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Review

Protective Functions of Religious Traditions for Suicide Risk

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***Abstract*:** It is generally accepted that religion typically acts as a protective factor against suicidal behavior. However, there remains some debate over the various mechanisms that underlie this relationship and how these mechanisms may function across different religious traditions. The purpose of this illustrative review is to expand on previous themes in the literature that have focused primarily on religious beliefs, to include consideration of religious practices that may serve to garner a protective social network. We consider religious beliefs, religious practices, and illustrative empirical support of relevance to core religious traditions including those practices that have their roots in Judeo/Christian (Jewish, Catholic and Protestant), Islamic, Hindu and Buddhist traditions. Implications for these findings are discussed and the value of further broadening the identification of potential mechanisms of relevance is considered.

Keywords: Religion, Suicide, Selective Review

In the United States and around the world, religion is an important part of daily life. Religious beliefs and practices vary tremendously. Despite these differences, there is mounting evidence indicating that religion may serve as a protective factor against mental health concerns, shielding individuals from the full weight of stressors encountered. In a recent systematic review of quantitative research on religion, spirituality, and depression the majority (61%) of the studies reported inverse relationships between religiosity/spirituality and depression, whereas few (6%) reported positive relationships (Koenig, McCullough, & Larson, 2001). Similarly, there is ample evidence documenting an inverse relationship between religiosity/spirituality and suicide (Colucci & Martin, 2008). Suicide is closely linked with depression. Not only are suicidal thoughts and actions some of the most severe, impairing and potentially lethal symptoms of depression, those that die by suicide are typically depressed (Lawson, Wulsin, Vaillant, & Wells, 1999). However, the risk and protective factors for suicide ideation, suicide attempts and death by suicide are not uniform. Efforts are needed to consolidate our understanding of the potential impact of religious traditions on suicide risk.

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Method

The present study reviews the roles that different religious faith traditions may play in the prevention of suicide. In this illustrative review of the literature, the goal is to address the existing gaps in the literature and add to the discussion of this important topic. The first section of this paper is a description of key mechanisms likely to be implicated in this link between religious tradition and suicide. The second section of this paper considers how these mechanisms might be evident in a number of common world religions. We expand the scope of the reviews recently conducted by Gearing and Lizardi (2009) and

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Colucci and Martin (2008) by not only considering religious beliefs as a key mechanism that may influence suicide risk, but also placing particular attention on social support as a mediating factor between religion and suicidal behavior. Specifically we highlight the role of these key mechanisms by providing examples of available empirical work of relevance within each religious tradition. This review examines the world's four most prevalent religious traditions (Christianity—with Catholicism and Protestantism considered separately, Islam, Hinduism, and Buddhism) as well as Judaism, which is the foundation of the Judeo-Christian tradition. Focusing on these religions allows us to narrow our focus while still covering the majority of the world's population and over three quarters of the world's religious practitioners (Keller, 2000). While the considerable diversity of both belief and practice within each overarching religious tradition makes any effort to summarize these religions incomplete, we hope to give an illustrative account of some of the more common attitudes and practices that are relevant to suicidal behavior. The final section summarizes both the trends in the field and the implications for this line of work, and identifies areas of future interest.

Results

Mechanisms

While it is generally accepted that religion typically acts as a protective factor against suicidal behavior, there remains some debate over the exact mechanisms that underlie this relationship. There are likely numerous potential mechanisms implicated. Two core theories have received a great deal of attention in the literature: religious beliefs and social networks (Robins and Fiske, 2009).

A substantial portion of the literature examining the relationship between religion and suicide has focused on the idea that commitment to core religious beliefs, such as a belief in an afterlife, is protective against suicide. Stack (1983) found that nations with higher levels of religious commitment also had lower suicide rates. Greening and Stoppelbein (2002) found that doctrinal orthodoxy, a measure of commitment to core religious beliefs, was correlated with lower levels of suicide risk. Similarly, moral objections to suicide such as "I believe only God has the right to end a life" and "My religious beliefs forbid it" were associated with lower levels of suicidal behavior (Dervic et al., 2004; Oquendo et al., 2005). Intrinsic religiosity, a measure of internalized religious beliefs, was negatively associated with depressive symptoms, which were in turn positively associated with suicidal ideation (Walker & Bishop, 2005).

A growing body of literature challenges the idea that this relationship is due to any specific church doctrines regarding suicide. The network model, as proposed by Pescosolido and Georgianna (1989), addresses an identified mechanism of potential relevance. Often the focus of evaluation for this model has been based on the notion that frequent attendance at church services may result in a number of important social benefits. For example, Pescosolido and Georgianna (1989) argued that the protective influence exerted by Catholicism and certain Protestant denominations was due to frequent attendance at church services and the social benefits that result from such attendance. Without explicitly rejecting the influence of church teachings, the authors suggested that this network perspective might be more relevant. A subsequent study supported the network theory by finding that church attendance was more closely tied to negative attitudes regarding suicide than factors such as conservatism of the denomination (Stack & Wasserman, 1992). Similarly, Robins and Fiske (2009) found that involvement in public religious practices such as church attendance were associated with lower levels of suicidal ideation and attempts, whereas private religious practices such as prayer were not. Finally, Stack and Lester (1991) found that church attendance is significantly correlated with less suicidal ideation, whereas identification as Catholic is not. Furthermore, there is evidence that being affiliated with a major religious tradition, being committed to core religious beliefs, and being part of a religious social network were independently related to beliefs about the acceptability of suicide (Stack & Kposowa, 2011).

