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"Maybe Jesus Was Suicidal Too": A Qualitative Inquiry into Religion and Spirituality in Suicide Attempts

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Abstract

Among the current trends in suicidology that hold promise for suicide prevention are a focus on new areas for empirical exploration and the employment of creative methodologies to ascertain these phenomena. One such area is religion, along with its more enigmatic counterpart, spirituality. Suicidological research has long demonstrated that people who are religiously involved tend to be more protected from suicide than those who are not, yet it has been less attentive to the conditions under which religion or spirituality fails to inhibit suicidality. In the decades since Durkheim's renowned 1897 study, the majority of the related research has taken a broadscale sociological approach using limited measures of religiosity rather than conducting more penetrating psychological investigations into the idiographic lived experiences of religion and spirituality as they intersect with suicidality. This narrative-phenomenological qualitative study probed the complex convergence of religion/spirituality and suicidality by taking as its central research question "What experiences have suicide attempters had with religion/spirituality over the course of their lives?" Eight adults across the US who have attempted suicide at least once participated in in-depth interviews about the role, if any, that religion and/or spirituality took before, during, and after the attempts. The data were coded according to categories derived from the interview questions and interpreted using a theoretical model of the religion-suicide relationship propounded by Whalley in 1964, specifically its propositions that religion can encourage, stymie, or have no effect on a person's suicidality. The study participants' narratives, arranged thematically, clearly point to religion/spirituality's capacity to thwart suicidality but also to promote it, depending on when and what type of religion or spirituality was accessed relative to the suicide attempts. While life-limiting religiosity catalyzed or exacerbated six participants' suicidality before their suicide attempts, life-giving spirituality has assuaged all eight's continuing suicidality since their attempts. During the enactment of the suicide attempt, however, religion/spirituality was inconsequential for all eight. Based on these results, the author gives recommendations for further research and suggests spiritually integrated approaches to caregiving and clinical encounters with suicidal or potentially suicidal individuals.

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Chapter 1
Introduction

Therefore doth my Father love me, because I lay down my life, that I might take it again.
No man taketh from me, but I lay it down of myself. I have power to lay it down, and I
have power to take it again. This commandment have I received of my Father.
Jesus Christ, the sermon of the Good Shepherd,
John 10:17-18, King James Version[1]

Introduction to the Issue

Some years ago I[2] was talking with a family friend, a longtime theologian,

minister, and consultant for the general board of the United Methodist Church, about my

interest in the psychology of suicide, especially the interactions between suicide and

religion. I told her that so far, the literature I was reading was only showing that

religiousness deters people from suicide. Without a moment's hesitation, she exclaimed,

"That's BS!" Similar exchanges with scholars, clinicians, and caregivers, especially those

with advanced degrees in religious and theological studies, have occurred since I began

this doctorate. My conversation partners have told me stories of pastoral care encounters

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[1] The quotations that begin each chapter are taken from a variety of sources literary and otherwise. Each juxtaposes the themes of suicide and religion or spirituality in some way. Like the utterances from the participants in this study, which readers will get to know later in this dissertation, and to a certain extent like suicide itself, these quotes are a mix of sacred, profane, prayerful, heretical, and audacious, in addition to being chameleonic depending on the angle from which they are viewed. Besides giving a nod to the vast history of human musings on suicide and religion, they are meant to provoke and challenge readers in the same manner a good psychotherapy session might: "How does it make you feel? What new insight has it brought you?" Readers are thus requested to regard these quotes accordingly—not as a representation of my opinion but as food for critical thought.

[2] I, the author, will be referring to myself in the first person throughout this dissertation. The use of first person is a convention in qualitative research, the mode of this project. Consistent with the postmodern spirit of the paradigm, researchers' using *I/we* emphasizes their inescapable subjectivity; encourages researcher accountability, reflexivity, and transparency; and implies the social and person-based nature of the research encounter (C. Webb, 1992).

with people in the throes of suicidal despair and of presiding over funerals for people who had killed themselves. I myself have known or have worked as a mental health practitioner with individuals who are simultaneously religious and suicidal. While I was noticing an increasing amount of anecdotal evidence demonstrating that people of faith are not immune to thinking about suicide or acting on suicidal thoughts, empirical studies supporting this notion were lagging behind.

