

Faith, Family, and Fear: A Triangular Analysis of Academic Stress and Suicidal Ideation among Muslim Students in Pakistani Universities**Muhammad Umair Farooq¹, Dr. Saifullah², Abid Hussain³**¹ Assistant Professor (Social Work) Govt. College Bhakkar: umair.sw@gmail.com² Community Development Officer, HUD & PHED Punjab, Email: saifmalik.bk@gmail.com³ Lecturer in Social Work, Government Graduate College Bhakkar: abid.sethi@gmail.com**DOI: <https://doi.org/10.70670/sra.v3i1.926>****Abstract**

This study explores the intricate interplay of faith, family, and fear in shaping the experiences of academic stress and suicidal ideation among Muslim students. Through qualitative interviews, the research uncovers how these three dimensions form a dynamic, interconnected triangle that both protects and endangers students' mental health. Faith emerges as a double-edged sword, offering hope and resilience for some while generating guilt and internal conflict for others. Family serves as both a source of support and a significant source of pressure, with high expectations and limited openness around emotional struggles contributing to students' sense of isolation. Fear of failure, judgment, and divine punishment acts as a powerful barrier to help-seeking, perpetuating silence and hidden suffering. The findings highlight the urgent need for faith-sensitive, culturally informed mental health interventions within academic settings. Recommendations include training educators and counselors in religious and cultural literacy, engaging faith leaders to de-stigmatize mental health, and establishing peer support groups to foster open dialogue. By addressing the unique intersection of faith, family, and fear, this research advocates for holistic, contextually grounded strategies to promote psychological well-being and reduce suicide risk among Muslim youth.

Key Words: Muslim Students, Suicidal Ideation, Academic Stress, Faith, Religious, Mental Health, Fear, Emotional, Family Support.

Introduction & Background

In recent years, youth suicide has emerged as a significant global public health concern. The World Health Organization (2023) reports that suicide is the fourth leading cause of death among individuals aged 15–29 worldwide. Despite advances in education, digital connectivity, and awareness campaigns, suicide rates among young people remain alarmingly high, particularly in low- and middle-income countries. This worrying trend is not limited to secular societies; it also affects youth from religious and culturally conservative communities, including Muslim-majority societies. While these communities often emphasize collective support systems, strong family bonds, and religious teachings that discourage suicide, the problem persists and, in many cases, is exacerbated by cultural taboos and stigma surrounding mental health issues. Academic pressure is one of the most robust, cross-culturally replicated predictors of psychological distress in young people, and it is strongly associated with suicidal thinking (Deb, Strodl, & Sun, 2015; Eskin et al., 2016). In many Muslim-majority societies—such as Pakistan, Indonesia, Egypt, and Saudi Arabia—educational success is more than a personal goal; it is a collective obligation that upholds family honor, promises upward social mobility, and is sometimes framed as a religious duty (Awan, Noureen, & Naz, 2011). Within this high-stakes environment, competitive

examinations, limited employment prospects, and rigid curricular structures combine to create intense psychological strain. Failure is rarely construed as an individual setback; rather, it is viewed as a stain on the family's reputation (Shah & Amjad, 2011). Unsurprisingly, academic under-performance can escalate into hopelessness and, for a subset of students, serious suicidal ideation. The picture is further complicated by cultural and religious norms that discourage open discussion of mental health. Islam unequivocally prohibits suicide, categorizing it as a major sin (Qur'an 4:29), and this teaching can act as a double-edged sword. For some students it is a protective barrier, yet for others it engenders guilt and shame when suicidal thoughts arise (Eskin et al., 2020). In many Muslim communities, emotional problems are frequently attributed to weak faith or divine punishment (Ciftci, Jones, & Corrigan, 2013). Such interpretations nurture concealment, delay help-seeking, and reinforce a multilayered stress structure:

1. Academic strain: high-stakes testing and career determinations.
2. Familial expectations: children internalize parental aspirations, often at the expense of their own interests.
3. Religious-cultural taboos: mental illness is stigmatized and suicidal thoughts are deemed blasphemous.

This “faith–family–fear” triangle means that the very systems expected to protect students—religion and kinship—can, under academic duress, become sources of conflict and silence. Although a large body of research has examined academic stress or suicidal tendency in isolation, very little work has modeled the joint influence of these three domains in Muslim populations (Eskin et al., 2016; Liu et al., 2019). Western-centric mental-health literature often overlooks these socio-religious nuances, limiting the relevance of its findings for non-Western settings. Culturally attuned enquiry is therefore essential. Kirmayer (2007) argues that interventions grounded in local belief systems have a greater chance of acceptance and effectiveness. By explicitly analyzing how faith, family dynamics, and fear of social censure interact with academic stress, the present study seeks to close an important empirical gap and generate guidance for context-sensitive prevention and support programs in Muslim-majority educational settings.

