

# “The Effects of Religion on Depression and Suicide”

March 3, 2011

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at the Texas Medical Center,  
Houston, TX 77054

# Thursday Class Schedule

- January 13, 20, 27 – John Graham, M.D., 3-week study entitled, “Religion and Effects on Health and Healing”
  - Jan 13: Positive and Negative Effects of Religion on Health and healing
  - Jan 20: Effects of Religion when Coping with Chronic Illness
  - Jan 27: Effect of Religion on Well Being

# Next Thursday Class Schedule

- February 3, 10, 17 – Rabbi David Lyon, 3-week study entitled, "God, Be With Me: Imagining God for a Lifetime," based on his new book (Jewish Lights Publishing, 2011).
- Feb 3: God is Everywhere and God Lives with Me
- Feb 10: God Knows Me and God Receives Me
- Feb 17: God Comforts Me and God Strengthens Me

# Thursday Class Schedule

- February 24 – The Rev. Stephen Spidell – 1-week study on subject entitled, “Essential Spirituality in Patient Care.”
- Feb 24: Essential Spirituality in Patient Care.
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# Thursday Class Schedule

- March 3, 10, 17, 24, 31 – John Graham, M.D., 7-week study entitled, “Effects of Faith on Health & Medicine” --Review of H. Koenig, et al, *Handbook of religion and Health (HRH)*
- March 3: Effect of Religion on Depression and Suicide, (chapter 7 - 8 HRH)
- March 10: Effect of Religion on Mental Health (chapter 15 HRH)

# Thursday Class Schedule

- March 17: Effect of Religion on Anxiety Disorders, Schizophrenia, and other Psychoses (ch. 9 - 10, HRH)
- March 24: Effect of Religion on Alcohol and Drug Use, Delinquency (chapter 11 - 12, HRH)
- March 31: Effect of Religion on Heart Disease & Hypertension (chapters 16-17, HRH)
- April 7: Effect of Religion on Immune System Dysfunction and Cancer (chapter 19-20, HRH)
- April 14: Effect of Religion on Longevity; and, Religion and Disability (Chap. 21-22, HRH)

