Suicidal Tendency and Religiosity: The Case of KHK Victims

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Abstract

Background: The preventive effect of religion on suicide diminishes when social conditions become unbearable for individuals. The statutory decrees (KHK) implemented in Turkey, particularly after the July 15, 2016, coup attempt, are anti-democratic regulations that grant extensive powers without judicial oversight. These decrees have deprived tens of thousands of people of their jobs, social rights, and reputations, leading to widespread social trauma.
Objective: This study aims to understand how the relatives of those who died by suicide due to KHK and individuals who attempted suicide because of KHK perceive the relationship between suicide and religion. Additionally, it seeks to reveal the devastating effects of unlawful practices on both national and international levels.
Method: In-depth interviews were conducted with 19 relatives of individuals who died by suicide due to KHK and 11 individuals who attempted suicide as a result of KHK. Among the relatives of the deceased, seven were men and twelve were women, while three of the suicide survivors were women and eight were men. The data were analyzed using Foucauldian discourse analysis.
Findings:
Religious Evaluations of the Relatives of the Deceased: The injustice and suffering experienced by KHK victims played a decisive role in the religious assessment of suicide. Suicide was seen as an act that could be forgiven and tolerated.

Religious Perceptions of Those Who Attempted Suicide: Some participants who attempted suicide interpreted it within the framework of God's mercy and understanding. They expressed that religious discourses are insufficient in comprehending the deep struggles of the human soul and, in some cases, fail to provide solutions. During moments of exhaustion and hopelessness, religious beliefs lost their influence, and mental collapse became predominant.

Conclusion: The study demonstrates that religious beliefs shape general attitudes toward suicide but do not play a directly preventive role. The following recommendations are made:

-Religious discourses should adopt a non-judgmental, understanding, and supportive perspective, and psychosocial studies should be conducted on the subject.

-Awareness campaigns should be organized, recognizing suicide as a phenomenon related to social, psychological, and economic factors.

-Social support mechanisms should be strengthened to prevent increasing mental collapses, especially among individuals affected by political processes.

Keywords: Suicide, relatives of the deceased, religiosity, stigma, social exclusion, discourse analysis.

Introduction

Following the coup attempt in Turkey in 2016, thousands of public officials were dismissed from their jobs through statutory decrees (KHK) issued under the state of emergency. These individuals were not only banned from their professions but also excluded from society and stigmatized by being associated with terrorism, leading to severe psychosocial problems. One of the most devastating consequences of this process has been the suicides observed among KHK victims. However, the suicidal tendencies of these individuals and the religious dimension of this process have not been sufficiently addressed in the social sciences literature.

The post-2016 period in Turkey has been characterized by significant political, economic, and social transformations (1, 2, 3). It is estimated that approximately 300,000 people lost their jobs due to KHK regulations, and KHK-affiliated individuals have suffered from 153 different types of human rights violations. These violations have been associated with concepts such as civil death, social exclusion, and political oppression. Acts that had not previously been defined as crimes within the Turkish legal system were criminalized, leading to the imprisonment of thousands. During this period, many individuals lost their lives due to human rights

violations in prisons. Additionally, the psychosocial pressures experienced by KHK victims have led to a significant increase in divorce rates, and more than 130 suicides have been reported (4). This scenario resembles the Red Scare period in the United States following the Soviet nuclear attack in 1949. During the McCarthy-era anti-communist propaganda campaign (5), thousands of people were unlawfully dismissed from their jobs and subjected to various sanctions after being blacklisted (6).

While the intensity of persecution in Turkey has surpassed that of the U.S. example (7, 8), no field research has yet been conducted on the intersection of suicide, religion, and stigma. According to Durkheim's (9) suicide theory, weakened social ties, legal uncertainties, and social exclusion are fundamental factors increasing the risk of suicide. In authoritarian regimes and political structures where the rule of law is suspended and individuals' social and economic security is eliminated (10), the comprehensive conditions leading KHK-affiliated individuals to suicide become clearer (3). Within the context of KHK, the systematic nature of legal injustice emerges as a significant variable in understanding suicidal tendencies.

