The Relation between Religious Practice and Committing Suicide: Common and Suicidal People in Darehshahr, Iran

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Abstract

This article attempts to study the relationship between different dimensions of religiosity – ideological, emotional, ritual, knowledge, and consequential - and committing suicide. Based on theories of Clark, Stark and Meadow on religiosity, as well as theories of Durkheim, Porter Field, Gibbs and Martin on suicide, and by using survey method, descriptive statistics, T- test, and Pearson's correlation coefficient, the study tries to illustrate the relation between different aspects of religiosity and committing suicide in Darehshahr, Iran, 2009. Findings of the research indicate that different dimensions of religiosity among normal individuals (control group) are higher than that among the suicidal people.

Keywords: Suicide; religiousity; social deviances; health

1. Introduction

The increasing rate of suicide among different groups of society at different ages is threatening community safety and has worried many health professionals. In other words, the issue has become a Social Problem. Sociologists believe that “social problem is referred to a stated status that is in contrast with the values of most people, and to change such condition something must be done” (Robington, 2004). The social problem is therefore “referred to a common, troublesome problem that can be changed” (Luzik, 2004: 25). From this perspective, it can be claim that suicide is a social problem since in many...
countries as well as the target area of study, suicide is a major cause of mortality (Ayar & Khani, 2007). Regarding the fact that “suicide” is a social problem, to define suicide as a social problem, the realities and social structures must be considered. Religion has always been one of the undeniable realities of human life. Even in secular societies, though it seems that religion is not a determinative factor in political and administrative relations, when it comes to personal beliefs, religion has always been an effective agent. Undoubtedly, this fact – religion - can influence much of the behaviour of religious believers and, hence, influence the behaviour of community members. So, religious teachings and statements can have paramount effects in prevention of suicide and other abnormal behaviors that may lead to suicide attempts. Therefore, the extent of the individual’s commitment to religious creeds can potentially act as a deterrent factor in committing suicidal attempts. In order to examine more closely the possibility of suicide, it is important to understand the effects of religious believe on committing suicide.

Suicide, as the independent variable of the present study is “any death which is the immediate or eventual result of a positive (e.g., shooting oneself) or negative (e.g., refusing to eat) act accomplished by the victim himself” (Durkheim, 2008). On the other hand, the term "attempted suicide" refers to the actions of someone who unsuccessfully attempts to commit suicide in order to punish himself, escape from his sufferings, or change the undesirable situation and predicament in his life. In other words, the social meaning of suicide is implicitly says that “help me please, I’m alone, and I cannot manage to handle my problems by myself” (Kerkhove, 1994: 19).

If we accept that social problem is a widespread, annoying, and changeable condition in a society, is suicide a social problem? The answer to this question is “yes”. According to WHO, “every year, almost one million people die from suicide; about one death every 40 seconds. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide” (WHO report, 2012). Therefore, suicide can be studied and scrutinized as a social problem.

Due to the high rate of suicide in the target area of study, Dareshahr, Ilam, Iran, it can be studied as a social problem. However, since the problem can be studied from different perspectives, the present study attempts to focus on the relation between religiosity, or commitment to religion, and committing suicide.

2. The significant of the study

The increasing rate of suicide in recent years, especially among the youth and females, has become one serious problem in the target area of study so that it has attracted the attention of many researchers and officials. Empirical evidence suggests that suicide rates among different religions differ.

Thus, if such a social problem is ignored, serious consequences such as family turmoil, the loss of human capital, wasting power and capital that has been used for education as well as welfare of the people will follow. Attempted suicide trend in Dareshahr, Iran, compared to other cities, is substantially increasing. It is obvious that the increasing rate of suicide not only imposes irreparable damage on families and society, but also leads to the failure of many development projects and programs in the city, a topic which itself demands a comprehensive and serious research. By determining the rules that govern this phenomenon, and by undertaking painstaking sociological researches, we can deliberately eliminate this social problem (suicide), and step toward national development. In fact, regarding the significant of the present study, it can be stated that neglecting the role of religion and religiosity in committing suicide is as ignoring a major social reality in analyzing social damages. Hence, the present study can basically help to distinguish the role(s) of theories related to religion in explanation of the phenomenon of suicide. On the other hand, by offering some approaches and suggestions, the present study can be effective in preventing and controlling such social damages.
3. Experimental background

Apparently, for the first time the word "suicide" was used in 1737 by French Abbot Desfontaines, and in 1762 it was accepted by the French Academy of science.