In addition to the work linking religious traditions to suicide, research linking religious traditions and depression may be relevant for the network hypothesis. A body of research suggests that social support plays a similar role in the relationship between religious traditions and depression. Jang and Johnson (2004) found that religious African-Americans reported higher levels of social support and lower levels of depression. Indeed some have found that social support and socioeconomic status may largely account for the relationship between religiosity and depression (Eliassen, Taylor & Lloyd, 2005). While certain aspects of religiosity such as negative religious coping may be significantly related to depression even when controlling for social support (Dew et al., 2010), it appears that social support is closely related to the relationship between religion and depressive symptoms. This relationship between social support, religion, and depressive symptoms is likely highly relevant to the similar relationship between religion and suicidal behavior.

The relationship between religion and suicidal behavior appears to be a complex one that cannot be reduced to either specific religious beliefs or to mere social network related protective benefits. Further research will have to continue to draw from

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these different perspectives in the formation of an integrative, complete account of the relationship between religion and suicidal behavior. In the section that follows, these mechanisms are considered within the context of specific religious traditions. Although it is necessary to have an understanding of the diverse religious beliefs held by the members of these groups, the focus here is on extending the work of others by carefully considering both core beliefs that relate to suicide and religious beliefs and practices that might foster supportive religious networks.

Religious Traditions and Protective Mechanisms

Judaism

Judaism places great value on the preservation of life, and suicide is seen as a violation of this important principle. Judaism places an emphasis on either traditional sin or the fundamental goodness of humankind. Jewish faith endorses the idea that individuals are responsible for their good and bad behaviors, and are capable of changing these behaviors. Historically, Judaism has condemned suicide, which is considered to be a crime greater than homicide due to the fact that the killer cannot repent for their actions (Kaplan & Schoeneberg, 1988). An individual who commits suicide is destroying their God-given soul, and as a result is deserving of admonishment (Leach, 2006). It is important to note that the act of suicide itself rather than the individual committing suicide is condemned (Kaplan & Schoenberg, 1988). Only the rabbi can rule a death to be a suicide in the eyes of the religious community. Many rabbis consider an individual who is suffering from a mental disorder such as depression or substance abuse incapable of being responsible for suicidal behavior, and rabbis carefully examine the circumstances surrounding the death. As a result, many individuals who seem to have died by suicide to outside observers are considered accidental deaths by the religious community and are consequently given traditional mourning and burial customs (Leach, 2006).

Judaism focuses on life lived on earth rather than on the afterlife (Miller & Lovinger, 2000), suggesting that implications for the afterlife may be less relevant for suicidal behavior in Jews than they are for individuals in other faith traditions. Despite this belief, honoring the dead and comforting the mourner are considered to be the most important considerations following any death (Leach, 2006). While not common in more recent years, historically when Jewish individuals died by suicide, they were often denied traditional burial rites and were not permitted to be buried in Jewish cemeteries (Colucci & Martin, 2008). Mourning rituals are not always practiced immediately following a suicidal death (Leach, 2006).

Social support may serve as a protective mechanism for suicidal behavior in those practicing Jewish traditions. The benefits of social networks have been suggested to be an important mediating factor in the relationship between religious affiliation and suicidal behavior (Pescosolido & Georgianna, 1989), and Judaism (along with Catholicism) has been identified as a religion that places particular emphasis on integrating its members into a religious community through communal ties (Stack & Wasserman, 1992). Prayer is a communal activity, requiring the presence of at least ten adult men (Miller & Lovinger, 2000). The celebration of the Sabbath traditionally reserves an entire day each week for worship and family life, strengthening these communal bonds in a religious context (Greenberg and Wiesner, 2004). The Sabbath emphasizes appreciation of life, and as a result is "antithetical to depression" (Miller and Lovinger, 2000). Social support is also relevant to death in the Jewish faith through the tradition of the shiva, in which members of the religious community pay their respects to the bereaved for seven days. Ultimately the formal religious practices of Judaism indicate a fundamentally communal faith system in which the family and the larger religious community are highly valued.

One important consideration when examining the relationship between Judaism and suicide is that beyond being simply a system of beliefs, Judaism can also be an ethnicity or identification with a cultural and/or religious group. In fact, 49% of Jews are not members of a synagogue and 30% do not identify with a particular branch of Judaism (American Jewish Committee, 2003 cited in Greenberg and Wiesner, 2004). Given the important role that the social support of a faith community appears to play in acting as a buffer against suicidal behavior, it is important to note that many Jewish individuals are not members of such a community. Future research will have to examine the role that synagogue membership and attendance play in protecting against suicidal behavior.