Studies on the relationship between religion and suicide indicate that this relationship is complex and multidimensional (11). While religion is considered a protective factor against suicide in some contexts (12, 13, 14, 15, 16), in certain cases, it can be a source of stress and a triggering factor (17, 18). Particularly, exclusion by religious communities can weaken individuals' psychosocial resilience and reinforce suicidal thoughts (19, 20). Moreover, even in burial practices for suicide victims, exclusionary approaches (21, 22) further complicate the mourning process for bereaved families. This situation not only exposes the relatives of suicide victims to the risk of stigma but also places an additional burden on their mental health (23, 24).

However, when analyzing the phenomenon of suicide within the context of KHK victims in Turkey, significant shifts in societal attitudes toward suicide can be observed. Although suicide is generally perceived as a sinful act in religious teachings (25), when it comes to KHK victims, public perception appears to shift, and these individuals are not traditionally stigmatized (26). The oppression and legal injustices imposed by the state (27, 28, 29) overshadow religious and cultural norms that typically condemn suicide,

leading broader segments of society to view these suicides through the lens of victimhood rather than sinfulness (26).

This study aims to understand the influence of religion on the suicidal tendencies of KHK victims and how the relatives of those who have died by suicide interpret this phenomenon. In this context, in-depth interviews were conducted with 11 KHK-affiliated individuals who had suicidal tendencies and the relatives of 19 KHK victims who had died by suicide. The participants identify themselves as Muslims and emphasize the significance of religious life for them. However, despite the prohibition of suicide in Islam, the presence of suicidal tendencies among these individuals suggests that social, political, and psychological factors play a decisive role in this process.

In this regard, the study seeks to answer the following research questions:
-Does religion play a protective or triggering role in the suicidal tendencies of KHK victims?

-How are the suicides of KHK victims perceived in terms of societal stigmatization, and how do they differ from other suicide cases?

-How do the bereaved relatives of KHK suicide victims experience the mourning process under the influence of religion and societal norms?

This study, based on qualitative data analysis, aims to fill a significant gap in the social sciences literature by providing an in-depth examination of the relationship between suicide, religion, and social stigma within the context of KHK.

Interviewees
This study conducted in-depth interviews with 11 KHK-affiliated individuals who had contemplated suicide, decided on a method, but ultimately did not carry out their decision. Additionally, interviews were conducted with the relatives of 19 individuals who died by suicide after being dismissed from their jobs and accused of being terrorists. Among the participants who abandoned their suicide attempts, three were women and eight were men, ranging in age from 21 to 45. One participant had a high school diploma, one was a university student, and nine were university graduates. Six were married, four were single, and one was divorced.

Among the relatives of those who died by suicide, seven were men and twelve were women. Nine had a university degree, eight had completed secondary education, and two were university students. Thirteen were married, three were single, one was divorced, and two were widowed. Their ages ranged from 19 to 62.

Interviews

During the preliminary meetings with participants, they were informed about the research. The semi-structured interview script, consisting of open-ended questions, was prepared by a researcher specialized in the field. Three participants declined face-to-face interviews and instead provided written responses. Contrary to common belief, unstructured interviews can help organize conversations and prevent disorder.

Data Collection

In-depth interviews involve a deep conversation between the researcher and the participant about a specific research topic. Using semi-structured questions, the researcher gains insight into the participant’s lived experiences. In-depth interviews, which include questions varying in structure, content, and purpose, can have a therapeutic effect on participants, particularly when dealing with sensitive topics. These interviews allow for the systematic comparison of similarities and differences among individuals, enabling the development of concepts, classifications, and typologies. Additionally, they are highly sensitive to participants' emotions.

Discourse Analysis as a Method

Words carry the power and responsibility of representing thoughts, and discourse, composed of words, serves as the foundation of dominant ideological paradigms. In this context, discourse is not only a way of representing and reflecting on external realities but also a means of constructing them. Variability and diversity in social life are the primary reasons for the differences in discourse on similar topics. Therefore, understanding discourse is only possible through understanding the culture that constructs it. Discourse, which involves taking a position within a framework of meaningful arguments, may not always be grammatically correct. From murmurs to simple expletives, from brief conversations to scribbled notes, all forms of expression provide valuable data on an individual's emotions, thoughts, and actions.

