Lauren Stout
The Effect of Religion and Belief in Life after Death
on Opinion of Suicide if Tired of Living

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Abstract

This work focuses on individuals’ beliefs regarding life after death as they relate to the religion in which they were raised and how these beliefs affect their opinions on suicide if tired of living. Through literature review and data taken from the 2014 General Social Survey datasets, I found no statistical significance in the link between the religion in which the respondent was raised and their opinion on suicide if tired of living. I did find a statistical significance in the respondent’s belief in life after death and his/her opinion on suicide if tired of living. Through my research, I was able to come to the conclusion that the belief in an afterlife had an effect on participants’ opinion of suicide. The research into this topic should be expounded upon to yield further results.
Introduction

Suicide has been a growing national concern in the US in recent years. According to the Center for Disease Control (2016), the suicide rate in the US increased 24 percent between 1999 and 2014, and causes have been a topic of interest among psychologists and other social scientists. The argument of nature vs. nurture, which postulates the importance of an individual’s biological nativism versus his/her experiences and how these experiences affect their behavior, will always be a topic of debate in the scientific world. My research will examine the nurture component of individuals’ opinions of suicide as it relates to religious views. My research question asks if the religious denomination in which an individual was raised and his/her opinion on life after death has any effect on his/her opinions towards suicide. There have been no in-depth studies into the effect of religion on thoughts of suicide or belief in life after death as a contributing factor to an individuals’ opinion on suicide. This research is important to further investigate what factors influence individuals’ ideas about suicide and whether this might play a role in their willingness to follow through with this course of action. Religious beliefs and belief in life after death can be seen as a deterrent for individuals considering suicide if they believe they will experience repercussions in the afterlife.

My study looks at respondents from religious groups with varied notions of life after death and compares these notions with their opinions on committing suicide. I will be using data collected for the National Data Program and complied in the General Social Survey (GSS) for the year 2014. My research will focus on the following variables: 1) opinion on suicide if tired of living, 2) respondent’s religion he/she was raised in, and 3) belief in life after death. For the suicide variable, respondents were asked their opinion about someone taking his/her own life if he/she were tired of living. It is important to note that this reason for suicide may be distinct from other motivations such as alcoholism, chronic disease, etc. which, if investigated, might yield different results. For the purpose of this paper, all references to suicide reflect suicide motivated by being tired of living as opposed to other possible motivations unless stated otherwise.

The religion variable was based on the religion in which the respondent was raised. The afterlife variable was based on respondents stating his/her belief in life after death. My findings have shown little to no association between the religion a respondent was raised in and opinion
of suicide. However, I have found a statistically significant association between the respondents’ belief in life after death and their opinion on suicide.

**Literature Review**

In *Religion and Suicide*, Gearing and Lizardi (2009) look at the link between religiosity and suicide. Using the PsychINFO and MEDLINE databases, they examine secondary sources published between 1980 and 2008 that use the keywords, “religion, Christianity, Catholicism, Judaism, Islam, Muslim, Hindu, attempted suicide, suicide, suicide prevention, and related mapped terms.” They found that religion functions as a protective factor against suicide. Not only do most religious denominations prohibit suicide, the involvement in organized religion creates a support network within the members of said congregation which may act as a deterrent. Gearing and Lizardi (2009) state that within Christianity, there are higher suicide rates seen in Protestants. Hindus are one of the most tolerant religions of suicide, but there is limited research on suicidality and Hinduism. Although there is limited research on suicide within the Muslim community because of underreporting, suicide rates are lower in Islamic countries in comparison to those that are not. It must also be noted that suicide statistics in Muslims countries differentiate between religiously/politically-motivated suicide versus suicide committed for reasons such as dishonor, mental illness, bankruptcy, etc. In the U.S., Jewish individuals have lower suicide than Christians. Jews in Israel have some of the lowest suicide rates in the world. To conclude, research has established a correlation between suicidality and religiosity.

