Suicide, Intrinsic Religiosity, and Mental Illness

Brigham L. Powelson

Department of Sociology, Brigham Young University-Idaho

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Nathan Meeker, Ph.D.

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Introduction

There exist noted connections between religion, mental health, and suicide, though the amount of influence each has on the other is a matter of ongoing research. This paper seeks to conduct a review of the literature regarding suicide, intrinsic religiosity, and mental health disorders including depression, anxiety disorders, and bipolar disorders and suggest ways in which the three factors intersect, especially in the relationship that intrinsic religiosity and mental health disorders have with suicidality. In this review, we will examine whether individuals who exhibit intrinsic religiousness and who experience mental health disorders such as depression, anxiety disorders, or bipolar disorder are more likely to commit suicide.

Suicide is a multifaceted issue that can be caused by many factors. For this reason, it is important for individuals to become aware of warning signs. Two potential factors in suicidality are religious involvement or belief and mental health disorders. Both extrinsic and intrinsic religiosity vary in their effects on suicidal ideation; this paper will study intrinsic religiosity and its relation to suicide. Laypeople have recognized that at least some correlation exists: at least one religious group has stated of a competing belief system, “MORMONS WON'T TELL YOU that the state of Utah, which is predominately Mormon, has a higher than the national average of … teenage suicide” (MacGregor Ministries Outreach inc, 2007) This polemic attempts to describe a specific set of religious beliefs, the primary element of intrinsic religiosity, as correlating with increased suicide. Do specific religious beliefs contribute to suicide? Is any degree of intrinsic religiosity a risk factor or predictive of suicidal ideation or behavior? Mental health disorders are typically significant contributors to suicidality; diagnoses of mental health disorders have been on the rise in recent years(National Institute of Mental Health & National Institute of Health, 2024a). Mental health disorders typically negatively impact suicidality,

leading to increased risk of suicide. Does intrinsic religiosity compound with these factors for an increasing dramatic risk of suicidal behavior?

Suicide

Suicide, in terms of suicidal ideation and suicide attempts, is an issue facing people of all ages; data from the Centers for Disease Control and Prevention indicates that as of 2021, suicide was among the top ten leading causes of death for people aged 10-64, sitting in positions 2-4 of leading causes of death for individuals aged 10-44 (National Institute of Mental Health & National Institute of Health, 2024b). While the issue does affect members of both genders, men make up the majority of successful suicide attempts at a rate of 22.8 suicides in every 100,000 people, ahead of females at a rate of 5.7 suicides in every 100,000 people (National Institute of Mental Health & National Institute of Health, 2024b).

Some protective factors against suicide are suggested by research to be social involvement, feelings of purpose, and the ability to find meaning in life. Intrinsic religiosity typically associates one with an established faith tradition, creating a tie to a social group or community of like-minded people, as well as furnishing internalized beliefs about life and existence that frequently infuse a sense of purpose and give meaning to individual actions, life experiences (including suffering), and often also increasing individual psychological resilience, another important protective factor against suicidal ideation and behavior.

While mental health disorders, especially depressive disorders, are negative factors in suicidal ideation and behavior, intrinsic religiosity is shown to also have significant mitigating influence over these factors. Alongside intrinsic religiosity providing individuals with increased resilience, intrinsic religiosity also correlates with increased quality of life for those suffering from mental health disorders. This strikes as evidence contrary to this paper’s hypothesis, which

is that the combination of intrinsic religiosity and mental health would serve to increase risk of suicide among affected individuals.

Intrinsic Religiosity

Intrinsic religiosity is the quality of having religious beliefs that guide one's life and effectively set a framework for how one perceives both one's experiences and the world around them—as opposed to extrinsic religiosity, which can be viewed as a merely rote performance of duties or responsibilities consistent with the outer, observable aspects of a religion. Research has shown that intrinsic religiosity carries significantly greater benefits for individuals at risk of suicide than does extrinsic religiosity, which has no positive effects that protect an individual against or may have negative effects that place an individual at greater risk of suicidal ideation and behavior (Bergin et al., 1987). Further corroborating this, a recent study conducted in China—a country with notably low religiosity—found that individuals who were intrinsically religious were more likely to have lower suicidality in all aspects; individuals with high extrinsic religiosity could be divided into two orientations, "personally-oriented" and "socially-oriented", and those who exhibited higher personally-oriented extrinsic religiosity were more likely to be at higher risk of suicidality (Lew et al., 2018). Another study from approximately the same time period found that intrinsic religiosity was a protective effect against non-lethal suicidal behaviors while extrinsic religiosity was not, though the researcher concluded that those associations "were weak" (Lester, 2017).