DISCOURSIVE ANALYSIS

1-Suicidal Inclination and Religiosity

Religiosity does not always prevent individuals from contemplating suicide. Different combinations of religious perception and belief can legitimize suicide.

1-a) Seeking Refuge in God's Mercy and Understanding as a Justification for Suicide

Suicide is forbidden in Islam; according to Islamic teachings, those who die by suicide are deprived of God's forgiveness and mercy (25). However, the emotions and thoughts of participant G-I do not align with this religious perspective.

"*Perhaps to ease my conscience, like a child… After all, when a child misbehaves, the mother does not abandon them. I tell myself, 'If a mother's mercy is one, then God's mercy is ninety-nine.' I look at myself, at my own sense of mercy… If God's mercy is like this, then it means He would not be angry. You see what we have been through… Rather than submitting to these people, death seemed more appealing to me. That's how I always thought at that time. In the end, we are aware of our helplessness before God, but being helpless in front of people was incredibly distressing for me*." (G-I)

Rather than rejecting or criticizing religious rules and perspectives on suicide, the participant reinterprets religious beliefs within their own faith framework. This approach is also observed among the relatives of individuals who died by suicide due to reasons other than KHK-related circumstances (39). Based on the Prophet Muhammad's sayings about God's mercy (e.g., "*God is more merciful to His servants than this mother is to her child*," Bukhari, Adab 40, etc.), this perspective reconstructs suicide as a sin that God may understand and forgive.

In the participant's statements, God is positioned as an entity who loves and forgives His servants ninety-nine times more than a mother's love and compassion for her child. This aligns with the role of a mother who loves, forgives, and shows mercy to her child unconditionally. For G-I, the oppression suffered at the hands of state authorities is a reason for divine forgiveness (*You see what we have been through*.). Ultimately, this example illustrates how religious belief does not prevent suicidal inclination but rather softens religious interpretations of suicide.

1-b) Religious Arguments Are Insufficient for Regulating Human Life

Islam's evaluations and approach to suicide are criticized by some KHK-affiliated individuals. This perspective is also found among the relatives of those who died by suicide for reasons unrelated to KHK (39).

'*Let me tell you, psychology is something entirely different. It has nothing to do with religion, faith, God, the Prophet, material satisfaction, sufficiency, or insufficiency. At some point, a person just disconnects. As a religious affairs officer, we ask this question: Should the funeral prayer be performed for someone who dies by suicide? What is the ruling? But my friend, I am fed up with bookish realities. Instead, tell me this: How does a person reach that point? Research that and give me an answer! They say suicide is a great sin. I do not dispute that, but no one has ever asked: How does a person, created by God as sacred, come to the point of taking their own life? Religion should have studied this too; it should have examined the causes. We read all these things in detail, but once inside the situation, it's entirely different. The biggest thing for us imams is standing on the pulpit and saying, 'Dear congregation, do not do this; it is a sin! Let's be patient with hardships.' My friend, there is no such religion*!' (G-VIII)

While participant G-VIII accepts religious rules regarding suicide, they take a critical stance toward religion's approach to the issue. As a religious official, the participant engages in self-criticism of religious discourse, arguing that suicide is an issue beyond religion (*It has nothing to do with religion, faith, God, or the Prophet*.). This perspective is also observed among the relatives of individuals who died by suicide for reasons other than KHK (39). According to the participant, the imposition of religious rules and obligations is not suitable for human psychology. Criticizing religion for not delving into the depths of human problems, the participant rejects the existing religious approach (*My friend, there is no such religion!*). In G-VIII's statements, religion is constructed as an entity that produces and imposes rules disconnected from human emotions and struggles. In contrast, an alternative religious approach that deeply engages with human psychology and offers solutions is suggested. As a religious official, G-VIII proposes a reinterpretation of religious discourse on suicide.

1-c) Religion Cannot Solve Human Problems

While religion is intertwined with some difficulties and tensions, it is considered functional in overcoming various problems. However, in this study, it is argued that religion is ineffective in addressing some of the challenges faced.