In their later research, Lizardi and Gearing (2010) expand their exploration of the link between religious belief and suicide by examining additional practices such as Buddhism, African, Native American, Agnosticism and Atheism. Using PsycINFO and MEDLINE, Lizardi and Gearing looked at articles through 2008. The keywords used were, “religion, religious beliefs, spirituality, faith, Buddhism, Buddhist, Atheist, Atheism, Agnostic, Agnosticism, Native American, African, attempted suicide, suicide, suicide prevention, and other mapping terms.” They found that suicide rates were high among Asian/Pacific-Islander women, but there is no correlating link with Buddhism. They further concluded that suicide rates among Native Americans were 1.7 times higher than the overall US population, but in these cases the suicide rates were linked to alcoholism.
Native Americans with a high involvement in cultural/spiritual activities were less likely than other religious denominations to commit suicide. Limited research has been done with traditional African religions and suicide. Also, HIV stigma and euthanasia are confounding factors in suicide studies in Africa. They note that few studies have been done on religiosity and suicide within the Agnostic and Atheist populations because of their lack of religiosity. They conclude with discussing that various religions, large or small, conceptualize life and death differently within their respective religions. Nothing conclusive was found in their study.

While Lizardi and Gearing’s research has revealed important links between religion and suicide, their studies are oriented toward use in a clinical setting by a counselor or psychologist, mostly as a preface to suicide and cultural sensitivity/multi-cultural counseling. With this exception the existing research tends to focus only on the specific beliefs of the individual rather than patterns across the denomination. They conclude with discussing that various religions, large or small, conceptualize life and death differently and this can correlate with suicide rates.

In *The Effects of Religion and Feminism on Suicide Ideology: An Analysis of National Survey Data*, Stack, Wasserman, and Kposowa (1994) examined feminism and religiosity levels through views on suicide. They hypothesized that religiosity shapes feminist beliefs and suicide ideology, and that feminism increases suicidality because of decreased association with religion. They predicted that this would be true for both males and females. Data taken from the GSS between 1972 and 1990 was aggregated together while looking at full probability sampling of individuals 18 and older in the US. Suicidal ideology was the dependent variable. The first independent variable, feminism, was conceptualized as liberal attitudes about traditional gender roles, and the second independent variable, religion, is measured by frequency of church attendance. With political ideology or political liberalism as the controls, they found that religion shapes feminism and feminism shapes suicide ideology. The limitation found in the study was the attitudes towards suicide, not the behavior.

Stack and Wasserman (1992) examined network theory in religion and how it affects suicide ideology. Data is taken from GSS surveys between 1972 and 1990 and then aggregated together. Gathered through full-probability sampling, individuals 18 years or older in the US were interviewed in their homes. The dependent variable, attitude toward
suicide, was measured through four questions. The first independent variable was within denomination Protestantism, and a coding scheme was used to separate Protestants into 45 separate Protestant denominations. The second independent variable was frequency of church attendance. Controls were introduced for income, education, gender, age, geographic region, and urban vs. rural residence. They concluded that reduced suicide ideology was seen in churches that had Presbyterian polity, conservative churches, churches with high tension between teachings and the culture, and nonecumenical churches.

Ellison, Burr, and McCall (1997) hypothesized that religious homogeneity has a predictive effect on suicide rates and factors of suicide. The data was measured using standard metropolitan statistical areas (SMSAs). The dependent variable was suicide rates, as grouped by age and sex, and measured on occurrence/exposure rates over a three-year period. The independent variables were religious denomination and religious homogeneity which were operationalized using the Herfindahl index. The control variables used were divorce rate, single-person homes, race, population size, unemployment, income, region, and population change. The study concluded that homogeneity was a stronger predictor of suicide rates than any other religious variables used in studies such as these. Homogeneity increases the likelihood that interaction will occur and social bonds will occur between individuals with similar religious backgrounds. Thus, religious homogeneity can contribute to social and moral community in an area. Religious institutions that exist within the public sphere often leave their impact on the civic life and local culture, which in turn often coincides with lower suicide rates.

