APPENDIX A: DEFINITIONS AND FURTHER INFORMATION – SUICIDAL BEHAVIOUR, AND RELIGION, SPIRITUALITY AND FAITH

Suicidal Behaviour

- Suicidal behaviour – a continuum or constellation of self-destructive thoughts and behaviours :

  Suicide has been described as "the anchor point on a continuum of suicidal thoughts and behaviours. This continuum is one that ranges from risk-taking behaviours at one end, extends through different degrees and types of suicidal thinking, and ends with suicide attempts and suicide" (Redfield Jamison, 2001, p. 34). In a similar conceptualization, Thompson et al. (2005, p. 20) suggest that, rather than defining suicidal behaviour narrowly in terms of only suicidal ideation or attempts, it should instead be defined as "a constellation of self-destructive thought processes and behaviors, including positive attitudes towards suicide, suicidal ideation, communicated suicide threats – direct and indirect – and prior suicide attempts".

- Suicidal ideation:

  Suicidal ideation, which refers to current plans and wishes to commit suicide, logically precedes suicide but does not necessarily predict or lead to attempted or completed suicide in the medium to long term (Linden et al., 2003; Scocco et al., 2000). Indeed the potential discontinuity between suicidal ideation and serious attempts was highlighted in a study by Brener, Krug and Simon (2000, cited in Silverman, 2005) which showed that although the percentage of students who reported having seriously considered or attempted suicide in the previous year had declined steadily between 1991 and 1997, the percentage of students needing medical attention after suicide attempts had in fact increased. Nevertheless suicidal thought is considered the best predictor of suicidal acts (Ahrens, Linden, Zäske, and Berzewski, 2000; APA, 2004) and, defined as "a form of mild suicidal behaviour, a predictor of suicidal behaviour, a clinical phenomenon in its own right, expressing disgust at life, or as a reaction to severe burdens of life" (Linden et al., 2003, p. 17), suicidal ideation is worthy of study as an independent indicator of distress.

- Suicide approval

  Several researchers have studied suicide acceptability or approval (Leenaars & Domino, 1993; Siegrist, 1996; Stack, 1998; Stack & Wasserman, 1992, 1995; Stack, Wasserman & Kposowa, 1994). Stack (1998) refers to several studies that indicate that people who are more approving of suicide tend to be more at risk for suicidal ideation and suicide attempts.

Religion, Spirituality and Faith

- Religion

  Religion is typically defined in vague and broad terms, which are difficult to translate into specific research objectives (Koenig, 1992), for example:

  > Belief in, worship of, or obedience to a supernatural power or powers considered to be divine or to have control over human destiny; any formal or institutionalized expression of such belief; the attitude and feeling of one who believes in a transcendent controlling power or powers (Collins, 1988, p. 979).

- Spirituality

  Spirituality has been defined as "closely related to transcendence, but without specific reference to formal religious doctrine" (Davis et al., 2003, p. 358) and "the inner experience of acknowledging a transcendent being, power or reality greater than ourselves" (Miller & Martin, 1988, quoted in Davis et al., 2003, p. 358).

- 'Religious Beliefs' or 'Religiosity'

  These terms connote "allegiance to a particular system of faith and worship … (and) are characterized by adherence to a set of sacred doctrines or membership in a body of people who share similar beliefs about God, holy observance and morality" (Davis et al., 2003, p. 358). Thus the terms *religion* or *religiosity* suggest a theological and social structure that may or may not serve as a vehicle for the exploration of "the way in which people understand their lives in view of their ultimate meaning and value" (Muldoon & King, 1995, quoted in McClain et al., 2003, p.1604). Many terminally ill patients turn to organized religion for answers but for others spiritual growth and support are pursued outside of formal

religious structures (McClain et al., 2003). Davis et al. (2003, p. 358) point out however that: “while religiosity and spirituality can be conceptualized as separate constructs, they are, in reality, more overlapping than distinct”.