'*I was very religious before the process. Afterward, I became someone who didn't go to Friday prayers. Someone says to me, 'Pray…' I'm already doing that. I was told that inside too. You're reading the Quran, you're praying five times a day inside. 'Turn to God…' (they say). Well, I'm turning, but my problem isn't being solved. I couldn't solve my problem with religion; it didn't work, and it doesn't work.'* (G-III)

G-III expresses that, based on their own experiences, religious rituals were not functional in solving personal problems. This sense of helplessness has distanced the social actor from religion. The participant evaluates their connection to life as a personal achievement rather than a religious one, emphasizing psychiatric treatment and individual effort. (*When I look back now, surviving the prison process and being out here… I see my survival as a good achievement*.)

1-d) Religious Belief Loses Its Influence in Moments of Exhaustion

In moments of hopelessness, where individuals lose their hope (43), religious belief loses its influence.

'*I was going to throw myself from the 6th floor; I'm saying it very clearly, nothing was visible to me (emphasis). I was someone who prayed five times a day*.' (G-VI)

'*They call it a moment of madness; unfortunately, I understood the meaning of that sentence*.' (G-XI)

For G-VI, at the moment when they lost the meaning of life, religious belief has no function. The use of the past tense in G-VI's action related to religious rituals (*I used to pray*.) implies a distancing from religious practice compared to the past.

In G-XI's expressions, the term *craziness* points to a mental state in which one's health is compromised, which directly confirms that suicide is related to mental health (44).

1-e) The Effect of Religious Belief is Secondary

According to the study, the effect of religion on suicidal tendencies is secondary.

'*I thought about the religious aspect, but at that point, the religious aspect was secondary for me. I'm a believer. After you kill yourself, you go to the afterlife, you face the Divine Court, and then the Creator will say: 'Son, was this all? When you hit the wall for the first time, were you going to give up like that*?' (G-X)

The participant has some effect of religious belief on their decision not to commit suicide. G-X's way of speaking with God and their mental framework demonstrate the influence of religious belief in their individual life.

2- Relatives of Suicides Due to Decree Laws and Religiosity

According to the statements of the relatives of suicides, religion had a significant influence on the individual lives of the people who died by suicide. For this reason, suicide was completely unexpected by the family and social environment.

2-a- Living According to Religious Rules Does Not Prevent Suicide

The research revealed that living according to religious rules does not prevent suicide.

'*My husband was a very religious person. He always woke me up for prayer and called the children for prayer. I never knew him to miss a night prayer, for example, the night prayer. I used to say, 'His religion, morality is very strong; he knows the way; he wouldn't do that.' He still wouldn't. I used to tell him, 'I'm so afraid of dying.' And he would say, 'Can a person ever be afraid of the one they love?' He was a person who defined death in this way. A person who says such a thing doesn't go to Allah's presence like this.' (G-F)*

In the participant's view, the suicide victim's religious sensitivity and deep devotion to God were supposed to prevent suicide. However, G-F's religious husband committed suicide. This situation is expressed by the

construction of the subject position of a person who committed suicide even though they lived according to religious rules and were deeply devoted to their faith. The strength of the relationship between the suicide victim and God is implied in the statements (*He used to say to me, 'Can a person ever be afraid of the one they love*?), highlighting that the social conditions were the factors that led the person to suicide (*He still wouldn't do it*).

Another Example of How Adherence to Religious Rules Does Not Prevent Suicide:

'*Let me say this: Sometimes around us, people would say 'I'm going to kill myself,' etc.* (My wife) *would definitely oppose this, saying 'This is a sin that Allah never forgives, absolutely* (emphasis).*' He would advise them, 'There is a solution to everything; absolutely don't do it.' If you asked a hundred people, all hundred would say, 'She was not the type of person to do this.' She* (my wife) *was like this; that was his character. So, some things change a person; they put them in a different place*.' (G-L)

In the speech, a transformation is mentioned in which religious beliefs and practices are deconstructed under the severe influence of social conditions. In G-L's statements, even though he strongly opposed suicide due to his religious beliefs, the subject position of the person who committed suicide is constructed under the influence of social conditions. In both speech texts, reference is made to the social conditions that push the individual outside of society due to the unlawful political practices of the state. In the view of the participants, religion has a positive effect on suicidal tendencies and mental health issues (41, 45). However, it is observed that being stigmatized and pushed out of society by the state drags individuals outside the framework of religious beliefs.

