Religiosity, Spirituality, and Attitudes Toward Suicide

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Running Head: RELIGIOSITY, SPIRITUALITY, AND ATTITUDES TOWARD SUICIDE

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ABSTRACT

Religion plays an important role in the lives of many people today (Hood 2009). A number of previous studies in psychology have studied the importance of religion as a protective factor against risk behaviors (Sinha, Cnaan, & Gelles, 2007; Goldston, et.al., 2008; Taliaferro, et.al., 2009). In this survey-based online study, participants were requested to score their levels of religiosity, spirituality, depression, fundamentalism, and specific attitudes toward suicide on a 9-point Likert scale (Appendix A). The results indicated that there is a significant relationship between spirituality and opposition to suicide at the 0.05 level using a two-tailed Spearman's rho correlation. This relationship was stronger than that between religiosity and opposition to suicide which was still positive but significant only at the 0.10 level. Interestingly, depression levels were negatively correlated with religiosity, but positively correlated with spirituality. When the full survey sample was split into groups according to a number of variables (such as spirituality level, religiosity level, etc), the spiritual but not religious group had the highest depression score, but also the highest suicide opposition score. This score was significantly different from the overall mean score of suicide opposition and depression. These results seem to conflict with the idea that suicide opposition is likely to correlate with low depression or religiosity. Furthermore, they call into question the importance of religious doctrine in preventing suicide or in creating suicide opposition.

# Religiosity, Spirituality, and Attitudes Toward Suicide

Durkheim began studies on the relationship between religious integration and incidence of suicide. According to his research, "strong communal religious beliefs and practices, such as those in Catholicism, for example, protect against suicide" (Siegrist, 1996). Although various studies, such as Durkheim's have examined the effect of religion on a number of factors, the effect of religion on psychology has only recently become a subject of investigation. From the explorations that have occurred, however, key findings have been made – namely that religion functions importantly as a deterrent to many of the risk behaviors often associated with being a teen or young adult. There are different categories of studies. Some have found that religion is a protective factor against risk behaviors and attitudes – i.e. depression, hopelessness, suicide ideation and attempt are all protected against, but others have found that only a few or none of those factors are protected against. By controlling different factors affected by religious involvement – such as social supports – some results become insignificant, indicating that perhaps social involvement is a crucial protective element in religion. Other studies, however, find that the social requirements in religion and the doctrine may produce some strain in individuals, and thus increase depression and/or hopelessness. Furthermore, fundamentalism, or very strict adherence to a religion, may or may not be related to depression. Though religion is fairly consistently viewed as somewhat protective, some research indicates that fundamentalism may counteract that protective effect and create religious strain, stress and depression.

While it is hypothesized that religion protects against many risk factors, its protection against suicide is more impacting since it theoretically saves lives. Suicidal ideation and depression seem to be significantly reduced in individuals who call themselves religious (Rasic,

et.al; Dervic, et.al.; Sinha, Cnaan, and Gelles). Many studies and surveys have produced results that agree with this conclusion. There still remain, however, many opposing hypotheses as to which elements of religion protect against risk behaviors and negative emotions. Most studies agree that religiosity offers some protection against suicidal ideation and attempt. It seems that the rate of attempt and ideation would be related to the acceptability of suicide in a given community. Although there are clearly other factors that affect rates of suicide ideation and attempt within communities, suicide attitudes can be studied "as one aspect of understanding the cultural matrix within which suicide occurs" (Leenaars & Domino, 1993). Furthermore, along with social integration and support, specific religious views are considered by some as one of three main elements that oppose suicide (Hood 2009). Social integration and support are obviously important in decreasing rates of suicide in any community, but the added benefits of a religious doctrine opposing suicide may give the religious community an extra buffer against suicide.

As has been shown, across the board studies agree that religion protects against suicide on some level. Curiously, whether the underlying factors that usually precede suicide such as depression and hopelessness are lowered because of religiosity is still debated. In a study conducted by Jill W. Sinha, Ram A. Cnaan, and Richard W. Gelles on national findings of the association between religion and adolescent risk behaviors, it was found that "both perception of importance of religion and participation in a religious youth group were negatively correlated with depression" (18). This study also demonstrated that those teens expressing higher self-esteem had lower rates of depression, but the self-esteem was hypothesized to be related to religious involvement (19). On the other hand, *Religious Affiliation and Suicide Attempt* by Dervic, et.al. discovered that, although higher religiosity was correlated with fewer suicide

attempts and less suicidal ideation, levels of hopelessness and depression were not significantly different between religious and non-religious groups. This may indicate that the power of protection in religion lies not in its ability to protect against depression and lack of hope, but rather in its presentation of "greater moral objections to suicide" as well as "religious commitment to a few core lifesaving beliefs" (2306).