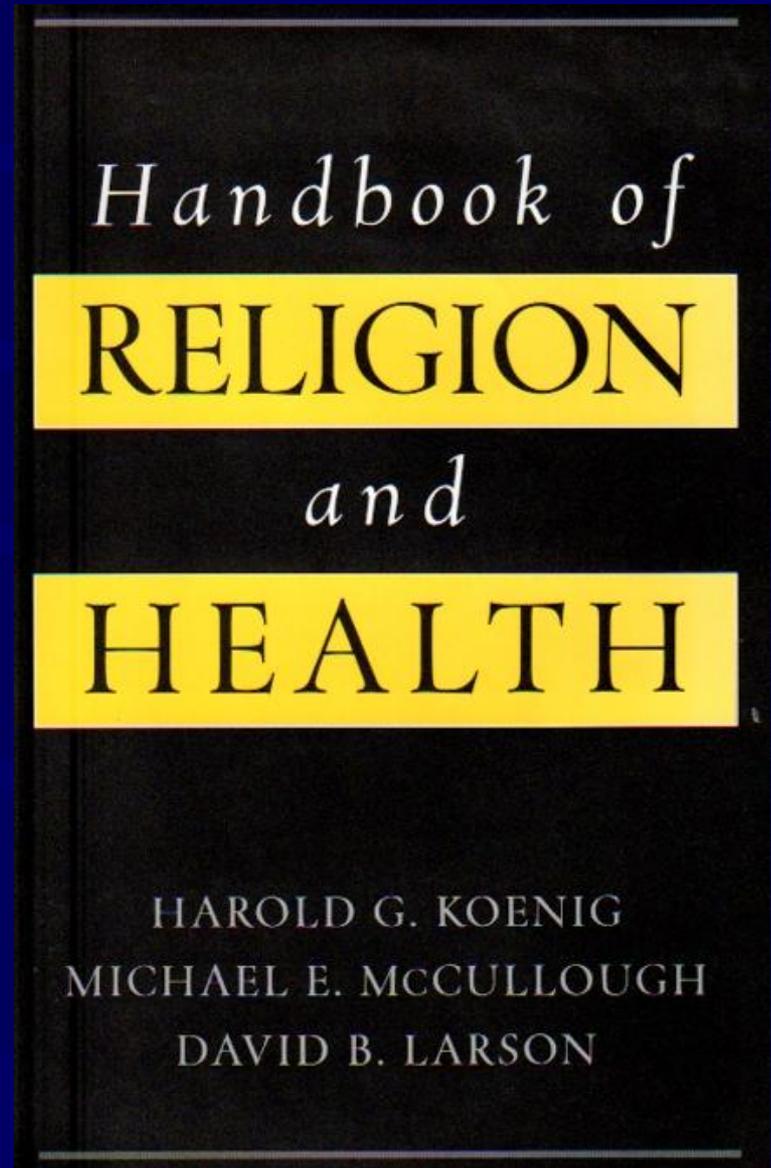
# Outline for today's talk

## "The Effects of Religion on Depression & Suicide"

- Religious Affiliation/non-affiliation and Depression
- Organizational & Non-organizational Religious Involvement
- Effect of Beliefs and Religious Coping on Depression
- Accommodative Religious Psychotherapies
- Religious affiliation/non-affiliation & Suicide
- Attitudes toward Suicide
- Summary and Conclusions

# Introduction to the Series

- During January and March-April, 2011, we are looking at Dr. Harold Koenig, Michael McCullough and David Larson's book:
- ***Handbook of Religion and Health (2001)***
- published by Oxford University Press, New York.



## Depression (chapter 7, Koenig)

- Depression is the most common and treatable of all mental disorders. Approximately 330 million people around the world suffer from depression, yet only 10% receive adequate treatment.
- At least 800,000 suicides occur each year as a result of depression which has a lifetime mortality rate of nearly 15%
- By 2020, WHO says depression will be the world's second most debilitating disease; Cardio-VascularDisease being first.
- In America, the lifetime prevalence is 10-25 % of women and 5-12% of men. Every day: 5-10 % of women and 2-5 % of men fit the criteria of being in a major clinical depression.

# Religious Affiliation and Depression

- Epidemiologists have long observed that members of certain religious groups are at increased risk for mental disorder when compared to the general population.
- We will look at three religious groups which have been studied closely and compare them to those with no religious affiliation:
  - Jews
  - Catholics
  - Protestants/Fundamentalists
  - No Affiliation

# Jews and Depression

- In American, Jews represent 2-3% of the population. And, since the 1880s studies have suggested Jews experience an elevated risk for depressive disorders.
- Even when researchers examine the conditions of patients admitted to psychiatric hospitals, Jews tend to have higher rates of depressive disorders than non-Jews.
- More recent studies that use community samples and rigorous sampling methods showed approximately a two-fold risk of major depression when compared to other religious groups.
- One study (Kohn, Golding, 1997) found the lifetime prevalence of major depression for Jews was 1.5 to 2 times that of non-Jews in two large, randomly selected and controlled samples.

# Jews and Depression

- Jews of Eastern European descent appear particularly vulnerable to depression (Kenney, 1998).
- It is important, however, to acknowledge the fact that Jews – especially those of Eastern European descent may be more willing to admit to negative affects thus creating a response bias.
- Also, the elevated prevalence of depression in Jews may be a trade-off for their reduced rates of alcohol abuse and dependency (compared to non-Jewish men and women).
- Interestingly, alcohol abuse was higher in Los Angeles (a less traditional Jewish community) than in New Haven, Conn. (a more traditional Jewish community).

# Jews and Depression

- And, because conservative Jews tend to avoid excess use of alcohol, Jewish men with a propensity toward psychopathology might be at a greater risk for depression.
- Conversely, more liberal Jewish males may be more likely to express their psychopathology in terms of substance abuse.

# Catholics and Depression

- Catholics represent approx 26% of the US population.
- Existing studies are quite inconsistent regarding the relationship between Catholicism and depression. Many studies reveal no association or a positive association between Catholicism and depression.
- Ross (1990) examined denominational differences in self-rated symptoms. After controlling for many variables, he determined that Catholics had slightly higher depressive scores than Protestants.
- Likewise, Sorenson et al (1995) reported higher depressive scores among unwed Catholic mothers than among unwed Protestant mothers.

