

RELIGION AND SUICIDAL IDEATION IN A SAMPLE OF LATIN AMERICAN IMMIGRANTS¹

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Summary.—The present study explored the association of measures of religious activities and suicidal ideation in a sample of adult Latin American immigrants (145 women, 56 men). No relationship was found between religious affiliation and suicidal ideation. Self-perception of religiosity, influence of religion, and church attendance were significantly negatively associated with suicidal ideation. A multiple regression analysis showed that influence of religion was a significant predictor of suicidal ideation. The present findings lend empirical support to the notion that high religiosity may play a protective role against suicide.

Catholicism and Suicide

It has been a long-standing belief that the Catholic religion is an inherent part of Latin American culture (Mosqueda, 1986). Catholicism may influence suicidal thoughts and behavior in several ways. First, the Catholic religion itself may serve as a deterrent against suicide. Within the religion it is considered a sin to take one's life under any circumstances, and religious concepts, such as the belief in an afterlife, may make suffering more endurable and thus lower the risk for suicide. Thus, given Catholicism's ideology, those most involved religiously would be expected to show less suicide (Stack, 1992).

The Catholic religion may further play a protective role through its influence on cultural norms. Within the Latin American culture, religious ceremonies, e.g., Baptism, Communion, the Quinceañera, are considered social events. These celebrations strengthen bonds among family, friends, and extended support systems. Oftentimes, the responsibilities formed through religious ceremonies function primarily as social obligations. As an example, the baptismal ceremony is the foundation for *compadrazgo* (being a Godparent). A compadre (Godparent) is expected to accept religious and social obligations to the Godchild and the Godchild's family. These responsibilities are usually accepted even during those instances when compadres do not consider themselves to be religious (Mosqueda, 1986). In such an instance, the compadre will serve primarily in a social role and may be accepted as a fam-

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ily member with familial responsibilities similar to those for an aunt or uncle.

Research of Catholicism and Suicide

Despite the assumption that the Catholic religion plays a protective role against suicide, there is little research on the topic. Moreover, the findings of these studies are inconsistent. Maris (1981) compared suicide rates among Catholics and Protestants in Chicago for the period of 1966–1968. He found that, for all age groups (24 yr. and under, 25–44, 45–64, 65 yr. and over) and across both sexes, the suicide rate for Protestants was greater than the suicide rate for Catholics. In contrast, other studies have indicated no connection between religious affiliation and suicide rate. Stark, Doyle, and Rushing (1983) examined the relationship of religious affiliation and suicide rate in 214 Standard Metropolitan Statistical Areas. The church membership rates were based on a 1971 census of religious bodies, and the suicide rates for the Standard Metropolitan Statistical Areas were from the Bureau of Vital Statistics report for 1971. Stark, *et al.* found that when they controlled for religious commitment (measured by church membership rates), the proportion of church members who were Catholic had no association with suicide. Kowalski, Faupel, and Starr (1987) analyzed demographic data from 3,108 counties in the United States (for the period of 1974–1976). After controlling for social and economic conditions, they also found no association of religious affiliation and suicide.

If Catholicism is associated with suicidality as a buffer, then it might be expected that Catholic individuals hold less accepting attitudes toward suicide than Protestant individuals. Stack and Lester (1991) explored attitudes toward suicide in a sample of individuals who participated in the 1988 and 1989 General Social Surveys. They found that religious affiliation was not associated with attitudes toward suicide. In the same survey, Stack and Lester found that those individuals who attended church more often reported less approval of suicide as a solution to life's problems. Church attendance rather than religious affiliation accounted for most of the variation in suicide attitudes.

Sorenson and Golding (1988) assessed religious affiliation and participation (frequency of church attendance) in relation to suicidal ideation and suicide attempts among Mexican immigrants to the USA. Those immigrants who identified as Catholic reported significantly lower lifetime rates of suicidal ideation (3.7% vs 11.8%) and suicide attempts (1.6% vs 2.6%) than non-Catholic Mexican immigrants to the USA. There are no other published findings of religion in relation to suicidality among Latin American immigrants.