It is also crucially important to consider differences in beliefs and practices between the different branches of Judaism. For instance, while Reform Judaism places an emphasis on individual autonomy, Orthodox Jews are more likely to defer to a religious authority (Zedek, 1998). As a result, the importance of social support may differ between Orthodox and non-Orthodox Jews. Interestingly, one study argued that non-Orthodox Jewish individuals place a greater emphasis on social support as compared to religious beliefs when compared to Orthodox Jews, and that this social support significantly mediated the relationship between religiosity and depression in non-Orthodox Jewish individuals (Pirutinsky et al., 2011). Social support warrants further investigation as a variable mediating the protective effects of Judaism on suicidal behavior.

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A variety of studies have found that Judaism is associated with lower levels of suicidal behavior. Bailey and Stein (1995) found that U.S. states with higher Jewish populations had significantly lower suicide rates. Lester (1996) reanalyzed the data used by Bailey and Stein, controlling for the fact that states with high Jewish populations tend to be more urban, wealthy, and older. He found that the negative relationship between Jewish population and suicide rates was still significant when taking these social factors into account. In the United Kingdom, Jewish people were found to endorse significantly more moral objections to suicide than Protestants, though they did not differ in terms of suicidal ideation or attempter status (Loewenthal, Mcleod, Cook, Lee & Goldblatt, 2003). Furthermore, there is evidence that suicide rates in Israel are lower than those of the United States and a variety of European countries (Levav & Aisenberg, 1989). In their analysis of U.S. counties, Pescosolido and Georgianna (1989) found that Judaism was mildly protective, though not to the extent of Catholicism or Evangelical Protestantism.

Catholicism

Catholics and Protestants are Christians, those that believe in the teachings of both the Old and New Testament. Christianity, represents a large and diverse array of religious traditions and is thought to be the most commonly endorsed religion worldwide (Keller, 2000). Shafranske (2000) writes, "The sanctity of life is the preeminent principle that guides moral decision making within the [Catholic] church." The Catholic Church has held that the sixth commandment, "Thou shalt not kill," extends to suicidal behavior. As a result of this foundational belief, suicide is considered to be a sinful act. Many Catholics believe that this sin is unpardonable, and that it results in the individual going to hell after death (Leach, 2006). Generally, Catholicism has imposed more substantial sanctions against suicide than most Protestant denominations (Stark, Doyle, & Rushing, 1983, cited in Leach, 2006). The pope condemned suicide twice in the 1940s, though since then the church has been more likely to take contextual factors into account when considering suicide (Stein, 1971 cited in Colucci & Martin, 2008). In general, the Church's official stance regarding suicidal behavior has softened. The Catholic catechism states, "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance (Catechism, 1994, cited in Shafranske, 2000). In addition, Roman Catholics believe that suicide is a sign of mental illness, which allows the deceased to be forgiven and gain entrance to heaven (Leach, 2006). While for many years individuals who committed suicide were not buried in Catholic cemeteries, this is rarely still the case (Phipps, 1985 cited in Gearing & Lizardi, 2008). In sum, while the Catholic Church has historically viewed suicide as sinful, over time the position taken by the church and its members has evolved to take into account contextual factors and in some cases offer forgiveness.

The practice of Catholicism is unique in its emphasis on participating in the formal activities of the church. As a result of the Catholic belief that one grows closer to God through Christ, and closer to Christ through the church, the practice of regular church participation is encouraged. Shafranske (2000) writes, "These distinctive features of Catholicism—sacramental life as the primary means to relate to God and the authority of the church in matters of faith—established the irreducible relationship between the faithful and its church." One's personal relationship with God cannot be separated from one's relationship with the institution itself. As a result, when examining the link between suicide and Catholicism it is important to consider how closely the individual is tied to the institution of the church. Greeley (1977, cited in Kehoe, 1998) writes, "One can be a 'devout' Catholic, an 'active' Catholic, a 'practicing' Catholic, a 'marginal' Catholic, or a 'disaffiliated' Catholic and one can move back and forth along the affiliation continuum." The extent to which a Catholic individual is affiliated with the church may have significant implications for the extent to which their religious beliefs affect their suicidal behavior.

Catholicism has been shown in some studies to be a protective factor against suicide. Joubert (1995) found that U.S. states with larger percentages of Catholics also reported significantly lower suicide rates. Catholicism was also associated with more negative attitudes towards suicide in a comparison of Catholics and Protestants (Siegrist, 1996). Furthermore, Pesconsolido & Georgianna (1989) found that both Catholicism and evangelical Christianity were associated with lower rates of suicide in U.S. counties, with Catholicism exerting the greatest protective influence.

However, not all studies have agreed that Catholicism correlates with lower suicide rates. Stack and Lester (1991) found that Catholicism was unrelated to suicidal ideation. A study of the suicide rates in metropolitan areas across the United States found that Catholicism was unrelated to suicide rates when controlling for covariates (Ellison, Burr, & McCall, 1997). For example, the relationship between Catholicism and suicide rates was almost entirely accounted for by the divorce rates of metropolitan areas (Burr, McCall, & Powell-Griner, 1994). As a result, the exact mechanisms that mediate the relationship between suicide and Catholicism remain unclear.