This study aims to determine how these three forces interact, contradict, or support one another in affecting students' emotional health through a qualitative research design that gives students' voices priority. Moreover, it seeks to provide information on how to develop mental health interventions that are sensitive to cultural variances and religious beliefs in order to lower the occurrence of suicidal thoughts among young Muslims.

This study highlights the urgent need to move beyond generalized models of suicide prevention by concentrating on Muslim students within a culturally conservative framework.

It strains a more cultured conception of how religious beliefs, dynamics of family, and cultural fears distinctively form the mental health understandings of students under academic stress. In doing so, it hopes to trial the silence contiguous youth suicide in Muslim societies and endorse more comprehensive, sympathetic, and influential mental health practices. One of the biggest psychological issues that students around the world are currently dealing with is academic stress. It is frequently described as the psychological anguish brought on by workload, performance pressure, and the expectation of academic failure (Pascoe, Hetrick, & Parker, 2020). Anxiety, depression, insomnia, and, in extreme situations, suicidal thoughts have all been connected to long-term academic stress. Students in demanding educational settings, especially those from Asian and Middle Eastern cultures, frequently feel pressured to perform well by their families

and society in addition to institutional expectations (Deb et al., 2015). Under reporting and untreated psychological conditions may result from cultural silence and fear of moral censure. Faith, particularly in Islam, plays a dual role in the mental health of students. On one hand, it can be a powerful protective factor, offering hope, meaning, and coping mechanisms during distress (Koenig, 2012). Religious practices such as prayer and communal worship have been linked to reduced stress and greater emotional resilience. On the other hand, when individuals experience suicidal thoughts, they may also experience spiritual guilt, fear of divine punishment, or shame, which can worsen their psychological condition (Ciftci, Jones, & Corrigan, 2013). This internal conflict often prevents them from seeking help or expressing emotional pain. Students' psychological experiences are also influenced by family dynamics in collectivist Muslim societies. Failure may be interpreted as a moral or spiritual shortcoming, and academic achievement is strongly associated with social standing and family honor (Shah & Amjad, 2011). This pressure is frequently internalized by young people, and parental silence about emotional expression exacerbates feelings of fear and loneliness. Many students repress their difficulties out of fear of failing, of being called ungrateful, or of showing signs of mental vulnerability. Suicidal thoughts can result from this fear, which is exacerbated by worries about social shame and divine retribution.

Methodology

This study adopts a qualitative research design and uses Interpretive Phenomenological Analysis (IPA) as the primary analytic approach along with Thematic Analysis through NVivo. Both are particularly well-suited in exploring how individuals make sense of significant life experiences (Smith, Flowers, & Larkin, 2009). Here, it allows us to delve deeply into the lived emotional realities of Muslim students facing academic stress and suicidal ideation. Should resources or contextual demands shift, the methodology can also be flexibly adapted to Thematic Analysis, another rich, systematic means of uncovering patterns and meanings within the data (Braun & Clarke, 2006). A purposive sampling strategy was employed to recruit 15 Muslim students of Thal University Bhakkar, who are currently enrolled and experiencing varying levels of academic stress. Participants were sought via university counseling centers, mental health support services, and social media groups personalized to Muslim youth. The inclusion criteria include:

1. Self-identified Muslim university student,
2. Within the age range of 18–30,
3. Fluent in the interview language (e.g., English or Urdu, somewhere Saraki),
4. Willingness to discuss experiences related to academic stress and mental health.

Purposive sampling ensures that participants can authentically speak to the phenomenon of interest, resulting in rich, illustrative narratives without the pressure of statistical representativeness.

Data Collection

Data was collected through semi-structured, in-depth interviews, each lasting approximately 60–90 minutes. An interview guide will be carefully crafted to explore the intersections of faith, family, and fear within the participants' academic lives. Key open-ended questions were as below

- “Can you describe a time when academic demands made you feel overwhelmed?”
- “How do your religious beliefs influence your responses to stress?”
- “In what ways, if any, do your family's expectations affect your mental health?”

Focus group discussions (4–6 participants per group) were conducted to encourage peer reflection and shared meaning-making. All interviews and focus groups were audio-recorded (with explicit permission) and professionally transcribed with precision.

Ethical Considerations:

Due to the topic’s sensitive nature, rigorous ethical protocols were safeguard participants throughout the process. These include:

- Informed consent: Participants received clear explanations of study aims, voluntary participation, confidentiality parameters, and the right to withdraw at any point.
- Anonymity: Codes were replaced participants’ names, and any identifying details to be modified to ensure privacy.
- Suicide safety: Researchers were trained to recognize signs of distress and were provided on-site support resources and referrals (e.g., university mental health services, crisis helplines).
- Institutional review: Ethics consent was obtained from the relevant university officials to ensure compliance with national and international guidelines for ethical social science research.