Purposes of Present Study

The present study explored the relationship of religion and suicidal ide-

ation in a sample of adult Latin American immigrants. Given the inconsistent findings of studies that examined the relationship of religious affiliation and suicidality, the present study examined religion on four dimensions. In addition to religious affiliation, the present study assessed religion by measuring self-perception of religiosity, perceived influence of religion, and church attendance.

METHOD

Participants

Participants were 145 female and 56 male Latin American immigrants from an English as Second Language (ESL) community adult school in Los Angeles, California. Five ESL classes participated. Approximately 95% of the students chose to participate. The participants did not appear to differ from the nonparticipants in terms of age and sex. The selected school is located in a predominantly Latin American community. The ages of the sample ranged from 17 to 77 years ($M=36.4$, $SD=16.5$).

Fifty-seven percent of the sample were of Mexican descent, 39% were of Central American descent, and 4% were of South American descent. Twenty-seven percent of the participants were married; 44% were never married; 14% were separated; 4% were divorced; 5% were widowed; and 6% were in a common law marriage or living together. Eighty percent of the participants were Catholic; 4% were Protestant; 8% reported "other" religions; and 8% reported no religious affiliation.

Family socioeconomic status, measured on Hollingshead's scale (1975), ranged from 3 to 55 ($M=15.4$, $SD=9.9$). The possible range for this scale is 3 to 66.

Measures

A demographics form assessed age, sex, ethnicity, marital status, education, religious affiliation, and religiosity (self-perception of religiosity, influence of religion, church attendance).

Religious variables.—To assess perception of religiosity, influence of religion, and church attendance, the following three questions were asked "How religious are you?" (possible responses consisted of 1 = not at all religious, 2 = slightly religious, 3 = somewhat religious, 4 = very religious), "How much influence does religion have on your life?" (possible responses consisted of 1 = not at all influential, 2 = slightly influential, 3 = somewhat influential, 4 = very influential), and "How often do you attend church?" (possible responses consisted of 1 = never, 2 = one or twice a year, 3 = once every 2 or 3 months, 4 = once a month, 5 = two or three times a month, 6 = once a week or more).

The Adult Suicidal Ideation Questionnaire (Reynolds, 1991a) was used

to measure suicidal ideation. This is a 25-item self-report measure that assesses the nature and frequency of occurrence of specific suicidal thoughts within the past month. The scale is anchored by 0 ("I never had this thought") and 6 ("Almost every day"). Possible over-all scores range from 0 to 150. Examples of items include "I thought about killing myself"; "I thought about what to write in a suicide note"; and "I thought that no one cared if I lived or died." The Adult Suicidal Ideation Questionnaire (Reynolds, 1991a, 1991b) has adequate internal consistency reliability (.96 to .97), test-retest reliability (.86 to .95), and construct validity. Cronbach α for the present sample was .94.

Procedure

The questionnaire was developed in English and, along with the Adult Suicidal Ideation Questionnaire, was translated into Spanish using back translation (Brislin, Lonner, & Thorndike, 1973) and the help of two translators.

The questionnaires were given in a classroom setting. Each participant completed the questionnaire in Spanish. Individuals who completed the questionnaire were given \$5.00. The teachers incorporated the filling out of questionnaires into their classroom and supported their administration.

RESULTS

Descriptive Statistics

Church attendance, perception of religiosity, and influence of religion.—The following frequencies for church attendance were found for never (4.2%), once or twice a year (9.5%), once every 2 or 3 months (13.8%), once a month (4.8%), two or three times a month (22.2%), and once a week or more (45.5%). The mean score for perception of religiosity was 2.3 ($SD=0.7$). The mean score for perceived influence of religion was 2.6 ($SD=1.0$).

Suicidal ideation.—The mean score for the Adult Suicidal Ideation Questionnaire (suicidal ideation) was 9.3 ($SD=22.1$).

Analyses of variance gave no significant main effects for sex or ethnicity on response to the items on church attendance, perception of religiosity, influence of religion, and suicidal ideation.

Relationships Among Religion Variables and Suicidal Ideation

t tests showed no differences in mean suicidal ideation between Catholics and Protestants ($t=-.09$, ns), Catholics and other religions ($t=1.4$, ns), and Catholics and individuals reporting no religious affiliation ($t=-1.3$, ns).