# Catholics and Depression

- Yet, other studies found Catholicism unrelated to depression scores. Even in the best studies – large samples drawn regionally and nationally – results were inconsistent.
- Levav, Kohn, Golding, et al (1997) reported that Catholics in the New Haven and the Los Angeles sites of the ECA survey had prevalence rates of depressive disorder that were approximately 50 % those of Jews.
- Jones-Webb and Snowden (1991) found that among the 1,947 African American adults in their national survey, only 11% of A-A Catholics scored in the clinical range on the CES-D scale.
- Rates of depression were substantially higher among AA Protestants and AAs of other faiths (where depression rates ranged from 21% for Protestants to 43% for non-Western religions. (No denomination diff.'s with 1,747 white testees)

# Pentecostals/Fundamentalists and Depression

- Pentecostals constitute approx. 2-5% of US population.
- Some evidence suggests Pentecostals are at a higher risk for a major depression. Meador et al (1992) found, after removing variables, that members of Pentecostal churches had rates of major depression that were three times higher than those of non-Pentecostals.
- Another report (Koenig, et al 1994) compared Pentecostals to other denominations and found the six-month and lifetime risk of depressive disorders for Pentecostal baby boomers was considerably higher than the risk for baby boomers of other conservative denominations and mainline Christian denominations, as well.
- Yet, Pentecostalism was not associated with depression in middle-aged or older adults (just baby boomer generation).

# Pentecostals/Fundamentalists and Depression

- Koenig, et al speculated as to whether there was a causal relationship between Pentecostal baby boomers & depression and concluded that Pentecostalism either:
  - (a) leads to higher rates of depression;
  - (b) attracts members who are more likely to be depressed; or,
  - (c) is associated with some variable that was not controlled.
- The authors concluded that of these three explanations (b) was most likely (attracts those more likely to be depressed):
  - (1) the aggressive evangelistic outreach of Pentecostals to persons of lower socio-economic classes and other groups at high risk for mental disorder (alcoholics and drug addicts) and
  - (2) the positive, optimistic, hopeful message that often draws these people into Pentecostal organizations.
- Meador (1992) speculated that Pentecostals, like Jews, may have higher levels of emotional expression.

## Pentecostals/Fundamentalists and Depression

- Another report (Koenig, et al 1994) compared Pentecostals to other denominations found that the lifetime risk of depressive disorders for Pentecostal **baby boomers** was considerably **higher** than the risk for baby boomers of other conservative denominations and mainline Christian denominations, as well.
- Yet, Pentecostalism was not associated with depression in middle-aged or older adults (just baby boomer generation).

## What about those with no Religious Affiliation?

- Approx. 8 % of U.S. citizens claim no religious affiliation. People with no affiliation appear to be at a greater risk for depressive symptoms than those affiliated with a religion.
- Koenig, et al (1992) studied 850 medically ill men and found that when other factors were controlled, that those with “no religious affiliation” had higher scores on the Hamilton depression rating scale than men who identified themselves as moderate Protestants, Catholics or nontraditional Christians.
- The association between religious affiliation and lack of depressive symptoms was particularly strong among African-American males. Brown & Gary (1987) found that men who were not affiliated had higher CES-D scores than affiliated men.

## What about those with no Religious Affiliation?

- Ellison (1995) examined 2,956 adults in NC. Among white respondents, absence of religious affiliation did not predict depressive symptoms. Among **African-Americans**, however, people who were not affiliated scored significantly higher on depressive symptoms than those who were affiliated.

Explanations proposed for difference among people groups:

1. Genetic explanation
2. Sociological explanation
3. Lifestyle explanation
4. Historical explanation (holocaust, WWII)
5. Differences in Religious Practices

## Religious Marginalization – Cause for Difference

- Some people have proposed that the elevated risk of depression among Jews, at least in the U.S. is related to the marginalization of Jewish people.
- Research supports the hypothesis that religious marginalization – being of a different religion than those in one's surrounding culture – may create social conditions that foster depression.
- Rosenberg (1962) surveyed high school juniors and seniors (495 Catholics, 405 Protestants, and 121 Jews). He found that children reared in neighborhoods where others were similar to them in terms of religious affiliation, had significantly lower levels of depressed affect than did adolescents raised in a dissimilar neighborhood.

## Religious Marginalization – Cause for Difference

- Williams and Hunt (1997) found that Muslims who lived in Scotland were nearly four times as likely to report significant depressive symptoms than were non-Muslims.
- While approx. 50% of the elevated risk resulted from differences in social and psychological conditions of Muslims and non-Muslims, Muslims still had twice the risk of depressive symptoms as non-Muslims (believed due to greater stress, lower standard of living, and lack of social support).
- Similar findings have been reported for Ashkenazi Jews in various Israeli neighborhoods (Rahav et al, 1986).

