# UTILITARIANISM IN SUICIDE: INSIGHTS FROM FREUDIAN-DURKHEIMIAN THEORIES AND THE RESPONSE OF CHRISTIAN ETHICS

Etaoghene Paul Polo*, Obiageri Angelina Odife** & Tolulope Francis Elusiyan***

**Abstract**
This paper explores the concept of utilitarianism in relation to suicide, drawing insights from Freudian psychoanalytic theory and Durkheimian sociology, while presenting a Christian ethical response. Freud's theory of the death drive (*Thanatos*) and Durkheim's classifications of suicide suggest that individuals may seek relief or perceived pleasure in ending their lives, which could align with a utilitarian calculus of maximising pleasure and minimising pain. However, this paper argues that such a perspective fails to account for the broader pain caused to family, friends, and society, thus presenting a moral dilemma within the utilitarian framework. Christian ethics, rooted in the sanctity of human life, categorically rejects suicide as a violation of divine law and the inherent dignity of human existence. The paper employs a qualitative methodology, utilising a critical analysis of existing literature on Freud and Durkheim's theories of suicide, alongside theological texts on Christian moral theology. Through this interdisciplinary approach, the work contrasts the utilitarian implications of suicide with the Christian ethical stance, ultimately concluding that Christian ethics offers a more holistic response, emphasising the moral obligation to preserve life.
**Keywords:** Utilitarianism, Suicide, Sigmund Freud, Émile Durkheim, Christian Ethics, Sanctity of Human Life, Moral Theology

## 1. Introduction

Suicide has been a subject of deep inquiry in both philosophical and sociological discussions, with scholars seeking to understand its ethical implications and social causes. In philosophical ethics, suicide is often examined through various moral frameworks, one of the most prominent being utilitarianism. Utilitarianism, as developed by Jeremy Bentham and John Stuart Mill, is a consequentialist theory that evaluates actions based on their outcomes, aiming to maximise pleasure and minimise pain (Bentham, 1789; Mill, 1863). This framework has frequently been applied to debates about the morality of suicide, especially when individuals perceive death as a means of escaping extreme suffering. The value ascribed to human life, however, complicates these discussions, as life is generally regarded as a precious gift that must be cherished and protected. The failure to uphold this value, as some scholars argue, could lead to the inevitable deterioration of humanity (Polo and Olanrewaju, 2024). Suicide, in particular, undermines the sanctity and value of human life by involving the intentional act of taking one's own life. This act presents significant moral, ethical, and psychological challenges for individuals and society alike.

In the fields of psychoanalysis and sociology, Sigmund Freud and Émile Durkheim offer distinct but complementary perspectives on suicide, each reflecting elements of utilitarian reasoning. Freud's psychoanalytic theory suggests that individuals may be driven to suicide as a result of internal psychological conflicts and a desire to escape unbearable mental distress (Freud, 1920). This aligns with a utilitarian view of suicide as an act intended to maximise personal relief from suffering. Similarly, Durkheim's sociological analysis, particularly his concept of *anomie*, posits that social disintegration and a lack of meaningful connections can lead to suicide, framing it as a response to societal and existential dissatisfaction (Durkheim, 1897). These theories highlight how both personal and social factors may drive individuals toward suicide, implicitly invoking a balance of pleasure and pain akin to utilitarian reasoning.

The purpose of this study is to explore how Freudian and Durkheimian theories of suicide suggest a utilitarian interpretation, wherein suicide is viewed as a rational act aimed at reducing suffering. Furthermore, this analysis contrasts these perspectives with the Christian ethical response to suicide, which rejects utilitarian principles in favor of the sanctity of life, rooted in the belief that life is a divine gift that must not be prematurely ended (Augustine, 1993; Pope John Paul II, 1995). By examining these viewpoints, this study seeks to address two key research questions: how do Freud and Durkheim's views on suicide align with or imply utilitarian principles, and what is the response of Christian ethics to utilitarianism in the context of suicide?

## 2. Theories on Suicide: Freud and Durkheim

### Freud's Psychoanalytic View

Freud's psychoanalytic theory of personality development posits that the driving force behind self-destructive behaviour is primarily linked to the *id*, which represents the instinctual, unconscious part of the human psyche. The *id* is driven by innate desires, often irrational and primal, and when these desires are left unchecked, they can lead individuals toward harmful actions, including self-destruction. Freud believed that individuals are sometimes compelled by an unconscious urge for self-harm, which can manifest as a desire to escape internal conflict or unbearable emotions (Freud, 1920).