Whalen (1964) discusses suicide within the Judeo-Christian communities. With 60 percent of the US population claiming membership to a church or synagogue and 95 percent of the US population claiming the existence of a Supreme Being, how do these religious individuals contemplate or attempt suicide, based on their religious doctrines? Although there are many statistics on suicide, Whalen (1964) asserts that the taboo nature of suicide itself could skew the results. Durkheim (1958) viewed religion as an anti-suicidal force, but often the data show differently. Louis Dublin (1963) released suicide statistics that indicate in the US and Canada, Protestants are most likely to commit suicide, followed by Catholics and then Jews. Dublin’s study, however, also found that in Europe, Jewish suicide rates had surpassed those of the Protestants, displaying the effect
of the sociopolitical climate of the time. This research displays limitations in variables, such as religiosity, which tend to be a less reliable scientific tool. Also, many studies of suicidal behavior do not contain proper measures of association. Oftentimes a belief is either an opinion or conviction, but Whalen (1964) states religion is often the final thing on someone’s mind while attempting to commit suicide.

Simpson and Conklin (1989) critique Durkheim’s idea that religion suppresses suicide by questioning the statistical data he looked at during this time. Counter to Durkheim’s idea of the independence of suicide and religion, Simpson and Conklin (1989) propose that different religions need to be compared. They performed a cross-national comparison, using data from the *Demographic Yearbook* and the World Bank’s Tables from about or around 1970. The predictor variables used are suicide, agricultural employment, affluence, schooling, urbanization, female employment, sex ratio, age, living in Sub-Saharan Africa, divorce rate, living in an Eastern block nation, and religious adherents. Seventy-one nations were used with no missing values. Simpson and Conklin (1989) concluded that Muslims have lower suicide rates, economically underdeveloped areas have lower suicide rates, and suicide is a function of the demographic structure of society. Durkheim was proven to be correct in his assertion that traditional religion plays a role in the suppression of suicide.

Van Tubergen, Grotenhuis, and Ultee (2005) discuss Durkheim’s theory that involvement in religious communities inversely affects suicide attempts. Using the Dutch Registry of Death, collected from the 1999 Netherlands Statistics, data was collected on Catholics, Reformed Protestants, Re-reformed Protestants, and non-church members who committed suicide in the Netherlands. Data was available in digital form for several years between 1936 and 1973, namely 1936–39, 1947–52, 1955, 1957, 1962, 1965, 1967, and 1969–73. A total of 14,744 digitally registered suicides were available for analysis. The major limitation was lack of controls, such as age and sex. Contextual variables used were percentage of church members in a municipality, such as Catholics, Reformed Protestants, and Re-reformed Protestants. They also applied multilevel regression analysis. van Tubergen et al. concluded that the proportion of religious members in a municipality is inversely related to the chance of suicide for both church members and non-church members and the probability of members of a denomination committing suicide is not influenced
more strongly by the presence of that denomination (or other denominations) in the community. Lastly, they also concluded that it is not social support from others that prevents people from suicide, but instead a shared religious norm prohibiting suicide, which extends to those who are not affiliated with any denomination.

Much of the previous research pertaining to specific religious denominations’ views on suicide have been inconclusive. My study attempts to address these topics. My first hypothesis is that Christians will be more likely to respond ‘yes’ to the opinion of suicide (if tired of living) than respondents of any other denomination. My second hypothesis is that individuals who believe in life after death will be more likely to reject suicide (if tired of living) than individuals who do not believe in life after death.

Data and Methods

Data
The dataset I am using is from the General Social Survey (GSS) database (2014). The sample includes both men and women, 18 and older, living in households in the U.S. The sample is a multi-stage area probability sample using quota sampling. The sample was collected in three ways: through access to USPS, census geographies, and geocoding. Once the sample had been obtained, face-to-face interviews were conducted. The sample size for the 2014 GSS dataset was 2,538 respondents (http://gss.norc.org) and (http://gss.norc.org/documents/codebook/GSS_Codebook.pdf).

Measures

1. Dependent Variable(s). The dependent variable used in my study was an individual’s opinion on a person’s right to commit suicide. My dependent variable’s name in the codebook is suicide4. The respondents were asked, “Do you think a person has the right to end his or her own life if this person is tired of living and ready to die?” The possible responses for this question were, “Yes, No, Don’t know, No answer, and Not applicable”. I did not recode this variable.

