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The relationship between saying prayers and suicide in hospitalized patients

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Abstract

Aims: Almost no society can be found in which a suicide has not been attempted, but due to the religious thoughts, it is less observed among Muslims and Catholic Christians. The individual who commits a suicide is aware of the consequence of his/her action and this is the most important issue in the explication and explanation of the suicide phenomenon. This study was conducted to determine the relationship between saying prayers and suicide among hospitalized patients.

Methods: This descriptive-analytical study was conducted in 2008 on 225 inpatients of the hospitals affiliated to the Sanandaj University of Medical Sciences who had attempted suicide. The subjects were selected using available sampling method. Data collection tool was a two-part questionnaire consisting of the demographic data and the rate of saying prayers by means of interview. Data was analyzed using SPSS 16 statistical software by Chi-square test and Fisher exact test.

Results: The frequency of saying prayers was weak in 125 subjects and was average in 100 cases. there was a significant correlation between the rate of saying prayers and gender, family size, marital status, place of residence, the patients' job and the history of mental illness ($p<0.0001$). Moreover, there was a significant correlation between saying prayers and physical illness ($p<0.002$), believing in prayer ($p<0.009$) and understanding the philosophy of prayer ($p<0.0001$). No significant correlation was observed between the rate of saying prayers and birth order ($p<0.98$), educational status ($p>0.05$) and belief in the afterlife ($p<0.326$).

Conclusion: Saying prayers has a reverse relationship with suicide attempting and this hypothesis can be used as a deterrent in the psychological treatments of patients who attempt suicide.

Keywords: Saying Prayers, Suicide, Hospitalization

Introduction

"Suicide" is as old as mankind. Human attempt for killing himself has been pointed all over the human's written history, among which is the Ajax's suicide in Homer's Iliad [1]. Approximately no society can be found without attempting suicide. Suicide phenomenon which is one of the complications of the industrial world of the present era is more affected by chaos, mental disorders and social inequalities. Dorkin believes that suicide appears with civilization or at least what is seen in the shape of suicide in lower societies has special features [2, 3]. Defonten used the term "suicide" for the first time in French [4].

Batamor in his book entitled "sociology", notes that Dorkim had been attempting to establish a relationship between the suicide rate and the degree of coherence and attachment among the social groups (social coherence and unity) and associate the rate of suicide in different social groups with the features of these groups and in this way detect the social reasons for suicide [5].

Suicide is among the main individual and social harms which is most observed among addicts and mentally ill patients.

Those who attempt suicide believe that they have not reached their goals and life has lost its meaning and death is even better for them [6]. Dorkim considers suicide as any death which is the direct or indirect result of the positive or negative behavior of the victim that is supposed end in the given outcome [7]. Dorche points that the suicide is almost a conscious action for killing himself in the sense that death is a means or goal [8]. Delmas also considers suicide as a measure taken by the individual to annihilate him/herself, although he/she is able of choosing between life and death, it is not morally allowed to do this [4]. Therefore, overall, it can be said that suicide is a conscious and completely voluntary action that is taken by individuals to put an end to their life.

The individual who attempts suicide is aware of the result of such action and this is the most important issue in describing and explaining the suicide phenomenon. It is important to note that "attempting suicide" to some extent differs from "successful suicide". serious and decisive suicides are usually committed with violence (such as jumping from high buildings, hanging by neck, cutting veins , self-shooting, self-burning, etc.), are more seen in men and in higher ages and are usually successful . Instead, attempting suicide usually has a threatening or showing-off manner and by use of less risky ways

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(such as drugs), is more common in women of young ages and is less successful [9]. Some factors including imitation, personality and psychological complexity and the effect on others lead individuals to adopt various ways of death [4, 8, 10].

