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December 2023

Institute of Knowledge Integration

Research Paper

ITKI6300

*Islam and Suicide: Ideation, Belief and
Prevention*

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Abstract

This paper seeks to understand the issues behind the conversation about suicide and Islam. Although suicide is clearly forbidden in the religion, that should not be where the discussion ends. It is imperative to shatter the fallacy that Muslims are simply not affected by it. Therefore, in this paper I explore the obstacles in tackling the issue (criminalisation vs decriminalisation, improper therapeutic solutions, societal stigma as well as the problem defining suicide) and present possible solutions that are in line with core Islamic beliefs. Furthermore, data from a survey on the topic sheds a light on the perception of the issue Muslims around the globe have and what this means in regards to prevention and understanding.

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Introduction: The Neighbour Who Slipped Through The Cracks

In 2008 British filmmaker Sue Bourne sought to create a unique documentary of its kind. Noticing a decline in the concept of community and the rise of individualism in society, she noted that she didn't know any of her neighbours on her West London street where she had lived for fourteen years, "keeping herself to herself". In her documentary, *My Street*, Bourne knocks on some 116 doors and gets acquainted with a variety of families and individuals with stories to tell, living just metres apart. Some of her neighbours are millionaires living comfortable and fulfilling lives, whilst others struggle to get by, living a very solitary existence.¹

One of Bourne's neighbours that we meet is Adam: a 25 year old muslim man living alone and struggling with Tourette's and OCD. He is "rarely noticed" by his neighbours². In the documentary the viewer is presented with the duality of Adam; at his core he is articulate and intelligent and at other times he is deeply troubled and self isolated. Despite living in squalor and clearly struggling with basic day to day activities such as cleaning, ordering food or shaving, Adam insists that his flat is the best place for him to

¹ Documentary: My Street, 9pm, C4, Retrieved 19/12/2023
<https://www.express.co.uk/showbiz/tv-radio/35679/DOCUMENTARY-My-Street-9pm-C4>

² My Street (Human Interest documentary), Retrieved 19/12/2023
<https://youtu.be/gGjXmm0-l4?si=a6DFzZSMP0DYSxiH>

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be and that his Tourette's is manageable. What he struggles to manage, he confesses, is his loneliness and depression which blight his life altogether.

The documentary concludes with Adam's conditions worsening to the point where he tells Bourne that "sometimes I want to sleep and never wake up"³. After a brief stint in hospital, Adam was later found dead in his flat, having lived in almost total isolation for four years.

The tragic case of Adam is a starting point of this paper which I consider to have raised many questions. His story pulls at the threads of cultural taboos and unravels preconceptions others might have about suicidal individuals of faith. In the documentary we see Adam pray, but the subject of his faith is not one which is part of Bourne's questions. After all, that is not the focal point of her film, but it is certainly something interesting that could be explored.

Bourne implies that if the institution of neighbourhood had existed, perhaps his death would have been preventable. Perhaps this might be so, but I want to look at this topic from a more holistic point of view. Faith serves as more than a set of arbitrary beliefs that remain stationary in an individual's mind. Rather, they can be the driving force behind day to day decisions and how people understand themselves truly. Which begs the question, what would the role of faith based assistance have played in the case of

³ My Street (Human Interest documentary), Retrieved 19/12/2023
<https://youtu.be/gGglXmm0-l4?si=a6DFzZSMP0DYsxiH>

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those such as Adam? Was faith a factor that caused him to be shunned by his family?

Was faith a motivator in the feelings of shame he experienced? Could faith based medical intervention have made a difference?

What Does Islam Classify as Suicide?

When we delve into this topic, it is important to clarify stance, especially when pertaining to faith. Although it is an emotional topic for some, it is paramount that we do not lose sight of the bounds of what is understood in the faith. So, before we proceed, we must define the Islamic stance on suicide itself.

Suicide is indisputably a cardinal sin in Islam⁴ and that those who engage in it will be denied paradise. This ruling is mostly drawn from evidence in the Quran, the book which Muslims believe to be the untainted word of God. In Surah Al-Nisa the killing of oneself (or others) is outlawed in a very literal way “and do not destroy each other: for, behold, God is indeed a dispenser of grace unto you!”⁵.

⁴ Suicide In The Muslim World, Retrieved 18/12/2023
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9178353/>

⁵ Asad, Muhammad. *The Message of The Quran*. (Dar al Andalus Limited, 1980). 4:29

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The wisdom behind this is better understood in the context of Islam and what Muslims work towards as part of faith. Life in Islam is not an aimless exercise, devoid of meaning or purpose. Purpose is what negates the option of suicide. In Islam, being placed on this earth and having life blown into you is not by chance, but an intentional plan of God's. The true purpose of man is to worship God and God alone and live a clean and purposeful life. However, this is not a life that was ever intended to be one without trials and tribulations.

Multiple times in the Quran, believers are reminded that this life was never meant to be a smooth one and that they will be tested "He who has created death as well as life, so that He might put you to a test [and thus show] which of you is best in conduct, and [make you realize that] He alone is almighty, truly forgiving."⁶ Thus we can see that concept of "testing" serves as a motivating force for Muslims to live life in a moral and proactive way. Due to the fact that admittance into heaven is something that must be earned, Muslims cannot be passive in their conduct in this life and that their existence and actions very much matter. It can be argued that ending one's own life is refusal to engage in any of the tests decreed for them. If we apply this concept to the simplistic allegory of a student facing an examination, refusing to sit the exam, despite whatever preparations have been made prior, would result in instant failure.