## Differences in Religious Involvement

- Another explanation for the differences in rate of depression across religious groups is the level of religious involvement.
- For example, Jews possess religious attitudes, beliefs, and practices that distinguish them from the members of other religions. Research shows that Jews' rates of participation in informal religious groups, and strength of conservative beliefs about the Bible are lower than those of any other large religious group in the U.S. (Musick & Strulowitz, 1998).
- Could these differences in religious involvement by themselves explain the relationship between religious affiliation and depression? This led Koenig (p 123) to turn his focus to whether religious involvement predicts depressive symptoms or depressive disorder.

# Religious Involvement & Depression

- Koenig surveyed 100 published studies that explore the religion-depression relationship. In general, he said we find that greater religiousness is associated with less depression, although this is not always the case .
- Many studies examined the relationship between depression and multi-item measures of religious beliefs and practices, i.e.:
  1. Frequency of church attendance
  2. Private religious involvement (frequency of prayer)
  3. Religious salience (self-rated importance of religion)
- Multi-item measures of religious involvement are consistently negatively correlated with depressive symptoms and affect.

# Difficulty in Religious Involvement & Depression

- There are several explanations given for difficulty assessing the connection between religious involvement and depression.
- Foremost is that some religious activities may be *positively* related to depression, whereas other religious activities are *negatively* related to depression, one cancelling out the other.
- For example, private religious activities such as prayer often increase when stress increases as the person attempts to cope with a difficult situation or problem – resulting in a positive relationship between private prayer and stress/depression.
- And, church attendance may decrease when things get better and everything is going well.

# Non-Organizational Religious Activity

- Studies have investigated the relationship between private religious activities (private prayer, reading scripture, watching or listening to religious broadcasts) and depressive symptoms.
- Measures of private religious activity are typically single-item indicators although a few have used multi-item measures.
- Most studies find that private religious activity is only weakly related to depression. Longitudinal studies have been inconsistent as well.
- Koenig, et al (1998) found that frequency of private religious activity was not significantly related to speed of recovery from depression among 87 adult hospitalized patients.

# Non-Organizational Religious Activity

- Koenig stresses that it is important to remember that people often increase prayer and other private religious activities in response to negative life situations or uncontrollable stress and decrease such activities when life returns to normal.
- This can give the false impression in the short run that religious activities are associated with poor mental health.
- Because most studies use the single-item approach, Koenig feels there should be no surprise that it is difficult to draw any firm conclusions about the relationship between private religious practices and depression.

# Religious Salience and Motivation

- Braam, Beekman et al (1997) did a one-year follow-up study of 177 older adults in the Netherlands and found that subjects who indicated a strong religious faith “was not important” in their lives (low religious salience) were three times more likely to become depressed than those who indicated high religious salience.
- The effect was especially strong among women where 100% of those with low religious salience had persistent depression, compared with 50% of those with high religious salience.
- Another measure is that of Religious Motivation

# Religious Motivation

- Allport (1950) distinguished between extrinsic religious motivation (a strictly utilitarian motivation for being religious) and an intrinsic religious motivation (finding religion valuable in and of itself).
- Multi-item studies have since been done measuring intrinsic and extrinsic religious motivation.
- Extrinsic religiousness is often found to be positively related to depression.
- So, those who are motivated to be religious because of the benefits that religion brings to them (social prestige, friends, affirmation of one's lifestyle) are at a greater risk for depression.

# Religious Motivation

- In contrast, multi-item measures of intrinsic motivation usually correlate negatively with depression.
- Thus, people experience lower levels of depressive symptoms if they are motivated to be religious because they believe being religious is worthwhile in and of itself (not engaged in religion for secondary gain).
- Intrinsic are also only 55% as likely as extrinsic to receive a diagnosis of major depression (Spendlove, 1984).
- There is a positive correlation between degree of intrinsic religiosity and level of remission from severe depression.

