHISM

Buddhism also claims detachment from the body, but condemns suicide as a violation of the requirement that men should live for the time

desired and cannot hope to avoid sufferings to which they had been condemned from previous lives. Also, suicide implies insufficient detachment and indifference to life (Dublin, 1963).

SUICIDE COUNTERS

Venkoba Rao (2003) used the term 'suicide counters' namely those factors that tend to inhibit the suicidogenic impulses. The patients who experience suicide ideation do not proceed to completion owing to the overwhelming opposing influence of countries economic, religious, moral, ethnic and social nature. The care of their children, of their spouses, fear of stigma that would descend on the family and fear of damnation in the hell tend to prevent them from completing the act.

Religious factors that instigate suicide confer cognitive resistance to suicidal behaviour. The sociological literature shows that religion does have a lowering effect on suicide ideologies (Stack et al, 1994). In a clinical setting, it is not uncommon for devout Christians and Muslims in this country to say that while they are severely depressed and thoughts of suicide have occurred to them, they would not consider suicide because it is against their religious beliefs. It is to born in mind as cultural ideas are internalised so are a culture's ideas about suicide. A more liberal attitude to suicide would increase an individual's and collective vulnerability to this idea (Kral, 1998).

Among the Indians however these cultural and religious sanctions are less strong. All other things being equal the lower the cultural obstacles to suicidal behaviour, the easier it is for the individual to cross them. Venkoba Rao (1975) and Vijayakumar et al (1999) have described that the religious prohibitive and therefore protective forces available to Indians are weaker.

Stack (1983) have compared and contrasted the social integration theory with religious commitment theory of religion and suicide. The social integration theory was based on two dimensions of religion, the number of shared religious beliefs and practices, the greater the subordination of individual to group life, the lower the chances of alleged destructive individualism and free enquiry; and as such lower the risk of suicide. The actual content of religious dogma and rites is viewed as secondary; the sheer

number of dogmas and rites are central. In contrast to classic integration view, the theory of religious commitment holds that just a few life saving religious beliefs may be all that are necessary to lower suicide risk. Vast number of rituals and beliefs may not be necessary. Belief in an after life for example may make worldly suffering more endurable and less life threatening. The provision of idealistic role models and alternative stratification system for building self-esteem, glorification of the states of poverty (a key risk factor in suicide), and so on are seen as life saving aspects in American religions.

CONCLUSION

To conclude the words of Albert Einstein by aptly quoted 'creating a new theory is not like destroying an old barn and erecting a skyscraper in its place. It is rather like climbing mountain, gaining new and wider views, discovering unexpected connection. But the point from which we started out still exists, although it appears smaller and forms a tiny part of our broad view'.

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