

Relationship Between Depth of Religious Belief and Suicide Acceptability

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Introduction

- **Depth of Religious Belief (DRB):** extent of certain individual religious beliefs and commitment. Excludes religious practice and frequency measures.
- **Suicide Acceptability (SA):** the degree to which people perceive suicide as acceptable.
- Previous research has shown mixed evidence on religion as a protective factor against suicide (Lawrence et al., 2015), yet few studies test a direct link between religious depth and suicide acceptability.
- Research indicates that the possible negative link between these two variables may be due to increased social integration or the inherent cognitive dissonance between particular religious beliefs and suicide. (Neeleman et al., 1998)

Hypothesis

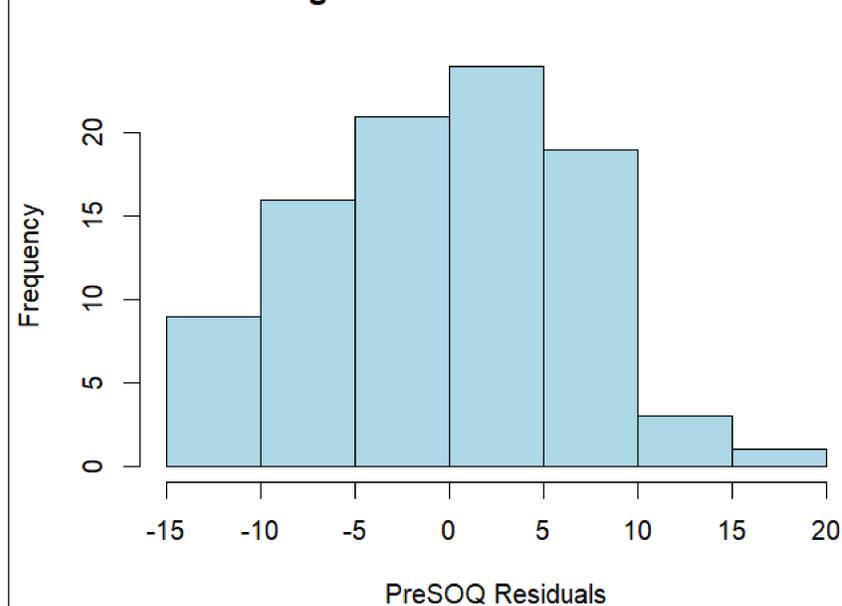
Research Question: What is the magnitude of the association between depth of religious belief and suicide acceptability?

→ There will be a moderate, negative association between depth of religious belief and suicide acceptability.

Participants:

- 115 Florida State University undergraduates recruited through a psychology course study pool and incentivized by course credit.
- Screened. No history of suicidal ideation, plans, or attempts.
- Ages 18–22 ($M = 18.78$, $SD = 1.02$).
- 77.6% female, 22.6% male.
- 86.0% White, 6.0% Black/African American, 3.0% multiracial, 0.7% American Indian/Alaskan Native, 1.7% prefer not to answer.
- 93.7% heterosexual, 3.0% bisexual, 2.3% homosexual.
- 8.7% Agnostic, 3.5% Atheist, 6.1% Jewish, 76.5% Christian (including Catholic), 5.2% “Prefer not to answer”