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Protestantism

Like Catholics, Protestants are Christians and follow the teachings of the Old and New Testament of the Bible. It is difficult to summarize the beliefs of Protestants on a given subject due to the large number of denominations that are placed under the umbrella of Protestantism. However, certain foundational beliefs are shared across most Protestant denominations. Accepting the need for salvation and turning to God through acceptance of Jesus as a savior is all that is required for salvation. In addition, the bible is considered to be the source of religious doctrine (McCullough, Weaver, Larson, & Kay, 2000). In the Protestant church, the relationship between the individual and God is a personal one (Servis, 2004), which contrasts with the more institutional practices of the Catholic Church.

As in most religious traditions, Protestants have historically condemned suicide, viewing it as a sin (Loewenthal, Mcleod, Cook, Lee, & Goldblatt, 2003). The Bible contains a number of references to individuals committing suicide, including Saul, Samson, and Judas. These references are generally nonjudgmental and suicide is not explicitly condemned (Colucci & Martin, 2008). The work of St. Thomas Aquinas in the thirteenth century, building off of the writings of St, Augustine, helped to advance the view that suicide is a violation of the sixth commandment "Thou shalt not kill" and a sin against self, neighbor, and God (Gearing & Lizardi, 2009). However, in more recent times, many Protestant denominations have significantly softened their views on suicide (Loewenthal, Mcleod, Cook, Lee, & Goldblatt, 2003).

In one of the first and most influential discussions of religion and suicide, Durkheim (1897, cited in Stack & Wasserman, 1992) argued that Protestants have fewer shared beliefs and practices than Catholics, leading to a lower level of religious integration and higher suicide rates. Contrasting this viewpoint, Servis (2004) notes that Protestants benefit from tightly knit communities, typically taking the form of fellowships within individual churches. The opportunity for fellowship ideally promotes a sense of connectedness to others. However, it is important to note that practices vary widely across denominations, with some encouraging significantly higher levels of social network involvement than others (Stack & Wasserman, 1992).

It is difficult to assess the extent to which Protestant Christianity as a whole is protective against suicidal behavior due to the sheer diversity of Protestant faiths. The research indicates that certain types of Protestantism may be more protective than others. For instance, in an analysis of Protestant denominations Stack and Wasserman (1992) found that those with more conservative theologies tended to have significantly lower levels of suicidal ideology. Similarly, Pescosolido and Georgianna (1989) found that evangelical denominations were more protective than non-evangelical ones. However, they do not attribute these differences to ideology. The authors inquired as to the official policy on suicide to leaders of 27 religious groups including many Protestant denominations, and only Catholicism and Reformed churches claimed to have an official stance. While some denominations referenced belief that suicide is a sin, all denominations said that it was forgivable and needed to be considered on a case-by-case basis (Pescosolido & Georgianna, 1989). Another examination of Protestantism and suicide found that most pastors of Black Protestant churches reported that they never preached about suicide in their sermons (Stack, 1998). These findings suggest that when considering the relationship between Protestant faith and suicide, careful attention must be paid to specific denomination, though this may not be due to the official dogma or topics of sermons in these denominations.

Islam

Suicide and other harmful acts directed towards oneself or others are explicitly condemned in the Koran. For example, surah 4, verse 29 of the Koran states "And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful." In addition, it was narrated that the Prophet Mohammed stated that the act of suicide will be punishable in the hereafter. There is some debate in the literature as to whether or not these passages suggest that individuals who commit suicide will go to hell. Whereas Leach (2006) argues that Islamic religious texts explicitly state that suicidal behavior leads to an eternity in hell, Abou-Allaban (2004) claims that Islam teaches that mental illness such as advanced depression interferes with one's ability to be held responsible for suicidal behavior. Regardless, it is evident that many Muslims are fearful that hell will be the consequence for suicidal behavior (Abou-Allaban, 2004), and this belief may have significant implications for a Muslim individual's likelihood of engaging in such behavior.

It also may be relevant to consider the special case of suicide bombings. Suicide bombings are sometimes viewed as acts of martyrdom or self-defense. It is important to recognize the reasons that may lead a group of people to perform acts of suicide bombings. Often, suicide bombings are considered when groups of individuals feel they have been victimized, and are considered as measures of last resorts (Burnham, 2011). In addition, acts of suicide bombings often occur when conflicts exist between unequal groups (Burnham, 2011). In these particular cases, suicide bombings are viewed as acts of self-defense, and not suicide.