2-b- Suicide is God's Will

According to some relatives of those who have died by suicide due to decree laws, suicide is not a shameful matter but rather the will of God.

'*God gives, God takes; I sacrifice myself to my Creator. We came from our Lord, and we will go to our Lord. I have no luxury of rebelling against this*.'(G-E)

'*I'm certainly very sad that he passed away, but we will all die; now the afterlife has begun. In this world, everyone is a guest; you are my guest right now, and I am your guest*.' (G-A)

In these statements, contrary to the general view (46), suicide is seen as a natural death, and not rebelling against God because of the pain of death is viewed within the framework of religiosity.

2-c- Different Religious Approaches to the Suicide Victim

Relatives of those who have died by suicide due to decree laws approach suicide from a different religious context.

'*I'm saying this sincerely; my God would not be angry with my father for this.* (Crying) *My father knew so much, believed so much, lived so much. My father didn't commit immoral acts; my father took care of his children. I went to my father's grave and said, 'Dad, if they ask you if you prayed, say, 'I took care of my daughter;' if they ask you if you fasted, say, 'I took care of my grandchild.' My father didn't stay the same throughout his life. He was not the same man from 23 years ago; he struggled and tried to improve. That's why God saw his effort. My father died of a heart attack; I'm not ashamed to say he committed suicide*.' (G-N)

The participant, who defines themselves as a religious Muslim, has a different approach to suicide compared to other religious perspectives. G-N's feelings toward the suicide victim differ from those of other suicide victims' relatives, as they are not accusatory (46). The participant emphasizes the positive qualities of the victim, offering a subjective interpretation within the religious paradigm. The use of possessive pronouns (*My God, my father*) in the speech reflects the social actor's individual understanding of religiosity. The subject position of the father, who throughout his life was dedicated to goodness and progress and who supported family members in need, is constructed. Along with this, the subject position of God, who forgives His servant who strives for goodness and progress, is also constructed.

In another example, the parents of the suicide victim blame themselves for the suicide.

'*Look, God will ask me for an account for this; there's no escape. But the child's account will definitely be asked from the parents. 'Why didn't you explain? Why didn't you talk about Allah? Or why didn't you tell them that suicide is a sin that brings a thousand sins in a minute? There's no way out of this responsibility*.' (G-A)

The participant accepts the religious approach to suicide but takes on the responsibility for the 'sin' as a parent. G-A, who feels guilty about his son's suicide, thinks he failed to act appropriately with his adolescent son during the chaotic period after being dismissed from work. (*We were dismissed; our psychology was messed up. 'Son, do this' didn't happen… Then I yelled, screamed, cursed*.) Despite the pressures of social events and personal mistakes, the participant believes that his son could be responsible for his own suicide and develops a defense mechanism with contradictory feelings (*My son was very compassionate. Since he showed mercy to an injured bird, may God have mercy on him too*.).
The statements confirm the influence of the family in the development of suicidal behavior (47) and how suicide disrupts the family system (48). The father, who holds himself responsible for his son's suicide due to his mistakes during the dismissal process, draws strength from his religious beliefs (49).

2-d- Individuals in a state of madness are not responsible for their actions.
There is a consensus regarding the impact of mental health issues on suicide tendencies (50, 51, 44). According to Islam, individuals who are mentally unwell cannot be held responsible for their actions (52, 53). This is the most significant source of comfort for the relatives of suicide victims due to decree laws.

'*In religious perception, there is something (forbidden), but there is also a state of madness; when the mind is lost, when the mind leaves the head… For a rational person, religion says, 'don't do this.' Yes, religion says that. But the person is so overwhelmed that they do it with a gun or with this or that. But did they have their mind when they did it? We don't know. So we can't know this state of madness. This is a state of madness: 'they're crazy; whatever they do is acceptable,' and there is no interrogation of these actions*.' (G-U)

The poor mental state of the 16-year-old suicide victim is, in G-U's view, a factor that "cleanses" the victim of guilt.

Islamic evaluations regarding whether a person is considered 'rational/adult' also align with this context.