Intrinsic religiosity is also shown to be positively impactful on mental wellbeing, generally. Researchers in several studies have found positive correlation between intrinsic religiosity and increased presence of meaning in life (Woyciechowski, 2007), increased quality of life through religious activity and coping behaviors (Stroppa et al., 2018), as well as decreased

anxiety and increased self-control (Bergin et al., 1987). One study found that intrinsic religiosity, especially in older respondents, intrinsic religiosity correlated strongly with decreased death anxiety and lower fear of death—an important note when assisting individuals with existentially-motivated mental suffering (Thorson & Powell, 1990). The results of another study suggest that the impact of religiosity on decreasing feelings of hopelessness, depression, and suicide behaviors can be reduced to the fact that those who are religious have increased perceived social support due to their religious affiliation (Hovey et al., 2014).

A study focused on depressed inpatients found that religious affiliation in general was associated with fewer suicidal behaviors, such as ideations or attempts, possibly due to "greater moral objections to suicide and lower aggression level" functioning as protective factors (Dervic et al., 2004). A similar study, however, found that the protective influence of religion on patients was less of a factor, and that those patients who were more religious may actually be at greater risk that those to whom religion was less important; these researchers suggested, then, that religiosity should be considered on a case-by-case basis to understand how it will affect a patient's suicide risk factors (Lawrence et al., 2017). Further compounding the suggestion to assess individual needs and risks are studies that found that males may benefit significantly more from religiosity than females when it comes to the protective effect of religiosity against suicide (Gearing & Alonzo, 2018), and that African-American college students and White college students were affected very comparatively by the protective effects of religiosity, demonstrating a lack of ethnic influence on intrinsic religiosity's effects (Walker & Bishop, 2005).

One final question raised is whether different belief systems can affect the effect that intrinsic religiosity has on suicide risk. Lester (2017) cited previous research suggesting that certain belief systems had different effects on suicide: Protestants were at greater risk of suicide

than Catholics, and Muslims committed suicide less often than Christians. Lay groups such as MacGregor Outreach Ministries inc. (2007) have asserted that Mormonism correlates with increased suicide rates. Examination of research around the four major world religions—Christianity, Hinduism, Islam, and Judaism—finds that across the board, increased religiosity consistently correlates with decreased suicidality; some of the research reviewed suggests that religious attendance itself may be a protective factor against suicide attempt, as it was found that those who attend church more often are four times less likely to commit suicide than individuals who do not attend a church or religious service at all (Gearing & Alonzo, 2018). One large-scale study on the topic examined a cohort of 82,898 participants from across 60 countries and five religions: Buddhism, Christianity, Hinduism, Islam, and non-specific religions (Saiz et al., 2021). This study found that at the national level, religiosity was an important protective factor that correlated with decreased suicide rates as well as negative attitudes toward suicide, even though individual beliefs about suicide varied from religion to religion.

Mental Health Disorders: Depression, Anxiety Disorders, Bipolar Disorders

Mental health disorders have been shown to be risk factors for suicidal ideation and behavior. Suicide, as the 11th leading cause of death in the United States (National Institute of Mental Health & National Institute of Health, 2024b), out to be studied and understood, and it has long been shown that the quality of one's mental health is a significant predictor of their risk of suicide. In 2021, 22.8 percent of U.S. adults were diagnosed with a mental illness, and 5.5 percent of U.S. adults were diagnosed with a serious mental illness—a mental, emotional, or behavioral disorder that leads to significant functional impairment and that interferes with one's life activities (National Institute of Mental Health & National Institute of Health, 2024a). Among

those disorders which are diagnosed and can easily develop into serious mental illnesses, we will examine depression, anxiety, and bipolar disorder.

Depression

Depression is frequently caused by biochemical imbalances in the brain, and can just as well be caused by emotional responses to various life events. It is often associated with feelings of hopelessness, low energy, and isolating behaviors. The consequences of depression can thus lead to lack of interaction with or complete severing from established social networks, compounding in on itself and rapidly worsening—a steep decline into suicidal thoughts, ideation, and even attempts. This can be mitigated by social connection (Hovey et al., 2014) and positive emotional states (Teismann et al., 2017), but can also require biochemical interventions. One study found that quality of sleep among major depressives can serve as a slight predictor in suicidal behaviors (Sabo et al., 1991).