2. Independent Variable(s). The first independent variable I used was the religion in which a person was raised. This independent variable’s name in the codebook is relig16. The question was based on the variable, “In what religion were you raised?” The possible responses for this question were, “Protestant, Catholic, Jewish, None, Other (Atheist, Agnostic, etc.),
Buddhism, Hinduism, Other Eastern (Confucianism, Taoism, etc.), Muslim/Islam, Orthodox-Christian, Christian, Native American religions, Inter-nondenominational, Don’t know, No answer, and Not applicable”. I have recoded this variable so that Protestant, Catholic, Orthodox-Christian, and Christian are all listed as Christian.

The second independent variable was an individual’s belief in life after death. My second independent variable’s name in the codebook is postlife. The question this variable was based on was, “Do you believe there is life after death?” The possible responses to this question were, “Yes, No, Don’t know, No answer, and Not applicable.” I did not recode this variable.

Analytic Plan

For this analysis, I used SPSS 24 as the statistical analysis software to cross tabulate variables.

Results

Table 1 displays the percentages for each of the variables used. The dependent variable used was the respondents’ opinion on suicide if tired of living. I found that 51.5 percent of respondents believe that someone does not have the right to commit suicide if they were tired of living. The first independent variable examined was the religion the respondent grew up following. There was an overwhelming majority of respondents (89.2 percent) who stated they were raised Christian; this being the majority denomination. The last independent variable used was the respondents’ belief in life after death. As Table 1 indicated, there is a high rate of belief in life after death (70.3%).
Table 1: Descriptive stats for all variables in analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependent Variables</strong></td>
<td></td>
</tr>
<tr>
<td>Suicide if Tired of Living</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>51.5</td>
</tr>
<tr>
<td>IAP (Inapplicable)</td>
<td>34</td>
</tr>
<tr>
<td>DK (Don’t Know)</td>
<td>1.3</td>
</tr>
<tr>
<td>NA (No Answer)</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Independent Variables</strong></td>
<td></td>
</tr>
<tr>
<td>Religion in Which Respondent Was Raised</td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>89.2</td>
</tr>
<tr>
<td>Jewish</td>
<td>8.1</td>
</tr>
<tr>
<td>None</td>
<td>0.4</td>
</tr>
<tr>
<td>Other (Atheist, Agnostic, etc.)</td>
<td>0.4</td>
</tr>
<tr>
<td>Buddhism</td>
<td>0.7</td>
</tr>
<tr>
<td>Other Eastern (Confucianism, Taoism, etc.)</td>
<td>0.5</td>
</tr>
<tr>
<td>Muslim/Islam</td>
<td>0</td>
</tr>
<tr>
<td><strong>Belief in Life after Death</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>70.3</td>
</tr>
<tr>
<td>No</td>
<td>18.1</td>
</tr>
<tr>
<td>DK (Don’t Know)</td>
<td>11.5</td>
</tr>
<tr>
<td>NA (No Answer)</td>
<td>0.2</td>
</tr>
</tbody>
</table>
In Table 2, the cross tabulation analysis shows us that the “Other” (Atheist, Agnostic, etc.) religious preference had the highest percentage of respondents, at 37.5 percent, stating they believe someone has the right to commit suicide. Comparatively, the “Other Eastern” religious preferences (Confucianism, Taoism, etc.) had the lowest percentage (0%) stating they did not believe someone has the right to commit suicide if he/she were tired of living. According to the Chi-square test ($X^2=15.381$, $P<.000$), this difference is statistically significant at the 0.000 level. The Lambda value is .000 ($p<.01$), indicating a very weak association between the religion a respondent was raised and his/her opinion on someone committing suicide if tired of living. The research hypothesis for these two variables show no statistically significant association; The null hypothesis is therefore confirmed.
Table 3: Opinion on Suicide if Tired of Living by Belief in Life after Death