Although, this is not to say that difficult tests set one up for failure. Difficult tests can be overcome with the right type of assistance. Let us return to the aforementioned ayah

⁶ Asad, Muhammad. *The Message of The Quran*. (Dar al Andalus Limited, 1980). 67:2

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that is cited when discussing to prohibition of suicide in Islam “and do not destroy each other: for, behold, God is indeed a dispenser of grace unto you!”⁷. Certainly it is no coincidence that God’s mercy is mentioned directly after the instruction to not kill your self (or others). What this points to is that through any struggle that an individual is suffering, turning towards God will assist them through their hardship. This is evident when we look at the lives of many prophets in Islam: all, without exception, faced trials and tribulations that would surely test their mental well-being, causing them to question their life. A quick look at the life of Job (Ayub) shows believers that although he was afflicted with a skin disease which many would find intolerable to live with, he remained steadfast to God. In a similar test of patience and faith, Jonah (Yunus) was imprisoned in a whale; a situation so unimaginably unbearable, yet one he survived through drawing on his faith. As the Quran reminds believers “in remembrance of God [men’s] hearts do find their rest”.⁸

We have established that Muslims can and will be tested by God and perseverance throughout these tests is paramount to entering paradise. However, although we can categorise resisting suicide despite one’s own life’s difficulties, this is not the only manner in which suicide and Islam are discussed.

Although, not the main focus of this writing, it is still important to acknowledge and discuss the other facets of Islam and suicide in order to proceed. I consider this an

⁷ Asad, Muhammad. *The Message of The Quran*. (Dar al Andalus Limited,1980). 4:29

⁸ Asad, Muhammad. *The Message of The Quran*. (Dar al Andalus Limited,1980). 13:28

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essential step in understanding the discourse of God given life Vs. man-made death.

Undoubtedly, the vast majorities of suicides are caused by poor mental states exacerbated by difficult life conditions, however these are not the only ones. In 2023, in the time of writing, two other categorisations of suicide cannot be ignored: Suicide Bombings and Euthanasia.

Let us first address the former. The issue of suicide bombings in Islam has been a hot topic for the past few decades, rising into prominence in the 1980s in coordinated attacks by Lebanese militant group Hezbollah. In a post 9/11 world, Islam has often been maligned as synonymous with acts of terrorism, most often conducted by suicide bombings. Now, when grappling with this topic, language is important. The language that we use when looking at this uncomfortable topic requires nuance that might not translate into English or belong in the general English lexicon. When one looks up the term for “suicide attack” (in the *intended* understanding of the term) in Arabic, it does not exist. Instead, the preferred term is *Itishhad* which translates to “martyrdom operation”. The word “suicide” is not used, even though the death of the perpetrator in the operation is inevitable and very much intended.

This might seem curious or a case of pointlessly “splitting hairs” for the western, non Muslim reader. Why is it that in many cases of what in English is referred to as a “suicide attack” is referred to as something different in the Islamic world? Why is language so important here and what does it imply? Simply put, many do not consider these acts as suicide in the conventional and sinful sense. Rather, they can be seen as

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selfless acts of martyrdom for the greater good. Whether or not this is actually true or at all permissible remains a point of contention for many.

Context is essential when understanding the categorisation of a suicide attack as an act of martyrdom as *Jihad bi Saif* (Jihad of the Sword), and according to some scholars, many conditions need to be met to make the distinction of suicide and Itishaad.

Ultimately, what it comes down to is what is considered a legitimate act of war and what is considered conventional suicide.

In the chapter *Defining Suicide Terrorism*, Assaf Moghadam firstly looks at this issue under a secular lens and how this issue has been looked at in secular, non religious conflicts. Citing Japanese kamikaze attacks, Moghadam points out that, although suicide in these attacks were inevitable and intended, they are seldom a categorised as suicide terrorism due to the fact that they were committed at the behest of the government⁹. It would appear that in a secular modern sense, suicide attacks are only absolved of being a)terrorism and b) suicide if they ordered from a legitimate government and not a militant group. However, what does this mean, if anything, for such attacks committed in the name of Islam?

Moghadam acquiesces that distinguishing a suicide bomber from a “martyrdom operation” is a problematic task that does not always yield straightforward conclusions.

⁹ Pedahzur, Ami. *Root Causes of Suicide Terrorism: The Globalisation of Martyrdom* (Routledge, 2006) pp 14

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Ultimately, Moghadam considers that such attacks perpetrated by Muslims with religious ideology in mind, “does not ignore the attacker’s death in its description”, but centres the attacker’s role and reframes it in a different way, that can be justified as an act of martyrdom and not suicide in the conventional sense.¹⁰ However, although we can see certain groups and perpetrators engage in mental gymnastics to justify attacks and re-categorise them, the question remains, what is the consensus in Islam?

Ultimately there is no simple “one size fits all” answer to this question. Some scholars do not consider certain acts suicide so long as the conditions of the Islamic principles of war are met, and that these particular attacks are as a last resort, whereas others will condemn such attacks as abhorrent violations of God’s law and acts of sinful suicide. One thing is for certain though, discussions into suicide bombings, much like any discussions of suicide are clouded by emotion, discomfort and taboos.

The last topic that we will discuss in our quest to define suicide in Islam is Euthanasia. Euthanasia, often referred to as “medically assisted suicide” is a relatively modern phenomenon. It entails an individual, often with a chronic illness, electing to a medically assisted death. Euthanasia advocates argue that it is an act of human compassion to spare the individual of physical suffering that has negligible chances of improving, giving them a dignified death. Euthanasia remains a highly controversial and sensitive topic that is the subject of many ethical and religious debates across the board . So much so

¹⁰ Pedahzur, Ami. *Root Causes of Suicide Terrorism: The Globalisation of Martyrdom* (Routledge, 2006) pp 16

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that legislation legalising it has not been achieved in many countries, despite its many advocacy groups. As of writing this essay, euthanasia in the conventional sense is only legal in a handful of countries with rigorous criteria.