Anxiety

Anxiety is somewhat more difficult to isolate and treat; it commonly affects youth and is often comorbid with depression. Typical treatment options for anxiety are biochemical, usually focused on controlling serotonin reuptake; other treatment methods exist as well, such as psychotherapy, but treatment of any kind is often ineffective for many individuals. Given that these disorders develop early on, one researcher suggests that interventions be developed with a focus on preventing anxiety before it onsets (Kalin, 2021), which should also reduce the risk of developing depressive disorders that can lead to suicide.

Bipolar Disorder

Bipolar disorder is characterized by its signature, and often sudden, shifts between manic and depressed moods, each mood being usually dramatically different from the other with little

time spent in between. These dramatic shifts can make it difficult for individuals affected to carry out regular life activities such as consistent employment, higher education, or stable family life. Research on completed suicides among bipolar disorder patients has found that suicide is a major cause of death for those suffering from bipolar disorder due to a number of suicide risk factors, including comorbidity with other psychiatric disorders, early onset, major depressive episodes, biochemical imbalances, and a compounding of the previously listed factors with sociodemographic factors such as being male, being young, living alone, living at high altitude, and/or being divorced (Plans et al., 2018).

Criminological Theories

The primary theories that are borne out in this research are neurological dysfunction and behavioral theory. Neurological dysfunction seems to be a primary factor in as much as 90% of completed suicides (Plans et al., 2018), leading to significant concern for those who may be suffering from psychiatric disorders. Suicide is a real issue for many people, when considering rates of mental illness (National Institute of Mental Health & National Institute of Health, 2024a) and comparing them with rates of suicide (National Institute of Mental Health & National Institute of Health, 2024b). However, there is some hope for those who are at-risk. Religiosity is very much a learned behavior, and the research seems to indicate that it can do quite a lot to mitigate risk of suicide while also alleviating many of the more difficult aspects of living with mental illness.

Though treatment options for neurological dysfunction are imperfect, developing, and can be inconsistent or ineffective, treatments do exist. Treatments may not entirely cure those suffering from ailments such as depression, anxiety disorders, or bipolar disorder, but treatments can help mitigate symptoms, assist with coping, and prevent conditions from worsening. This is

important, as most often when conditions worsen, they seem to pull individuals into suicidal ideations and behaviors.

Intrinsic religiosity factors in as a potentially surprise behavior to encourage. Behavioral therapists may wish to encourage greater participation and religious affiliation for at-risk patients who are religiously or spiritually inclined. Beliefs and practices seem to provide significant benefits in reducing risk of suicide, whether through moral objection to the act itself or better coping mechanisms for dealing with the difficulties that come from mental illness and other suicide risk factors. Intrinsic religiosity can also tie individuals to a community of likeminded individuals, people who share a faith tradition, which provides crucial social support that is critical in coping with mental illnesses and mitigating sociodemographic risk factors for suicide.

Reflection and Analysis

Intrinsic religiosity, while not an instant cure for suicidality and mental health disorders, does not compound with mental health disorders to increase risk of suicide; rather, the body of literature formed over the past several decades seems to indicate that intrinsic religiosity is protective against suicide and increases psychological resilience and quality of life for those experiencing depression, anxiety disorders, and bipolar disorders. It would appear then, that the hypothesis presented in this paper is not supported: that those who are intrinsically religious and suffer from mental illness are more likely to commit suicide. It was hypothesized that this might be the case given that many major belief systems place an emphasis on perfection, life after death, and some major belief systems include a form of disdain for the physical body. However, examination of the body of research on this subject has suggested that intrinsic religiosity is instead protective against, rather than a gateway for, suicidal behavior in those suffering from mental illness.

Future research may wish to more thoroughly determine the differences between intrinsic and extrinsic religiosity, so that their effects might be more well-studied; one study found, for example, that extrinsic religiosity can be divided into "personally-oriented" and "socially-oriented" types, with each type having a different effect on suicide risk (Lew et al., 2018). Future studies should also more thoroughly examine the difference between "religiousness" and "spiritually", as the rise of New Age religious thought (among other ideas) over the last 60 years has led to a differentiation between religious affiliation and beliefs, with many choosing to hold religious or religious-adjacent beliefs without being affiliated with any particular religion. Such study may be able to determine if there is connection between specific beliefs and ideas with risk factors for suicide.

Conclusion

In sum, this paper found little evidence for a correlation between increased rates of suicide with the presence of intrinsic religiosity and the mental illnesses depression, anxiety, and bipolar disorder. Rather, this paper found that intrinsic religiosity serves as a potentially significant protective factor against suicide, especially in those most at-risk based on demographic, as well as being a significant mitigating factor for those suffering from the studied mental illnesses.

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