# Intrinsic Religiosity and Remission of Depression

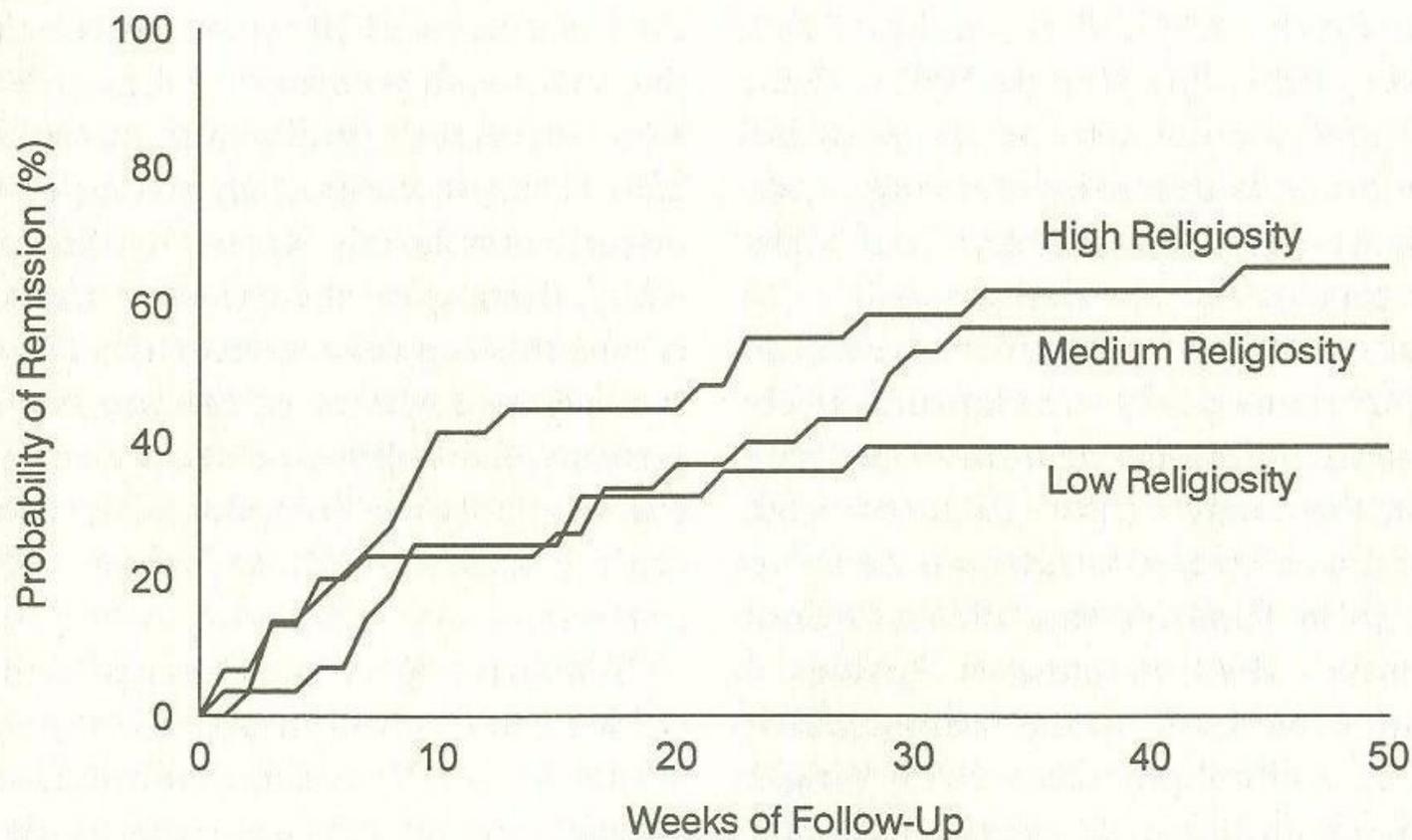


FIGURE 7.1 Kaplan-Meier survival curves for remission of depression by intrinsic religiosity (sample subdivided into thirds based on Hoge scale scores). From Koenig, George, & Peterson (1998), *American Journal of Psychiatry* 155, 536–542. Used with permission.

# Religious Beliefs

- Do religious beliefs per se have any causal association with depression? Koenig says the question is difficult to answer because most research on the topic is cross-sectional. But:
- Koenig (1995) and Schafer (1997) found that single-time measures of belief in God (or a personal God), belief in Jesus as God's divine son, and belief in an afterlife were associated with lower levels of depressive symptoms or better adjustment
- Hallstrom and Persson in Scandinavia (1984) reported significantly lower rates of depressive disorder among those who believed in God; among those with a major depression, 27% said they did not believe in God, compared to 10.9% without depression.

# Religious Beliefs

- However, not everyone agrees. Mosher and Handal (1997) and others found that conservative beliefs about the Bible, about heaven and Hell, and belief in life after death were unrelated to depressive symptoms.
- Likewise, when Kendler et al (1997) assessed four conservative beliefs (belief in God, belief in a God who rewards and punishes, literal belief in the Bible, belief in being "born again"), they found these beliefs were unrelated to depressive diagnoses in a sample of 1902 female twins.
- On the other hand, Koenig, Pargament, and Nielsen (1998) found that content of religious beliefs has a lot to do with how well older medical patients cope with their physical problems.