Data Analysis

Following data collection, the study engaged in iterative and reflexive analysis using (NVivo Thematic Analysis). Summary of NVivo Coding Insights:

Theme	No of Coded Ref	Key Emotional/Behavioral Outcomes
Faith (Hope vs. Guilt)	High	Emotional resilience; internal conflict
Family (Support vs. Pressure)	High	Motivation; emotional suppression
Fear (Silencing & Stigma)	High	Concealment; help-seeking barriers
Culturally Sensitive Support	Moderate	Need for faith-informed counseling and peer support

This thematic structure reflects the **triangular interaction** of faith, family, and fear as core dimensions shaping Muslim students’ mental health experiences, highlighting areas for targeted intervention and further research. Analysis will proceed in the following stages:

1. Immersion: Detailed readings of transcripts to immerse in each participant’s story.
2. Initial coding: Identification of poignant expressions, metaphors, and experiences related to the core study themes.
3. Theme development: Codes will be grouped into broader conceptual categories (e.g., “Faith as solace vs. guilt,” “Academic burden on family honor,” “Fear of failure and divine punishment”).
4. Triangulation within participant accounts: Comparing and contrasting emergent themes across different individuals to appreciate shared vs. unique experiences.
5. Interpretation: Crafting meaning by weaving themes into narrative accounts that illustrate how the interplay of faith, family, and fear shapes mental health and suicidal thoughts.

A second researcher will independently review a random subset of transcripts to validate coding decisions and improve analytical rigor. Software like NVivo may support data management, but the primary focus will be on interpretive depth rather than counting frequencies

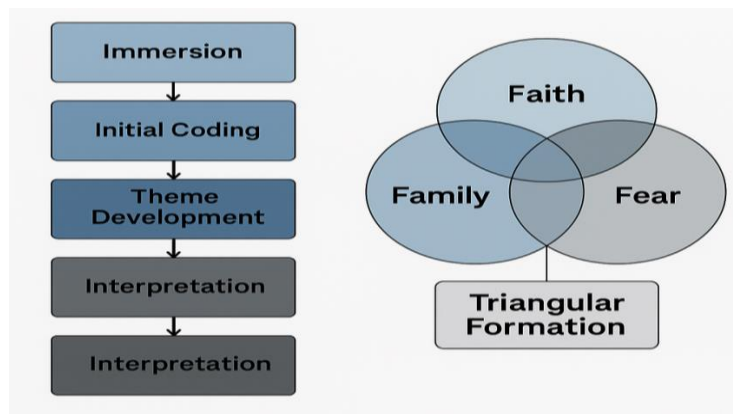


Figure 1. Thematic analysis of academic stress and suicidal ideation in Muslim students

Discussion

The results of this study are representative of the multidimensional and overlapping roles of faith, family, and fear in defining the experiences of academic stress and suicidal ideation in Muslim students. These three dimensions do not act separately but they operate like a triangle where one acts upon each other thereby reinforcing the impact of the other. Such a dynamic can deliver protective and negative results, depending on the context of a student, his or her perception, and support networks. Faith appeared as a very ambivalent power. Religious belief helped some of them to feel hope, moral and emotional strength during moments of academic struggle. Such coping strategies as praying, trusting in the mercy of God, and reading spiritual books were mentioned by participants as a way to help them deal with their anxiety. But to other people, faith was associated with guilt, the fear to have divine punishment, and even the belief that even thinking about committing a suicide is a sin. This religion caused a dilemma whereby students would not find any help due to the fact that asking it would be tantamount to confessing to spiritual or moral shortcoming. This result underlies earlier scope that addresses the fact that religion may be used as both a protective factor and even an obstacle to mental health challenges (Koenig, 2012; Ciftci, Jones, & Corrigan, 2013). As part of Muslim societies, family was regarded by the participants as a source of pressure and identity. On the one hand, students understood that their families provided an emotional base, a source of money, and an incentive to achieve success. Conversely, they complained of the overwhelming pressure exerted by parents and particularly the key point that they had to shine academically and keep up the family name. Conversations about emotional suffering was usually not welcome at home and any mentally-related issues could be described as the lack of strength or prayerfulness. This culture caused students to be afraid to use vulnerability thus feeling alone and suppressing it internally. The fear of failure, embarrassment or judgment by the society was a potent means of silence. Many subjects dreaded disappointing their families or painted themselves as ungrateful. The rest would be concerned with what their suicidal thoughts may be assumed in both religious and social circles. This phobia deterred seeking help, and caused emotional battles to go underground and created a cycle of concealed suffering. Such evidence makes a burning case to develop faith-sensitive mental health counseling which is not necessarily misguided by religious values yet brings psychological well-being forward. The need is also to provide counselors who deal with Muslim students with the preparation to discuss the aspect of spiritual nature of distress, where both the spiritual and emotional personality is justified. Simultaneously, the lack of mental health literacy in families is also evident because they should develop natural settings where problems are not hidden and where the thought of seeking assistance is not stigmatized. Moreover, the research has supported the relevance of a safe nonjudgmental environment in schools, colleges and in society so that the students feel free to talk about stress and fear of failure among other things without being stigmatized. In fact, peer support groups, specifically, can become