<table>
<thead>
<tr>
<th>Should Someone Have the Right to Commit Suicide if Tired of Living?</th>
<th>Do You Believe in Life after Death?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Yes (%)</td>
<td>205</td>
</tr>
<tr>
<td>(17.6%)</td>
<td>(27%)</td>
</tr>
<tr>
<td>No (%)</td>
<td>961</td>
</tr>
<tr>
<td>(82.4%)</td>
<td>(73%)</td>
</tr>
<tr>
<td>Total (N)</td>
<td>1166</td>
</tr>
<tr>
<td>(100%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

Source: General Social Survey [2014], N=1,466

Table 3 shows that 82.4 percent of respondents who believe in life after death do not agree that someone has the right to commit suicide if tired of living. Comparatively, 27 percent of respondents who do not believe in life after death agree that someone has the right to commit suicide if tired of living. According to the Chi-square test ($X=13.479, P<.000$), this difference is statistically significant at the 0.000 level. The Lambda value is .000 ($p<.01$), indicating a very weak association between the respondent’s view on someone’s right to committing suicide if tired of living and the respondent’s belief in life after death. The null hypothesis can therefore be rejected and the research hypothesis accepted since there is a statistical association between these two variables.

Discussion and Conclusion
My study adds to the literature on suicide and religious preference by looking further at various religious groups, other than Christianity. Most of the existing literature on religion and suicide focuses primarily on Protestantism and Catholicism, the two largest denominations in the United
States. By looking at the percentages in my research, we see that the “Other” (Atheist, Agnostic, etc.) religious denomination had the highest percentage of respondents stating they believe someone has the right to commit suicide if they are tired of living, which was 37.5 percent, compared to the “Other Eastern” (Confucianism, Taoism, etc.) religious denominations which have the lowest percentage at 0 percent. Overall, I did not find a significant link between the religion in which an individual was raised and his/her opinion on suicide. The Chi-square test also revealed no statistical significance at the .000 level. These results are consistent with previous research, although in all cases the lack of data availability was a limiting factor. In addition, there were some context-related limitations, such as a limited number of respondents of some religious backgrounds. Future studies could look into other populations outside of the US, or suicide in a different conceptualization. For example, not just respondents’ view of others committing suicide, but of respondents’ personal belief about suicide. Also, future studies could compare and contrast the concept of afterlife for different religions and compare them (Christian afterlife vs. Hindu afterlife).

Alternatively, I did find a link between an individual’s opinion on suicide and his/her belief in life after death. The results showed that 82.4 percent of individuals who believe in life after death do not think someone has the right to commit suicide if he or she is tired of living. 27 percent of individuals who do not believe in life after death think someone has the right to commit suicide if he or she is tired of living. Although these are two separate variables in my study, they are correlated because of their association with an afterlife or specific religious belief in an afterlife. I found that individuals who believe in life after death are far more likely to respond “no” to suicide if tired of living, in the context of the respondent’s opinion on someone else committing suicide. As stated previously, much of the literature focuses on religion and suicide, but my study sheds light on the belief in an afterlife within specific religions and how said afterlife affects an individual’s response to suicide. To generalize that an entire religion takes a specific stand on suicide would be inappropriate, but I can say the specific belief of an afterlife affects the way a respondent answers the question about suicide.
References

Centers for Disease Control and Prevention (CDC). Web-based Injury
Statistics Query and Reporting System (WISQARS) [Online]. (2016)
National Center for Injury Prevention and Control, CDC (producer).

York: Ronald.


Ellison, C., Burr, J., & McCall, P. 1997. “Religious Homogeneity and

Gearing, R., & Lizardi, D. 2009. “Religion and Suicide.” Journal of Reli-
gion and Health, 48 (3): 332-341.

General Social Survey. NORC at the University of Chicago. 2016. SPSS.

Lizardi, D., and R. E. Gearing. 2010. “Religion and Suicide: Buddhism,
Native American and African Religions, Atheism, and Agnosticism.”

Suicide and Religion: A Test of Durkheim’s Theory of Religion and
Suicide.” Social Forces 67(4): 945-964.

Ideology: An Analysis of the Networks Perspective.” Journal for the

and Feminism on Suicide Ideology: An Analysis of National Survey

burg: Statistics Netherlands.