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A number of Islamic religious practices may be protective against suicidal behavior. Islam requires that Muslims complete five prayers at various times throughout the day, which provides a way to feel closeness to God (Rezaeian, 2008). Muslims who are facing stress or anxiety are encouraged to engage in extra cycles of prayer (Abou-Allaban, 2004). In addition, the Prophet encouraged daily meditation which Abou-Allaban (2004) suggests may have similar benefits to cognitive-behavioral therapy. Lastly, Islam has made certain activities that may lead to misbehavior and potential suicidal actions such as drugs, gambling, and abuse towards self or others forbidden (Rezaeian, 2008). Islam is represented as the religious group with the most commonly shared beliefs such as prayer and almsgiving, which can provide a sense of community or integration among Muslims (Stack & Kposowa, 2011). Daily prayers may be performed at a mosque, where Muslims may interact with each other. In addition, Muslims attend the mosque weekly in order to complete Friday prayers. During Friday prayers, the Sheikh presents a sermon followed by a prayer. Following the prayer, Muslims at the mosque are free to interact amongst each other. Stack and Kposowa (2011) suggest that this sense of community decreases suicide acceptability among Muslims.

Research regarding the relationship between Islam and suicide is scarce. In addition, there is limited information detailing the perceptions of Muslims on suicidal behaviors such as ideation or attempts. However, research suggests that countries with large numbers of Muslims tend to have lower suicide rates (Shah & Chandia, 2010). When examining the effects of religion integration and commitment on suicide acceptability, committed followers of Islam were less likely to be accepting of suicide (Stack & Kposowa, 2011; Shah & Chandia, 2010). Future research will have to determine the mechanisms that underlie this relationship.

Hinduism

In the Hindu tradition, actions in the current life have implications for future lives. This principle, in which every action has a reaction, is referred to as Karma (Juthani, 1998). Juthani (2004) uses a school metaphor, writing "Hindus regard life as a school where one learns, skips a grade, graduates, or is held behind." It is important to recognize the Hindu perception of death when considering death by suicide, given that death is not considered the final stage of life. In the Hindu religion, reincarnation, or re-birth into another life, takes place following death.
Another central concept to the attitudes of Hindus towards life and death is dharma. Dharma refers to the rules of societal conduct. Dharma carries with it a significant sense of duty to family, society, and the universe at large (Juthani, 2004). Selflessness is at the core of dharma, and a great emphasis is placed on kindness towards others. Like a number of other faith traditions, respect for human life is fundamental to Hinduism. Nonviolence and universal love towards all creatures is the highest dharma for a Hindu (Juthani, 1998).

While the Hindu scriptures are relatively neutral on the subject of suicide (Colucci & Martin, 2008), taking one's life to escape suffering is unacceptable (Leach, 2006). Hindus draw a distinction between a "good death" and a "bad death." A good death follows a long and prosperous life; the Hindu who dies a good death is mentally healthy and able to say good bye to loved ones and get one's affairs in order. As a result, a good death is not to be feared. In cases of sudden death, the individual may be spiritually unprepared to enter the next life. The resulting death is a bad death. Some Hindus hold that suicide is a bad death, and that as a result individuals who commit suicide may encounter suffering in their next life or may even be reincarnated in a lower animal form (Leach, 2006).

There are certain circumstances under which suicide is acceptable in the Hindu religion and community. Prāyopaveśa, the self-willed fasting death, is permissible in the Hindu religion (Mannan, 1989). Prāyopaveśa is acceptable when a religious follower is suffering from a terminal illness or is unable to perform self-grooming practices. Prāyopaveśa must be declared publicly in order to distinguish this religious act from other acts of suicide (Mannan, 1989). In addition, Sati, the act of a woman's self-mutilating death by burning in her husband's funeral pyre is also included in the Hindu traditions (Adityanjee, 1983; Mannan, 1989). Although Sati has been declared illegal in India, there are reports of women's death by burning occurring in the present time (Kumar, 2003).

Hindus place a great emphasis on the community; the individual is fundamentally viewed as part of a social body (Miller, 1994, cited in Hodge, 2004). Due to this focus on the development of the community, the development of formal Hindu institutions such as Hindu centers and temples has accelerated in the United States in recent years. Another fundamentally important source of potentially protective social support in Hindus is the family. The family structure reinforces and is reinforced by religion, and interdependence among family members is encouraged (Juthani, 2004). Support may also come from a guru, a religious teacher who guides the individual towards religious fulfillment (Juthani, 2004). These sources of support may be particularly important in mediating the relationship between Hindu religious beliefs and suicidal behavior.

Research on suicidal behavior and Hindus is lacking (Gearing & Lizardi, 2009). Kamal and Loewenthal (2002) found that Hindus were less likely

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to endorse moral objections to suicide than Muslims. Perhaps as a result of these differences in attitudes, Hindus have also been found to have higher rates of suicide than Muslims (Ineichen, 1998, cited in Gearing & Lizardi, 2009). Future research will have to move beyond comparisons of only Muslims and Hindus and explore mechanisms such as social support that may be particularly salient factors in the suicidal behavior of Hindu people.

Buddhism

Buddhism differs from other religions in that it is fundamentally an orientation towards human distress and suffering. Finn and Rubin (2000) write that the Buddha "was more interested in alleviating human suffering than in satisfying human curiosity about the origin of the universe or the nature of divinity. For Buddha, neither God's grace nor divine intervention could aid in this endeavor." Instead of focusing on any kind of divine presence, Buddhism is centered on the four Noble Truths, which are the core of Buddhism's attitudes towards suffering. The first Noble Truth is Dukkha, a form of suffering that is central to human existence. The second truth is the origin of this suffering, which comes from desire, attachment, and craving (Juthani, 2004). The third Noble Truth is that this suffering can be alleviated, and the fourth truth details the path to this alleviation. A Buddhist can move past the distress that is inherent to the human experience and reach enlightenment through "right understanding, right aspiration, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration (Finn & Rubin, 2000). Eliminating desire is central to reaching nirvana, which means "to extinguish" (Finn & Rubin, 2000).