A study on *Spiritual Well-Being and Suicidal ideation in College Students* by Taliaferro et al found that "after controlling for demographic variables and psychosocial factors, neither involvement in organized religion (religiosity) nor religious well-being (one's relationship with God) significantly [negatively] contributed to suicidal ideation" (88). Thus, when certain social factors were accounted for, the suicidal ideation in the religious group was not significantly lowered, but with significant correlates controlled, existential well-being, defined as "feeling fulfilled and satisfied with life and finding meaning and purpose in life" remained significantly [negatively] predictive of suicidal ideation (84). Furthermore, a final study conducted on religiousness and non-hopeless suicidal ideation by Simonson argued that "if a religious person seriously considers suicide and said person's religion condemns suicide, then it follows that this suicidal person may feel more suicidally hopeless because of his religiousness" (952). Previous studies by Exline, Yali, and Sanderson found that regardless of the degree of religiousness of a person, experiencing religious strain resulted in an increase of suicidal ideation. The more a religious person felt alienated from God, the higher their likelihood of suicidal thoughts. Overall, this study found results indicating that "among suicide ideators, those lesser in religiousness would also be lesser in hopelessness" (1491). Many of these studies provided contradicting results as to the reasons behind the decrease in suicide attempt by religious individuals, and some even argued that religiosity did not decrease suicide ideation (Exline, Yali, & Sanderson, 2000).

The variety of results presented seems to point in two very different directions. On the one hand, if removing the psychosocial and demographic factors renders religiosity no longer effective at lessening suicide ideation, then it appears that these social factors must be the largest factor in protecting against suicide ideation and attempt. Religion provides a strong social support system that could provide some foundation for the protection it offers against risk behaviors, and religious individuals have access to social supports. On the other hand, if depression and hopelessness are not actually lessened in a religious group, then the group could not be considered generally "happier" although they have a lower rate of suicide. Since this group remains similar to the nonreligious population in rates of depression and hopelessness, then there must be something else in religion – perhaps the doctrine – that acts as a protective factor against suicide. If this is the case, it may indicate that the protective power of religion lies not in its ability to protect against depression and lack of hope, but rather in its presentation of objections to suicide.

The trends in America regarding institutionalized religion and individual spirituality in are changing. In his book The Psychology of Religion: An Empirical Approach, Hood writes, "in the past two decades, 'spirituality' has become a popular. It is now common to refer to 'spirituality' instead of 'religion,' but without drawing any clear distinction between them. Furthermore, much of Western society seems captivated by the notion of spirituality" (2009). According to a poll run in 2001, "14.1% do not follow any organized religion. This is an unusually rapid increase -- almost a doubling -- from only 8% in 1990." Furthermore, about 50% consider themselves religious (down from 54% in 1999-DEC), about 33% consider themselves "*spiritual but not religious*" (up from 30%) [and] about 10% regard themselves as neither spiritual nor religious" ("Religious Identification in the U.S."). It is important to see

what results this change may produce. There have been further studies into the effect of spirituality on suicide, but in many studies this was considered as a sub-factor of religion rather than a separate variable. For example, one study examined the relationship between spirituality, mental illness and religious attendance, but viewed spirituality as it related to attending religious services rather than as a category of people separate from those who identified themselves as religious (Rasic, et.al.). Although spirituality has often been studied under the umbrella of religious attitudes, "a traditional distinction exists between being 'spiritual' and being 'religious' that can be used to enhance our use of both terms. The connotations of 'spirituality' are more personal and psychological than institutional, whereas the connotations of 'religion' are more institutional and sociological" (9). Based on the distinction between religiosity and spirituality, the role of each factor alone in relation to suicide opposition and depression was examined to better account for the growing group of those individuals who call themselves spiritual but not religious.

In this study, the relationship between fundamentalism and depression was also examined. A few studies have examined the effect of strict religion on stress, hopelessness, and depression. Spinney utilized his own experience as a pastoral counselor and published sources to give an explanation of fundamental Christianity and the relationship between fundamentalism and depression. In his examination, Spinney claims that fundamentalist Christianity does offer protection against depression by using reality blocking as a defense. By "ignoring some reality that could be upsetting to his or her professed beliefs, the fundamentalist may be preventing depression. All of us practice selective inattention at times, because it works to our advantage…many individuals decide to live with discomfort rather than risk the possibility of experiencing the greater pain that might result from exploring new truth" (Spinney). He argues

