

**THE RELATIONSHIP BETWEEN THREE RELIGIOUS
COPING STYLES AND SUICIDAL IDEATION AND
POSITIVE IDEATION IN YOUNG ADULTS**

Danielle Ann Elise Smith

**A research report submitted to the Faculty of Humanities,
University of the Witwatersrand, Johannesburg, in partial
fulfillment of the requirements for the Degree of Master of Arts
in Clinical Psychology**

Johannesburg, 2005

As one stands face to face with the ultimate realities of life and death, religion and theology tend to come alive. Meaning tends to outstrip symbol and we have to seek for new words to express the new ideas which come surging in. Among these ideas we frequently find the sense of contact with that ultimate reality to which we give the name of 'God'.

Psychiatrist Anton Boisen (1955), quoted in

Pargament (1997, p. 155).

A few weeks after I nearly died from a suicide attempt, I went to the Episcopal church across the street from the UCLA campus. I was a parishioner there, however occasional, and in light of being able to walk in through the door instead of being carried in by six, I thought I would see what was left of my relationship with God ... I went to the church early; my mind was still dull, and everything in it and in my heart was frayed and exhausted. But I knelt anyway, in spite or because of this, and spoke into my hands the only prayer I really know or care very much about. The beginning was rote and easy: "God be in my head, and in my understanding," I said to myself or God, "God be in mine eyes, and in my looking." Somehow, despite the thickening of my mind, I got through most of the rest of it. But then I blanked out entirely as I got to the end, struggling to get through what had started as an act of reconciliation with God. The words were nowhere to be found.

I imagined for a while that my forgetting was due to the remnants of the poisonous quantities of lithium I had taken, but suddenly the final lines came up into my consciousness: "God be at mine end, and at my departing". I felt a convulsive sense of shame and sadness, a kind I had not known before, nor have I known it since. Where had God been? I could not answer the question then, nor can I answer it now. I do know however, that I should have been dead but was not – and that I was fortunate enough to be given another chance at life, which many others were not.

Kay Redfield Jamison, Professor of Psychiatry at John
Hopkins University School of Medicine (2001, p. 310).

21st – Slept horribly. Prayed in sorrow, and got up in agitation.

22nd – God forgive me. Amen

Finis
Of
B.R. Haydon

Stretch me no longer on this rough world. – Lear.

Last entry in the journal of nineteenth century painter
Benjamin Haydon before he slashed his throat and
shot himself (quoted in Redfield Jamison, 2001, p. 82).

The book of Ecclesiastes states that there is a time to die. If God knows this time, how is man told? ... Suicide serves notice on theology by showing that one does not dread its ancient weapons: the hereafter and the last judgment. But it does not follow that suicide because it is anti-theological must be ungodly or irreligious. Cannot suicide prompted from within also be a way for God to announce the time to die?

(Hillman, 1997, p. 32)

ABSTRACT

Internationally, suicide is highly prevalent among adolescents and young adults, and South African data suggest that suicide is a serious problem that is increasingly affecting the Black population and young men in particular. This study aimed firstly to investigate the prevalence of suicidal behaviour among young adults, and, in a sample of 85 young people (aged 19-30), one in seven had previously attempted suicide, and almost one in three had recently thought about killing themselves. Sociological research has shown that religion has a predominantly protective effect with regard to suicide, however psychological research, while providing evidence for a similar relationship, has also shown that religious strain may contribute to suicidality. This study sought to establish whether a relationship exists between suicidal ideation (and positive ideation), and various indicators of religiosity. Unexpectedly, given the research trends, suicidal ideation was significantly positively associated with self-reported religious salience ($r = .297, p = .006$), and with the collaborative/deferring religious coping style ($r = .301, p = .005$), characterized by higher levels of religiosity. Suicidal ideation was significantly negatively associated with the self-directing style ($r = -.331, p = .002$), favoured by less religious participants. Positive ideation was unrelated to religious salience, participation, and both religious coping approaches. Various explanations were proposed for these results. Cognition is a central pathway for suicidality, and insecure religious attachment, when triggered by stressors, may set in motion a cognitive process involving negative religious attributions and harmful religious coping strategies – typical symptoms of religious strain which has been associated with suicidal behaviour. Maladaptive religious beliefs and behaviours may also have a negative impact on depression, hopelessness and helplessness, all vulnerability factors for suicidal behaviour in young people. It is also possible that, when faced by life challenges that exceed coping capacity, individuals may be more likely to turn to God, while simultaneously experiencing hopelessness, depression and suicidal ideation. Finally, the gender skew in the sample may have resulted in the high levels of suicidal behaviour and religiosity, and the positive relationship between them. Vulnerability to suicidal behaviour in young adults is a multifaceted problem, and religion, itself a multidimensional concept, is one of many factors that may provide protection against or contribute to suicidal behaviour. In order to understand the complex problem of vulnerability to suicidal behaviour in young adults, there is a need for further multivariate research.