For example, people who engage in excessive alcohol consumption often do so for the pleasure it seemingly brings, believing that it temporarily alleviates pain or suppresses negative emotions such as anger. However, this relief is fleeting, as the person must eventually confront reality once the effects of the alcohol subside. Similarly, those who contemplate or attempt suicide may feel that death is the only viable option to escape their suffering. Freud's theory suggests that this self-destructive drive stems from unresolved psychological conflicts within the individual, where the id's powerful urges override the rational self-preservation instincts of the *ego* (Freud, 1920; Berk, 2007).

### Exploring Freud's Understanding of Suicide Stemming from Unconscious Drives, Particularly the Death Drive (*Thanatos*)

Freud's understanding of suicide is deeply rooted in his concept of unconscious drives, specifically the death drive, or *Thanatos*. Freud employed clinical methods to evaluate and treat psychological pathologies, which he believed stemmed from conflicts within the psyche (the mind or soul). He first introduced the notion of *Thanatos*, the instinct toward death and destruction, in his essay *Beyond the Pleasure Principle* (Freud, 1920). Freud suggested that alongside *Eros* (the life instinct), humans are driven by Thanatos, an unconscious impulse that compels individuals towards self-destructive behaviour and, ultimately, death. He famously remarked, "the aim of all life is death" (Freud, 1920), indicating his belief that the human psyche contains an inherent drive towards its own demise. In this framework, suicide can be viewed as a manifestation of the death drive, where unconscious forces overpower the instinct for self-preservation.

### Freud's Notion of Self-Destructive Behaviour and Its Relation to Utilitarian Pleasure-Pain Dynamics

Freud's concept of self-destructive behaviour emphasises that the self is a central force in human actions, with relationships to others playing a crucial role in understanding oneself. According to Freud, human nature is composed of the body, mind, and soul, each interacting in complex ways. The body is driven by needs and desires, such as hunger, thirst, sex, and anger, which seek immediate gratification. However, the mind must decide whether to agree with the body's demands, while the soul acts as a mediator, assessing the morality of

these urges. This dynamics reflects Freud's personality development theory, which is organised around three components: the *id*, *ego*, and *superego*.

The *id* represents the most primitive part of the self, driven by the "pleasure principle," seeking immediate gratification for bodily needs and desires, operating largely within the unconscious. The *ego*, conversely, operates according to the "reality principle," mediating between the *id* and the external world, using logic and planning to delay gratification when necessary. Finally, the *superego* acts as a moral compass, enforcing a sense of right and wrong, and operating across both conscious and unconscious levels (Freud, 1923). This triadic structure is essential in understanding how self-destructive behaviour arises when the *id*'s desire for immediate pleasure overwhelms the moderating influence of the *ego* and *superego*.

Freud's theory of self-destructive behaviour is aligned with Jeremy Bentham's hedonistic utilitarianism, which argues that human beings are driven to maximise pleasure and minimise pain (Bentham, 1789). According to Freud, individuals may engage in destructive behaviours, such as suicide, to escape psychological pain, believing that the act will provide relief from intense suffering. In this sense, the dynamics of pleasure and pain are central to understanding such behaviour. Hunger, anger, and sexual desires, if left unchecked, may lead to a crisis where suicide appears to be the only escape. However, as utilitarianism suggests, such behaviours often fail to consider long-term consequences, with Freud's model proposing that the pleasure sought through self-destruction is illusory, as the mind and body are ultimately interconnected in ways that make temporary pain inescapable (Mill, 1863).

In addressing these tendencies, the World Health Organisation (2014) reports that every 40 seconds, a person dies by suicide, accounting for over 800,000 deaths annually. Despite these staggering figures, suicide is preventable, and global initiatives, such as *Preventing Suicide: A Global Imperative*, have been established to increase public awareness of suicide's significance as a public health issue. These initiatives aim to prioritise suicide prevention on the global agenda and encourage countries to develop comprehensive, multisectoral strategies to address the problem.