To even the casual observer, it would appear evident that an act such as euthanasia would be gravely impermissible in Islam. However, that is not the question of its permissibility is not what I want to explore here; the question of *why* is surely far more compelling. Ostensibly, euthanasia is an act that requires a great deal of planning from multiple parties. It is not a spontaneous decision which is made rashly in a moment of weakness, but rather is very well thought out and planned in advance. In no uncertain terms is medically assisted suicide an accident by any means.

Thus, with this in mind it is important to establish what death actually means in the Islamic faith: it is “the transition from one state of transition to the next”¹¹ where life’s tests come to an end, all of which will be evaluated if the individual is worthy of entering paradise or not. In Islam death is predetermined by God and it is not something that should be hastened along by man. To do so is to abandon the responsibility endowed to man and violate predestination. Life is considered sacred and should be preserved. A person’s life and his body does not belong to him, but rather belong to God, it is considered the responsibility of the individual to not harm his body and maintain himself

¹¹ Sheikh, A. Death and Dying - A Muslim Perspective, *Journal for the Royal Society of Medicine*, Volume 91, March 1998 pp. 138

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and the earth in which he exists, this all plays into the Islamic concept of *khilafah* where humans are considered God's vicegerents on earth.

Lastly on the topic euthanasia, it is important to acknowledge the reality of physical suffering and how it can be extremely challenging for the afflicted individual to live with. Certainly, it is undeniable that those who are living with such physical pain should be given some form of relief. In Islam undue suffering is not tolerated and pain management and correct medical care is highly encouraged and commendable. It is not for mere mortals to know why exactly some have been given such physical tests in life, whereas others haven't, but what can be drawn from Islamic literature is that patience in such extremely challenging situations will be greatly rewarded as is detailed in the story of Prophet Job and all that he endured throughout his sicknesses.

Quantifying Suicide: The Issue and impact of Collecting Data and Criminalisation

In his book, *When It is Darkest: Why People Die by Suicide and What We Can Do To Prevent It*, Rory O'Connor attempts to pin down what exactly *is* suicide. It is worth noting that O'Connor, an international expert in suicide prevention, does not approach his work from an Islamic perspective, but a secular one, with occasional references to Catholicism's cultural influence on the topic and the Church's changing stance on the

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issue. That being said, his work is still a valuable and useful, up to date resource for anyone delving into the topic. Simply put, he writes that suicide in the conventional sense can be defined as a last resort individuals engage in when the mental anguish seems too much to bear “Like physical pain, there is only so much mental pain that we can withstand and, when we reach our limit, something has to give.”¹²

Like any affliction or ailment, Muslims are not exempt from being afflicted by them. In the same vein that a Muslim could suffer from liver disease, same as a non Muslim, a Muslim can also suffer the same psychological conditions and psychological pain. This should not be a radical statement, nor come as a great shock. However, due to social taboos, religious misunderstanding and the fear of shame, it can be an issue that is left neglected and swept under the rug by Muslims and their communities. As well the clear devastating impact this can have on an individual who is suffering, this also presents the problem of accurate data.

Why is accurate data so essential to tackling the problem? According to the National Alliance Action For Suicide Prevention, accurate data is essential to developing effective suicide prevention and evaluating its efficacy¹³. Thus, if there is not accurate data to draw from, we are unable to tackle the issue or even fully comprehend the scope of the issue in any meaningful or impactful way. Unfortunately in regards to suicide and Muslims, this problem is surfeit with inaccuracy and secrecy.

¹² O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 38

¹³ *Action Alliance: Data and Surveillance*, Retrieved 19/12/2023.
<https://theactionalliance.org/our-strategy/data-and-surveillance>

What could be the causes of this? One such issue that is faced globally in the conversation of suicide rates is the classification of death ruled by coroners, which adds layer upon layer of convoluted confusion and lack of cohesion. There are many reasons why deaths are sometimes not classified as a suicide by coroners. O'Connor poses that one of the issues is that it is difficult to truly know the intention behind the death of an individual. In fact, he remarks that often, even in the event where a "suicide note" of sorts is left, there have been cases where "despite a suicide note being left, the coroner ruled against suicide as the cause of death, because they thought that the person who died may have changed their mind after writing the note."¹⁴ indicating that the possible regret after the effects of lethal self injury began to take hold, negates the classification of death as suicide. Further legal issues muddy suicide statistics. In fact, in the UK until relatively recently (2019), in order for a suicide to be legally classified as such, it would have to be proven beyond a reasonable doubt, mirroring the same burden of proof as criminal cases.¹⁵ The missing statistics from such cases leave a gaping hole in our understanding of suicidal ideation. Incorrectly recording a death as something other than suicide absolutely carries consequences. When these deaths aren't recorded as suicides, we are unable to gauge the epidemic of mental health issues that a society is struggling with. Many people who have died by suicide may have never even sought help from a mental health professional, thus their case goes unrecorded and

¹⁴ O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 18

¹⁵ O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 19

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undetected. This begs the question: is suicide an even greater problem than the numbers really reflect?

O'Connor mentions that one of the reasons why a death may not be classified as a suicide could be down to "cultural, religious and political pressures"¹⁶. Reading behind the lines here, it is not a grand leap to understand that Muslim societies are particularly vulnerable to such pressures. In fact, in countries such as Saudi Arabia and Malaysia the act of suicide itself is criminalised. What sort of implication does the criminalisation of suicide have?

It is important to note what we are discussing in regards to the criminalisation of suicide here. The abetting, assistance and/or incitement of suicide which are criminalised in a great many countries is a separate issue. The point in which we are discussing here are the legal and criminal ramifications of a (failed) suicide attempt. In many countries, including muslim majority countries, a suicide attempt can land the individual with a prison sentence, hefty fine or misdemeanour. However, the criminalisation of suicide attempts is not exclusive nor limited to muslim majority countries.