- Faith

  Faith is another concept that is mentioned in the literature, and is operationalized in McClain et al.’s (2003) research as the extent to which one finds comfort and strength in one’s religious beliefs. They combine ‘faith’ with ‘meaning and peace’ (the extent to which one feels inner harmony) as a measure of spiritual well-being.

- How religion is operationalized in research in the social sciences

  Religion and religiosity are operationalized in a number of different ways in research in the social sciences. In sociological research, religion tends to be measured in terms of the percentage of religious denominations represented in a region or the number of religious publications within a region, as measures of religious affiliation and commitment. However, critics of this type of research point out that aggregated data such as this do not give an indication of individuals’ affiliation and commitment (Masters & Bergin, 1992, cited in Greening & Stoppelbein, 2002).

  In psychological research, religiosity is measured by:

  - Indicators of religiosity, such as the importance or salience of religious belief to participants, frequency of attendance at religious services, and frequency of prayer outside of religious services.
  - Religious motivation or orientation – in particular, Allport and Ross’s (1967, cited in Pargament, 1997) extrinsic versus intrinsic orientations, and Batson, Schoenrade & Ventis‘s (1993, cited in Pargament, 1997) quest orientation (see paragraph 3.2 of the literature review).
  - Degree of orthodoxy, or acceptance of traditional beliefs and doctrines (Batson et al., 1993, cited in Greening & Stoppelbein, 2002). Although orthodoxy is positively related to intrinsic religiosity, research suggests that orthodoxy reflects a different dimension of religious life (Greening & Stoppelbein, 2002).

- Religious beliefs are also measured using a wide variety of pen-and-pencil self-report tests, such as Pargament et al.'s (1988) Religious Problem-Solving Scales (used in this research).

APPENDIX B: RESEARCH ON THE RELATIONSHIP BETWEEN RELIGIOSITY AND PSYCHOLOGICAL FUNCTIONING

Research showing a Positive Relationship between Religiosity and Optimal Psychological Functioning

A review by Koenig (2001/2a, 2001/2b) of over 630 data-based research reports spanning a century of research cites studies linking religion to:

- Psychological well-being (life satisfaction, happiness, positive affect, morale etc.): Eighty percent of studies reported only significant positive correlations, and while they were on occasion modest, they often equaled or exceeded those between well-being and other psychosocial variables (e.g. marital status, income and social support).
- Hope and optimism: In 12 out of the 15 studies reviewed, significant positive associations were reported.
- Purpose and meaning: 15 out of 16 studies reported significant positive associations.
- Depression: Of the 93 observational studies reviewed, 59 reported lower rates of depressive disorder or fewer depressive symptoms among those with greater religious involvement; 13 found no association; there were 4 studies that reported greater depression among the more religious; and finally in 16 studies there were mixed findings. In 15 out of 22 prospective cohort studies, greater religious involvement at baseline predicted lower rates of depression on follow-up. In 5 out of 8 clinical trials, patients who received religious interventions recovered faster than those receiving only a secular intervention or those in control groups.
- Suicide: In 57 out of 68 studies on suicide, lower rates of suicide or more negative attitudes toward suicide were found among the more religious; in 9 of the remaining 11 there was no relationship; and 2 reported mixed results.
- Anxiety: In 35 out of 69 observational studies there were lower levels of anxiety or less fear among the more religious; in 17 there was no association; 7 studies produced mixed or complex results; and 10 studies reported greater anxiety among the more religious. However Koenig (2001/2a) points out that three of these studies examined prayer or religious coping in cross-sectional analyses, where causality cannot be inferred, so that a possible interpretation was that

anxious individuals may have turned to prayer or religion *because* of their anxiety. Moreover, in 3 of the latter studies the subjects were from clinical populations or were religiously unstable. Finally, in six of the seven clinical trials reported, religious interventions yielded significant anxiety relief in patients.