From a religious perspective, both Islam and Christianity view suicide as a sinful act. These traditions stress the sanctity of life, arguing that individuals do not possess the right to end their own lives, which belong to a higher power. Historically, suicide has been attributed solely to mental disorders, placing responsibility for prevention squarely with the medical profession. However, contemporary understanding recognises that suicide is rooted in various cultural, economic, educational, familial, and social factors. Thus, while mental health is a significant factor, suicide must be understood as a broader societal issue, requiring collective responsibility and concerted efforts to discourage individuals from taking their own lives (WHO, 2014).

**The Perceived Psychological "Relief" or "Pleasure" Sought by Suicidal Individuals**

The perceived psychological "relief" or "pleasure" that suicidal individuals seek by ending their lives is often driven by the desire to escape unbearable psychological pain. Other psychological factors, such as personality traits, emotional characteristics, and dysregulation, also play significant roles, contributing to impaired decision-making processes in suicidal individuals. Psychologists have long maintained that mental disorders are strongly associated with suicide, and these disorders can be intensely painful, contributing to suicidal ideation and behaviour. Therefore, it is crucial that individuals identified as being at risk of suicide receive appropriate mental health care from psychiatrists or psychologists, where their conditions can be addressed in a clinical setting (Lu *et al*., 2020).

**Durkheimian Perspective on Suicide**

French sociologist Émile Durkheim, in his seminal work *Suicide: A Study in Sociology* (1897), analysed suicide as a social fact, placing it within the broader context of society (Pickering and Walford, 2000). Durkheim defined suicide as any case of death resulting directly or indirectly from a positive or negative act by the victim, who is aware that their actions will lead to this outcome (Gerardi, 2020). Durkheim's sociological perspective emphasises that suicide is not merely a personal act but one that is influenced by social conditions, including integration and regulation within society.

**Durkheim's Sociological Analysis**

Durkheim's theory of suicide represented a pivotal moment in the study of the phenomenon, as it redefined suicide from being solely a psychological issue to being viewed as a sociological one. He argued that the rates of suicide are primarily influenced by social integration and social regulation. Social integration refers to the degree of interconnectedness individuals have within their communities, which helps to prevent isolation. On the other hand, social regulation pertains to the rules, norms, policies, and regulations that govern behaviour, shaping individuals' moral conduct and contributing to their sense of belonging within society. According to Durkheim, when these forces are weak or disrupted, the likelihood of suicide increases, as individuals may feel disconnected or lack moral guidance.

**Discussing Durkheim's Classification of Suicide (Egoistic, Altruistic, Anomic, Fatalistic)**

Durkheim correctly classified suicide into four types, which are determined by the degree of imbalance between two social forces: social integration (the connection between individuals) and moral regulation (adherence to societal norms) (Pickering and Walford, 2000).

**Types of Suicide**

**a. Egoistic Suicide:** This form of suicide stems from a prolonged sense of not belonging or being integrated into society, often arising from feelings of low self-esteem or worth. When an individual begins to detach from social connections, isolation may lead to negative thoughts, depression, and an increasing sense that suicide is the only escape. Overcoming this requires staying connected with others, as humans are social beings and not wired to live in isolation. Sharing feelings and maintaining relationships with others can help alleviate the sense of being disconnected (Berk, 2006).

**b. Altruistic Suicide:** This type of suicide is associated with selfless acts performed for the benefit of others, even at the expense of one's own well-being. It is characterised by an individual being deeply influenced by the goals and beliefs of a group, to the point where personal interests are disregarded. In these situations, the individual may make sacrifices for others, but the society often fails to reciprocate the expected benefits. The lack of recognition and the feeling of being unimportant can lead the individual to view suicide as the only solution.

**c. Anomic Suicide:** Anomic suicide occurs in a society that lacks clear norms or regulations. It often arises when individuals feel lost or uncertain about their place in society, as they are unable to find clear boundaries for their desires and expectations. Durkheim described this as a state of moral disorder, where individuals experience constant disappointment and confusion. In such circumstances, suicide may be seen as a way out. For example, a student experiencing repeated academic failure and feeling unsupported might view suicide as the only escape from the despair of their situation, especially if their complaints are ignored (Durkheim, 1897).

**d. Fatalistic Suicide:** This form of suicide occurs when individuals are excessively controlled by societal rules and regulations. In situations where individuals feel overwhelmed

by strict or oppressive constraints, they may choose to end their lives as a way to escape the suffocating control. The unbearable nature of these rules leads the individual to see death as a preferable option to continued suffering under rigid expectations.