Mental and social backgrounds and personal crises are the main three reasons for the suicide. The suicide rate has been reported to be around 25% in the so called "suicide belt" countries including Scandinavia, Switzerland, Germany, Japan, Austria and Eastern Europe [9]. Suicide is correlated with factors such as age, sex, religion and religious fanaticism or bias, marital status, physical and psychological health condition, occupation and climatic, geographical and time conditions. Men die due to the use of violent methods of suicide three times more than women. Suicide is twice in single, divorced and widowed women. The most important leading causes of suicide are mood disorders and approximately 60% of people who suffer depressive disorder or depression attempt suicide, and 15-20% dies due to suicide [11].

Suicide is more prevalent among married and housekeeper women and unemployed individuals [4]. Surveys show that Iran, along with India, possess the highest suicide rate throughout the world. Middle East and East Asian countries have also high rates of suicide [5, 6, 7]. In Iran, 25 to 40.3% of suicides are self-burning [8, 9].

Various types of suicide may have religious background. Buddha's followers use fire to show their protest. In Jewish and Christian religious references, fire has been mentioned as a purifier or cleaner. Unreligious or laic individuals consider fire as a condemnation and deem it to be harmful [10]; in the Holy Quran and Islamic sources, fire has been mentioned as the most severe type of punishment. Weakness of religious beliefs and spiritual values is one of the causes of suicide [11, 12]. Religious bias or fanaticism may be proposed as an inhibiting factor for suicide [3]. Qal'eyiha's research shows that the lowest rate of suicide occurs in Ramadan and then Norooz (Persian new year holidays) [13]. Kaplan states that one of the factors in reducing suicide is religious fanaticism; this is why the suicide rate is lower in biased Catholic and Muslims [3]. There is a relationship between the way of saying prayers 6 months before severe depression and being affected by this disease [14]. 90% of patients are satisfied with employing non-medical methods such as doing religion practices (prayer, fasting and chanting) for the relief of depression [15]. There is a relationship between prayer binding and the anxiety level of students, in the way that the greater the binding, the more mental tranquility will be [17]. Another study shows that those who commit suicide have poor religious insight [18]. Since Islam considers suicide a stigma, studies indicate that in order to prevent suicide, religious educations are essential [19].

Religion is one of cultural factors in the study of suicide. The suicide rate is considerably lower among the people who permanently think of God and praise him compared to laic individuals; this may be justified in the way that mental occupation and belief in God block intruder realizations so that the person remain inattentive toward such issues [8]. Perhaps the religion factor in more religious countries (Catholic and Muslim) function due to this inhibitory fact that suicide is considered as a stigma and scandal and the religious culture of the society considers it as a forbidden and interdicted behavior and people are ashamed of announcing their family members' suicide [4].

Durkheim shows in his studies that the phenomenon of suicide in Catholic countries is considerably lower than Protestant countries and countries with mixed religion. This is not due to the fact that in Protestant countries suicide has been considered as a reproachable behavior less than Catholic countries, it is due to the individualism growth in Protestant countries and the people of this countries enjoy more probing morale, while Catholic countries enjoys more coherence maintaining their conventional face [27]. Some critics such as Atkinson, Day and Douglas basically believe that the rate of suicide is equal in Catholic and Protestant countries, but Catholics have hidden the suicide issue more than Protestants and the suicides of the Catholics are less reported and registered in the registration office. Van Tubergen and Day report in a study that during 1284-9 in Netherlands, the difference between the suicide rate of Catholics and Protestants had been because suicide had been reported to the official references less than its real rate [28]. Religion is among the factors that reduce the rate of suicide, but not due to the fact that in condemnation suicide has less uncertainty compared to the moral and not due to the fact that the concept of God inspires an exceptional authority over the people's will; Rather, religion is a set of beliefs and practices common among his followers which is traditional and as a result obligatory.