The seriousness and pervasiveness of suicide as a public health problem are undeniable. Worldwide, nearly 800,000 people take their own life every year (WHO, 2017). In the United States, the rate is one person every 11.9 minutes (2015 data; Drapeau & McIntosh, 2016), rendering suicide the 10th leading cause of death for the entire population and second for individuals aged 10 to 34 (2014 data; CDC, 2016b). That same year the suicide rate of White, non-Hispanic men between the ages of 25 and 54 (which encompasses five of the eight participants in my study) was 35.5 per 100,000 people, significantly higher than the national average for all races and both sexes, 13.8 (CDC, 2017). These are staggering figures when one thinks of the unspeakable emotional pain each of these individuals was likely experiencing before they died (Shneidman, 1993) and how many people are indelibly exposed to, affected by, and bereaved by each suicide (J. Cerel, 2015, personal communication, June 21, 2015; Cerel, McIntosh, Neimeyer, Maple, & Marshall, 2014). In short, suicide is a heart-wrenching phenomenon that touches many lives.

In response to the grievousness of suicide, a formal discipline dedicated to the study of suicide, named *suicidology* by its progenitor, Edwin Shneidman, arose in the US in the 1950s, concomitant with the founding of the Los Angeles Suicide Prevention

Center by Shneidman and colleagues Norman Farberow and Robert Litman (see Shore,

2007, for a history of the field). The epistemological offspring of psychiatry, psychology,

and sociology (D. Webb, n.d.), suicidology has been increasingly systematized since. The

discipline has advanced understanding and awareness of suicide and pioneered

prevention, intervention, and "postvention" (e.g., Shneidman, 1969, p. 22) strategies

while also exposing and challenging suicide-related stigma. Despite the steady growth of

the field and the prodigious literature it has produced, however, the US suicide rate has

not declined. Suicidology, it seems, still has much to learn and do.

One phenomenon that is likely interwoven in the "suicidal mind" (e.g.,

Shneidman, 1996) yet understudied is religion, as is religion's conceptual sibling,

spirituality. Consider the following point made by Whalley in 1964:

> Judaeo-Christian [*sic*] religions all teach that suicide is a non-permissible
> solution, no matter how burdensome the problems of life. Yet each year in the
> United States alone, some twenty thousand persons take their own lives. Several
> national surveys have shown that about 60% of Americans are church or
> synagogue members, and that as many as 95% affirm the existence of a Supreme
> Being. Unless the suicides represent an entirely separate sub-group within the
> population, a great many of the people who killed themselves must have been
> active church members and most would at least have professed to believe in God.
> (p. 91)

The 1959 data that Whalley was using mirror today's. The latest Pew report on religion,

based on their 2014 Religious Landscape Study, revealed that 89% of Americans said

that they believe in "God or a universal spirit," and 62% reported attending religious

services at least monthly (Pew Research Center, 2015). Although the residents of the

wealthiest nations tend to have lower religiosity, Americans are a prominent exception,

with more than half claiming to be religious (Noack, 2015). Unless the tens of thousands

of Americans who die by suicide each year have very different demographics from the

rest of the population, some percentage of them must have been religiously or spiritually involved. But what does that involvement look like, and how does it differ (if at all) from that of people who do not end their lives?

In 2000 the editors of the *Comprehensive Textbook of Suicidology* wrote, "Usually, being religious tends to protect people from suicide…. Unfortunately, there are few empirical data on religion and suicide" (Maris, Berman, & Silverman, 2000, pp. 469-470). Although researchers have since rectified this dearth of studies, their output has left plenty to be desired. Almost without exception—the tide finally started to turn about two years ago—this research has merely reinforced previously demonstrated findings about religion's protective effects. What's more, it has largely relied on deficient methodologies given the nature of the subject. Colucci (2012) sums up the problem:

> The studies have typically been restricted to the analysis of the relationship between religiosity (often operationalized as church affiliation or attendance) and suicidal ideation/attitude or suicide mortality statistics. Very rarely have researchers addressed non-religious form[s] of spirituality or used a qualitative methodology. The picture … becomes even more disappointing when we note that the findings about the influence of religion on suicide are inconsistent and ambiguous. (p. 78)

I, along with Colucci and a growing number of scholars in the field, am critical and skeptical of what the literature has claimed up to now. I contend that religion and spirituality play a more complex role with respect to suicidality than the research has indicated. More specifically, I aver that "being religious" does *not* always "protect people from suicide" (to return to Maris and colleagues' quote) and may even contribute to suicidal thoughts or behavior. The anecdotes and personal experiences I described in the first paragraph bolster this suspicion, as do the few studies that link religiosity/spirituality to heightened suicidality, which will be presented in the next chapter.

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Statement of Purpose, Research Question, and Anticipated Findings

The purpose of this dissertation is to investigate the proposition that religion and/or spirituality interrelate with suicidality in a variety of ways before, during, and after a suicide attempt. The focus "is not *whether* religion and spirituality are good or bad [with respect to suicide], but rather *when*, *how*, and *why* they take constructive or destructive forms" (Pargament, Mahoney, Exline, Jones, & Shafranske, 2013, p. 7, italics in original). A promising trailhead at which to begin this exploration is the question "What experiences have suicide attempters had with religion/spirituality over the course of their lives?" To get at the answer, I conducted a qualitative study in which I invited individuals who have attempted suicide to describe to me these experiences.