**Highlight on How Durkheim Views Social Forces and Integration/Disintegration as Key Factors in Suicide Rates**

Durkheim viewed societal detachment as "excessive individuation," where individuals who are insufficiently integrated into social groups lack the support and guidance provided by shared values, traditions, norms, and goals. Without these connections, such individuals are more vulnerable to feelings of isolation and despair, which increases their likelihood of dying by suicide. He argued that the absence of social bonds leaves people without the necessary moral and emotional resources to cope with life's challenges, thereby making suicide a more likely outcome. In Durkheim's view, social integration plays a crucial role in preventing suicide, as strong social ties offer individuals a sense of purpose and belonging, which can protect them from the mental anguish that often leads to self-destructive behaviour (Durkheim, 1897).

**Examining How Durkheim's Theory Could Suggest a Utilitarian Framework: Balancing Personal Distress (Pain) with Perceived Societal Duty or Benefit (Pleasure)**

Durkheim's theory of suicide introduces two critical concepts: social integration and social regulation. He argues that appropriate levels of both are essential to reducing suicide rates within a society. According to Durkheim, people should be connected through shared values, beliefs, and community bonds. High social integration signifies strong relationships and deep social connections, while rules and norms governing behaviour provide stability and guidance.

Durkheim contends that a balance of social integration and social regulation is necessary to prevent suicide. Egoistic suicide results from insufficient social integration, where individuals feel isolated and disconnected from others. Altruistic suicide, on the other hand, occurs when social integration is excessively high; individuals lose their personal identity by overly focusing on group goals and the satisfaction of collective needs. Anomic suicide is a consequence of low social regulation, typically arising during periods of social upheaval when norms are unclear or absent. Fatalistic suicide emerges from extreme social regulation, where individuals' lives are fully controlled, leading to feelings of hopelessness and a lack of autonomy.

Durkheim believed that balancing social integration and social regulation could reduce the likelihood of various types of suicide. Strong social connections through high social integration provide individuals with meaning and a sense of belonging, which reduces the risk of egoistic suicide. Meanwhile, well-established rules and norms from social regulation offer stability, especially during periods of change, which can prevent anomic suicide. However, Durkheim also noted that excessive social integration can lead to altruistic suicide, where individuals sacrifice their own well-being for the group, while extreme social regulation can result in fatalistic suicide, as individuals feel trapped and unable to control their lives (Johnson, B. D., 1965).

Thus, it can be argued that Durkheim's theory of suicide underscores the importance of balancing social integration and social regulation in reducing suicide rates. While moderate levels of both can diminish suicide risk, extreme levels of either can increase the risk of specific types of suicide. Durkheim also observed that suicides are more likely among unmarried individuals, particularly those who remain childless for extended periods.

Actions that promote pleasure or reduce pain are considered beneficial, and happiness is viewed as preferable to less happiness. Ultimately, everyone should be equally valued, regardless of status, behaviour, or other social factors.

**Summary and Comparison of Freud's and Durkheim's Theories on Suicide**

Freud maintained that individuals who commit suicide do so because they perceive it as a means to attain pleasure, believing that ending their life would bring an end to their suffering and pain (Freud, 1917). In contrast, Durkheim argued that factors such as social integration and social regulation play a more significant role in increasing the risk of suicide (Durkheim, 1897). He emphasised that both of these factors should be maintained at a moderate level. To address the issue of suicide, Durkheim suggested that people should maintain close connections with one another, and that rules and regulations guiding individual behaviour should be carefully considered.

## 3. Utilitarianism and Suicide: Pleasure vs. Pain Calculus

**Definition of Utilitarianism**

Utilitarianism is a moral philosophy popularised by thinkers such as Jeremy Bentham and John Stuart Mill, which evaluates the morality of actions based on their outcomes (Bentham, 1789; Mill, 1863). The principle asserts that actions are right if they promote happiness (pleasure) and wrong if they result in the opposite (pain). Central to utilitarian ethics is the idea of maximising collective well-being: decisions should aim to produce the greatest good for the greatest number of people (Moore, 1993). This outcome-based focus makes utilitarianism a practical framework for analysing complex moral issues, including suicide.

**Applying Utilitarianism to Suicide**

From a utilitarian perspective, an individual contemplating suicide may perceive it as a means of achieving relief from unbearable pain or suffering. This perception positions suicide as an action aimed at maximising personal "pleasure," not in the conventional sense, but as an escape from intense physical or emotional agony (White, 2000). For individuals experiencing chronic pain, severe mental illness, or profound dissatisfaction with life, ending their life may appear to offer the only viable solution to achieve peace. This represents the immediate, individualistic calculation of utility—reducing their personal suffering (Singer, 2011).