Buddhists' attitudes towards suicide are centered on its relationship with this fundamental suffering. Buddhists believe that suicide is a form of suffering that results from a craving for non-existence (Disayavanish & Disayavanish, 2007). However, Buddhists do not accept that the result of suicide is the end of suffering, believing instead that "human beings cannot avoid suffering by taking their own life…the fruit of that act is a rebirth in the woeful planes of existence, and hence further suffering endlessly" (Disayavanish & Disayavanish, 2007). Buddhism places great value on human life, and suicide is viewed negatively as the killing of a living being (Lizardi & Gearing, 2010). The result of this act is being unprepared for the next realm and a disturbance in the karma of the individual (Leach, 2006). Ultimately, Buddhism is focused on the relief of suffering, and suicidal behavior is believed to promote rather than protect against this suffering.

Meditation is one of the core practices of Buddhism. Buddhists engage in two forms of meditation: concentration and insight. In concentration meditation, one exhibits a nonjudgmental focus on a single element of their experience, such as the breath (Finn & Rubin, 2000). The goal of this type of meditation is to produce calmness, peacefulness, and mental stability (Disayavanish & Disayavanish, 2007). The second type of meditation is insight meditation, in which awareness of the changing facets of one's experience, such as sounds, memories, and the breath, leads to mindfulness (Finn & Rubin 2000; Disayavanish & Disayavanish, 2007). The specific practice of meditation varies widely around the world, and different types of Buddhists have their own distinct meditation techniques. There is evidence that meditation has the potential to alleviate the symptoms of depression (Burns, Lee, & Brown, 2011), which in turn may lead to reduced suicidal behavior.

It is important for any discussion of Buddhism and mental health to address the diversity of beliefs and practices that are endorsed by Buddhists around the world. Keown (1998) writes, "Buddhism is made up of a collection of sects and schools embedded within distinct cultural traditions…These sects and schools are often so different that one is tempted to speak of 'Buddhisms' (plural) rather than 'Buddhism' (singular)." Some theorists suggest that different types of Buddhists may have different attitudes towards suicidal behavior as a result; for instance, Mahayana Buddhists have sometimes viewed suicide more positively when it is committed for unselfish reasons (Florida, 1998). In the United States, many Buddhists also adhere to other religious traditions, resulting in Catholic Buddhists, Protestant Buddhists, and Jewish Buddhists among others (Juthani, 2004). In such situations there may be a complex interplay between the end-of-life beliefs of different religions in the suicidal individual.

This diversity of belief may have profound implications for the social support Buddhists receive from a religious community. For instance, a split exists between the Mahayana and Theravada forms of Buddhism. In Theravada Buddhism the journey to salvation is a personal one, and an individual's progress on the path is based on one's own behavior (Finn & Rubin 2000). In Mahayana Buddhism, enlightenment is instead contingent on the salvation of others (Finn & Rubin 2000). These differences may have an impact on the attitudes of Buddhists towards their religious community, and turn on the protective social support they may receive from this community. Many Western Buddhists have individual teachers who serve as the individual's "best guide to the ultimate nature of reality" (Scotton, 1998). Many Buddhists who undergo mental health treatment discuss it openly with their teacher, and this collaboration can positively scaffold treatment (Scotton, 1998). Ultimately, a great deal more research is needed to firmly establish the effect of social support on the relationship between Buddhism and suicidal behavior.

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There is very little research examining rates of suicide in Buddhists specifically; typically, the rates of suicides in Asian ethnic groups have been used instead as an approximation (Leach, 2006). In the United States, the suicide rate among Asian Americans is approximately half that of the country as a whole (CDC, 2007, cited in Lizardi & Gearing, 2010). The suicidal behavior of Buddhists and the mechanisms that mediate this behavior warrant consideration in future research.

Discussion

An examination of the suicide-related beliefs of major religions reveals some important common threads. On a macro level each of the religions reviewed is opposed to suicide. A fundamental importance is often placed on human life, and committing suicide is frequently seen as a violation of this principle. In addition, with the possible exception of Judaism, the implications that suicidal behavior has for life after death play an important role in each religion's beliefs regarding suicide. This can take the form of affecting whether an individual goes to heaven, as in the Judeo-Christian tradition, or affecting the nature of the suicidal individual's reincarnation, as in Hinduism and Buddhism. Mosaic religions (Judaism, Christianity, Islam), which are based on the idea that humans are created in God's image have a more pronounced position against suicide than Eastern religions which feature belief in reincarnation and rebirth (Stompe & Ritter, 2011). A careful consideration of current beliefs indicates that few, if any, of the religious traditions considered here fail to take contextual factors into account when considering suicidal behavior. Some religions, take the view that suicide is reflective of an underlying mental illness. As a result, some religions over time have softened their stance on suicidal behavior's impact on the afterlife.