that the fundamentalist group may engage in reality blocking by controlling the materials and media seen by the members. He also claims that fundamentalists may be "good candidates for depression, but as long as their defenses are serving them well, they are not likely to experience it." Fundamentalism often results in a fragile sense of self-worth and self-esteem and anger; Defense mechanisms such as manic activity, overwork and clinging may all be utilized by fundamentalists against depression (Spinney). Strawbridge et.al. found that "religion may help those experiencing non-family stressors, but may worsen matters for those facing family crises" (S118). Additionally, some research found "a slight tendency for fundamentalists to have more depressive symptoms and higher levels of religious coping" although the relationship with religious coping was insignificant. Furthermore, researchers "were unable to explain the relationship between fundamentalism and depression with the constructs used" even when controlling for demographics, negative social interactions due to strong conservative tenets and negative religious coping resulting from specific religious conceptions of God (Nooney & Woodrum, 2002). Based on these previous findings, it was hypothesized that fundamentalism, defined as believing that there could be only one true God or religion, would be related to higher levels of depression, while still maintaining high levels of opposition to suicide.

Because of the sensitive nature of studying suicide, in this study the focus was on attitudes towards suicide rather than suicide attempt or ideation. The previous research has been primarily on suicidal ideation and attempts, but a bit of research has been related to suicide attitudes. Leenaars and Domino found that Canadians rated religion as a less important factor in predicting suicide than Americans in their sample. This research was conducting after realizing that there was a difference between Canadian and American suicide rates; Canada has a significantly higher rate of suicide than America. The study provided interesting, but somewhat

mixed results and the researchers concluded that "the interrelationship of religious values and attitudinal aspects of suicide is a complex one that needs to be further explored" (Leenaars & Domino, 1993). This research seemed to support the idea that perhaps suicide attempt is related to suicide attitudes, and that religion may be a predictor of both, but the researchers warned against making any generalizations and urged further research in the area. A study conducted by Curlin, et.al. examined physician's views and attitudes towards physician-assisted suicide, terminal sedation and withdrawal of life support and examined how a number of factors, including religion related to these attitudes. Although this isn't directly related to suicide attitudes, the suicide scale used in this study contained questions about euthanasia. The researchers discovered that religion and even specific types of religions played an important role in deciding whether a physician would strongly oppose any sort of action hastening death. The results also showed that social conservatism is a major factor in creating opposition to all life-termination procedures; the researchers predicted, however that this social conservatism may be related to religion, especially when examining the group of Midwestern physicians who had very high opposition to all three categories of end-of-life procedures, were socially conservative and highly religious. Ethnicity also played an important role in predicting opposition to euthanasia, but this may partially reflect religious affiliation, in that some ethnic groups are closely tied to a specific religion (e.g., Irish or Italians to Catholicism). Catholics are more likely to object to euthanasia practices than Protestants, so religious doctrine itself may affect attitudes towards death-hastening activities, including suicide. Hindu physicians and those of Asian descent had the strongest opposition.

Based on these previous findings, it would seem that religiosity may have an overall effect on suicidal ideation; however, when other variables such as social support, are controlled

for, the effect of religiosity on suicidal ideation may be lessened. More importantly, it seems that perhaps the effect of religion on suicidal ideation does not relate to a lessening of the underlying factors in most suicidal ideation – i.e. depression and hopelessness – and more to do with a religion's moral objections to suicide and the responsibilities it places on its followers.

## METHOD

### *Participants*

Eighty-nine people took part in this study, with an 86.5% completion rate resulting in 77 useable survey results. The final sample consisted of 30 males and 47 females. All participants were over the age of 18 with the majority (55.8%) falling between 18-24 years of age. The second largest age group was the 24-30 year olds with 18.2%. One person was over 60 and one was between the ages of 54-60. The rest fell between 30-54 years of age.

### *Materials*

Participants were asked to complete a survey that consisted of an informed consent page, demographic data including age and gender, and a 14 question survey that asked about religiosity, spirituality, personal attitudes toward suicide (drawn from Lester's Attitudes Toward Suicide Scale), fundamentalist views and depression levels. The Attitudes Toward Suicide Scale was previously used and tested for validity, although in this study only a portion of the scale (10 questions on personal attitudes) was used. However, the other questions each consisted of only one item. The survey used multiple choice questions in a 9-point Likert scale (Appendix A).

### *Procedure*

The survey was completed online through Survey Monkey and advertised through Craigslist (NYC, Chicago, DC, and Baltimore) and Facebook. Participants were entered into a lottery for $50. Each participant was informed that the survey should take no longer than 30 minutes to

complete.

## RESULTS

The sample itself provided interesting results because of the range of religiosity and spirituality. Although the age range was fairly homogenous, this survey resulted in a wide-range of religious and spiritual level responses (Charts A & B).