**Consequences for Others**

Utilitarianism emphasises the collective over the individual, requiring an analysis of the ripple effects of suicide on family, friends, and society. The emotional trauma inflicted on loved ones—grief, guilt, and anguish—often represents a significant and enduring source of pain (Swinton, 2001). Families may experience destabilisation, children may suffer psychological consequences, and communities may endure the shockwaves of loss (Robinson, 2003). On a broader scale, society incurs costs related to suicide, such as reduced economic productivity, healthcare expenditures, and the efforts required to address its aftermath. Additionally, suicide challenges societal norms and values, potentially increasing mental health stigmatisation or triggering copycat incidents (White, 2000). From a utilitarian standpoint, the aggregate pain experienced by those left behind often outweighs the personal relief sought by the individual, making the act morally problematic (Mill, 1863).

**Moral Dilemma in Utilitarian Calculation**

Can the pleasure experienced by one individual justify the widespread pain inflicted on others? The utilitarian calculus surrounding suicide reveals a profound ethical tension: can the alleviation of one person's suffering justify the widespread suffering of others? This tension highlights the limitations of utilitarianism when applied to deeply personal and subjective experiences like suicide (Singer, 2011).

For the individual, their suffering may feel insurmountable, and the prospect of relief may outweigh any consideration of others' pain. However, for society, the long-term consequences of suicide—emotional devastation, societal disruption, and economic strain—tilt the moral scale towards its rejection (Swinton, 2001).

This moral dilemma underscores the need for compassionate interventions. While utilitarianism may frame suicide as ethically unjustifiable due to its collective harm, it also reinforces the importance of addressing the root causes of suffering. Enhancing mental health resources, fostering supportive communities, and reducing stigma are essential measures to prevent individuals from reaching the point where suicide seems like the only solution (Robinson, 2003).

Utilitarianism offers a valuable lens for evaluating the ethics of suicide by weighing the pleasure (relief) sought by the individual against the pain inflicted on others. While the individual's suffering is valid and urgent, the collective impact of suicide often renders it morally indefensible within this framework (White, 2000). This analysis serves as a call to action for society to prioritise mental health, ensure support systems, and create environments that alleviate suffering without resorting to irreversible solutions.

## 4. The Christian Ethical Response to Suicide

### Sanctity of Life in Christian Ethics: Christian Doctrine on Human Life

Central to Christian ethics is the belief in the sanctity of human life. This doctrine is rooted in the understanding that life is a divine gift from God, created in His image (Genesis 1:27) (Augustine, 1993). Christians believe that each human life is sacred, possessing inherent dignity and value as part of God's creation (Aquinas, 1948). From this perspective, life is not merely a possession to be disposed of according to personal circumstances or desires; rather, it is a sacred trust from God. Suicide, therefore, is viewed as a violation of the sanctity of life because it prematurely ends a life entrusted by God (Pope John Paul II, 1995). Unlike utilitarianism, which evaluates moral actions based on pleasure and pain, Christian ethics emphasises that the sanctity of life is an absolute principle, not subject to subjective calculations (Robinson, 2003).

### Moral Theology and Suicide: Condemnation of Suicide in Christian Theology

Christian moral theology categorically condemns suicide as contrary to God's will. Scripture underscores divine sovereignty over life and death: "The Lord gave, and the Lord has taken away; blessed be the name of the Lord" (Job 1:21). Taking one's life is seen as an act of rejecting God's authority and plan, as well as the hope and redemption offered through faith (Kelley, 2006).

The inherent dignity of human life is central to this condemnation. Christian teaching holds that every individual, regardless of their suffering, has worth and purpose in God's plan (Pope John Paul II, 1995). Suicide undermines this divine purpose and the potential for spiritual and emotional healing that could arise from enduring hardship in faith (Robinson, 2003).

### Rejection of Utilitarianism in Suicide

Utilitarianism, with its focus on subjective pleasure and pain, diverges fundamentally from Christian ethics. The utilitarian framework, which might justify suicide as a means of escaping suffering or achieving personal relief, is incompatible with Christian teaching (Moore, 1993). Christian ethics prioritises divine law and the intrinsic value of each life over subjective calculations (Aquinas, 1948). While utilitarianism assesses morality based on outcomes, Christian ethics is anchored in absolute moral truths, emphasising that life must be preserved and respected regardless of circumstances (Robinson, 2003). This theological perspective provides a stark contrast to the utilitarian view and reinforces the non-negotiable sacredness of life.