Deepening of religious beliefs and effective religious advertising methods are of the very important factors in preventing suicide [29]. One can be sure by fully accepting the statement by God prescribing: *"...for Prayer restrains from shameful and unjust deeds..."*, that the best way to fight all evil and

forbidden acts is "prayer".
Regarding the influence of faith and "prayer" on mental fields, the significant effect of prayer in the removal of major depression and bringing about the hope and motivation in individuals can be mentioned; this is other than the internal factors and the chemical antidepressant neurotransmitters activated by prayer. But concerning the personal crises situations such as bereavement or deep mourning, again the eschatological view and repeating the verse *"…master of the day of judgment…"* by worshipers entirely separate them from even thinking of suicide; thus, reacting against deep mourning and personal crises in the form of suicide is almost unlikely. Especially the "patience and prayer" are the most powerful excuses and pretexts of human confronting with life problems. Saying prayers is effective in providing mental health and hygiene and naturally reduces the complications due to the lack of mental hygiene. Therefore, it can be concluded that saying prayers can affect the rate of suicide. Considering the studies conducted in this regard, no study has been done about the relationship between saying prayers and suicide in Iran. The purpose of this study was to determine the relationship between saying prayers and suicide in the patients hospitalized in the hospital wards.

Methods

This descriptive-analytical study was conducted in 2008 on 225 suicide patients hospitalized in different hospitals in Sanandaj affiliated to Sanandaj University of Medical Sciences including Qods, Be'sat and Tohid. The sample size was obtained to be 225 subjects, using the formula $n=z^2pq/d^2$ and considering the confidence coefficient of 95% and accuracy of 2%. This number of subjects was selected using available sampling method. Inclusion criteria was willingness to participate, hospitalization after committing suicide and undergoing medication, fixed condition and the ability to answer the questions. An introducing letter was taken from the nursing and midwifery deputy for conducting the study. The participants announced their written consent for participation and were excluded in case of lack of willingness to continue at any stage. Data was collected using a two-part researcher-made questionnaire including two parts: the demographic information (gender, age, occupation, marital status, education and place of residence) and the rate of saying prayers. In order to analyze the validity, the opinion of ten faculty members of the nursing and midwifery faculty was used. Their opinions were applied in the questionnaire and the final questionnaire was set. In order to evaluate the reliability of the tool, Cronbach's Alpha test was used (α= 0.87). Data was inserted into SPSS 16 statistical software for evaluation of frequency by Chi-square and Fisher exact test.

Results

The rate of saying prayers was poor in 125 subjects (0 to 9) and was average in 100 subjects (10 to 18). The mean age of participants was 25.9±5.4 (range of 13 to 70 years old). Most of individuals who had tried to commit suicide were younger than 20 years of age, and then were 30 to 39 years old ones. 78 subjects were male and 147 were women (Table 1).

Table 1- The frequency of demographic characteristics in the studied samples (chi-square test)

The frequency based on score → Index↓		Poor		Average		Level of significance
		Absolute	Relative	Absolute	Relative	
Family size	3	10	100	0	0	0.0001
	4	35	64.8	19	35.2	
	۵	10	31.2	22	68.8	
	6	23	46.9	26	53.1	
	7	36	70.6	15	29.4	
	8 and higher	16	66.6	13	33.4	
Gender	Male	19	24.4	59	75.6	0.0001
	Female	111	75.5	36	42.2	
Marital status	Married	52	63.4	30	36.6	0.001
	Single	55	50.9	53	49.1	
	Widowed	23	79.3	6	20.7	
	Divorced	0	0	6	100	
Education	Illiterate	27	62.8	16	37.2	0.237
	Primary school	37	68.5	17	31.5	
	High school	43	51.2	41	48.8	
	Diploma	11	57.9	8	42.1	
	Above diploma	12	48	13	52	
Place of residence	City	44	42.3	60	57.7	0.0001
	Village	86	71.1	35	28.9	
Occupation	Student	15	78.9	6	21.1	0.0001
	Employee & farmer	19	63	11	34	
	Unemployed	21	65.6	11	34.4	
	Self-employed & worker	7	16	37	84	
	Housekeeper	68	69.4	30	30.6	

157 subjects were free of mental illness symptoms and 58 subjects suffered mental illness (depression, bipolar disease and schizophrenia). Mental illness was unclear in 10 subjects. 113 subjects had attempted suicide by

self-burning (50.2%), 72 subject with drug (32%), 5 subjects by jumping from a height (2.2%), 8 subjects by hanging (3.6%) and 8 patients with eating poison (3.6%).

