

# Religion and Spirituality: A Suicide Risk and Protective Factor



## From Science to Practice

Using Research to Promote Safety  
and Prevent Suicide

### Overview

*Veterans may experience diminished spiritual well-being compared to the civilian population due to their unique experiences serving in the military, and factors such as combat-related stress.<sup>1,2</sup> For some Veterans, religious and spiritual practices can help buffer the effects of such stress on mental health and suicide risk.<sup>2,3</sup> The relationship between religion, spirituality, and suicide is complex,<sup>4,5,6</sup> and varies across different religious and cultural settings.<sup>5,7,8</sup> Health care providers should keep this complexity in mind when assessing patients' suicide risk.<sup>9,10</sup> A holistic view of suicide risk assessment and mental health treatment should consider both the adaptive and maladaptive dimensions of religious faith and spirituality, and their impact on Veterans.<sup>6,11</sup>*

## Key Findings

### General Population

- People who are more religious or spiritual may experience better mental health outcomes including less risk of suicide.<sup>7</sup> A global systematic review and meta-analysis found evidence linking dimensions of religion, spirituality, and meaning to suicidality in individuals with psychiatric diagnoses or who had a recent history of suicide attempt.<sup>10</sup> Dimensions of religion and spirituality had distinct impacts on suicidal thoughts, depending on the specific religion and whether the belief or behavior had adaptive or maladaptive characteristics. Moral opposition to suicide and intrinsic religiosity were protective against suicidality, while struggling to find meaning and purpose in life was associated with increased suicidality.<sup>10</sup>
- A meta-analysis (k=63) found that religious beliefs and/or practices (e.g., devotion to a deity, belief in God, following practices of a religion) protected against suicide, reducing suicide death by 69%, suicidal ideation by 17%, suicide attempt by 16%, and suicide planning by 7%.<sup>12</sup>
- A systematic review (k=89) found that religious affiliation does not necessarily protect against suicidal ideation (after adjusting for social support); however, it does provide protection against suicide attempts and may also protect against suicide death.<sup>6</sup> The degree of protection may vary by the religion with which one is affiliated. Being affiliated with a religion that is considered a minority religion in the country or society where one resides may not protect against suicide attempts or death due to feelings of isolation and lack of community connection.<sup>6</sup>
- For those not affiliated with a specific religion, spiritual factors such as the belief in divine control may play a role in suicidality. In the 2011-2014 Nashville Stress and Health study, individuals with a complete lack of belief in divine control had a 71% increased odds of lifetime suicidality, despite similar suicide rates between religious and irreligious individuals.<sup>13</sup>
- A nationally representative sample of U.S. adults found that those who frequently (24 times or more per year) attended religious services were approximately 50% less likely to die by suicide than those who attended religious services less frequently.<sup>14</sup> Another study found that religious attendance, frequent or infrequent, buffered the negative effects of poor childhood health on passive suicidal ideation in later life.<sup>15</sup>
- Religious attendance may have different effects depending on an individual's sexual orientation. In a large representative U.S. sample, religious attendance was linked to 93% greater odds of suicidal plans amongst gay men, but not heterosexual men.<sup>16</sup> While religious attendance was associated with a 23% decrease in odds of suicidal planning for heterosexual women, bisexual women attending religious services experienced 16% greater odds of suicidal planning.<sup>16</sup>

## *Veteran and Military Populations*

- Positive spiritual coping, involvement in a religious congregation, and daily spiritual experiences (feeling the presence of a higher power, sense of peace or harmony) all served as protective factors against suicide among Veterans with PTSD.<sup>1</sup> Similarly, a longitudinal study of Veterans showed that those who were satisfied with their spirituality had less suicidal ideation.<sup>17</sup>
- An analysis of data from the National Health and Resilience in Veterans Study (NHRVS) found that lower participation in organized religious activities was associated with a higher risk of suicidal ideation, PTSD, and hazardous drinking at follow-up.<sup>2</sup>
- In a separate NHRVS analysis, higher intrinsic religiosity was associated with increased PTSD symptoms.<sup>18</sup> However, these same levels of intrinsic religiosity were linked to a decrease in the path of PTSD predicting suicide risk, demonstrating the complex relationship between religiosity, combat exposure, and suicide, and the importance of religious coping as part of suicide prevention efforts.<sup>18</sup>
- A study of Veterans (n=1,002) found that a perceived lack of control over one's life and difficulties with self-forgiveness were closely associated with suicidal ideation, while a history of suicide attempt was associated with beliefs of being punished by God and feeling that life lacks meaning or purpose.<sup>19</sup>
- A national probability sample of Veterans (n=2,307) did not find religiosity or spirituality to differ among those with a history of suicide attempt.<sup>20</sup>
- A cross-sectional study of Veterans and active duty service members (n=570) who served in combat and met diagnostic criteria for PTSD or had PTSD symptoms found that moral injury had a strong, independent relationship with suicide risk.<sup>21</sup> Religiosity was not associated with suicide risk and did not mediate or moderate the association between moral injury and suicide.<sup>21</sup>
- Positive religious coping, such as a secure relationship with a transcendent force, and a sense of spiritual connectedness may serve as a protective factor against thwarted belongingness, even when PTSD symptoms are high.<sup>22</sup> Negative religious coping (such as underlying spiritual tensions and struggles within oneself, others, and with the divine) was associated with worse PTSD symptoms and