In the aptly named article, *Punishing the Tortured*, two explanations of the rationale behind this legislation are offered. The first explanation put forward is it serving as a deterrent in which many argue "countries that continue to criminalise attempted suicide

¹⁶O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 23

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have lower suicide rates than the global average”¹⁷. From a casual glance, it might appear that criminalisation of suicide is perhaps a force for good. However, let us not get too ahead of ourselves here. The aforementioned issue of muddied statistics looms over this argument too as death by suicide is once again underreported and misclassified¹⁸ meaning that to get a true picture of how effective a deterrent suicide criminalisation actually is, is near impossible.

When attempting to quantify and understand the efficacy of comparing and contrasting the (as we discussed earlier somewhat questionable and most probably incomplete) data from countries where suicide has been decriminalised, there doesn't appear to be a 'one size fits all' solution. For instance, studies have shown that in Ireland and Canada that the years following decriminalisation, suicide rates increased¹⁹ whereas Sri Lanka had seen a significant decrease²⁰. However, one must also take into account the following factors that could perhaps contribute to an increase or decrease in suicide rates: a) the removal of stigma after decriminalisation leading to more of a willingness by coroners and families alike to record the suicide as such b) increased efforts in suicide prevention. One thing can be certain however: the issue of criminalisation at the very least wreaks havoc with data.

¹⁷ Coneyl, J. Punishing The Tortured: Criminalisation of Suicide, *The Lancet*, Vol 401, Issue 10384, April 2023 pp 1241

¹⁸ Coneyl, J. Punishing The Tortured: Criminalisation of Suicide, *The Lancet*, Vol 401, Issue 10384, April 2023 pp 1241

¹⁹ Lew et al, Decriminalizing Suicide Attempt in the 21st Century: An Examination of Suicide Rates in Countries that Penalize Suicide, A Critical Review. *BMC Psychiatry* (2022, 22:424) pp 8

²⁰ Lew et al, Decriminalizing Suicide Attempt in the 21st Century: An Examination of Suicide Rates in Countries that Penalize Suicide, A Critical Review. *BMC Psychiatry* (2022, 22:424) pp 8

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Ultimately, although research into the topic is paramount, the figures alone don't give enough insight into the issue of criminalisation. What is more significant, perhaps is to consider the real life implications of criminalisation and decriminalisation. When suicide was set to be decriminalised in England and Wales in 1961, the Church of England feared that decriminalisation would be "aiding and abetting"²¹ suicide. The claim that decriminalisation is tantamount to encouragement is a claim refuted by Lew et al, who suggest that it is criminalisation itself that "encourage[s] people to use more lethal methods to end their life" thus increasing the death toll of those taken by suicide. Moreover, with decriminalisation comes important conversations about suicide prevention with institutional framework to enact it. When resources and help are more readily available, people struggling with mental torment are more inclined to reach out. Furthermore, when the implied criminality of feeling suicidal (liken this to the implied criminality of wanting to murder another human or the implied criminality of wanting to rob a bank) is removed there becomes less social stigma to admit you are struggling and need help.

When we consider the sheer difficulty of making head of tail of any data of suicide criminalisation, the picture becomes even murkier when we add religion into the mix. The issues of death classification are far more pervasive amongst Muslim societies where some would consider it more palatable for family and society alike to record suicides as "undetermined deaths' or 'deaths by misadventure"²² to not carry the shame

²¹ Lew et al, Decriminalizing Suicide Attempt in the 21st Century: An Examination of Suicide Rates in Countries that Penalize Suicide, A Critical Review. *BMC Psychiatry* (2022, 22:424) pp 2

²² O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 19

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attached to suicide. As we have previously discussed, the act of suicide is a sin in Islam, a crime against God's creation and absolutely forbidden. However, feeling suicidal and struggling with mental health is not. Suicide is one hundred percent preventable up until the moment of death, so what role does Islam and laws play in that small gap between life and death? And moreover, is criminalising the act of any significance whatsoever?

Let us return to Punishing the Tortured to reflect on the secondary aim of listed behind criminalising suicide. It is thought a that the very act of decriminalising suicide would be an act of condonement of suicide itself²³ which then leads us with the very tricky question of the idea of criminilastion under sharia law. There is a debate to be had whether or not suicide is enshrined by sharia law. If we follow the thought of attempted murder being tantamount to attempted suicide, then it would seem like a logical step for it to be punishable under shariah law. Lew et al points out that in countries where suicide is criminalised under shariah, that the suicide rate is lower national average suicide rates²⁴. But as we have established, this data should be taken with a pinch of salt. However it could be argued that an attempted suicide is far more complicated than an attempted murder and thus shouldn't be criminalised under sharia.

²³ Coneyl, J. Punishing The Tortured: Criminalisation of Suicide, *The Lancet*, Vol 401, Issue 10384, April 2023 pp 1241

²⁴ Lew et al, Decriminalizing Suicide Attempt in the 21st Century: An Examination of Suicide Rates in Countries that Penalize Suicide, A Critical Review. *BMC Psychiatry* (2022, 22:424) pp 8

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As previously mentioned, certain Muslim countries that have some elements of sharia to their law, criminalise suicide, whereas many others do not. This is because there is no universal clear cut answer in Sharia law as criminalisation of suicide is found neither in the Quran or any hadith. Therefore, it is open to interpretation using the ijtihād of the Ulema (scholars) to weigh up the possible benefits of criminalisation or decriminalisation in relation to religious values, local culture, customs and traditions. It is for this reason that differing rulings are made. Some scholars would consider criminalising suicide as a benefit to society in line with Islamic values, whereas others would not. Thus, here I would like to clarify with the reader that although criminalisation can skew data and perhaps hinder suicide prevention in some countries, in others, according to informed opinions, that either is not the case, or the difference of criminalisation vs decriminalisation is considered negligible and does not play any role in suicide prevention whatsoever.

“Lizard Holes”: Secular Suicide Prevention not fit for purpose?