Another important factor that each of these religions has in common is a diversity of both belief and practice within each overarching faith tradition. In a number of religions, including Protestantism and Judaism, the conservatism of one' s beliefs has an effect on the religion's attitudes towards suicidal behavior, with more conservative or traditional branches or denominations viewing suicide more negatively. Similarly, members of a given religion may vary a great deal on variables such as church attendance, frequency of prayer, or adherence to core beliefs. These variables may have a direct impact on how often an individual is exposed to their religion's attitudes towards suicide and their likelihood of internalizing these attitudes. Future research will continue to delineate which specific aspects of adherence to a religious tradition impact suicidal behavior. For instance, the religious commitment perspective (Stack, 1983; Stack & Kposowa, 2011) holds that an individual's commitment to core religious beliefs is protective against suicide. Future research will continue to clarify these relationships.

In addition to considering religious beliefs, this review has placed particular emphasis on social support as a mechanism of the relationship between religion and suicidal behavior. Suicidal individuals have been shown to have lower levels of social support and disrupted social networks (Heikkinen, Aro, & Lonnqvist, 1993). The relationship between social connectedness and suicidal behavior has been a central focus of research on suicide throughout its history (Trout, 1980). Indeed, there is evidence that religious individuals may experience less loneliness and more reciprocally caring relationships. Church members have been shown to have larger social networks, more contact with the members of their networks, and more favorable perceptions of the quality and supportiveness of these relationships (Ellison & George, 1994; Bradley, 1995). In addition, a sizable literature shows that religion is associated with greater perceived social support (Moxey et al., 2010; Koenig, George, & Titus, 2004: Koenig, 2001). Conversely, Duberstein and colleagues (2004) found that participants who had committed suicide were more likely to have lower levels of social interaction, and that this effect remained significant after controlling for affective and substance abuse disorders. Social support has been shown to moderate the risk between depression and suicide (Hovey, 1999). Palmer (2001) found that social support accounted for 17% of the variance in suicide risk. Similarly, a number of studies have found that loneliness is associated with higher levels of suicidal behavior (Rubenowitz et al., 2001; Weber, Metha, & Nelson, 1997). Each of the religions addressed in this review places a significant emphasis on the building of social networks. This can take the form of encouraging closely knit families (Hinduism), highly integrated formal religious practices (Catholicism, Judaism, Islam), or close relationships with spiritual guides or leaders (Hinduism, Buddhism). Generally it appears that religions in the Judeo-Christian tradition encourage highly integrated formal religious communities, whereas Hinduism and Buddhism emphasize selflessness as a part of the path to nirvana. However, Stack and Kposowa (2011) suggest that adherents to any of the major religious traditions are more likely to be religiously integrated than those who are unaffiliated, and religious affiliation is correlated with fewer suicide attempts (Dervic et al., 2004). As a result all of the religions examined may provide some of the protective benefits of involvement in a religiously integrated community.

Those that are highly supported by their religious community are also likely to have a stronger sense of belonging. The interpersonal theory of suicide proposes that humans have a fundamental

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need to belong, and that when this need is unmet suicidal behavior is more likely to occur (Van Orden et al., 2010). Early on, Sabbath (1969) wrote about how the child who feels "expendable" within his or her family, may be at elevated risk for suicide. Similarly, those who feel expendable within other social networks – including religious communities may be at higher risk for suicide. In a recent study, belongingness was found to be a significant negative predictor of both suicidal ideation and suicide attempts (You, Van Orden, & Connor, 2011). This robust support for the relationship between social connectedness to others and suicidal behavior led Van Orden and colleagues (2010) to conclude that "Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior" (pp. 579).

While results indicate that social support is a promising mediator between religion and suicide, a number of important methodological issues require further attention. Social support is a broad and complex construct that is often defined and measured differently across different studies (Fiala, Bjorck, & Gorsuch, 2002). One important consideration is the source of this social support, which can be family, friends, community members, or a variety of other sources (Rudd, 1993). It is possible that which sources of support are most relevant will differ across religious groups. In religions such as Hinduism that place a strong emphasis on the family, social support from family members may mediate the link between religion and suicide. This may be less true in religions where the relationship with God is a more personal one, such as Protestant Christian traditions. Future research will have to clarify which specific types or aspects of social support are most protective against suicidal behavior in different faith traditions.

A weakness of the network model is the reliance on church attendance as the measure of the extent to which a church forms an effective network. This is problematic for two reasons. The first is that all attendance is not likely to be equal; certain churches are almost certainly more effective than others at fostering the types of social interactions that promote the development of effective social networks that can be protective against suicidal behavior. The second is the fact that increased church attendance also means increased exposure to religious messages. Indeed, a number of studies challenge the notion that the relationship between religion and reduced suicidal behavior is merely due to increased social support. One such study found that church attendance was associated with fewer suicide attempts even after controlling for social supports (Rasic et al., 2009). Finally, Greening and Stoppelbein (2002) found that a commitment to core religious beliefs was a stronger correlate with suicide risk than social support when controlling for the effects of a variety of psychosocial buffers.