Evans (1988) shows that the difference between male and female suicide rates is becoming higher. According to a research conducted by Lester (1992), different results were observed; in South America and South Asia, and East Asia the results were quite different. In these areas, men commit more suicides and suicide attempts than women. The amount of successful suicides in men is also higher than those of Western women (Teperman and Versing, 1994). Gupta in a study of 180 patients over a year (1985-6) showed that most of the victims are young Hindu housewives who had been burned during their first five years of marriage. Half of these burns were created casually. Among the predisposing factors of self-immolation were dowry problems, family conflicts, inconsistent marriages, illiteracy, child marriage, the superiority of mother-in-law, unemployment, dependence on husband, and almost complete lack of security and social guarantees (Kalantary and others, 1998).

Ahmadizadeh (1995), in a research, refers to the spread of suicide all over the country and that the ratio of men to women was three to one. Among the reported reasons for suicide included family disputes (7.56 percent) and psychiatric disorders (5.27 percent) (cited by Karami, 2006, and Aghili 2006).

Ghorbani (2005), in a study on the factors influencing suicide in Kermanshah, Iran, reached the following results: (1) there is a significant relationship between committing suicide and gender, (2) there is also a significant relationship between committing suicide and status of marriage (indicating that wives commit more suicides than single girls), it was while the case was different with men (single men commit more suicides than married ones).

4. Theoretical approach

4.1. Religiosity or religious practice

About the social role of religion there are different theoretical approaches. Two main approaches among sociologists of religion. The first approach involves the experts who emphasize the roles of religious rites and practices. Smith and Durkheim are of the main advocates of this approach (Hamilton, 2002). The second approach attempts to have a realistic look at the meaning of religion. Thinkers like Berger, Geertz, and Lackman who behold through this approach emphasize the mental aspects and the symbolic meaning of religion (Hamilton, 2002). Religiosity has different dimensions and degrees. Regarding the diversity and different dimensions of religiosity in the sociological study of religion is essential. Among the scholars who have attempted to analyze different aspects and levels of religion, one can mention Meagher and Eliade. Eliade defines five dimensions in studying religion; symbols, redemption, rites and rituals, sacred places and objects of religious experience (Eliade, 1997). Stark and Glark believe that despite all of the apparent differences among different religions of the world, there are some total areas on which all religions are common. The areas that we can consider them as the main dimensions of religiosity are related to belief, ritual, experiment, and outcome (Glak and Stark, 1965).

4.1.1 Mary Jo Meadow

Depending on the type of psychology of people, Mary Meadow tries to classify the religiosity of people as following (Malekian, 2001):
### Table 1. Religiosity based on Mary Meadow's definition

<table>
<thead>
<tr>
<th>People who are concerned with human beings</th>
<th>1. The people who are social, extrovert, and proactive. They believe that their duty is to improve the human and world condition and system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Neighbors, extrovert and passive. The typical of compassion and religious love</td>
</tr>
<tr>
<td>People who are concerned with God affairs</td>
<td>3. The mystical people: who are introverted and passive: People of prayer and meditation</td>
</tr>
<tr>
<td></td>
<td>4. People of yoga: who are introverted and proactive. Tendency to strengthen the will, to control the emotions and feelings, to disregard earthly and mundane enjoyment in this world</td>
</tr>
</tbody>
</table>