In 1976 Dr Malik Badri published the trail blazing “The Dilemma of the Muslim Psychologists” and made a great many interesting observations about the world of psychology and Islam. Badri had observed a worrying trend in which Muslim psychologists were setting aside their religious beliefs in favour of secular, western psychology that neither served Muslim patients nor made any sense for Muslim psychologists to practice and that divorcing the personal beliefs from the professional is an injustice. He asserts that the aim of Western psychology is to “help develop the

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normal well-adjusted individual”²⁵. However the criteria of what actually constitutes a “well adjusted individual” is subjective depending on culture and values. Values are not universal, and surely then the (as Badri puts it) “...alcohol-saturated sexual revolution of modern Western societies” directly clashes with Islamic values. In the introduction to later editions of Badri’s book, Dr Muhyiddin Abd al Shakoor succinctly summarises that “It is very apparent that Allah is out of the picture for most Western therapists”²⁶.

What are the implications of this problem? For instance, when reviewing secular, western literature on suicide, glaring contradictions within Islam can be easily identified. For instance, although brilliant and valuable in so many respects, O’Connor’s *When It Is Darkest* has an entire sub chapter titled “Suicide is Not a Sin”. In it, O’Connor references particularly his own cultural baggage growing up in Northern Ireland and the view of the Catholic Church. He equates religious dogma ruling suicide a sin to the Church inflicting further pain on families of those who died by suicide, which he describes as “isolating” and “detrimental”²⁷. He also very briefly mentions how he considers the criminalisation of suicide under sharia law as (which, as we have previously established is open to interpretation by scholars) detrimental. However, his focus is chiefly based on his view of Catholicism through an ostensibly very secular lens.

²⁵ Badri, Malik, *The Dilemma of Muslim Psychologists*, (Islamic Book Trust, 2016) pp 21

²⁶ Badri, Malik, *The Dilemma of Muslim Psychologists*, (Islamic Book Trust, 2016) pp xxii

²⁷ O’Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 68

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Now, when reading *When It Is Darkest* written by an “international suicide prevention expert”, what is the Muslim psychologist, activist, concerned family member or friend to do? Perhaps they find themselves nodding along to certain chapters and simply choose to gloss over “Suicide Is Not a Sin”. They find themselves cherry picking the benefit whilst ignoring the parts which directly conflict with Islamic teachings. Although this approach might work for some, one thing becomes apparent; suicide prevention framework created by secular psychologists and writers is created with secular patients in mind. It reflects the values and ideals of the “well adjusted individuals” espousing the values of secularism. Whilst a framework might be tailor fitted to the secular individual, it might fall apart at the seams for the Muslim individual.

It is evident that for an issue as serious as suicidal ideation, solutions and therapeutic treatments with Muslim patients in mind are very much needed. Elaborating on Badri’s ideas, Husain and Hodge trace back modern day therapy’s roots to the Enlightenment period. Husain and Hodge assert that the Enlightenment narrative separates material reality from a metaphysical one²⁸. Thus, the idea of the Seen world is completely divorced from that of the Unseen. This distinction lends itself to a secular narrative where Church and Self are separate and disassociated on all levels. This is compounded by the idea of individualism that also emerged from the enlightenment. The problem with Western counseling being rooted firmly in secularism and individualism is that these concepts are completely in conflict with Islamic values which

²⁸ Husain, Hodge, *Islamically Modified Cognitive Behavioural Therapy*, *International Social Work*, May 2016 pp 395

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Muslims live by.²⁹ Therefore, doubt can be cast on the efficacy of Western counseling altogether when it comes to patients who fully adhere to a faith where all these separations and disconnections from the spiritual self don't exist.

So, does that mean that Secular, Western psychology should be set aside completely? Not quite, as many approaches and techniques are not without merit. Such an answer to this problem that has emerged is to "Islamically modify" existing approaches. This idea has been explored particularly when looking at Cognitive Behavioural Therapy which is highly effective for suicidal individuals. This is something that has been looked at by Husain and Hodge within regards to modifying CBT for Muslims living in Western societies. They argue that the efficacy of CBT can be increased if it is utilised in a way that is "consistent with clients' value systems"³⁰. In fact, there exists many exciting resources on this topic. With the publication of Pearce et al's Religiously 'Integrated Cognitive Behavioural Therapy: A New Method of Treatment for Major Depression in Patients With Chronic Medical Illness', in 2014, a number of interesting ideas were brought into focus.

The paper references some interesting statistics which make the case for religiously intergrated CBT. In fact, Pearce et al made the comparison between the efficacy of secular methods and their 'spiritual' equivalents. They found that "spiritually integrated therapies showed greater improvement on spiritual outcomes and similar improvement

²⁹ Husain, Hodge, Islamically Modified Cognitive Behavioural Therapy, *International Social Work*, May 2016 pp 396

³⁰ Husain, Hodge, Islamically Modified Cognitive Behavioural Therapy, *International Social Work*, May 2016 pp 394.

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on psychological outcomes”³¹. This is a very significant finding when one looks into the essence human existence as a whole. An individual who is grappling with mental health and experiencing suicidal ideation is battling a double headed monster of sorts: mental health and the lack of religious wellbeing to prevent them from veering into the murky realm of suicidal thoughts. Thus, if as Pearce et al postulate, that religiously intergrated CBT improves both the mental and spiritual self, this fulfills the need of at risk Muslims.

However, it must be asked, although all religions do have some form of shared values, is the presented idea of “religiously intergrated CBT” relevant enough to Muslims specifically? Well, certainly a concerted effort has been made to tailor this to Muslims by Pearce et al. For example they present a flexible model which they consider to be suitable for a number of world faiths including Islam, Christianity, Judaism, Buddhism and Hinduism. The concept is adaptable to each different faith through looking at religious texts and exploring their deeper meanings through contemplation and guided reflection.