instrumental in changing the culture of silence concerning the topic of mental health and suicide among youth populations belonging to the Muslim community. When students are told that there are people with similar problems and there is nothing shameful about it, the load will be much lighter and the hope will be much more real. To sum up, the theme of faith, family, and fear is discussed to show how strong vulnerability can be and how the cultural healing can be offered. The comprehensive response should never view the three forces as independent spheres, but rather as combinations of realities that affect the emotional lives of at-risk students.

Conclusion

The present study illustrates the way faith, family, and fear interconnect to create a highly integrated and sometimes opposite mental situation that Muslim students undergoing academic pressure are exposed to. Instead of functioning as independent forces, these three forces are connected in an interactional pattern that determines their experiences, internalization and reaction to emotional distress and suicidal ideation among young people. Although faith and a sense of family are stressed as possibly powerful supports, they also stress emotional demand and emotional silence when students believe that they are failing to live up to religious or familial expectations. The fear of failure, judgment or being punished by God tends to be some sort of obstacle, and students do not seek help when they need it. These results demonstrate that more culturally adjusted mental health programs in educational establishments are demanded urgently. Compulsory, generic and Western-centric strategies can be abstract to the realities of Muslim students. Rather, the support services ought to be religiously sensitive by considering the religious beliefs of the students as well as the cultural intrigues of honor, shame, and duty. A psychological understanding is not the only field that counselors and educators need to train in, cultural and religious literacy are also very important as these will enable the counselors and teachers to work more effectively with the at-risk students. Furthermore, it is evident that more research will be required into the manner in which protective factors of religious teachings like compassion, hope and importance of seeking assistance can be utilized to boost mental health. It is also necessary to come up with the models of dialogue in families that promote free discussion of stress and emotional challenges without any shame and resentment. The psychological health of the Muslim students can be greatly reinforced when they have family and the faith as well as school institutions that develop supportive conditions. In a way, youth suicide needs to be addressed in Muslim settings on both psychology of individuals and a redesign of social and spiritual systems influencing it.

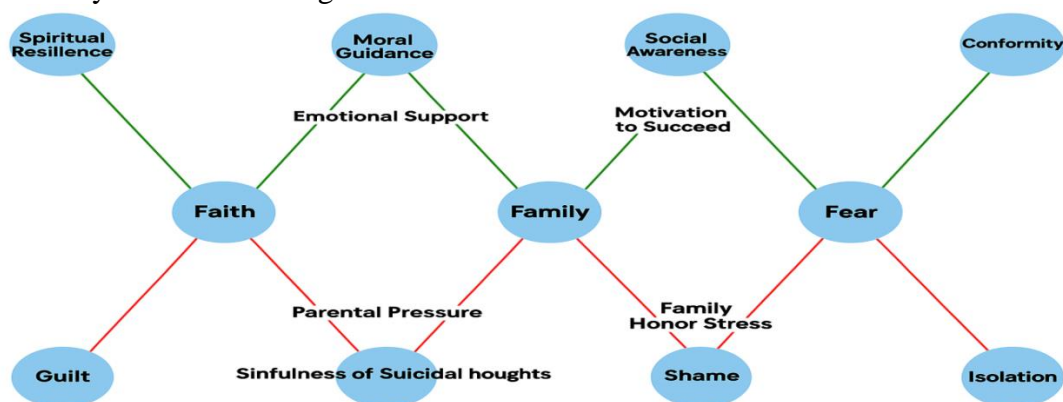


Figure 2. Thematic Network Map: Faith, Family and Fear

Recommendations:

1. Provide mental health training for teachers using Islamic or culturally appropriate frameworks:
 - a. Equip educators to recognize early signs of emotional distress.

- b. Help teachers respond supportively within cultural and religious boundaries.
2. Encourage faith leaders and imams to address mental health issues openly:
 - a. Use sermons and community gatherings to reduce stigma.
 - b. Promote the message that seeking help is not against religious teachings.
3. Establish peer-led mental health support groups in universities:
 - a. Create safe, relatable spaces where students can share experiences.
 - b. Empower students to support each other and break the culture of silence.
4. Design culturally respectful counseling services:
 - a. Ensure mental health professionals are trained in religious and cultural sensitivities.
 - b. Offer counseling that respects students' spiritual beliefs and family structures.

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