### 4.2. Suicide theories

#### 4.2.1. Durkheim

Durkheim (1858-1917) begins by offering a preliminary definition of suicide, and rejects the previous notions of suicide which were mostly psychologically-oriented. Different kinds of suicide are then determined, and finally based on these types, a general theory about the case is developed. In Durkheim opinion, suicide is "the death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result. Attempted suicide is a same act, but it is stopped before it leads to death" (Durkheim, 2000). In the second part of his Suicide, Durkheim enumerates four main kinds of suicide:
- Egoistic suicide
- Altruistic suicide
- Fatalistic suicide
- Anomic suicide

#### 4.2.2. M. Halbwachs

In his comprehensive approach, and by referring to suicide devices, Halbwachs attempts to relate the rates of suicides to family structure and religious sects. However, he rejects Durkheim's approach that is mostly based on individual attempts. He believes that variables such as religious status or family structure should be taken as parts of a whole in order to gain a more comprehensive insight of suicide rate (MohseniTabrizi, 1994). By comparing suicide rates in urban areas and rural classifications, Halbwachs concludes that suicide rates are high in big cities. Durkheim's assumption that the suicide rate increases during economic crises is tested and confirmed by Halbwachs. He also adds that the real cause of suicide is indeed a social vacuum that leads to self-destruction and suicide of a suicidal person (Same: 100).

#### 4.2.3. Porter field

The core of his discussions is that in communities there is an adverse relation between the degree of religiosity or religious affairs of the society and suicide rate. In his studies, Porter Field illustrates that there is a relatively close relationship between religious indicators (based on the degree of urbanization, industrialization, and non-indigenous members of the church) and suicide rates.

#### 4.2.4. Gibbs and Martin

Offering the concept of "integrated database", Gibbs and Martin tries to get the actual definition of Durkheim's concept of "organization" and "social integration". Their basic assumptions are as follows. In a population of stable social relationships, there is an adverse relationship between suicide rates and stability of social relations in the community. In other words, the more stable the social relation between community members, the lower suicide rates among the members will be. Social stability in a population is directly associated with the amount of compliance and conformity of the goals, values, norms, demands
and expectations of that group or society. Compliance and conformity with the goals, expectations, demands and norms of the group is inversely related to the conflict and contention that people are confronted with in their social assigned roles. The amount of struggle and conflict of the people within a group in their confrontation with social problems is directly related to… Inconsistent position in a group rate and affirm incompatible with the inverse association with the position and integrity of their status in that group are related. Regarding above assumptions, Gibbs and Martin offer their general hypothesis which states that there is an inverse relation between homogeneity and stability of a society and its suicide rate (Gibbs and Martin, 1965: 147-140).

5. Theoretical framework of research (Theory associated with the studied area)

Regarding the special framework of the research and its relationship to the reality in the target area of the study, namely suicide attempts in Darehshahr, it is necessary to mention that due to the social and cultural conditions of Iran in general, and Darehshahr in particular, and because of (1) transitional condition of tradition to modernity, (2) the anomic conditions, and (3) weakened social institutions of family, kinship and religion, the inefficiency of these institutions seems inevitable. Regarding the mentioned circumstances, it can be argued that religion can act in various forms as a promising agent that can link people to each other, and act as a barrier against the flow of anomic conditions that cause suicide. Since according to Mary Meadow's classification (2002), type A and B, namely the social and extroverts as well as neighbors are concerned with human beings affairs and feelings, they can bring about integration, solidarity and social support, and act as a barrier to suicide. The argument is consistent with Halbwachs's statements (1992) on the relationship between feeling a social gap and attempting suicide. It is also consistent with Gibbs (1965) theories on the existence of an inverse relationship between suicide and social stability and conformity. The theoretical argument in connection with the study population is that regarding the transitional condition, the increasing rate of social damages, and regarding the anomic conditions of the target area of study, if the levels of religiosity in the society can be raised, then we can overcome disorders that have been fostered due to anomic conditions and protect people against the trauma of suicide.