perceived burdensomeness.<sup>22</sup> Veterans who reported spiritual struggles reported lower meaning in life, higher suicidality, and higher posttraumatic stress symptoms at baseline, 3-months, and 6-months.<sup>23</sup>

- A study evaluated the relationship between suicidality and several domains of religious or spiritual struggle such as questioning God's love, moral difficulties, ultimate meaning or purpose and interpersonal conflicts over religious or spiritual issues.<sup>4</sup> While all domains of spiritual struggle were associated with suicidal behavior, struggles with ultimate meaning at the initial assessment were uniquely associated with increases in Veterans' perceived likelihood of a suicide attempt at follow-up.<sup>4</sup>
- A qualitative study of the relationship between spiritual and religious beliefs and suicide among a sample of 30 Veterans found that this relationship is complex and varies greatly between individuals.<sup>24</sup> Veterans reported religious beliefs that discouraged suicide and that permitted suicide, as well as some beliefs that did both (i.e., believing that suicide was discouraged by their religious beliefs, but that God would understand).<sup>24</sup> While some Veterans affirmed that their religious beliefs helped them cope with or make meaning of the experience of suffering, others reported that their beliefs contributed to their suffering and increased suicidality.<sup>24</sup>

## *Veteran Preferences for Religion and Spirituality in Mental Health Care*

- Most Veterans report being religious or spiritual, yet the majority are only "somewhat" interested in incorporating religion and spirituality into care.<sup>5</sup> However, Veterans who integrated religion or spirituality into their mental health care attributed it to their survival.<sup>24</sup>
- Veterans at high risk for suicide who were systematically contacted by chaplains as part of a novel VA suicide prevention program overwhelmingly indicated openness to and appreciation for the outreach from chaplains.<sup>25</sup>
- In a study of chaplains trained in evidence-based psychosocial practices, 87% reported using this training to provide direct care to a Veteran or Service member at risk of suicide.<sup>26</sup>
- A qualitative study of older, seriously ill Veterans with different diagnoses such as cancer and heart failure found that Veterans thought it was critical for the VA to provide religious and spiritual care that is respectful of diverse religious beliefs and preferences, and that is encompassing of their family's spiritual support needs.<sup>27</sup>

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- A scoping review on military chaplain utilization found that despite a decline in religiosity, chaplains were regarded as trusted and confidential sources of support for military personnel.<sup>28</sup> Factors such as trust, prior relationships, perception of confidentiality, and rapport-building were identified as key enablers which enhanced chaplaincy effectiveness within a military context.<sup>28</sup>
- Overall, Veterans indicate a preference for open-ended approaches to integrating spirituality into treatment, rather than more concrete approaches such as incorporating scripture into treatment.<sup>5</sup>

## Ways You Can Help

- Know how to connect Veterans with VA's **Chaplain Service**, which provides the highest quality pastoral care. VA Chaplains provide complete religious ministry to Veterans in accordance with their needs and desires. VA chaplains are the main resource for spiritual care in VA and are trained to provide spiritual care to all Veterans regardless of their (the Veteran's or the chaplain's) religious/spiritual traditions. Chaplains are on call 24/7.
- Discuss and explore Veterans' religious or spiritual beliefs when assessing for suicide risk as they can play adaptive and maladaptive roles in terms of an individual's understanding and coping with suffering.
- Be aware of religious or spiritual concerns while not assuming they should be targeted in every case. Consider taking a spiritual history or inventory or collaborating with chaplains to identify Veterans for whom a spiritual approach to care is appropriate.<sup>5</sup>
- Promote religious and spiritual engagement for Veterans who are at risk for suicide and who express a desire to incorporate religion or spirituality into their lives.
- Consider providing secular therapy and/or pharmacological treatment in collaboration with a trained licensed pastoral counselor. Religiously integrated psychotherapies appear to be at least as effective as standard psychotherapies in the treatment of emotional disorders and may be more effective in highly religious individuals.<sup>29</sup>
- VA's **Make The Connection** provides Veterans with information, resources, and solutions to issues affecting their health, well-being, and everyday lives. The VA has information on spirituality, treatment options, self-help tools, and resources to help Veterans overcome concerns related to spiritual issues.
- Encourage Veterans to **Reach Out** and not wait to seek support and resources. Veterans can take a self-assessment and find support for their specific problem.

***There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.***

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