KEYWORDS

Suicide

Suicidal ideation

Suicidal behaviour

Religion

Religious coping

Religious strain

Religious attributions

Hopelessness

Depression

Helplessness

Coping

Problem-solving

Guilt

South Africa

Young adults

DECLARATION

I declare that this dissertation is my own, unaided work. It is being submitted for the degree of Master of Arts (Clinical Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

D.A.E. SMITH

_____ day of _____ 2005

ACKNOWLEDGEMENTS

I would like to record my deep and sincere gratitude to the following:

- God, for the love, gifts and guidance that made this possible. He understands the power of cognitions: “Be transformed by the renewing of your mind” (Romans 12:2).
- My research supervisor, Dr Almarie Peirson, for her patient encouragement in this research endeavour, her insightful and constructive suggestions, and her kind support.
- Peter Fridjohn for his assistance with the statistical analyses.
- The research participants who gave their time to participate.
- Pat, George, Tshepo and Ndumi who led me to ask the questions.
- Hilary, Simon, Ethelwyn, Sue, and Thomas, who helped me to understand.
- Diana, for endless moral support, meticulous proofreading and many constructive suggestions.
- Margie, for love, empathy and encouragement.
- Last but certainly not least to Rowan, whose love and selfless support I am truly grateful for.

TABLE OF CONTENTS

ABSTRACT	i
KEYWORDS	ii
DECLARATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	xi
LIST OF FIGURES	xiii
<u>CHAPTER ONE: INTRODUCTION</u>	1
1 <u>Brief Overview and Rationale</u>	1
2 <u>Aim of the Study</u>	3
<u>CHAPTER TWO: LITERATURE REVIEW</u>	5
1 <u>Suicide – Prevalence and Risk Factors</u>	7
1.1 Prevalence – internationally and in South Africa	7
1.1.1 Prevalence – international data	7
1.1.2 Prevalence – South African data	10
1.2 Risk factors in young adults and adolescents	11
2 <u>Religion and Suicide – Sociological and Psychological Research</u>	13
2.1 Sociological research on religion and suicide	13

2.1.1	Religious integration theory	13
2.1.2	The religious commitment perspective	15
2.1.3	The religious networks approach	16
2.2	Psychological research on religion and suicide	17
2.2.1	Religion as a protective factor for suicide	17
2.2.2	Religious strain and suicidal behaviour	21
3	<u>The Impact of Religion on Psychological Functioning</u>	23
3.1	Salutary effects of religion on psychological functioning	25
3.2	Negative impact of religion on psychological functioning	26
4	<u>How Religion may Impact on the Risk Factors for Suicide in Young</u>	
	<u>Adults</u>	27
4.1	Coping, problem-solving and suicide – the role of religion	27
4.1.1	Coping, problem-solving and suicide	27
4.1.2	Religious coping	28
4.1.3	How religious coping may influence suicidal behavior	34
4.2	Depression and suicide – the role of religion	36
4.3	Hopelessness and suicide – the role of religion	37
4.4	Helplessness, control and suicide – the role of religion	39
5	<u>Religious Attributions and a Cognitive-Affective-Behavioural</u>	
	<u>Theory of Suicidality – how Religious Coping may be linked to</u>	
	<u>Suicidal Ideation</u>	41
5.1	Religious attributions – religious cognitions that reflect and	
	influence religious beliefs and behaviours	42

5.2	A cognitive-affective-behavioural theory of suicidality	44
6	<u>Summary</u>	49
<u>CHAPTER THREE: METHODOLOGY</u>		51
1	<u>Aims</u>	51
2	<u>Hypotheses</u>	51
3	<u>Participants</u>	53
3.1	Nature of the sample	53
3.2	Representativeness of the sample	53
4	<u>Instruments and Techniques</u>	56
4.1	Demographic questionnaire	56
4.2	The Positive and Negative Suicide Ideation Inventory (PANSI)	56
4.3	Religious Problem-Solving Scales (short form)	57
5	<u>Design</u>	58
6	<u>Procedure and Statistical Analyses</u>	59
7	<u>Ethical Considerations</u>	60

<u>CHAPTER FOUR: RESULTS</u>	62
1 <u>Introduction</u>	62
2 <u>The Sample</u>	63
2.1 Demographics	63
2.2 Prevalence of suicidal behaviour and ideation	63
2.2.1 Previous suicide attempts	63
2.2.2 PANSI – the rate of negative suicidal ideation and positive ideation	63
3 <u>Religiosity and Religious Coping in the Sample</u>	68
3.1 Indicators of religiosity	68
3.2 Religious coping styles	75
3.2.1 Internal consistency	75
3.2.2 Predominant response patterns	77
3.3 The relationship between the religious coping styles and the indicators of religiosity	80
3.3.1 Relationship between self-directing religious coping and the importance of religion	80
3.3.2 Relationship between collaborative/deferring religious coping and the importance of religion	83
3.3.3 Relationship between self-directing religious coping and frequency of attendance of religious services	86
3.3.4 Relationship between collaborative/deferring religious coping and frequency of attendance of religious services	89
3.3.5 Relationships between the self-directing and collaborative/deferring religious coping styles and frequency of prayer outside religious services	92