6. Research hypotheses

The research hypotheses can therefore be as followings:

* There is an inverse relationship between religiosity and suicide attempt
* There is an inverse relationship between participation in religious practices and suicide attempt
* There is an inverse relationship between religious knowledge and suicide rates
* There is an inverse relationship between consequential dimension of religiosity and suicide attempt
* There is an inverse relationship between religious belief and suicide attempt
* There is an inverse relationship between emotional dimension of religiosity and suicide attempt

7. Definition of concepts

7.1. Attempted suicide

In the present study, the dependent variable is "attempted suicide", sometimes called unsuccessful suicide, which has been defined as follows:
7.1.1. Theoretical definition:

"It is an action that is done in order to commit suicide, yet it has not been fulfilled" (Morren, 1987). In the present study, however, by attempted suicide it is meant Kerkhove's definition that seems to be the most comprehensive definition of the word. In Kerkhove's opinion, "the term attempted suicide refers to someone who commits suicide to escape from the intolerable agony of his suffering, or for changing moods and situations in life that are unpleasant, yet it goes to commit suicide unsuccessfully. In other words, the word has a special clear message which says "I cannot solve my problems alone, help me please!" (Kerkhove, 1994).

7.1.2. Operational definition:

"Suicide" is a variable with two categories of "suicide attempters" and "non-suicide individuals" that is measured at the nominal level. In present study, suicide attempters encompass all available individuals that committed suicide, were taken to hospital, and were survived in Dareshahr, Iran, 2009. In contrast, non-suicide attempters are said to the individuals with similar gender, age, level of education, marital status, place of residence who had not commit suicide.

7.2. Religiosity

7.2.1. Theoretical definition:

Several existing definitions of the term "religion" offered by different scholars bear testimony to the fact that defining religion is a daunting task. However, since the respondents in the present study are Muslim, it seems better to first offer Islamic scholars' definition of religion and religiosity, and then to build our conception on the definition. Islamic scholars often define religion as a set of doctrines and commandments of God to men send by the prophets to go on its way to perfection. Religion, in this definition, also includes "ideas", "ethics" and "commandments" that is necessary to human nature to adapt. Adopting such attitude, religion is a set of relatively stable and positive knowledge, feelings and desires that exist in the normal, natural, social and emotional disposition of individuals. Religion shows itself in people's action and reaction towards God, universe, oneself, and society.

In a simpler definition, it can be said that religion is the acceptance of all or part of the beliefs, morality and religious bound to comply with and observe the way that their religious person to know of this series (Heshmat Yaghmaee, 2002: 190) so that a religious person knows oneself responsible in complying with these commandments, ethics and believes. Or as another study says "a religious person is one who consciously accepts the principles and practices of a religion so that they affect his/her social and non-religious life (Anvari, 1373: 156).

7.2.2. Operational Definition:

On the basis of some appropriate indicators for measuring the religiosity of Muslims, regarding the growth level of respondents (in various aspects), 12 questions (items) were designed to evaluate the dimensions of belief, emotion and consequence (2 items for each), dimensions of religious knowledge and rituals (three questions for each). These items, can measure the respondents' religiosity in a range consisted of five parts (from completely agree to completely disagree). To evaluate the ritual dimension of respondents, the items were designed in the range of five parts (from always to never) assigning them the score of 5 to 1. Questions related to the religious knowledge of the respondents have been designed based on the type of question that if answered correctly will be awarded five points to them. So, the range of religiosity is from 10 to 60, and is divided into three categories: low religiosity, moderate religiosity and strong religiosity.
Table 2. Classification of the different dimensions of religiosity