Table 2- The history of illness in individuals committing suicide

The frequency based on score → Index↓		Poor		Average		Level of Significance
		Absolute	Relative	Absolute	Relative	
The history of mental illness	Has	17	29.8	40	70.2	Chi-square 0.0001
	Hasn't	113	67.3	55	32.7	
The history of hospitalization in the psychiatric ward	Has	12	26.1	34	73.9	Fisher exact 0.0001
	Hasn't	118	65.9	61	34.1	
Physical illness	Yes	10	32.2	22	68.8	Fisher exact 0.002
	No	120	62.2	73	37.8	

Table 3- The status of religious beliefs in hospitalized individuals committing suicide (Chi-square test)

The frequency based on score → Index↓		Poor		Average		Level of Significance
		Absolute	Relative	Absolute	Relative	
Belief in prayer	Yes	106	54.4	89	45.6	0.009
	No	24	80	6	20	
Understanding the philosophy of prayer	Yes	38	35.5	69	64.5	0.0001
	No	92	78	26	22	
Belief in afterlife	Yes	110	64.4	85	43.6	0.326
	No	20	66.7	10	33.3	
Praying in Ramadan	Yes	43	46.2	50	53.8	0.004
	No	87	65.9	45	34.1	

46 (20.4% of) patients had the history of hospitalization in psychiatric wards and 32 (14%) had a physical illness (Table 2). 107 (47.6%) had understood the philosophy of prayer and 195 patients (86.7%) believed in the afterlife (Table 3).

Table 4- Results of the questionnaire concerning the frequency of saying prayers in people who committed suicide

Frequency → ↓ Likert scale of saying prayer	Always (3)		Often (2)		Sometimes (1)		Never (0)	
	Absolute	Relative	Absolute	Relative	Absolute	Relative	Absolute	Relative
Do you say prayers?	35	15.6	56	24.9	121	53.8	13	5.8
Do you say daily prayers?	22	9.8	68	30.2	122	54.2	13	5.8
Do you understand the Arabic meaning of the prayer?	0	0	77	34.2	97	43.1	51	22.7
Do you go to the mosque?	0	0	8	3.6	67	29.8	150	66.7
Do you participate in religious ceremonies?	0	0	8	3.6	56	24.9	161	71.6
Has daily prayer provided peace and tranquility for you?	54	24	65	28.9	88	39.1	18	8
Do you suggest saying prayers to your friend?	16	7.1	43	19.1	131	58.2	35	15.6
Do you say virtuous prayers?	5	2.2	13	5.8	100	44.4	107	47.6
Do you say prayers as a habit?	5	2.2	43	19.1	110	48.9	67	29.8

15% of patients said prayers all the times, 24.9% often, 53.8% sometimes and 5.8% never said prayers (Table 4).

Discussion & Conclusion

The rate of saying prayers was higher in men than women. There was a statistically significant relationship between saying prayers and sample size, marital status, place of residence, occupation, mental illness history, the diagnosed mental illness and the type of suicide. The major causes of suicide in Iran are marital disputes, love and severe emotional desires and chastity related factors, psychological distress, failure in love and personality and mental disorders, problems caused by academic failure and their related stress and psychological pressures and the sense of absurdity and depression, poverty, unemployment, dismiss fro job, and unfavorable economic conditions, issues and problems of urban life and the chaos of life, disintegration of social groups such as family, occupation, kinship, friendship, etc., drug addiction, alcohol and hallucinatory drugs, poor religious beliefs, lack of independence and obligation to follow traditional rules and disclosing of secrets and private facts of the individual's life [3].