# Religious Beliefs

- For example, Koenig, Pargament, and Nielsen found that benevolent beliefs concerning God were associated with lower depression scores.
- Conversely, patient's who felt God was punishing or without power to affect their situation or the belief that demonic forces were involved in their depression – these beliefs were positively related to depression scores.
- In summary, research studies are mixed on whether religious beliefs per se are predictors of depression.
- No large prospective study has examined the relationship between religious belief and depression.

# Religious Coping

- Responding to the well-known association between stressful life events and depression, researchers have examined the role that religion plays in moderating this relationship.
- In general, studies have used one of two approaches:
  1. Look at the “main effect” of religious coping on depression
  2. Look for statistical evidence that stressful life events and religious involvement interact in their effect on depressive symptoms or depressive disorder.
- The association between religious coping and depression has been studied intensely in medical settings. Koenig, et al (1992) developed a three-item index of religious coping (RCI) that is administered in an interview format.

# Religious Coping

- The RCI assesses the extent to which an individual uses religion to cope with stress.
- Cross-sectional studies indicate that scores on the RCI tend to be inversely correlated with measures of depression.
- This inverse relationship is particularly strong for the cognitive symptoms of depression but weakens with the somatic symptoms.
- Studies indicate the link is a causal one. Pargament has examined the effects on depression of specific religious activities that people use to cope with stressful life situations.

# Religious Coping

- Pargament found that certain religious coping activities (seeing God as benevolent, collaborative religious coping, religious helping, and seeking the support of clergy and church members) were inversely related to depressive symptoms.
- The results show that some forms of religious coping – particularly those that involve interpreting stressful life circumstances in terms of God's love – may facilitate adaptation to severe life stressors.
- Some types of religious coping can cause a negative effect: seeing **God as punitive**, reappraisals of God's power or demonic powers, passive religious deferral, self-directed religious coping, dissatisfaction with one's religion and/or congregation.

# Religious Coping

- Thus, research that examines the cognitive and behavioral ways that people use religion to cope with life's crises has helped us to better understand the dynamic and transactional nature of the relationship between religion and depression.

# Adjunctive Religious Psychotherapies

- Using a more traditional experimental design, patients with depression have been randomly assigned to either a religious treatment condition or a control groups and outcomes compared.
- Azhar & Varma (1995) examined the effects of religious psychotherapy as an adjunct to standard psychological care for the treatment of depression in a Muslim population.
- The religious psychotherapy consisted of weekly supportive psychotherapy plus psychotropic medications along with weekly session of religious psychotherapy (which involved discussions of religious issues specific to the patients and the prescription of religious practices (daily reading the Holy Koran and prayer)).

# Adjunctive Religious Psychotherapies

- In Azhar and Varma's study patients receiving the religious psychotherapy experienced a greater reduction of depressive symptoms (measured by the Hamilton Depressive Scale).

# Accommodative Religious Psychotherapies

- At least five studies have compared the effectiveness of religious-oriented and secular psychotherapy in the treatment of depression.
- Propst (1980) examined 44 mildly depressed undergraduate students. He studied the effects of religious and nonreligious imagery in cognitive therapy. After six weeks, there was no significant difference in the groups.
- This study was used to say that religious imagery works at least as well as other group therapy techniques for treating mild depression in religious college students and may speed remission of depression in religious subjects.

# Accommodative Religious Psychotherapies

- In other studies, subjects with mild to moderate depression, who received religious based cognitive-behavioral psychotherapy (RCBT), recovered faster from depression than did subjects who received secular CBT.
- The rationale behind the religious treatment approaches in psychotherapy studies is the principle of accommodation.
- The principle of accommodation states that secular approaches to psychotherapy can and should be translated into the language of religious clients:
  1. to make religious clients more open to value changes
  2. to make the treatments understandable to religious clients
  3. to improve compliance, satisfaction and mental health outcomes

# Summary and Conclusions

- Research on religion and depression supports 5 conclusions:
  1. First, the data on religious affiliation and depression suggests two religious groups are at elevated risk for depressive symptoms: (1) Jews and (2) those not affiliated with any religion.
  2. Some aspects of religious involvement are indeed associated with less depression: People involved in religious community activity and those who highly value their religious faith for *intrinsic* reasons may have reduced risk for depression.

Conversely, people who are involved in religion for reasons of self-interest or *extrinsic* gain are at a higher risk for depression.