<table>
<thead>
<tr>
<th>Religiosity dimensions</th>
<th>Number of items</th>
<th>Minimum score of each item</th>
<th>Maximum score of each item</th>
<th>Minimum score of each dimension</th>
<th>Maximum score of each dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2*1=2</td>
<td>2*5=10</td>
</tr>
<tr>
<td>Emotion</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2*1=2</td>
<td>2*5=10</td>
</tr>
<tr>
<td>Consequential</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2*1=2</td>
<td>2*5=10</td>
</tr>
<tr>
<td>Ritual</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3*1=3</td>
<td>3*5=15</td>
</tr>
<tr>
<td>Knowledge</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3*0=0</td>
<td>3*5=15</td>
</tr>
<tr>
<td>Religiosity as a whole</td>
<td>10</td>
<td></td>
<td></td>
<td>9</td>
<td>60</td>
</tr>
</tbody>
</table>

8. Research methodology

8.1. Methods and tools for data collection

In this study, Glark and Stark's questionnaire has been used. Dvas believes that "the questionnaire, the best tools and techniques for setting the Data Analysis" (Dvas, 1376: 4). In this study, due to the nature of the problem and the assumptions, the survey method is used.

8.2. Validity

Files should be in MS Word format only and should be formatted for direct printing. Figures and tables should be embedded and not supplied separately. Please make sure that you use as much as possible normal fonts in your documents. Special fonts, such as fonts used in the Far East (Japanese, Chinese, Korean, etc.) may cause problems during processing. To avoid unnecessary errors you are strongly advised to use the ‘spellchecker’ function of MS Word. Follow this order when typing manuscripts: Title, Authors, Affiliations, Abstract, Keywords, Main text (including figures and tables), Acknowledgements, References, Appendix. Collate acknowledgements in a separate section at the end of the article and do not include them on the title page, as a footnote to the title or otherwise.

8.3. Confidence or reliability

Reliability means that "If a set of things are measured with one instrument or similar instruments repeatedly, can we get similar results?" (Karlinger, 2008: 112). In this study, after the pre-test, the high alpha of 7.0 indicates the high reliability of measures or structures.

9. Findings

As the table shows, from the total 208 cases, 63% are women and 37 percent are men. The distribution ratio of suicide is 64 percent among female and about 36 percent among male. The ratio of non-suicidal people is roughly the same proportion. What is clear is that the suicide rate is higher among women than men. As can be seen in the above Table 4, the Pearson correlation coefficient of individuals for all aspects relating to their religion is moderate. These coefficients indicate a significant inverse relationship between the different dimensions of religiosity - belief, emotional, ritual, consequences and knowledge - and attempting suicide.
This means that whatever amount of religiosity is greater; Attempted Suicide rates will be lower. The above table shows that the main hypothesis, namely a significant inverse relationship between religiosity and suicide, is confirmed. Also, the relationship between the secondary assumptions of the research and different dimensions of religiosity is confirmed. As can be seen in the above Table 5, the average of normal individuals (non-suicidal) in all dimensions of religiosity is higher than that of the suicidal individuals. However, the gap of difference between the average dimensions of knowledge and ritual is higher than that of other dimensions. This situation confirms the main and secondary research hypothesis; there is an adverse and significant relationship between suicide rates and different dimensions of religiosity. In other words, as the religiosity of the people increases, the likelihood of suicide decreases and vice versa.

Table 3. Gender distribution of cases

<table>
<thead>
<tr>
<th>Gender</th>
<th>Suicide attempters</th>
<th></th>
<th></th>
<th>Non-suicide attempters</th>
<th></th>
<th></th>
<th>Sum</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>66</td>
<td>63.5</td>
<td>65</td>
<td>62.5</td>
<td>131</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>38</td>
<td>36.5</td>
<td>39</td>
<td>37.5</td>
<td>77</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>104</td>
<td>100</td>
<td>104</td>
<td>100</td>
<td>208</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. The relationship between dimensions of religiosity and suicide

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Pearson Correlation</th>
<th>Committing suicide</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief</td>
<td>Sig. (1-tailed) 0.524</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Emotional Dimension</td>
<td>Sig. (1-tailed) -0.432</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Consequential dimension</td>
<td>Sig. (1-tailed) 0.345(**)</td>
<td>0.003</td>
<td>0.006</td>
</tr>
<tr>
<td>Ritual dimension</td>
<td>Sig. (1-tailed) -0.492(**)</td>
<td>0.009</td>
<td>0.006</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Sig. (1-tailed) -0.441(**)</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Religiosity</td>
<td>Sig. (1-tailed) -0.447(**)</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>
Table 5. Comparison of average dimensions of religiosity among ordinary people and suicide