This concept is then built on by Husain and Hodge, who consider that islamically modifying a treatment such as CBT is a three fold process. Firstly, one must dismantle the values, particularly relating to the “self” echoing sentiments from the enlightenment,

³¹ Pearce et al, Religiously Integrated Cognitive Behavioral Therapy: A New Method of Treatment for Major Depression in Patients With Chronic Medical Illness, *Psychotherapy Theory Research Practice Training* 52.1 November 2014 pp 2

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secondly, to ensure concepts are in line with the Islamic values the patient follows, and lastly the modifications of CBT for effective therapy.³²

Husain and Hodge consider this approach to be a highly effective one. They noted that spiritual motivation enhances the efficacy of treatment in individuals in a variety of possible ways, one of which is a faster recovery. Due to Islamically modified CBT's double pronged approach (the spiritual and the psychological) they consider this results in double the amount of what they call "motivational engines"³³ which are driving forces that accelerate the speed of recovery. In regards to suicide prevention, this is a revolutionary concept as time is of the essence with at risk individuals. Furthermore, Husain and Hodge found further benefits such as lower levels of relapse. Their rationale behind this claim is based upon the idea that Muslims who are spiritually motivated are more likely to implement the needed protocols of CBT and thus less likely to give up³⁴.

We can see that in light of the reviewed information, that suicide prevention for Muslims is something that should be developed with specifically spiritual motivation in mind.

When we look at existing secular therapeutic solutions, we are not looking at the full picture of what is possible. Although I do not doubt that many Muslims have benefited from this style of treatment, there does still leave a lot to be desired. By not integrating psychological well-being with spiritual well-being, there is a lot of untapped potential in

³² Husain, Hodge, Islamically Modified Cognitive Behavioural Therapy, *International Social Work*, May 2016 pp 396

³³ Husain, Hodge, Islamically Modified Cognitive Behavioural Therapy, *International Social Work*, May 2016 pp 399

³⁴ Husain, Hodge, Islamically Modified Cognitive Behavioural Therapy, *International Social Work*, May 2016 pp 399

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what can be done for those seeking treatment. Suicide treatment calls for long lasting, quick and effective prevention for at risk individuals. Surely, it is only when the marriage of psychological well-being and spiritual well-being is put into focus can at risk Muslims truly thrive.

Society, Stigma and Support

The word 'stigma' is defined as "a mark of disgrace". It is something that carries weight and strips people of respect or esteem in the eyes of society. The loss of honour and the burden of shame are tangible fears most that lurk in the minds of most humans. Whilst all people are endowed with their very humanity that raises them up above all other living creatures, society does not always grant them respect. It could be argued that respect is often given based on how much an individual is willing to conform to society's norms and standards, with it increasing the further the individual rises up in the ranks of society. Respect is a marker of success.

Although 'success' can be subjective, in the eyes of some it is a very binary ascent (or descent). Those who do not conform to the societal ideal of life's success, find themselves branded by their 'failure', their 'fall from grace', losing the respect of those around them. This phenomenon is discussed in Kwame Anothony Appiah's *The Honor Code*. After looking at the different notions of honour throughout history and different

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cultures, Appiah concludes that honour is the currency that buys one respect, and that respect is utterly contingent upon one's ability to conform to a society's norms and codes and that the failure to do all of the above, results in a sharp difference in how you are treated³⁵.

Now, let us apply this concept to a Muslim society, which follows the laws laid down by God in the Quran and relayed by Prophet Mohammed PBUH in various ahadith. This is the "code" of such a society: to strive to stay away from what God has forbidden and to enjoy what He has deemed permissible. This is the backbone of any religious community. However, what is also true is that humans are incredibly complex and imperfect creatures. In Islam, this is what differentiates humans from angels. Humans are tested in various ways and a test does not mean God has forsaken them. However, when we think of a test in regards to a suicidal individual, it is not just the individual themselves who are being tested, but the society that they are surrounded by and how they respond and act towards them.

Those struggling with mental health are often hesitant to confide in those around them or even to seek professional help out of the fear of stigma. The stigma which bankrupts them of respect, strips them from honour and shuns them from society. Arguably, this type of "shunning" or treating someone poorly has no basis in Islam and is a

³⁵ Appiah, Kwame Anthony. *The Honor Code: How Modern Revolutions Happen* (WW Norton & Company, 2010) pp 155

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contributing factor to suicide. Society plays a significant role in suicide prevention and can be the support and individual needs in a plethora of ways.

Let us return to the work of Rory O'Connor, who although does not work or write with Islam in mind, offers up many useful and poignant techniques for those trying to get into the mind of a suicidal individual and offer them support. After all, suicidal people do not exist in vacuums, they interact with different people throughout the course of their day, whose actions can have significant impacts on them. O'Connor highlights this when looking at the importance of social connection. He recounts the story of a young man called Ryan, engulfed by mental health struggles, was walking through the park thinking of how to end his own life when by chance, bumped into an acquaintance who smiled and asked how he was. Although a small gesture, it was that smile and warmth from an almost stranger that Ryan perspective and made him want to seek help³⁶. O'Connor conveys the power behind a simple smile as he writes “Smiling is such a simple thing and, apart from the fact that smiling requires fewer muscles to make than frowning, try to remember that it could be life-saving.”³⁷

For those familiar with Islamic literature, this sentiment rings a bell. It echoes a well known saying by the Prophet Mohammed PBUH “Your smiling in the face of your brother is charity”³⁸. In Islam the way in which people act and treat each other in a

³⁶ O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 40-41

³⁷ O'Connor, Rory. *When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It*. (Vermilion, 2021) pp 41

³⁸ *Jami' at-Tirmidhi » Chapters on Righteousness And Maintaining Good Relations With Relatives*, Retrieved 19/12/2023

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society is fundamental. If we pay attention to prohibitions on vices in Islam such as alcohol consumption, the wisdom behind these prohibitions is to benefit society as a whole and less on the individual themselves. For instance, there are many people who are able to enjoy alcohol in moderation, know their limits and can function well in their day to day lives. However, there are others who absolutely can not and despite their intentions, alcoholism blights their lives completely. The prohibition on alcohol is for all people, not only those who cannot handle it. We can see here the objective that if something is bad for anyone at all, it should be prohibited for the whole of society for the betterment of that society. Islam's focus is on the the good of society, and not on individualism.