- Psychotic symptoms and disorders: In the 16 studies reviewed, with the exception of one study, religious involvement (particularly with mainstream religion) was either unrelated or negatively related to psychosis.
- Social support: In 19 out of 20 studies reviewed, there were statistically significant positive associations between an indicator of religious involvement and social support, and this is especially relevant in the elderly. Regarding marital support, 35 out of 38 studies found greater marital happiness or stability among the more religious or those with similar religious backgrounds. Included in the positive result was Strawbridge, Cohen, Shema and Kaplan's (1997, cited in Koenig, 2001/2a) 28-year study of 5286 participants, which showed that people who attended religious services at least once a week were 80% more likely than others to stay married during the follow-up period.
- Substance use: In 76 of 86 studies there was significantly less alcohol use or abuse among religious subjects – and 40 of these studies involved adolescents or college students. In 48 out of 52 studies, religiousness was also associated with less recreational drug use, especially in younger persons. In 96% of studies examining the relationship between religiousness and cigarette smoking, there was less smoking reported among the more religious – and 50% of these studies were on adolescents or college students. Koenig (2001/2a) reports that religious adults smoke less than non-religious adults because they were less likely to ever start smoking.
- Other behaviours affecting mental and social functioning: Studies report lower levels of extra-marital sexual activity, delinquency and crime in the more religious. Koenig (2001/2a) cites Wallace and Forman's (1998) study on religious involvement, delinquency, substance use and health behaviours in a random sample of 5,000 high school pupils, where frequency of religious attendance and self-rated importance of religion was associated with fewer intentional and unintentional injury behaviours (carrying a weapon to school, interpersonal violence, drinking and driving or riding, and low seatbelt use) as well as with less substance use (cigarette smoking, binge drinking and marijuana use). Also students who indicated that religion was very important to them or attended religious services were significantly more likely to engage in regular exercise, eat healthily, and have more regular sleep patterns.

- Physical health: It should be noted that better health behaviours, lifestyle choices and lower substance use are associated with better physical health and increased longevity (Larson & Larson, 2003). Research in fields such as psychoneuroimmunology and stress-induced cardiovascular and neuroendocrine changes has highlighted the complex pathways by which religiousness, via its association with mental health, social support and health behaviours, is also associated with better physical health (Koenig, 2001/2b).

Apart from the research review outlined above, selected studies on the impact of religion on psychological functioning and well-being suggest that religion can:

- Provide an "overarching interpretive scheme" (Peterson & Roy, 1985, cited in Davis et al., 2003, p. 358) that allows individuals to perceive and interpret the events of their own lives against a larger context, a bigger plan or purpose, as opposed to being random and unpredictable (Dull & Skokan, 1995);
- Offer via its institutions socially supportive relationships that help members deal with stress (Pargament et al., 1994) and bereavement (Falkenstein, 2004);
- Buffer people from physical illness, drug abuse and divorce (Exline et al., 2000);
- Help people to cope with serious illness (including mental illness) and surgery (Larson & Larson, 2003; McClain et al., 2003);
- Contribute to the well-being of adolescents in the areas of prosocial values and behaviour, suicide, self-esteem, substance abuse, sexuality and juvenile delinquency, and is a better predictor of these outcomes than gender or single parent status (Donahue & Benson, 1995).

Research showing a Negative Relationship between Religiosity and Optimal Psychological Functioning

- Non-believer students were less anxious than religious students who complained more about feeling tense, sleeping fitfully, and experiencing other distressing symptoms (Rokeach, 1960, cited in Koenig, 2000);
- Religious people were more perfectionistic, withdrawn, insecure, depressed, worried and inept than nonreligious people (Dunn, 1965, cited in Koenig, 2000);