In the proposal for this dissertation, prior to commencing data collection, I was asked to state the results I thought this study would reveal. I wrote that based on what I had observed, learned, read, and experienced as a clinician, student, researcher, and empathic human being, I anticipated that religiosity/spirituality would relate to the research participants' suicidality in constructive *and* destructive ways. With respect to the latter, I suspected that the narratives would reflect themes of impaired connections with religious communities. More particularly, I thought participants would tell me that they did not feel a closeness with either a faith tradition or its adherents that was sustaining enough to instill in them a will to stay alive in the face of despair. I also surmised that their beliefs about God or a supernatural force would play a role; namely, before or during their suicide attempts participants had seen God as unavailable, negligent, unloving, or punitive. As for its constructive role, I conjectured that religion/spirituality

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had the potential to aid in the post-suicide attempt healing process. In Chapter 6 I will revisit these expected findings and discuss whether they did or did not materialize.

Research Approach

With the approval of both the University of Denver's Institutional Review Board (IRB) and my dissertation proposal committee, composed of professors from the University of Denver and Iliff School of Theology, I conducted a qualitative study of the experiences that eight people who have attempted suicide have had with religion and spirituality throughout their lives. In-depth, semi-structured, one-on-one interviews that elicited narratives and descriptions of these experiences were the primary method of data collection; further data were gleaned from a questionnaire soliciting demographic information, suicide history, and current suicidality. I transcribed the audio-recorded interviews verbatim with the exception of using pseudonyms for each participant and removing or changing any other potentially identifying information. A comprehensive review of the relevant research, a weighing of the pros and cons of the various approaches, and input from my dissertation committee all shaped my decision to employ a blend of phenomenological and narrative research methods for data collection and especially data analysis and synthesis. I carried out rigorous coding procedures with continual checking of my work, keeping notes and "memos" (observations, decisions, and questions related to the process and content of the data collection and analysis) all the while. Finally, to maximize the credibility and transferability of my work, I illustrated the findings with quotations that vividly described the participants' experiences and also addressed the limitations of my study, including how my "positionality" and my "social,

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cultural, political, psychological, [and] institutional" identity might have influenced the research process (Bloomberg & Volpe, 2012, p. 174).

Significance and Expected Contributions

This dissertation aims to present a richly textured account of religion/spirituality as it operates meaningfully in the lives of people who have attempted suicide. The broader goal of the project is to shed light on an understudied element in suicidology that likely has more complex a bearing on suicidal behavior than has been conveyed by the extant research. With more accurate information about suicidal clients' spirituality, caregivers of every ilk can intervene accordingly. Besides mental health professionals, this research could benefit pastoral caregivers, chaplains, religious leaders, spiritual directors, and others suited to discuss the ramifications of religion/spirituality that is life-giving or life-limiting for the individual (Doehring, 2015). Even this study's own participants could benefit from their participation. As indicated by Exline, Pargament, Grubbs, and Yali (2014), religious struggles are a widespread chronic problem that many people endure privately; being able to talk about these struggles is beneficial for people. Finally, this dissertation may prove useful to suicidologists invested in identifying and understanding *all* of the manifold factors that can play a role in whether people become suicidal. Ideally, it will blaze trails for future research.

Key Terms

Religion and **spirituality**: Mindful of the risks of doing so, I join the ranks of those who have attempted to peg these elusive phenomena and supply definitions for *religion* and *spirituality* so that readers will know what I mean when I talk about them. These definitions draw upon both religious and psychological studies. Broadly, religion and

spirituality are "multidimensional constructs, made up of a myriad of thoughts, feelings, actions, experiences, relationships, and physiological responses which serve many purposes and yield a number of consequences" (Pargament, Mahoney, Exline, et al., 2013, p. 5). More specifically, spirituality is a more ineffable and idiosyncratic phenomenon, while religion is more concrete, communal, and tradition-based. Even more specifically, spirituality is "the actualization of the basic human capacity for transcendence" (Schneiders, 2011, p. 16). To renowned psychologist of religion Kenneth Pargament, spirituality involves a moving-toward: it is a "search for the sacred" (2007, p. 53) or the continuous "journey people take to discover and realize their essential selves and higher order aspirations" (Pargament & Sweeney, 2011, p. 58); thus, spirituality rests on the "critical, even radical, assumption … that people strive" (Pargament, 2007, p. 53). Religion, meanwhile, is an organized system, ever-evolving but with historical roots, comprised of beliefs, practices, rituals, ceremonies, symbols, values, and sacred texts (Pargament, Mahoney, Shafranske, Exline, & Jones, 2013). It provides a context for pursuing the search for the sacred while also "foster[ing] an understanding of one's relationship and responsibility to others in living [and worshiping] together in a community" (Koenig, King, & Carson, 2012, p. 45).