We can see the spirit of the betterment of society reflected on how people should be treated one another in Islam. In 40 on Justice, this is what Omar Suleiman defines as an obligation to every citizen³⁹. When we look at the Prophetic example of how vulnerable people were treated in the first Muslim society at the time of the prophet, perhaps we can note a marked difference in how the mentally ill were treated. We can see that in pre Islamic society, the mentally ill were shunned under the belief that their state was the result of a curse of a bad omen, that indeed they were perceived as a burden on society and not given their due respect as human beings. The way in which these shunned individuals (which also included those who were disabled and physically ill) were seen and treated was revolutionised under the leadership of Prophet Mohammed

<https://sunnah.com/search?q=%E2%80%9Csmiling+in+your+brother%27s+face+is+an+act+of+charity%5C%22>

³⁹ Suleiman, Omar. *40 on Justice: The Prophetic Voice for Social Reform* (Kube Publishing, 2021) pp 266

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PBUH as he approached them with kindness, patience and respect, not exclusion or ostracism.⁴⁰

It is often said that admitting you have a problem is half of the struggle overcome.

Perhaps this is true, or perhaps it is overly optimistic. Either way, how can anyone even entertain the notion of opening up about their darkest thoughts or want to overcome them when the environment around them feels overly hostile and judgemental? At the core of it, humans are terrified of not being held in esteem by those around them, of losing respect or being seen as “less than”. Religion itself is misattributed as causing this and stigmatising mental health. However, the reality is you look hard enough is quite the opposite. If anything, religion should be the impetus to treat others fairly and pull them out of the hole of mental anguish. It is an injustice to faith itself and adherents of the faith to weaponise it as a means to pass judgment or no longer hold someone in esteem. One can't help but wonder if a suicide is more of a reflection of the person who died or the society in which they lived.

⁴⁰ Suleiman, Omar. *40 on Justice: The Prophetic Voice for Social Reform* (Kube Publishing, 2021) pp 266-275

The topic of suicide itself is a highly emotive one and one that can be difficult to find accurate data on. However for this project I wanted to gauge the perceptions of Muslims, living in different societies. Their levels of comfort talking about mental health and how much the topic of suicide impacts their lives.

The survey took the form of thirteen questions, twelve compulsory and one bonus should the participants want to make further comments. The survey was distributed and completed completely online via Google forms. This allowed the questionnaire to be anonymous and straightforward to complete. Furthermore it allowed the survey to have a more international reach than it would if I had distributed amongst my own local social circle. I believe that having participants from a variety of backgrounds would yield more interesting results which could tell us more about the universal Muslim experience within regards to the topic of suicide.

In total twenty participants responded to the survey, the majority of whom were female. In fact, only 20% of respondents were male. I suppose a variety of reasons could account for this, however it did not come as a great surprise to me. If we consider the fact that on average, the vast majority of suicides are male⁴¹, it is not beyond imagination to suggest that men are therefore less willing to discuss the subject. After all, as we have established, a willingness to open up is conducive to suicide prevention.

⁴¹ *Suicide Data Statistics*, Retrieved 19/12/2023 <https://www.cdc.gov/suicide/suicide-data-statistics.html>

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However, despite this setback, the four male participants who did complete the questions did offer valuable insights on the topic which we will unpack later.

Participants were from a variety of countries ranging from the United Kingdom (7), Turkey (2), Nigeria (2), Uzbekistan (1), Saudi Arabia (1), Singapore (1), South Africa (1), Australia (1), Bangladesh (1), Malaysia (1), Azerbaijan (1) and the United States (1). The pool of participants was very diverse which undoubtedly lends itself to greater range of results. Furthermore, the participants ages ranged from 27 to 57, with the median age being 39. The range of ages here is perhaps interesting when we look at the idea of generational attitudes.

The majority of questions in the survey consisted of statements where participants were asked to rate to what extent they agreed or disagreed with the statement. The range of the answers participants could select (I strongly agree, I agree, I somewhat agree, I neither agree nor disagree, I somewhat disagree, I disagree and I strongly disagree) allowed for more nuance on what is a very nuanced and emotive topic. Other questions simply asked participants to state their gender, age and country. Two questions demanded simple 'yes' or 'no' answers and the final question allowed the participants free reign to express themselves on the topic should they have felt the need to.

The first question *"To what extent do you agree with the following statement: "If my mental health is struggling, I am comfortable in confiding in those around me"* yielded mixed results. 65% of participants responded positively to this question (25%

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answered 'I strongly agree', 25% answered 'I agree' with a further 15% at stating that they 'somewhat agree') indicating that they are surrounded by others they are comfortable broaching the topic with. However, 35% of participants responded negatively (25% selected 'I disagree' and a further 10% chose 'I somewhat disagree'), suggesting that mental health is something they are not confident in discussing with their nearest and dearest. There was no indication that hesitancy to talk was a gendered issue as the numbers showed that the answers of male participants were split 50/50 on the issue.

The second question, "To what extent do you agree with the following statement: "If my mental health is struggling, I feel too ashamed to talk about it" was more direct than the previous question in trying to elicit participants to talk about shame that might be attached to their feelings on the topic. However, somewhat surprisingly, answers were completely mixed across the spectrum with no clear results one way or the other. In hindsight, perhaps this question was indeed too vague or absolutely redundant in purpose.