- People who had had extensive religious training were more likely to turn anger in on themselves rather than expressing it outwardly (Bateman & Jensen, 1958, cited in Koenig, 2000);
- Students who were less certain about religion tended to be better adjusted (Wright, 1959, cited in Koenig, 2000);
- A significant negative association was found between orthodox religious belief and self-esteem (Cowen, 1954, cited in Koenig, 2000);
- Some religious groups create rigid, divisive boundaries between themselves and outsiders (Pargament & Park, 1995);
- Among certain subsets of youth, some religious experiences can be unduly constraining or controlling (Arterburn & Felton, 1991, cited in Donahue & Benson, 1995). Also the deterrent effect of religion on deviance may only be temporary and result in later amplification (Peek, Curry & Chalfant, 1985, cited in Donahue & Benson, 1995);
- In rigid religious families with harsh disciplinary practices, clinical problems emerged, and the children tended to have negative images of God (Bowman, 1989, cited in Larson & Larson, 2003). Furthermore, stern religiosity and zealous beliefs about religious propriety can be detrimental to both women and children, according to feminists who decry the potential results: “expressions of personal unworthiness, fear of damnation, certainty of having sinned despite all the outward signs of a blameless life” (Lerner, 1977, quoted in Maton & Wells, 1995, p. 180).
- Various religious measures have been associated with increased levels of worry and anxiety (Pressman et al., 1992);
- Interpersonal stress in churches can have a noxious effect on well-being (Krause, Morgan, Chatters & Meltzer, 2000, cited in Krause, Ellison, Shaw, Marcum & Boardman, 2001);
- Misusing spirituality or religion to manipulate harshly is associated with harm to mental health (Larson, Larson & Koenig, 2002, cited in Larson & Larson, 2003);
- Religion may fail some people as they strive to regulate their responses to change and stress by encouraging maladaptive coping responses, for example a battered wife being counseled by a pastor to remain silent about and continue to support an abusive husband (McFadden, 1995; Pargament et al., 1988).

APPENDIX C: CONSENT FORM AND RESEARCH INSTRUMENTS

CONSENT FORM

Hi. My name is Danielle Smith and I am a Masters in Clinical Psychology student in the Department of Psychology at the University of the Witwatersrand. I am conducting research on the relationship between religious coping styles and how we view our lives.

I would like to ask you to participate in this study. I require approximately 30 minutes of your time to complete the following questionnaires. By returning the completed questionnaires, I will assume that you grant me permission to use your responses in my study.

Your participation in this study is completely voluntary and no negative consequences will arise for non-participation. Please note that your responses will be completely anonymous since you are not required to submit any identifying information. Your responses will be treated with the utmost confidentiality and will not be shown to anyone other than the researchers involved in the study. You may choose to withdraw at any stage without penalty.

Given my undertaking of anonymity and confidentiality, I ask that you respond as openly and honestly as possible. Please note that I am interested in *your* response to each question – there are no right or wrong answers.

Feedback will only be provided regarding group trends emerging in the study. A notice will be posted on the Psychology III information board as soon as the results are finalized.

Please detach and keep this letter. Should you require further information, please feel free to contact me. My details appear below. Should you feel that any of the material in the questionnaires raises personal concerns for you, with which you would like assistance, you can contact the Trauma Clinic at (011) 403-5102 or Life Line at (011) 728-1347.

Your participation in this study would be greatly appreciated.

Yours sincerely

DANIELLE A E SMITH
Room OEB205
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DEMOGRAPHIC INFORMATION (please tick the appropriate boxes)

Are you male (M) or female (F): M ☐ F ☐

What is your age? _____

What ethnic background are you from? Caucasian ☐ African ☐

Asian ☐ Indian ☐ Other (please specify) _____

What is your religious affiliation? Buddhism ☐ Christianity ☐ Hinduism ☐

Islam ☐ Judaism ☐ Agnosticism ☐ Atheism ☐

Other (please specify) _____

How important is religion to you?

Very important ☐ Quite important ☐ Undecided ☐

Fairly unimportant ☐ Not at all ☐

How frequently do you attend religious service(s)?

Daily ☐ Weekly ☐ Monthly ☐ 2 or 3 times a year ☐

Once a year ☐ Never ☐

How often do you pray outside of a religious service?