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean variables between two groups</th>
<th>T</th>
<th>df</th>
<th>Level of significant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
<td>Suicidal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belief</td>
<td>9.85</td>
<td>8.82</td>
<td>-7.65</td>
<td>137.36</td>
</tr>
<tr>
<td>Emotional dimension</td>
<td>9.58</td>
<td>8.34</td>
<td>-7.32</td>
<td>206</td>
</tr>
<tr>
<td>Consequential</td>
<td>9.59</td>
<td>8.82</td>
<td>-7.32</td>
<td>206</td>
</tr>
<tr>
<td>Ritual dimension</td>
<td>12.62</td>
<td>8.75</td>
<td>-8.56</td>
<td>187.20</td>
</tr>
<tr>
<td>Knowledge</td>
<td>9.54</td>
<td>5.57</td>
<td>-7.06</td>
<td>195.14</td>
</tr>
<tr>
<td>Total religiosity</td>
<td>51.1</td>
<td>40.55</td>
<td>-10.31</td>
<td>161.77</td>
</tr>
</tbody>
</table>

10. Conclusion

Social damages affect societies in many dimensions. In this regard, suicide is particularly important because targeting the most important component of human development. On the other hand, if we accept that there is a mutual relationship between social problems and social deviances, the emergence, spread of this social problem (suicide) among different levels of society lead to the birth of other new social damages. The increasing rate of this phenomenon has made it a social problem. For this reason, researchers also attempt to explore the problem from different theoretical angles. To measure religiosity, Glark and Stark models have been used.

The results show that there is a significant, inverse relationship between five dimensions of religiosity -beliefs, emotions, knowledge, outcome and ritual - and Attempted Suicide. This means that, as the rate of dimensions and sub-dimensions of religion and religiosity increases, the likelihood of suicide decreases. The results show that the mean score of religiosity of ordinary people (non-suicidal) in all its dimensions is higher than that of suicidal ones.

These findings are consistent with the findings of Lisardy and others (2007) about the possibility of relation between religiosity decreasing suicide rates. However, this difference is more dramatic aspects of ritual and knowledge. However, this difference is more dramatic in dimensions of ritual and knowledge so that the mean scores of ordinary people in the ritual and knowledge is respectively 62.12 and 54.9. Also, the mean scores of the same dimensions, rituals and knowledge, are respectively 75.8 and 57.5 for suicidal individuals. Ritual dimensions, which is concerned with participation in rituals and religious communities, regardless of the effect of the presence in the ritual and religious congregations, is related to social capital due to such participation so that it can create social support function and prevent from the isolation and loss of solidarity.

These findings are consistent with Grynyg and Astablbyn (2002) on the key role of religious institutions and social networks in preventing suicide attempts (Grynyg and Astablbyn 2002 from Gyryng and Lysardi 2009). These findings are also consistent with Findings of Ayar and Piri (2010) about the invert relationship between social support and suicidal thoughts. On the other hand, regarding knowledge dimension, the difference between suicidal people and religious people lies in the awareness of religious of the penalty than religions appoint for committing suicide (Cheng and others, 2001; Lyzardy & Gryny 2009).

Finally, one can conclude that religiosity by responding to the many contradictions and ambiguities of life, defining the punishment of committing suicide, creating personal commitment, social networking, and social commitment, acts as a safeguard against suicide attempts. In the end, it is suggested to study and evaluate the relationship(s) between suicidal thoughts and suicide attempts and the variables of social
capital, social support, and membership in religious associations. In order to reduce suicide attempts, it is suggested to increase the citizen’s religious knowledge and strengthen religious associations.

References