The third question, "If my mental health is struggling, I feel comfortable seeking out professional help" saw the majority of participants responding on the positive side of the spectrum (30% answered 'I agree', 20% answered 'I strongly agree' and 15% somewhat agreed). This question was intended as a lead into the fourth, more significant question, "The professional help available to me takes my faith into account" which aimed to seek out how aware of islamically intergrated therapy Muslims are and

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how accessible it is to them. Interestingly, the answers to this question were incredibly mixed (20% 'I agree', 10% 'I somewhat agree', 15% 'I neither agree nor disagree', 15% 'I somewhat disagree', 20% 'I disagree' and 15% 'I strongly disagree'). When looking at the responses to this question, looking at the answers in relation to the country of the respondents gives us some fascinating insights. Participants from some Muslim majority countries responded negatively (Bangladesh, Malaysia, Turkey and Saudi Arabia) whereas some participants from non-Muslim majority countries (Australia, Nigeria, United Kingdom and South Africa) had more positive responses. These results suggest that even in Muslim majority countries there is a long way to go in integrating faith and therapy whereas more of an effort is being made (or is perceived to be being made) in societies that are more pluralistic and have to cater to more diverse populations.

The following question "Suicide is a taboo topic in my (Muslim) community " was an effort to gauge how stigmatised the conversation on suicide is. The more that a topic is avoided, the less can be done to overcome it. When suicide is so heavily cloaked in shame it is hard to identify its root causes and thus extremely difficult to tackle. The answers for this question were not surprising, as the majority of the respondents concurred with the statement to varying degrees (35% strongly agreed, 20% agreed and 25% somewhat agreed), just 10% responded in disagreement (strongly disagree).

The fifth question was somewhat experimental "Suicidal thoughts are caused by a lack of iman ". This question stems from the unfortunate tendency that exists in many Muslim communities to dismiss the topic of mental health as a lack of iman (faith). This is

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problematic because not only does it place the blame on the person struggling, but also ignore legitimate avenues of seeking treatment. With this question, I wanted to see how pervasive this way of thinking really is. However, the results were pleasantly surprising with the majority of respondents not readily willing to identify a lack of iman as the route cause. 15% somewhat agreed, 30% neither agreed nor disagreed, 10% somewhat disagreed, 35% disagreed, and 10% strongly disagreed.

The following question was linked to the previous one in the sense that it is related to misconceptions some Muslims might have about suicidal people. The statement was "Muslims don't need to talk about suicide prevention because it's not an issue we face". The answers were incredibly encouraging as all respondents disagreed with the statement (45% strongly disagreed, 35% disagreed and 15% somewhat disagreed). This implies that the Muslim community identifies that it is very much an issue that needs discussing and life saving solutions for.

The last two questions were direct closed questions to identify how much of a problem suicide is in real terms. Participants were asked 'Do you know anyone who died by suicide?'. Unfortunately 55% of respondents did. Those who answered yes were from both Muslim majority and non Muslim majority countries. Lastly, the participants were asked 'Have you yourself ever struggled with suicidal thoughts?'. 45% of participants confessed that they had.

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Lastly, participants were offered the option of expressing themselves further if they felt the need to 'Is there anything regarding any of the questions in this survey that you'd like to elaborate on?'. Most elected not to answer, but those who did expressed the real need for the issue to be addressed correctly in Muslim communities.

One resonant wrote:

"The muslim community needs to be aware that suicidal preventions are done by professionals. It is not an individual effort to provide awareness or support. There should be informed consent for any experimental initiative. Penalties must be meted out to those who exploit others."

Another wrote:

"We need to have more Muslim therapist because suicide also happens in our communities. We have faith, hearts and minds but we live in this society and at times things get hard. We need someone to talk through the difficulties."

Overall, the survey did give valuable insight into how Muslims perceive the issue of suicide, however room for improvement in this study could have been made.

Undoubtedly it would have been more ideal to have had more male participants as notions of masculinity and macho culture play into the modern male psyche which perhaps can affect willingness to talk about feelings and mental health, after all, most deaths by suicide are male. Furthermore, perhaps more detailed questions that were less general in nature could have yielded some more detailed answers. The multiple

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choice questions where participants selected their feelings on a sliding scale would perhaps have generated more nuanced and detailed answers if they had been asked to write their feelings perhaps.

Conclusion

Islam is an all encompassing religion that is not simple a set of rituals or ethnic marker. Muslims believe the Quran was sent down as a means to understand the purpose in life, to perfect religion and to make the world a better place through a sense of reason, justice and order. In this spirit of the betterment of society, Islam encourages its adherents to seek knowledge. Knowledge is not acquired in idle vanity, but to be applied in a way that pleases God. It is for this reason that the Golden Age of Islam saw an outpouring of knowledge and discoveries from Muslim scholars whose works are still referenced across the globe. In the spirit of these impetus these scholars have, it is incumbent on Muslims to draw inspiration from their faith to tackle modern issues.

The Prophet Mohammed PBUH's saying that "There is no disease that Allah has created, except that He also has created its treatment."⁴² indicates that to all issues Muslims face, there exists a solution to be uncovered. Furthermore the ayah in the

⁴² *Medicine*, Retrieved 19/12/2023 <https://sunnah.com/bukhari/76>

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Quran states that “God does not burden any human being with more than he is well able to bear”⁴³ which means any difficulty can be overcome with the right course of action. Suicidal thoughts can be put to rest and suicide is one hundred percent preventable. The key is exploring spiritually motivated therapeutic methods rooted in Islamic thinking or modifying pre-existing secular based methods. Professional help however can not do all the heavy lifting of a societal issue. Society’s hand needs to do its fair share too, implement the Islamic values of compassion and neighbourly care for one another. Absolutely none of this can be achieved when we bury our head in the sand. Frank, constructive conversations need to be had beyond shaming others. It is important to shatter the misconception that Islam is a hindrance, not a help in the conversation about suicide.

⁴³ Asad, Muhammad. *The Message of The Quran*. (Dar al Andalus Limited,1980). 2:286

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