# Summary and Conclusions

- Research on religion and depression supports 5 conclusions:
  3. Certain measures of religious involvement – particularly private religious activities and religious beliefs – are not as strongly related to depression as are organizational religious activities or intrinsic religious commitment (hard to judge).
  4. Religious involvement plays an important role in helping people cope with the effects of stressful life circumstances.
  5. Research suggests that religious or spiritual activities may lead to a reduction in depressive symptoms and that religiously accommodative psychotherapy is at least as effective as secular psychotherapy for depression.

## Part II, Religion and Suicide

# Suicide Statistics

- In 2005, there were over 800,000 suicide attempts  
(One suicide occurs every 16 minutes)
- Suicide is the ninth leading cause of death for all Americans  
(likely higher as many accidental deaths could be suicidal).  
More people die from suicide than homicide.
- Suicide is the second leading was of death for 25-34 year olds  
and among college students (1<sup>st</sup> = accidental death).
- And, the third leading cause of death for young people aged  
15-24 year olds (1st = accidents, 2nd = homicide)
- 
- More males die from suicide than females.  
(4 male deaths by suicide for each female death by suicide.)

# Suicide Statistics

## CDC:

- The suicide rate has decreased from the 1950-1980 rate of 13.2 to the present rate of about 9 % of all deaths.
- However, the suicide rate for ages 5-24 (youth suicide) increased dramatically from 1950 to the early to mid 1990s but then began to decrease thereafter.
- The suicide rate for ages 45-85+ has decreased significantly from 1950 to present.

# Adolescent Suicide

- A study of adolescents in 1995 found that 27% of students had seriously considered attempting suicide and 16.3% made specific plans to end their lives during the study.
- Half of those who made plans (8.3 % of all students) actually attempted suicide.
- Generalizing to the entire nation, over 276,000 high school students in the US made at least one suicide attempt requiring medical attention during the 12 months prior to the survey.

# Religion and Suicide

- Summarizing research findings on suicide is difficult, Koenig says, because of a variety of research designs, measures, and theoretical frameworks.
- To arrive at their conclusions, Koenig et al, surveyed a wide body of literature, from sociology to psychology to medicine.
- Their interest was to examine the relationship between religious affiliation (denomination) and four suicide measures: completed suicide, suicide attempts, suicidal ideation, and attitudes towards suicide.
- Of particular interest was research on the association between the level of religious involvement and the above 4 measures.

# Emile Durkheim on Religion and Suicide

- Historically, Emile Durkheim published a book entitled, *Suicide*, in 1897. He argued suicide was a sociological rather than an individual, psychological problem.
- Durkheim said because Christian religions taught self-destruction would lead to eternal damnation, religion would have a prophylactic effect upon suicide. And, societies with higher integration of religious life would necessarily have lower suicide rates.
- He said Roman Catholic church members should have a lower suicide rate since their religion was highly integrated into family life.
- Durkheim's theory reigned supreme through the first half of the 20<sup>th</sup> C and his conclusions largely were undisputed.

# Religious Affiliation and Suicide

- Subsequent research, showed that Catholic families did not have lower rates of suicide than Protestants.
- Bailey & Stein (1995) found that suicide rates in the US are negatively related to the percentage of Jews who reside in the region and positively related to the percentage of residents who are non-affiliated with a religion.
- Simpson and Gonklin (1989) found that the percentage of Muslims was negative correlated with suicide rate.
- Levav and Ainsenberg (1989) using Israeli data, found that Muslim Arabs and Christians had lower suicide rates than did Jews during the years 1976-1985.

# Religious Affiliation and Suicide

- Koenig says, taken as a whole, the existing data on religious affiliation and suicide seem to suggest two important conclusions:
  1. The uniquely suicide-deterrent aspects of Catholicism appear to have waned toward the close of the 20<sup>th</sup> C (perhaps because of an increasing number of nominal Catholics in US).
  2. Many religions, including Protestant sects and Islam, appear to have lower suicide rates at the aggregate level.
- The Durkheim tradition of comparing the suicide rates of various religious groups has been supplanted by a more fruitful line of research that examines the effects of degree of religious involvement on suicide.

# Religious Attitudes Toward Suicide

- Data on Religious Attitudes toward suicide are even clearer:
  1. In general, Catholics are less tolerant of suicide than non-Catholics (Singh et al, 1986).
  2. Bagby and Ramsay (1989) found that members of conservative Protestant groups and Catholics had more negative attitudes toward suicide than did members of less conservative denominations or Jews.
  3. And, people who do not belong to any religion are more accepting of suicide than those who belong to a religious denomination.