**Pastoral and Spiritual Response**

Christian ethics does not stop at condemning suicide but extends a compassionate pastoral response to those contemplating it. The Church acknowledges the profound suffering that can lead individuals to consider such an act and seeks to provide hope, healing, and spiritual guidance (Swinton, 2001). For those contemplating suicide, Christian pastoral care emphasises God's love and the hope found in Him. Through counseling, prayer, and the support of a faith community, individuals are reminded of their worth and encouraged to find strength in God's promises (Kelley, 2006). Scripture passages such as "The Lord is close to the brokenhearted and saves those who are crushed in spirit" (Psalm 34:18; Augustine, 1993) are often invoked to provide comfort and assurance.

For families affected by suicide, the Church offers support and consolation, acknowledging the grief and complexity of their loss. The focus is on extending grace rather than judgement, emphasising God's mercy and the hope of healing through Christ (Pope John Paul II, 1995). Christian ethics also advocates proactive measures, such as fostering mental health awareness within the Church, providing accessible resources for those in distress, and creating supportive communities where individuals can openly share their struggles without fear of stigma or rejection (Swinton, 2001).

The Christian ethical response to suicide is deeply rooted in the belief in the sanctity of life, viewing life as a divine gift that must be honoured and preserved (Aquinas, 1948). While Christian theology categorically condemns suicide as contrary to God's will, it simultaneously extends grace, compassion, and hope to those affected by it. Unlike utilitarianism, which evaluates actions based on subjective outcomes, Christian ethics emphasises absolute moral principles and the inherent worth of every human life (Robinson, 2003). By offering pastoral care and community support, Christianity seeks to address the underlying causes of despair while reaffirming the sacredness and value of life (Swinton, 2001).

**5. Critical Assessment: Freud-Durkheim vs. Christian Ethics**

In critically assessing the utilitarian elements of Freud's and Durkheim's theories on suicide, it is clear that both perspectives consider individual distress and societal conditions as key factors in the decision to take one's life. Freud's psychoanalytic theory places significant emphasis on the psychological pain that leads to suicide. He argues that individuals may view suicide as a way to end their suffering, aligning with a utilitarian belief that reducing pain or seeking "pleasure" (relief from distress) justifies the act (Freud, 1917). In Freud's framework, the individual is often motivated by the desire to escape emotional or physical agony, presenting suicide as a misguided attempt to maximise personal happiness by ending pain.

Durkheim's sociological approach, while not overtly utilitarian, focuses on the influence of social integration and moral regulation on suicide rates. He proposes that suicide rates are influenced by the strength of an individual's ties to society and the regulation of

their desires. Durkheim's concept of social integration refers to the degree to which an individual is connected to social groups, while moral regulation concerns the societal norms that shape behaviour. Low social integration and insufficient regulation, according to Durkheim, leave individuals vulnerable to suicide, with the decision to take one's life seen as a response to a lack of support or guidance (Durkheim, 1897). In a utilitarian sense, Durkheim argues that when social integration and regulation are balanced, individuals experience greater well-being, reducing the likelihood of suicide. However, when these elements are too low or too high, it leads to suicide, thereby illustrating how both personal distress and perceived societal duties may interact in a manner similar to the utilitarian concept of balancing pleasure and pain.

Christian ethics presents a stark contrast to both Freud's and Durkheim's utilitarian perspectives. Rooted in the sanctity of human life, Christian morality unequivocally rejects suicide, viewing it as a violation of the divine order and the inherent worth of human life. Christianity teaches that life is a gift from God, and thus, the act of suicide is considered sinful, regardless of the suffering that may motivate it (Catechism of the Catholic Church, 1994). This stance contrasts sharply with Freud's and Durkheim's views, as Christian ethics does not condone suicide as a means of relieving pain or balancing societal duties. Instead, it emphasises the value of life and encourages individuals to seek comfort, healing, and support through community and faith, highlighting the importance of hope, compassion, and divine intervention in times of distress.