4	<u>The Relationship between the Indicators of Religiosity and Suicidal Ideation / Positive Ideation</u>	96
5	<u>The Relationship between Religious Coping and Suicidal Ideation / Positive Ideation</u>	99
6	<u>Summary of Results</u>	101
	<u>CHAPTER FIVE: DISCUSSION</u>	104
1	<u>Suicidal Behaviour and Ideation in the Sample</u>	104
2	<u>Religiosity and Religious Coping in the Sample</u>	108
2.1	Religiosity	108
2.2	Religious coping	109
3	<u>Influence of the Sample Composition</u>	110
4	<u>The Relationship between Religious Salience and Coping and Suicidal Ideation</u>	112
4.1	Helpful versus harmful religious coping: how religiousness might be related to suicidal ideation	114
4.2	A cognitive-affective-behavioural model of suicidality: the role of religious attributions and harmful religious coping	122
4.3	Secure religious attachment, helpful religious coping, religious comfort and optimal psychological functioning	126

5	<u>Research Design Limitations in the Attempt to Predict Causality</u>	128
6	<u>Conclusion</u>	129
	<u>CHAPTER SIX: CONCLUSION</u>	131
1	<u>Concluding Summary</u>	131
2	<u>Implications</u>	133
3	<u>Limitations</u>	136
4	<u>Future Research</u>	139
	<u>REFERENCES</u>	142
	<u>APPENDIX A: DEFINITIONS AND FURTHER INFORMATION – SUICIDAL BEHAVIOUR, AND RELIGION, SPIRITUALITY AND FAITH</u>	156
	<u>APPENDIX B: RESEARCH ON RELATIONSHIP BETWEEN RELIGIOSITY AND PSYCHOLOGICAL FUNCTIONING</u>	160
	<u>APPENDIX C: CONSENT FORM AND RESEARCH INSTRUMENTS</u>	164

LIST OF TABLES

Table 3.1	Sample Characteristics	55
Table 4.1	Pearson Correlation Coefficients – Self-rated Importance of Religion and Religious Behaviours	74
Table 4.2	Factor Structure for the Religious Problem-Solving Scales	76
Table 4.3	Mean Self-Directing Scores for Participants at Different Levels of Importance of Religion	81
Table 4.4	Relationship between Self-Directing Religious Coping and Importance of Religion	82
Table 4.5	Mean Collaborative/Deferring Scores for Participants at Different Levels of Importance of Religion	84
Table 4.6	Relationship between Collaborative/Deferring Religious Coping and Importance of Religion	85
Table 4.7	Mean Self-Directing Scores for Participants at Different Levels of Frequency of Service Attendance	87
Table 4.8	Relationship between Self-Directing Religious Coping and Frequency of Service Attendance	88
Table 4.9	Mean Collaborative/Deferring Scores for Participants at Different Levels of Frequency of Service Attendance	90
Table 4.10	Relationship between Collaborative/Deferring Religious Coping and Frequency of Service Attendance	91
Table 4.11	Relationship between Religious Coping and Frequency of Prayer outside of Religious Services	93
Table 4.12	Mean Self-Directing Scores for Participants at Different Levels of Frequency of Prayer outside of Religious Services	94

Table 4.13	Mean Collaborative/Deferring Scores for Participants at Different Levels of Frequency of Prayer outside of Religious Services	95
Table 4.14	Descriptive Statistics for PANSI NI, PANSI PI, Indicators of Religious Salience and Participation, and Religious Coping SD and Religious Coping C/D	97
Table 4.15	Correlation between Negative Ideation and Positive Ideation, and Indicators of Religious Salience and Participation	98
Table 4.16	Correlation between Negative Ideation and Positive Ideation, and Self-Directing and Collaborative/Deferring Religious Coping	100

LIST OF FIGURES

Figure 2.1	Cognitive-Affective-Behavioural Model of Suicidality	47
Figure 4.1	Percentage of Suicide Attempts	65
Figure 4.2	Percentage of Negative Ideation	66
Figure 4.3	Percentage of Positive Ideation	67
Figure 4.4	Religious Affiliation in the Sample	70
Figure 4.5	Importance of Religion to Participants	71
Figure 4.6	Frequency of Attendance of Religious Services	72
Figure 4.7	Frequency of Prayer outside of a Religious Service	73
Figure 4.8	Self-Directing Religious Coping	78
Figure 4.9	Collaborative / Deferring Religious Coping	79