### *Sample Responses*

The most frequent responses to "I am religious" were strongly disagree (15) followed by agree (12), disagree (11), and neither agree nor disagree (10). The most frequent responses to "I am spiritual" were agree (27), between agree and neither agree nor disagree (10), and neither agree nor disagree (9).

### *Creating a Suicide Opposition Score*

A suicide opposition score was created for each person by scoring each answer to the personal suicide attitude survey (either positively or negatively depending on the statement) with a score from 1-9 according to the Likert-scale response, adding the individual scores on each item and dividing by ten – the total number of questions. This created an overall Suicide Opposition Score for each individual, with a higher score being indicative of a higher opposition to suicide. This method created a mean score for each individual and treated the data in a nonparametric way. It also provided an overall suicide opposition score so that could be analyzed rather than each item. Furthermore, but dividing by ten, the resulting opposition score remained in the same number range as the individual score to present easier comparisons.

### *Correlations Between Suicide Opposition, Religiosity and Spirituality*

This score was then compared to religiosity and spirituality levels. All correlations used were Spearman's rho correlations to account for nonparametric data. There was a significant

positive relationship between spirituality score and suicide attitude score at the 0.05 significance level ($p<0.05$, $n=77$, $r^2=0.084$); there was also a positive trend between religion and suicide opposition score ($p<0.10$, $n=0.095$, $r^2=0.037$). Depression scores were compared to suicide opposition score, religiosity, and spirituality. There was a negative trend between depression and suicide opposition score ($p<0.10$, $n=77$, $r^2=0.046$), but interestingly there was a positive trend between depression and spirituality ($p>0.10$, $p=0.11$, $n=77$, $r^2=0.087$).

*Grouping Based on Religion and Spirituality*

Individuals were grouped based on their religiosity and spirituality levels: religious, nonreligious, spiritual, nonspiritual, not religious and not spiritual, spiritual but not religious and religious but not spiritual. Each individual survey result was examined to see whether the person scored either lower or higher than 5 (neither agree nor disagree) in religion and spirituality and assigned these individuals accordingly to the different groups. These groups were not exclusive and participants may have been included in more than one group. The religious group consisted of 30 responses; the nonreligious group had 37 responses; the spiritual group contained 50 responses, and the non-spiritual group contained 18 responses. The not religious and not spiritual group had 16 responses and the spiritual but not religious group had 19 responses. The religious and spiritual group had 24 participant responses while the religious but not spiritual group consisted of only 1 person. The sample varied slightly from a previous national survey called "Religious Identification in the US" conducted in 2001 that examined people identified themselves as religious, spiritual but not religious and not spiritual and not religious. This national survey indicated that about 50% of the American population would regard themselves as religious while in the study only 39% indicated they were religious. The same survey indicates that about 33% of the population consider themselves spiritual but not religious, but the group

made up only 25% of the sample. Nationally about 10% of people declare that they are neither spiritual nor religious, but this group was overrepresented in this sample with about 21% regarding themselves as neither spiritual nor religious ("Religious Identification in the US").

| STUDY | Religious | Spiritual but not Religious | Neither Spiritual Nor Religious |
|---|---|---|---|
| National Sample | 50% | 33% | 10% |
| My Sample | 39% | 25% | 21% |

*Suicide Opposition Scores by Group*

After forming these groups, descriptive statistics were run on each. The mean suicide opposition score for the entire group was 4.90 (out of 10). The highest suicide opposition mean score was in the spiritual but not religious group with a mean score of 5.47. The lowest suicide opposition mean score was in the not religious and not spiritual group with 4.02. There was a significant difference between the whole group suicide opposition mean score and the spiritual but not religious group mean score ($p<0.05$, $n=19$, $p=0.033$) as well as a significant difference between the whole group suicide opposition mean score and the not religious not spiritual group mean score ($p<0.05$, $n=16$, $p=0.018$).

*Depression Scores by Group*

The mean depression levels also varied between groups. The whole-group depression mean was 4.56. The mean depression score for the spiritual but not religious group was highest at 5.37, and the lowest mean depression score was for the not spiritual group at 3.83. The religious, religious and spiritual, and not religious not spiritual groups all fell below the whole-group mean with 4.20, 4.50, and 4.0 respectively while the spiritual and not religious groups also fell about above the whole group mean with 5.02 and 4.76 respectively. There was a significant

difference between the whole group mean and the mean of the spiritual but not religious group ($p<0.05$, $n=19$, $p=0.038$). There was also a significant difference between the whole group mean and the mean of the not spiritual group ($p<0.05$, $n=18$, $p=0.45$).