'*From a religious perspective, this is an age that could be debated. Actually, being rational is not about age; it's about digesting the truth. This could happen at 14; it could happen at 17.*' (G-U)

The influence of the social events that led the victim to death is, in the participant's view, the strongest factor that absolves the victim.

'*And then there are the events that led them to that state. The ones that took their mind away, that led them… I mean, not everyone always adds up to two and two equals four*.' (G-U)

Individuals affected by decree laws see the stigma and social exclusion the suicide victim faced as the fundamental cause of suicide, and they offer a different interpretation of religious rulings. While they accept the religious stance on suicide, the relatives of suicide victims reinterpret the discourses on suicide in the sacred texts, developing a more tolerant approach toward the victim.

Findings

Findings related to the relatives of suicides: Relatives of suicides accept the Islamic prohibitions against suicide; however, they have developed different religious approaches to the victim. In the cases of suicides involving victims of decree laws, the unlawful actions and wrongdoings faced by the individual have been decisive in the moral and religious evaluation of the suicide, with a focus on the primary impact of social factors, viewing suicide as an act that can be forgiven and tolerated.

Findings related to individuals who attempted suicide: Participants who had decided to commit suicide but later changed their minds believed that God would approach people with understanding rather than judgment, evaluating suicide through the lens of compassion. It was stated that religious discourses are insufficient to understand the depths of the human soul and, in some cases, are far from providing solutions. Despite carrying out religious rituals, individuals'

problems were not resolved, leading to a weakening of faith or the diminishing influence of religious practices. Especially during moments of burnout and hopelessness, it was noted that religious beliefs lose their effect, and mental breakdowns come to the forefront.

Evaluation

The religious approach to suicide, which tends to discourage it, changes when it comes to the suicides of victims of decree laws. For individuals affected by decree laws, religious belief does not have a direct deterrent effect on suicide. The relatives of suicides have developed a compassionate approach to understanding suicide, evaluating it not with strict religious interpretations but from the perspective of mercy and justice. In contrast to studies suggesting that the relatives of suicide victims are stigmatized (46, 54, 17, 55), negatively judged, and excluded from society (39, 23, 24), this study affirms that the relatives of individuals who died by suicide due to decree laws are not excluded but, rather, receive social support (26). This study also does not support findings suggesting that religiosity prevents suicide (12, 13). An important result from the study is that religious encouragement can actually distance individuals from religion during depressive episodes.

Conclusion

This study shows that religious beliefs shape general approaches to suicide but do not play a direct role in prevention. Participants have reinterpreted religious rules based on their life experiences and have stated that in some cases, belief in religion either legitimizes suicide or becomes a secondary guiding factor. Relatives of victims of decree laws argue that, considering the social and political injustices the victim endured, suicide can be forgiven and understood from a religious standpoint. In this approach, the evil of the state's unlawful actions outweighs the evil of suicide.

Limitations of the Study:

The study is limited by the fact that data was only gathered in Turkey, while the issue at hand has international relevance. The researcher is a victim of the decree laws; therefore, emotional permeability between the researcher and participants is easier than usual. For this reason, the researcher has sought expert support to maintain objectivity and emotional healing. The qualitative research design, which includes 30 participants, allows for general statements to be made. However, studies with a larger number of

participants would expand and diversify the scope of the findings.

Directions for Future Research:
-Studies involving individuals who identify as religious but have suicidal tendencies, with a larger sample size, would contribute to the literature.

-Action-oriented studies with religious leaders may allow for the measurement of the effects of psychological support combined with religious interpretations.

Suggestions for Solutions:
-Psychiatrists, psychologists, and religious leaders should collaborate to create mental health support programs.

-Religious discourses should be reexamined not from a blameful perspective but from a compassionate and supportive standpoint.

-Suicide, beyond the religious context, should be treated as a phenomenon related to social, psychological, and economic factors, and awareness campaigns should be organized.

-Social support mechanisms should be strengthened to prevent mental breakdowns, especially in individuals affected by political processes.

-Scientific analyses of the causes of suicide should be increased, and religious approaches should be supported by these data.

These suggestions could help individuals cope with mental health issues without losing their religious beliefs and contribute to the development of more effective suicide prevention mechanisms.

Key message: Religious belief is an argument that contributes to social life to the extent that it enriches the value of survival.

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