Advances in measurement have aided progress in this field. For example, the Religious Support Scale, developed by Fiala, Bjorck, and Gorusch (2002) assesses three dimensions of support that religious individuals may receive as a result of adherence to a faith tradition: support from God, support from the congregation, and support from church leadership. The authors found that all three of these dimensions are associated with lower levels of depression and greater life satisfaction. However, after controlling for general (non-religious) social support, the relationship between religious support and depression was insignificant. Similarly, subsequent research indicated that general social support was more predictive of mental health, physical health, and relationship quality than religious support, and religious support was not significantly predictive of the outcome variables when controlling for general social support (Willoughby et al., 2008). Future research will have to determine the circumstances under which general social support adequately accounts for the relationship between religion and health outcomes, and when more support more specific to religious practice support is especially protective.

There is some debate as to whether or not our enhanced understanding of the protective mechanisms can operate outside of a religious context. It is possible that social support derived from religious practice may actually be a more effective buffer than social support from secular sources. Ellison and Levin (1998) suggest that religiously-derived social support may be particularly beneficial due to the shared beliefs, shared values, and even common interpretations of stressors that religious communities foster. Similarly, one study found that social support from fellow church members was a more effective buffer against the impact of stress on physical health than was secular social support (Krause, 2006). Future work is needed to determine the exact circumstances under which religiously based social support is especially effective.

Fifteen percent of the world's population does not adhere to a faith tradition (Keller, 2000), and as a result will not benefit from protective factors against suicide that are specific to religious belief. Atheism and agnosticism remain relatively unexamined in the literature when considering the effect of religion on suicide (Lizardi and Gearing, 2010). In fact, Whitley (2010) suggests that very little research examines the relationship between atheism and mental health more generally. There are methodological limitations in the current body of literature on religion and suicide that make it difficult to draw conclusions about atheist or agnostic

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individuals. For instance, some studies compare religiously affiliated individuals to religiously non-affiliated individuals, a group that may well combine atheists, agnostics, and believers in God without a formal affiliation. As Whitley (2010) puts it, "atheism can be an orienting worldview that is often consciously chosen by its adherents" (p. 190). Supporting this view, atheists and agnostics have been found to be happier than individuals with weak religious beliefs (Mochon, Norton, and Ariely, 2011). While this avenue of research is in its infancy, these findings suggest that developing a coherent, meaningful set of beliefs may be more important than religiosity as a protective factor against negative mental health outcomes such as suicidal behavior. Furthermore, given the important role that social networks play in the prevention of suicidal behavior, it is important to consider the implications that atheism and agnosticism have for the development of these networks. Cimino and Smith (2011) suggest that new media technologies like the internet have provided atheists with the opportunity to develop communities around common sets of interests and values.

While the focus of this review has been on two potential mechanisms (religious beliefs and social support) that are likely to be important protective factors against suicidal behavior, it is also important to consider that some religious practices incorporated adherence to disciplines that promote stress regulation. For example, disruptions of the stress system are pervasive in those suffering from depression and those exhibiting suicidal risk (Mann, 1998). Disruptions of the stress system have been assessed by biological substraights, including alterations in key brain structures and the associated cascades of the endocrine, autonomic nervous system and the immune system (Cullen, Klimes-Dougan, Kumra, & Schulz, 2009). Yoga and other forms of meditation, that typically have their roots in Hindu and Buddhist traditions, may be critical mechanisms that diminish the risk for suicide. Some promising results have been found in this recently emerging field of research (e.g., Pace et al., 2009; Vera et al, 2009). Additionally, many religious traditions incorporate some form of music or chanting into the religious services. While the type of music may differentially impact physiological arousal, Khalfa, Bella, Roy, Peretz and Lupien (2003) found that "relaxing" music helped to alter the post-stressor endocrine response. While this avenue of inquiry represents a promising field, many important questions are still unanswered.

Understanding the relationship between religion and suicidal behavior will be of fundamental importance in suicide prevention and treatment efforts due to both the number of people that may receive protective benefits as a result of their religious group membership and the increased knowledge of protective factors against suicidal behavior that such an understanding provides. It is also possible that the applications of these core protective mechanisms may be applicable in some degree to a broader spectrum of beliefs including agnosticism and atheism. Future research should be directed to clarify what types of social support are most protective and integrate other potential mechanisms such as practices that promote stress regulation. It is likely that these models will be integrative, due to the large number of mediating factors that have support in the literature (Stack & Kposowa, 2011). While in the past this field of study has focused on the Judeo-Christian tradition, it will be critical that future efforts also consider other faith traditions to develop theoretically integrated models of protective mechanisms that are more universally applicable. As a result, knowledge of religious beliefs and practices will continue to play an important role in understanding risk factors and protective mechanisms for suicide.

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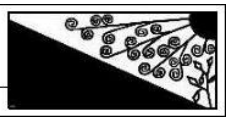

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