*Fundamentalism and Depression*

There was no significant relationship between fundamentalism and depression in the whole group sample. However, when examining fundamentalism and depression in the religious group, there was a positive trend ($p=0.113$, $n=30$, $r^2=0.087$).

## DISCUSSION

The results of this study are a bit confusing and provide support for the idea that further research must be done in examining the role of religion on different risk behaviors and the relationship between religion and psychology as a whole. The results gathered did not match the anticipated findings. Spirituality had a significant positive relationship to opposition to suicide while religion had a less significant relationship with opposition to suicide. This goes against the idea that the doctrine of religion is the important factor in creating suicide attitudes and contradicts some of the conclusions reached by previous studies (Leenaars & Domino, 1993). Though the study was posted to all ages on the internet in multiple cities, the sample results provide a grouping slightly different than what was anticipated. The amount of people in the different groups –religious, not religious and spiritual but not religious, etc – was slightly off in this sample compared to the national averages. The group in which there is the most discrepancy is the not religious group which may have been overrepresented in the sample due to the most common age range being between 18 and 24 years of age. There is a trend of people in their 20's (college-aged students) being "irreligious." One study found, however, found that during college, students tend to have a deepening of their faith, but a lessening of religious activity.

Thus, they may have stronger faith convictions, but less church attendance, etc. This could suggest that these people may consider themselves more of a spiritual but not necessarily religious group (Lee 2002).

The most interesting results that this study provided, however, have to do with the relationship between spirituality, depression and attitudes against suicide. The spiritual but not religious group had the highest suicide opposition mean score of all the groups, and was significantly higher than the average group-wide score. Furthermore, this same group presented the highest depression rate score. These findings support the group-wide finding that spirituality was positively related to depression. It also calls into question the relationship between depression and attitudes against suicide, and whether depression is a good predictor of suicide ideation, attempt or attitudes. Initially, it was anticipated that those who were more depressed might be more lenient in their views of suicide, but clearly this was not the case. Perhaps an opposition to suicide is not a very good predictor of suicidal ideation or attempt. As Simonson reports, "the findings help to clarify these contradictory studies by introducing the intricate complexities of religiousness and suicidality at the individual level. A person can be Catholic yet less religious than a Protestant; a person can be suicidal yet self-report that suicide is an unacceptable choice" (956).

There is also the idea that perhaps religious people view themselves as both victims and perpetrators when it comes to suicide. On the one hand, they may be depressed, or hopeless or mentally ill in some way (i.e. victims); on the other hand, however, by committing suicide, they become killers (i.e. perpetrators). Because of this dual relationship, they may become distant and confused about their identity, and as Maris, Berman, & Silverman found, "behavior that separates the individual from socially-defined identity is a salient theme among those who

experience suicidal crisis…The religious person would tend to become less religious when enduring suicidal crisis" (Maris, Berman, & Silverman, 2000). Simonson's study found that "individuals who think about suicide but do not feel suicidally hopeless tend to be less religious and can therefore entertain thoughts of suicide unabated by religiousness" (951). Perhaps this observation explains the idea of the depressed but suicidally opposed person; a person who has experienced depression, and perhaps even suicidal thoughts, may distance herself from religion and thus report being non-religious while actually maintaining strong religious beliefs.

Previous studies have found that:

> Religious affiliation was significantly associated with moral objections to suicide. Second moral objections to suicide were significantly associated with suicide attempt when religious affiliation was statistically controlled. Third, the significant bivariate association between religious affiliation and suicide attempt did not remain significant when moral objections to suicide were controlled significantly (Dervic, et.al., 2004).

These results are in direct contrast to what was found in this study. The results in this study show no significant relationship between religiosity and suicide opposition and also a negative association between depression and suicide opposition. Dervic, et.al. presents results indicating that moral objections to suicide stand out as a key factor in alleviating suicide attempt and are related to religiosity. In contrast, this study provided no such results. Furthermore, over the past decade or so, attitudes toward suicide have changed. The opposition to suicide is no longer as strong, especially in the case of a person with an incurable disease and euthanasia (Ostheimer, J.M. 1980; Sawyer, D. & Sobal, J. 1987). This could have caused a difference in the expected results because across the board there is a lessening in the opposition to suicide.