# Suicidal Ideation

- As with completed suicide, religious affiliation is a relatively poor indicator of suicidal thoughts.
- However, Bagby and Ramsay (1989) found that mainline Protestants and Mormons were considerably less likely than members of other religious groups to report past suicidal ideation.
- Also, groups of college students (Murray, 1973) who were Catholic reported having had less suicidal ideation in the past than did Protestants or others.
- And, students who indicated they were other than Christian were significantly more likely to indicate having had previous thoughts of suicide.

# Suicidal Attempts

- At the individual level, religious affiliation appears to exert a rather modest influence on suicide attempts.
- A survey of 473 high school students (Conrad, 1991) found no difference in self-reported history of past suicide attempts as a function of religious preference.
- Recent studies have focused on level of religious involvement rather than on which religion or denomination affiliated with.
- Studies have shown a suicide-detering effect based on degree of involvement in religious activities and the opposite for non-involvement (no suicide-detering effect).

# Religious Involvement and Suicide

- Stack (1983) suggested a variety of mechanisms to explain this suicide-detering effect of religious involvement:
  1. Encouraging beliefs in an afterlife and a loving God.
  2. Conveying purpose and self-esteem
  3. Providing role models for coping with stress and crisis
  4. Offering resources for reframing life's difficulties
  5. Offering a social hierarchy that runs counter with the socioeconomic hierarchy in which many religious people find themselves caught in a one-down position. Indeed, many religions intentionally reach out to those marginalized.

# Completed Suicide

- Most studies find that the percentage of people involved in religion in a given area is inversely proportional to that area's suicide rates (Breault & Barkey, 1982 and many others).

For example, Breault found that the 1970 suicide rates for 42 nations could be predicted by only three sociological variables:

1. Political integration (measured by number of deaths due to political violence)
2. Family integration (measured by marriage and divorce rates)
3. Religious integration (measured by ratio of religious newspapers and books to all newspapers and books).

# Completed Suicide

- Bainbridge and Stark (1981) reported strong negative correlations between church membership and suicide rates for 78 large metropolitan areas of the U.S. during the early decades of the 20<sup>th</sup> C.
- In 1980, they also found rates of church membership were negatively associated with suicide rates in a study of 75 U.S. metropolitan areas with populations of 500,000 or higher.
- In one of few longitudinal studies, Stack 1992, examined the association between religious involvement and suicide rates in Finland from 1952-1968.
- In this study Stack found that the years when Finland's production of religious books was high was followed by years of low suicide rates (particularly for women, but also for men).

# Completed Suicide

- Comstock and Partridge (1972) followed more than 50,000 adult residents in Maryland for six years.
- During this six year period, the suicide rate among people who attended church once a week was 0.45/1000. The rate was twice as high for those who attended less than once a week.
- Wandrei (1985) found that women who had attempted suicide & were not affiliated with a religion, were significantly more likely to kill themselves in the following five years.
- A 16-year study (Kark, Shemi, et al, 1996) found that the risk of dying by suicide was four times higher among the secular kibbutzim than among members of religious kibbutzim.

# Suicidal Ideation

- Most studies reveal a negative correlation between religious involvement and suicidal ideation (Salmons, et al 1984)
- In their survey of adolescents in public schools in 486 different communities in the U.S., Donahue & Benson, 1995, studied three self-reported measures of religious involvement:
  1. Frequency of attendance at religious services
  2. Hours in the average week spent attending services or programs at a church or synagogue.
  3. The importance of religion in one's life.
- All three measures were inversely related with suicidal ideation

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# Attitudes toward Suicide

- Religious people are considerably more intolerant of suicide than are less religious people. Studies show religious people:
  1. Have greater moral objection to suicide
  2. Have greater belief that suicide should be prevented
- In one study, the effects of religious involvement on suicide attitudes was stronger for men than for women (Stein, 1989)

# Summary of the Effect of Religion on Suicide

- Recent major reviews on prediction and prevention of suicide pay little attention to the sizeable literature showing an inverse relationship between religious involvement and suicide (84% of 68 studies). Yet, from this literature we can draw conclusions:
  1. A century of research has failed to show evidence that people with a particular religious affiliation has a stronger risk for suicide; but, members of conservative Protestant and Muslims tend to have lower rates than other groups.
  2. Religious involvement is negatively associated with suicide.

Religion's effects are likely mediated by psychological factors such as self-esteem and moral objections to suicide as well as social favors such as lower divorce rates and increased social support

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