Bahrayniyan et al. report in a study that 94% of the people who attempt suicide do not pray at all or rarely or sometimes pray. In addition, in 19% of cases, only one of their parents prays. Suicide is in a strict reverse correlation with the commitment to prayer and carelessness in saying prayers may pave the way for suicide-related factors in different ways [23]. Shakeri et al. show that people who attempt suicide are more introverted, neurotic and psychotic than other people; have experienced more stressful events prior to the suicide attempt; overestimate the mental pressure caused by life stressful events; less use confrontation approach toward focused problem-solving and have poor religious insight. Suicide occurs as a result of the interaction of some predisposing and revealing factors [25].

The results of a study by Chavoshi et al. shows that physical symptoms, anxiety and sleeplessness, failure in social performance and major depression is less common among university students who say prayers

than the rate of these indicators among those outside university [31].

Lister reports in a study that suicide rate in Islamic countries, is less than non-Islamic countries [31].

The existing studies clearly show that individuals in different age, sex and religious groups show various patterns of suicide. For instance, the study of investigating the rate of suicide in prevalent religions illustrates an explicit difference between the Islamic countries and non-Islamic monotheistic countries, and non-Islamic Laic countries on the other hand. For example, the suicide rate in Kuwait is approximately 0.1 per one hundred thousand people [33] and this rate is 4.4 per one hundred thousand people in Iran [34]. While in India and such countries the rate is 9.6 per one hundred thousand people, and the rate is 11.2 in Catholic countries like Italy and in the Hindu communities like Japan is 17.9 per one hundred thousand people and in Laic countries like China is 25.6 per one hundred thousand people in India [33]. Comparison of the abovementioned studies' results shows that religion and prayer have a significant impact on reducing and preventing suicide.

The result of the study by Okasha shows that Egyptian women are subjected more to the risk of suicide [35] which is consistent with the results by the present study in which the most individuals attempting suicide were women. Hadi's study in Bangladesh shows that rural women are at higher risk for suicide attempts [36] which is consistent with the results by this study in which most people who attempted suicide were living in rural areas.

Bilici et al. [37] and Goren et al. [38] in Turkey show that suicide commitment occurs more at the ages of 15 to 24 years among men and young women and by use of violent ways like hanging or using firearm which supports this study in terms of age, but the major kind of suicide attempt was self-burning in this study (50.2%). Studies by Appleby [39], Baxter [40] and Harris [41] report a significant relationship between mental illness and suicide, which are consistent with the results of this study. Charlton's two studies [42, 43] show that marriage in many countries cause reduction in suicide commitment which is consistent with the results of this study and suicide was lower among single individuals compared to married ones. The most current type of suicide was self-burning in this study. Kavbandi [44] states, among all the methods used in suicide commitment, self-burning is considered as the most violent and tormenting type [46]. Campbell says that although this type of suicide is rarely observed in the advanced countries, its increasing use has been reported in some parts of Africa and Asia particularly among Muslim women of the mentioned areas [45] especially northwest and west Iran [46].

Emotional conditions of the subjects can affect those results of the research which were not in control of researcher and the subjects were free in answering the questions. Conducting further studies on suicide in Islamic communities needs basic cultural, social and economic investigation. Regarding the fact that the subjects of the current study were poor in saying prayers, if the Muslim individuals say prayers and follow religious teachings, they won't get involved with mental disorders. God prescribes in Al-Isra' Sura: "one who tyrannizes him/herself and kills him/herself will be deported to Hell". Therefore, the instruction and teaching of religious issues and their review is necessary during life in order to prevent and fortify the soul and spirit; moreover, saying prayers shall be included during patients' treatment and prevention from committing suicide as a major basis of the religion.

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