Like Rasic, et.al. states, "in the United States, people increasingly defined themselves as spiritual and not religious… Spirituality has been defined as 'the personal quest for understanding life's ultimate questions and the meaning and purpose of living'…In contrast,

religion has been defined as 'an organized system of beliefs, practices rituals, and symbols designed to facilitate closeness to the sacred or transcendent' (2009). Hood mirrors these ideas in his distinction between the two: "spirituality involves a person's beliefs, values, and behavior religiousness denotes the person's involvement with a religious tradition and institution" (2009). Based on these definitions it is interesting to review the results provided by this study. The results of the study showed that those people who considered them involved in some sort of institution with a structured belief system had a lower rate of suicide opposition than those who considered them on a quest for understanding. While it is difficult to explain why spirituality may be stronger than religion in predicting suicide opposition, it seems that perhaps religion's effect on suicide is primarily based in the social supports it provides. Spiritual but not religious people do not have the same organized group to provide them with support as the religious people. This could also account for the higher rate in the spiritual but not religious group. Furthermore, for those people who consider themselves spiritual, there may be a third variable involved. Perhaps spiritual people are deeply emotional and thoughtful, but without having the religious institution to support them they find themselves less happy but still strongly cling to the value of life. It is also possible that those people who are spiritual but not religious have left their religion due to some strain. This could increase depression but still strong opposition to suicide because of the retention of previous beliefs.

These are just hypotheses, and further research must be conducted before any real assertions are made about the meanings of these results. For now, they have provided a fascinating contradiction to some of the previous research. The research was limited to cities and those people who had access to computers. There was an age bias with those people between the ages of 18 and 24 completing the survey far more frequently than any other age group. Because

this group is considered to be often “non-religious”, the age range may have skewed the results. Also, the survey questions were limited. People could not provide additional information on questions and it seems that there may have been some sort of desirability bias or hesitancy in answering positive or negatively to certain suicide questions. Very few people responded strongly and positively to the fundamentalism question while about 1/3 of the sample responded highly negatively to the question. There was no definition of specific religions, which could account for the suicide opposition. Although it is assumed that most of the group is Judeo-Christian, there may be some outliers from other religious backgrounds that are not noted in the survey. It also would be interesting to be able to break the results up by religious background. There was also no definition of spirituality or religion so people went by their own definition which probably varied by person. Finally, there was a definite volunteer bias in the sample because the only compensation was a $50 lottery. This bias may have resulted in a certain type of sample rather than a random sample with a wide variety of individuals.

## CONCLUSION

This study provided some significant results that provide an interesting contradiction to many previous studies. The findings support the need for further research into the subject of religion and psychology. While the hope is to continue this research and see how the results turn out with a larger sample, there is some value in the findings that have already been made. Although the research itself is valuable, by discovering the relationship between religiosity, spirituality, depression and suicide, clinical psychology is also affected. Clinicians can provide better therapy to their clients utilizing religious and spiritual beliefs. Furthermore, individuals can benefit from the positive effects of religion and spirituality. The elements that protect against suicide have not yet been discovered, but throughout the review of previous research, it is seen

that suicide is decreased in religious populations, even if just as a result of social supports. This is important, and enough to warrant further research. This study should continue with more participants from more locations and a wider range of age groups. Furthermore, there should be an element about specific religions and perhaps a definition of spirituality. Overall, this study provided evidence that spirituality and religion can be examined separately and do, in fact, provide different types of protections and attitudes about suicide. Though the significant results remain confusing, these results lend themselves to further research examining the growing group of spiritual but not religious people.

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**Appendix A**

Copy of Informed Consent and Online Survey

*Informed Consent*

In this study, you will be asked questions about your beliefs about religion, emotion and suicide. The survey will take approximately 30 minutes and the research is for my honors capstone in psychology. No names will be attached to the survey, and you can discontinue the survey at any time. If you choose to participate, your name will be entered into a lottery drawing for $50. There are a few risks anticipated for this study. There is the possibility that answering questions about suicide or depression may upset you. Please do not continue the survey if you think that it may upset you. If you choose to begin the survey and find that you get very upset, please go to your local Emergency Room. If you have any questions, you may contact the researcher, Meghan Finney at mf2377a@student.american.edu. If you wish to be entered into the $50 lottery, please also send an email with your name and an email address where I will be able to contact you. This information will not be attached to your survey in any way. I have read the informed consent and agree to participate in this survey study

Yes
No

*Online Survey*

1. What is your gender?

   Male
   Female

2. What is your age?

   <18
   18-24
   24-30
   30-36
   36-42
   42-48
   48-54
   54-60
   >60

3. I am religious. (the asterisks represent that your answer falls between two of the choices) Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

4. I am spiritual
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

5. People who commit suicide are basically weak people.
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

6. I believe that suicide can be a rational act.
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

7. Only cowards kill themselves.
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

8. Most suicides are psychiatrically disturbed
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

9. Suicide is acceptable for people under great personal stress.
   Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

10. Suicide is a sinful act.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

11. Doctors should be able to give a patient a lethal dose if that patient wants and acts to die.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

12. It is acceptable for people dying of an incurable disease to take their own life.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

13. There may be situations where suicide is the only reasonable choice.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