Daily ☐ Weekly ☐ Occasionally ☐ Never ☐

Have you ever attempted suicide? Yes ☐ No ☐

If your answer to 8 is “yes”, how many times have you attempted suicide?

_____

RELIGIOUS PROBLEM SOLVING SCALES: SHORT FORM INVENTORY

Presented below are several statements concerning the role of religion in dealing with problems. People have different ways of thinking about God (e.g. higher power, transcendent reality, etc). Please feel free to apply your term for the term "God" in this survey. Please READ each statement carefully, THINK about how often the statement applies to you, DECIDE whether each statement is true of you, and DRAW A CIRCLE around one of the five numbers to indicate how often the statement applies to you.

:		1 = Never	2 = Occasionally	3 = Fairly often	4 = Very often	5 = Always
1.	When it comes to deciding how to solve a problem, God and I work together as partners.	1	2	3	4	5
2.	After I've gone through a rough time, I try to make sense of it without relying on God.	1	2	3	4	5
3.	Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it.	1	2	3	4	5
4.	When I have a problem, I talk to God about it and together we decide what it means.	1	2	3	4	5
5.	In carrying out solutions to my problems, I wait for God to take control and know somehow He will work it out.	1	2	3	4	5
6.	I act to solve my problems without God's help.	1	2	3	4	5
7.	When faced with trouble, I deal with my feelings without God's help.	1	2	3	4	5
8.	When a situation makes me anxious, I wait for God to take those feelings away.	1	2	3	4	5
9.	When considering a difficult situation, God and I work together to think of possible solutions.	1	2	3	4	5
10.	When I have difficulty, I decide what it means by myself without help from God.	1	2	3	4	5
11.	After solving a problem, I work with God to make sense of it.	1	2	3	4	5
12.	Together, God and I put my plans into action.	1	2	3	4	5
13.	I do not think about different solutions to my problems because God provides them for me.	1	2	3	4	5
14.	When deciding on a solution, I make a choice independent of God's input.	1	2	3	4	5
15.	I don't spend much time thinking about troubles I've had; God makes sense of them for me.	1	2	3	4	5
16.	When I feel nervous or anxious about a problem, I work together with God to find a way to relieve my worries.	1	2	3	4	5
17.	When a troublesome issue arises, I leave it up to God to decide what it means for me.	1	2	3	4	5
18.	When thinking about a difficulty, I try to come up with possible solutions without God's help.	1	2	3	4	5

PANSI INVENTORY

Below is a list of statements that may or may not apply to you. Please read each statement carefully and circle the appropriate number in the space to the right of each statement.

	During the <u>past two weeks</u>, including today, <u>how often</u> have you:	1 = None of the time	2 = Very rarely	3 = Some of the time	4 = A good part of the time	5 = Most of the time
1.	Seriously considered killing yourself because you could not live up to the expectations of other people?	1	2	3	4	5
2.	Felt that you were in control of most situations in your life?	1	2	3	4	5
3.	Felt hopeless about the future and you wondered if you should kill yourself?	1	2	3	4	5
4.	Felt so unhappy about your relationship with someone you wished you were dead?	1	2	3	4	5
5.	Thought about killing yourself because you could not accomplish something important in your life?	1	2	3	4	5
6.	Felt hopeful about the future because things were working out well for you?	1	2	3	4	5
7.	Thought about killing yourself because you could not find a solution to a personal problem?	1	2	3	4	5
8.	Felt excited because you were doing well at school or at work?	1	2	3	4	5
9.	Thought about killing yourself because you felt like a failure in life?	1	2	3	4	5
10.	Thought that your problems were so overwhelming that suicide was seen as the only option for you?	1	2	3	4	5
11.	Felt so lonely or sad you wanted to kill yourself so that you could end your pain?	1	2	3	4	5
12.	Felt confident about your ability to cope with most of the problems in your life?	1	2	3	4	5
13.	Felt that life was worth living?	1	2	3	4	5
14.	Felt confident about your plans for the future?	1	2	3	4	5

THE END. THANK YOU.