In comparison to Freud and Durkheim, Christian ethics provides a more holistic and compassionate approach to the issue of suicide. Freud's theory, grounded in individual psychological conflict, overlooks the spiritual and communal aspects of suffering. His view of the individual as largely driven by unconscious desires and pain neglects the potential for personal redemption and transformation through faith and the support of a loving community. Durkheim, focusing on social integration and regulation, similarly misses the moral and spiritual dimensions of suicide. While his theory highlights the importance of societal connection, it lacks the compassionate care that Christian ethics offers, which is based on the belief that human life has intrinsic value and should be preserved. Furthermore, Christian ethics offers a framework where suffering is seen as part of the human condition that can be understood and borne with grace, in contrast to the utilitarian framework where the focus is on reducing pain or seeking pleasure, potentially at the cost of life itself.

The limitations of both Freudian and Durkheimian approaches, when viewed through the lens of Christian ethics, are evident. Freud's theory, although it addresses the internal psychological processes leading to suicide, does not consider the spiritual dimension of suffering or the potential for healing through faith. Durkheim's emphasis on social factors similarly overlooks the profound moral and existential questions surrounding the act of suicide. Both theories fail to offer the kind of compassionate, life-affirming response that Christian ethics provides. Christian morality, grounded in the belief in the sanctity of life, not only calls for the preservation of life but also offers the hope of redemption and healing through faith, community support, and divine intervention.

Christian ethics, therefore, provides a more comprehensive response to suicide by emphasising the intrinsic worth of human life, the importance of community, and the transformative power of faith. It offers care and support to those in distress, urging them to seek help and find meaning in their suffering, while simultaneously rejecting suicide as a solution. This response is in stark contrast to the utilitarian elements of Freud's and Durkheim's theories, which view suicide as a potential solution to the pain or disconnection experienced by the individual. Christian ethics, with its emphasis on life's sacredness, offers a more compassionate, holistic, and community-centred approach to the issue of suicide.

## 6. Conclusion

This research has explored the utilitarian elements inherent in Freudian and Durkheimian theories of suicide, providing valuable insights into how individual pain and societal factors can be balanced in the context of suicide. Freud's psychoanalytic perspective suggests that individuals may view suicide as a means of escaping suffering, treating it as a misguided pursuit of relief. Durkheim's sociological framework, on the other hand, highlights the importance of social integration and regulation in mitigating the risk of suicide, proposing that a lack of social connection and moral guidance contributes to suicidal behaviour. Both perspectives, in their own way, reflect a utilitarian approach, wherein the individual's desire to alleviate pain or fulfil societal duties becomes central to the decision-making process.

However, while these theories offer useful frameworks for understanding suicide, they also present limitations. Both Freud and Durkheim overlook the broader, often devastating consequences of suicide on families, communities, and society as a whole. Their utilitarian interpretations, focusing primarily on the individual's pain or societal balance, fail to account for the profound, long-term suffering that suicide imposes on those left behind, as well as the moral implications of ending a human life. Thus, the utilitarian lens of these theories is insufficient when considering the full ethical and emotional impact of suicide.

In contrast, Christian ethics presents a fundamentally different view. By upholding the sanctity of life, Christian morality rejects any form of utilitarian justification for suicide. It stresses that life is a gift from God, and individuals have a moral obligation to preserve it, regardless of personal distress or societal conditions. Christian ethics provides a more compassionate and holistic approach to the issue of suicide, focusing on care, support, and the belief in the inherent dignity of every human life. Rather than seeing suicide as a solution to pain or societal disconnection, Christianity encourages individuals to seek help, healing, and redemption through faith and community.

The research also highlights the need for further exploration in areas that bridge the gap between Freudian, Durkheimian, and Christian ethical perspectives on suicide. Specifically, more research is needed on the role of psychological support systems in suicide prevention, examining how mental health care can be integrated with community and social support structures. Additionally, the societal responsibilities in preventing suicide, especially in the context of a highly individualistic and fragmented world, merit further investigation. Finally, interfaith dialogue on the ethical aspects of suicide could foster greater understanding between different religious and philosophical traditions, helping to create a more compassionate and comprehensive response to this complex issue.