14. People should be prevented from committing suicide since they are not acting rationally at the time.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

15. There is only one true religion and God.
    Strongly Disagree, *, Disagree, **, Neither Agree nor Disagree,***, Agree,****, Strongly Agree

16. In the past, 6 months I have felt down
    Never, *, Rarely, **, Sometimes, ***, Often, ****, Almost Always

Chart A

*Pie Chart of Religiosity Responses*

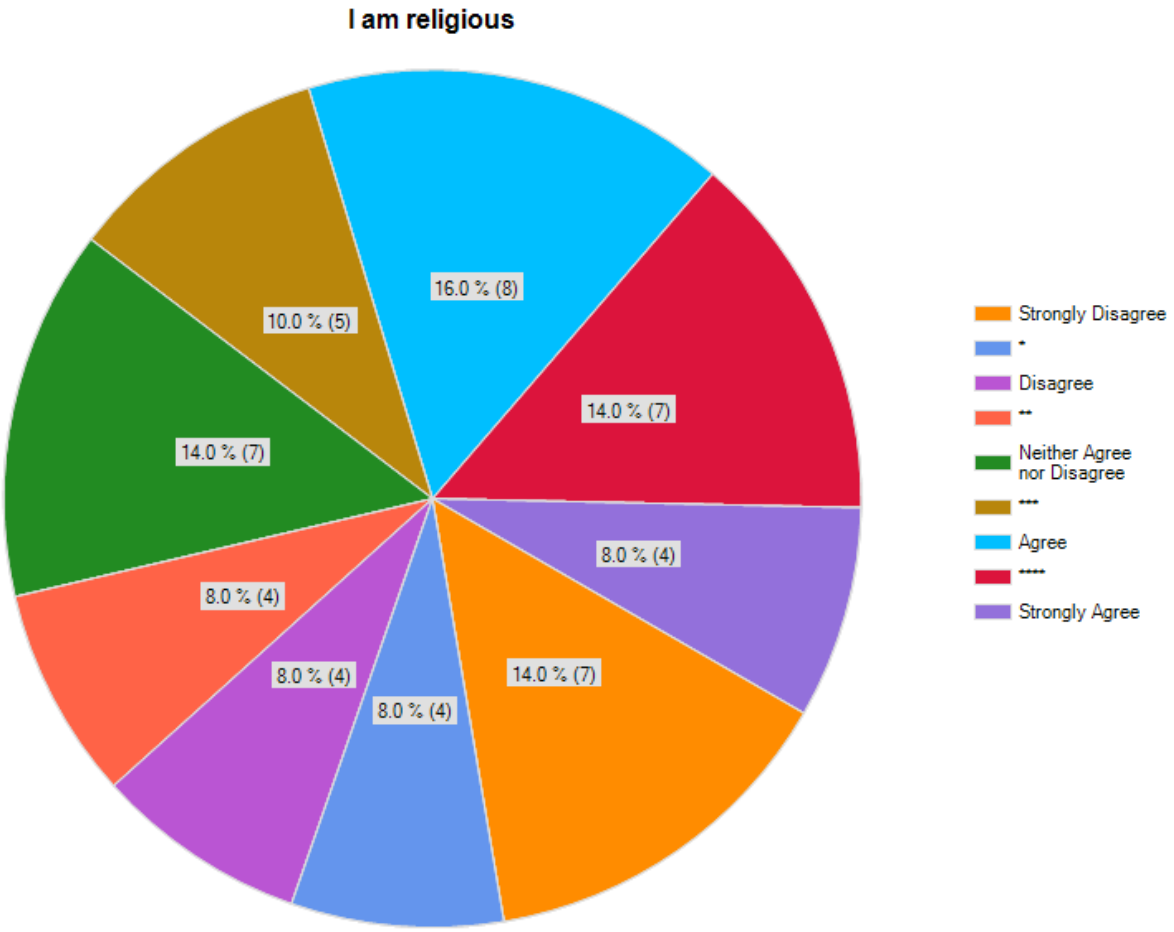

Chart B

*Pie Chart of Spirituality Responses*

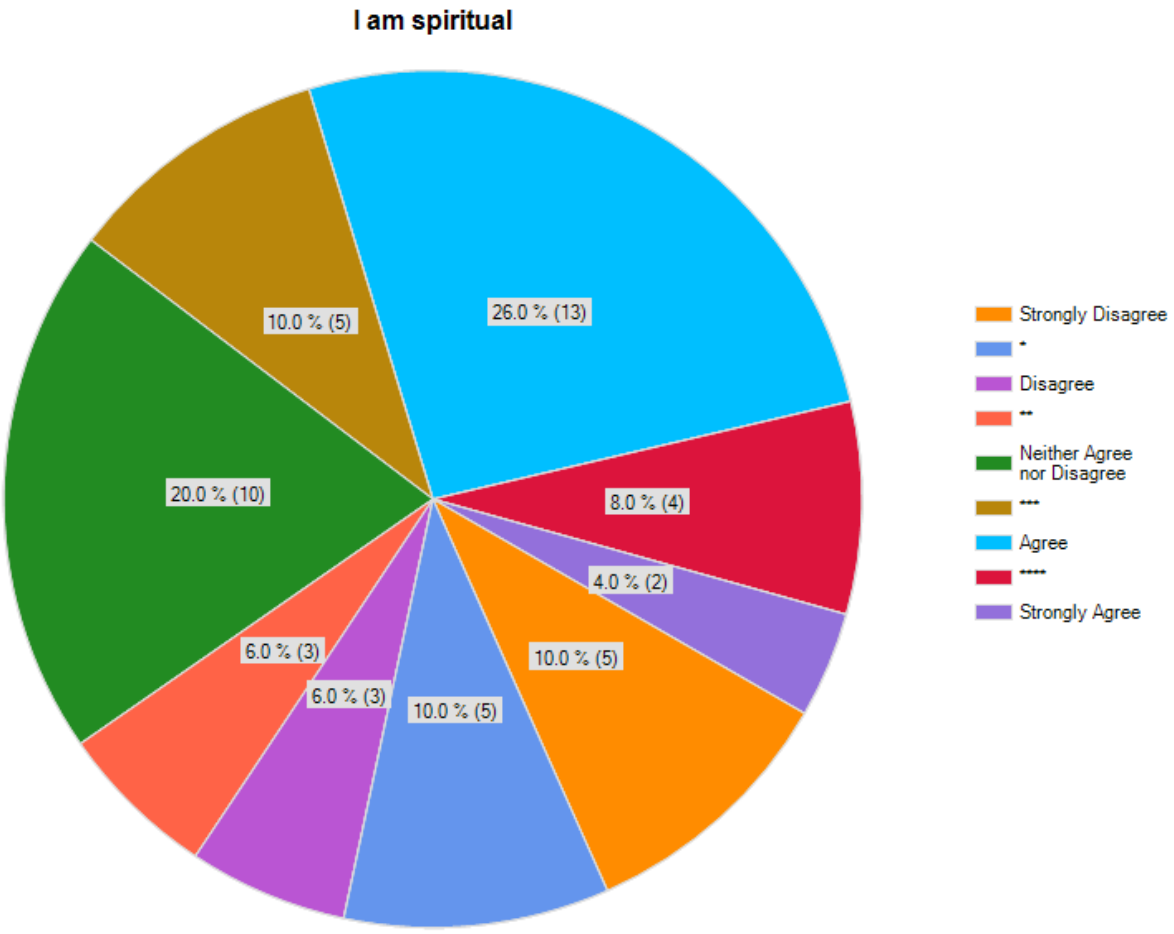

Table 1

*Correlations Between Religiosity and Suicide Opposition*

**Correlations**

| | | | suicideopposition score | religiousnum |
|---|---|---|---|---|
| Spearman's rho | suicideoppositionscore | Correlation Coefficient | 1.000 | .192 |
| | | Sig. (2-tailed) | . | .095 |
| | | N | 77 | 77 |
| | religiousnum | Correlation Coefficient | .192 | 1.000 |
| | | Sig. (2-tailed) | .095 | . |
| | | N | 77 | 77 |

Table 2

*Correlations Between Spirituality and Suicide Opposition*

**Correlations**

| | | | suicideopposition score | spiritualnum |
|---|---|---|---|---|
| Spearman's rho | suicideoppositionscore | Correlation Coefficient | 1.000 | .290* |
| | | Sig. (2-tailed) | . | .010 |
| | | N | 77 | 77 |
| | spiritualnum | Correlation Coefficient | .290* | 1.000 |
| | | Sig. (2-tailed) | .010 | . |
| | | N | 77 | 77 |

*. Correlation is significant at the 0.05 level (2-tailed).

Table 3

*Descriptive Statistics of Whole Group Suicide Opposition Score and Depression Score*

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| suicideoppositionscore | 77 | 1.40 | 8.00 | 4.9039 | 1.37232 |
| depressednum | 77 | 1.00 | 9.00 | 4.5584 | 1.76586 |

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| suicideoppositionscore | 77 | 1.40 | 8.00 | 4.9039 | 1.37232 |
| depressednum | 77 | 1.00 | 9.00 | 4.5584 | 1.76586 |
| Valid N (listwise) | 77 | | | | |