Pearson correlation coefficients indicated that scores on church attendance ($r=-.13$, $p<.05$), perception of religiosity ($r=-.15$, $p<.03$), and

influence of religion ($r = -.23$, $p < .001$) were negatively associated with suicidal ideation.

Table 1 shows a multiple regression analysis conducted to explore the relative ratings on the religion variables in predicting suicidal ideation. Demographic controls, which have been hypothesized to influence suicide risk (Hovey & King, 1997; Kowalski, *et al.*, 1987; Pescosolida & Georgianna, 1989; Stack & Lester, 1991; Stack & Wasserman, 1992), were introduced into the analysis for sex, age, marital status, and socioeconomic status. While controlling for these variables, scores on the influence of religion item were a significant independent predictor of suicidal ideation ($t = -2.5$, $p < .01$). Religious affiliation and other single items on perception of religiosity and church attendance were not significant independent predictors of suicidal ideation.

TABLE 1
MULTIPLE REGRESSION OF SUICIDAL IDEATION ON RELIGION ITEMS

Variable	Standardized Beta	SE	t
Religion Items			
Influence of Religion	-.23*	2.03	-2.50
Perceived Religiosity	-.05	3.10	-0.46
Church Attendance	-.12	1.36	-1.22
Religious Affiliation	-.06	4.98	-0.65
Demographic Variables			
Sex	.11	4.34	1.22
Age, yr.	.10	3.33	1.11
Marital	.07	4.90	0.72
Socioeconomic Status	.08	0.21	0.87
$R^2 = .10$			

* $p < .01$.

DISCUSSION

The present study examined the relationship between religious affiliation and suicidal ideation in a sample of Latin American immigrants. In addition, given the inconsistent findings of studies on the relationship of religious affiliation and suicidality, the present study further assessed religion by measuring perceptions of religiosity, influence of religion, and church attendance.

Although, as noted earlier, it has been suggested that the Catholic religion may serve as a deterrent against suicide risk, the present findings yielded no support for the notion that Catholics show less suicide risk than other religions. The present findings, however, give some support to the notion that religiosity may have a protective role against suicide. Although the magnitude of the relationships between the religion items and suicidal ideation

were limited, the findings indicated that those individuals who perceived themselves to be religious reported lower scores on suicidal ideation. Those individuals who perceived religion to be influential in their lives reported less suicidal ideation, and those individuals who attended church more often reported less suicidal ideation. Of these variables, the single item on perceived influence of religion was the strongest predictor of suicidal ideation.

It should be noted that the strength of church attendance as a variable may be due to the nature of the variable. As noted by Stack (1992) and Stack and Wasserman (1992) in their discussions of network theory, church attendance may reflect the vitality of social network ties. In other words, church attendance may be a reflection of how well one is tied into a religious group, which is a potentially important source of social support. Church attendance may therefore be an indicator of both the shared beliefs and practices of a religious group and the social support derived from networking, which together may reduce the risk of suicide.

Finally, it should be noted that the present study focused on suicidal ideation, not suicidal behavior. There is evidence (Moscicki, 1995; Reynolds, 1991a) that most suicidal behaviors can be placed on a continuum of severity from less serious and more prevalent thoughts and behaviors to increasingly severe and less prevalent behaviors (suicidal ideation to suicidal gestures and attempts to completed suicide). The present findings are applicable to completed suicide to the extent that suicidal ideation is a precursor of completed suicide.

Limitations of the present study include its relatively limited sample size, its use of single-informant's self-report methodology, and its cross-sectional design. Given the limited sample size, comparisons of Catholics with other religious affiliations must be viewed with caution. Although the present study examined religion as predictive of suicide risk, further research with a longitudinal design is needed to address more clearly the question of directionality. The present study assessed religious observance through the use of three items, each of which measured a separate construct. The validity of these items is uncertain. Research on religion and suicide risk among Latin American groups must use a more comprehensive, standardized measure of religion. These studies should include an exploration of religion beyond religious affiliation along with an exploration of the full continuum of suicidal behavior.

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