***ETAOGHENE PAUL POLO**
Department of Philosophy, University of Delta,
Agbor, Delta State, Nigeria etaoghenepaulpolo@gmail.com
ORCID: https://orcid.org/0009-0001-1606-0273

****OBIAGERI ANGELINA ODIFE**
Department of Sociology, Margaret Lawrence University, Galilee,
Ika North-East L.G.A., Delta, State, Nigeria
opuricheodife@gmail.com

*****TOLULOPE FRANCIS ELUSIYAN**
Department of Bioethics, University of Ibadan,
Oyo State, Nigeria
elusiyantolulope@gmail.com

**References**


Aquinas, T., (1948). *Summa Theologica* (Fathers of the English Dominican Province, Trans.). New York: Benziger Brothers.

Bentham, J., (1789). *An Introduction to the Principles of Morals and Legislation*. Oxford University Press.

Berk, B. B., (2006). "Macro-Micro Relationships in Durkheim's Analysis of Egoistic Suicide". *Sociological Theory*. 24 (1): 58–80 [p. 60]. doi:10.1111/j.0735-2751.2006.00264.x. S2CID 144703762.

Berk, L. E., (2007). *Development through the Lifespan* (4th ed.). Pearson Education.

*Catechism of the Catholic Church*. (1994). Vatican: Libreria Editrice Vaticana.

Durkheim, É., (1897). *Suicide: A Study in Sociology*. Free Press.

Durkheim, E., (1897). *Le Suicide: Étude de Sociologie*. Paris: F. Alcan.

Freud, S., (1917). "Mourning and Melancholia." In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works, 237-258.

Freud, S., (1920). "Beyond the Pleasure Principle." In *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XVIII. London: Hogarth Press.

Freud, S., (1923). "The Ego and the Id." *In The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIX. London: Hogarth Press.

Gerardi, S., (2020) "Durkheim's Sociological Analysis of Suicide." In *Sociology Mind*, 10, 82-85. doi: 10.4236/sm.2020.102007.

Johnson, B. D., (1965). "Durkheim's One Cause of Suicide." In *American Sociological Review*. 30 (6): 875–86. doi:10.2307/2090966. JSTOR 2090966. PMID 5846308.

Kant, I., (1997). *Groundwork of the Metaphysics of Morals* (M. Gregor, Trans.). Cambridge: Cambridge University Press.

Kelley, J. M., (2006). "Pastoral Care and Mental Health: A Christian Approach." In *Journal of Religion and Health*, 45(4), 593-608.

Lu, D. Y., Wu H. Y., Cao, S., and Che JY., (2020). *Historical Analysis of Suicide*. J Transl Genetic Genom. 2020;4:203-9. Doi: http://dx.doi.org/10.20517/jtgg.2020.33.

Mill, J. S., (1863). *Utilitarianism*. London: Parker, Son, and Bourn.

Moore, A., (1993). *Principia Ethica*. Cambridge: Cambridge University Press.

Pickering, W. S. F., and Walford, G., (2000). *Durkheim's Suicide: A Century of Research and Debate*. Psychology Press. ISBN 978-0-415-20582-5.

Polo, E. P., and Olanrewaju, O. A., (2024). "Abortion and Nigeria's Abortion Provisions: An Evaluation," pages 69-93. In *International Journal of Intercultural Values and Indigenous Ecoethics*. ISSN: 3043-6303. Volume 4, Issue 1, (July, 2024). Available at https://philpapers.org/archive/POLAAN-3.pdf.

Pope John Paul II., (1995). *Evangelium Vitae [Encyclical Letter]*. Vatican Press.

Pope John Paul II., (1995). *Evangelium Vitae (The Gospel of Life*). Vatican City: Libreria Editrice Vaticana.

Robinson, D. N., (2003). *Christian Ethics in Historical Perspective*. Oxford: Oxford University Press.

Singer, P., (2011). *Practical Ethics* (3rd ed.). Cambridge: Cambridge University Press.

St. Augustine, (1993). *The City of God*. Penguin Classics.

St. Augustine, (1993). *City of God* (H. Bettenson, Trans.). London: Penguin Books.

Swinton, J., (2001). *Spirituality and Mental Health Care: Rediscovering a "Forgotten" Dimension*. London: Jessica Kingsley Publishers.

White, S. M., (2000). "The Utilitarian Response to Suicide: A Moral Analysis." In *Philosophy, Psychiatry, & Psychology*, 7(4), 261-278.

Wolf, S., (1982). "Moral Saints." In *The Journal of Philosophy*, 79(8), 419-439.
World Health Organisation (2014). *Preventing Suicide: A Global Imperative*. Geneva: WHO Press.