Histogram of Residuals for PreSOQ

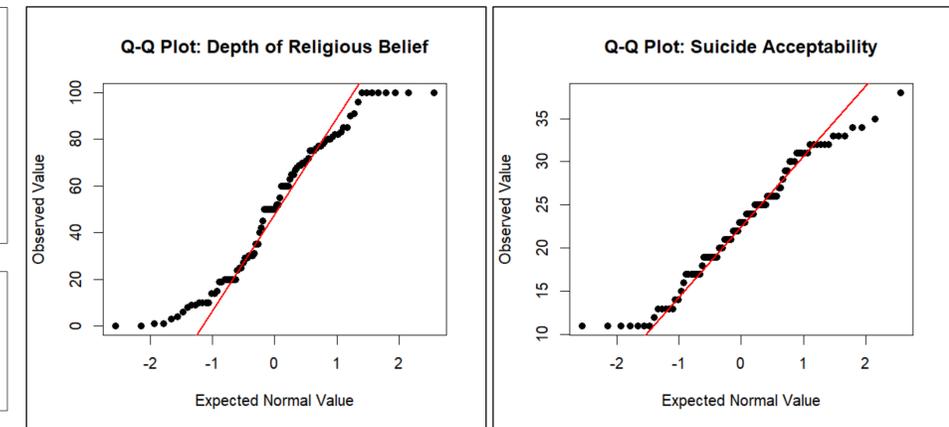


Measures

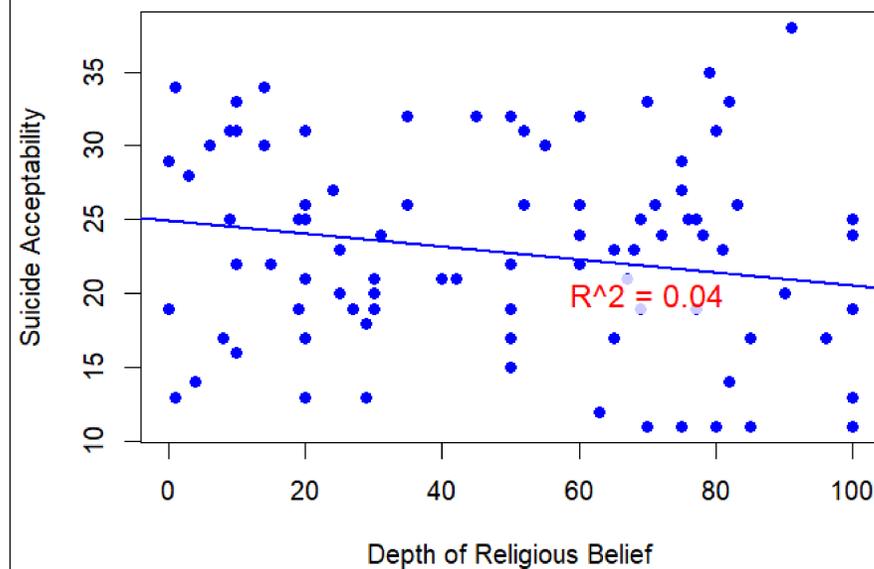
- Depth of Religious Belief: one-item measure from 0-100, with 100 indicating higher depth of religious belief (of those in the demographics).
- Suicide Opinion Questionnaire–Acceptability (SOQ–A; Domino, Moore, Westlake, and Gibson, 1982): assesses the degree to which participants agree with the belief that suicide is an acceptable behavior, with higher scores reflecting a greater acceptance of suicide.

Data Analysis:

- Adjustment of outliers to median $\pm 2 * IQR$.
- Simple linear regression.
- Pearson correlation of DRB and SA.



Depth of Religious Belief vs Suicide Acceptability



Results

- There were 97 responses for the single item religious depth measure, with scores ranging from 0 to 100 ($M = 50.89$, $SD = 31.49$; skew = -0.02; kurtosis = 0.59).
- There were 101 responses for the suicide opinion questionnaire–acceptability (SOQ–A), with scores ranging from 11 to 40 ($M = 23.07$, $SD = 7.07$; skew = 0.06, kurtosis = -0.83).
- The hypothesis was not supported; DRB and SA were weakly, negatively correlated, $r = -0.19$, $p = .064$.
- Depth of religious belief explained a non-significant proportion of variance in suicide acceptability scores ($R^2 = 0.04$).
- The standardized beta weight indicates a weak to moderate negative relationship between DRB and SA ($b = -0.04$, $p = 0.0643$).

Conclusions

- This study found a small, negative correlation between depth of certain religious beliefs (DRB) and suicide acceptability (SA). These findings cannot confirm whether DRB may be an indicator of attitudes toward the acceptability of suicide.
- The weak correlation may be attributed to the complexity of religious and cultural influences on suicide attitudes.
- As listed in the participants section, these findings can only generalize to the certain studied religions. Other religious doctrines and practices may have no effect on individual SA or may even promote it.
- Future research could continue to explore the relationships between DRB and SA and investigate different populations to determine whether cultural or psychological factors influence this relationship.

References

- Baumeister, R.F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.
- Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. *Journal of Religion and Health*, 52(2), 657–673. <https://doi.org/10.1007/s10943-013-9691-4>
- Domino, G., Moore, D., Westlake, L., & Gibson, L. (1982). Attitudes toward suicide: A factor analytic approach. *Journal of Clinical Psychology*, 38(2), 257–262. doi:10.1002/1097-4679
- Lawrence, R. E., Oquendo, M. A., & Stanley, B. (2015). Religion and suicide risk: A systematic review. *Archives of Suicide Research*, 20(1), 1–21. <https://doi.org/10.1080/13811118.2015.1004494>
- Neeleman, J., Wessely, S., & Lewis, G. (1998). Suicide acceptability in african- and White Americans: The role of religion. *The Journal of Nervous & Mental Disease*, 186(1), 12–16. <https://doi.org/10.1097/00005053-199801000-00003>
- Ronningstam, E., Weinberg, I., & Maltzberger, J. T. (2021). Psychoanalytic theories of suicide. *Oxford Textbook of Suicidology and Suicide Prevention*, 147–158. <https://doi.org/10.1093/med/9780198834441.003.0020>
- Stack, S., & Kposowa, A. J. (2008). The association of suicide rates with individual-level suicide attitudes: A cross-national analysis. *Social Science Quarterly*, 89(1), 39–59. <https://doi.org/10.1111/j.1540-6237.2008.00520.x>