Religious studies scholar Jonathan Z. Smith notes that *religion* is "not a native term…. It is a second-order, generic concept" (1998, p. 281) which was "solely … created for the scholar's analytic purposes by his imaginative acts of comparison and generalization. Religion has no independent existence apart from the academy" (1982, p. xi). The process of defining what qualifies as religion has been criticized as Western,

modernist, and colonialist, with Eurocentric Protestantism historically serving as the standard of comparison (e.g., Asad, 1993; J. Smith, 1998; Taylor, 1998). Moreover,

> the insistence that religion as such can be defined presumes that religion, though obviously related to other phenomena, cannot be completely reduced to psychological, social, economic, or political factors. Religion, in other words, is not epiphenomenal but is, in an important sense, sui generis. (Taylor, 1998, p. 6)

Including spirituality as a related but distinct concept worthy of consideration when discussing religion—especially religion on an individual, psychological basis— further complicates the issue. Colucci (2012) compares the attempt to define *spirituality* to that of describing the scent of a rose. As evidence of just how tricky these concepts are to explain, demarcate, and agree on, some writers (e.g., Aldridge, 2000; Oman, 2013) have compiled numerous definitions of *religion* and *spirituality* from a range of sources spanning many years, showing how discrepantly they are conceptualized even by contemporaries from the same field.

What my interview questions targeted, even more than the study participants' intellectual understandings of religion and spirituality, was their **lived religion**: the "ever-changing, multifaceted, often messy—even contradictory—amalgam of beliefs and practices that are not necessarily those religious institutions consider important" (McGuire, 2008, p. 4). My presumption is that people live religion and spirituality, and their lives have been affected by religion and spirituality, whether or not they have a definition of these concepts—similar to how a person can enjoy and benefit from eating a meal without knowing its nutritional makeup or having ever defined the word *food*. Part of the purpose of this study is to ascertain how religion and spirituality, in their real-life experienced form instead of a theoretical one, have interacted with the suicidality of

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persons who have attempted suicide. Taking cues from Ammerman (2014, p. 18), who

conducted an extensive qualitative study on "everyday religion," I refrained from stating

or even alluding to my own definitions of religion and spirituality when I interviewed the

participants, instead encouraging them to use these and related terms in their own way.

So, where possible, I asked or listened for which terms they were most comfortable using

and stuck to that verbiage myself.

Ammerman also asked creative questions meant to avoid the "hegemonic cultural

scripts for how one speaks of religion" (2014, p. 15) and instead access the less obvious,

less contrived, less "precategorized" (p. 13) aspects of her participants' lived religion and

spirituality. So, for instance,

> rather than asking them how much their faith influences their lives, we asked
> them to tell us about a time when they made an important decision, and we simply
> listened for whether and how faith was invoked. Rather than asking about
> hypothetical ethical or moral issues, we asked them to talk about the things they
> see and hear every day that strike them as disturbing and wrong. (p. 14)

Like Ammerman, I kept in mind that some people are not comfortable with using words

like *religious* to characterize their experiences; I also recognized that at times I might get

responses that are quite religious/spiritual in nature (at least as I define them) despite my

not explicitly probing for such themes. Thus, my questions were designed to give

participants lots of latitude in their responses.[3] In Chapter 4 I will tell the stories of their

lived religion, and in Chapter 6 I will summarize how they seem to conceive of *religion*

and *spirituality* in a "lived" manner. I provide my own definitions above, though, because

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[3] Despite my efforts to stay away from conventional, possibly offensive terminology throughout my study, the flyers I used to recruit participants sought people who were willing to talk about their "spirituality or religion." This wording was the most succinct, easily understandable way I could think of to refer to this particularly ambiguous realm of experience that I wished to explore. It might, however, have repelled some potential volunteers, as I will mention in Chapter 3 in my discussion of sample bias.

my understanding of these terms undoubtedly influenced how I interpreted, coded, and analyzed interviewees' statements related to these concepts.

Religiosity (also **religiousness**): Like religion, "religiousness is neither simple nor uniform, but a complex process consisting of cognitive, behavioral, emotional, interpersonal, and physiological dimensions" (Pargament, Falb, Ano, & Wachholtz, 2013, p. 562). In this paper it will refer to the extent to which a person participates in religion internally (such as by belief) and/or externally (such as by action). Often *religiosity* is conflated with *religion*; I strive to distinguish between the two by using the appropriate terms throughout this dissertation. Note that *spirituality* does not have an equivalent to *religiosity*; it denotes the state or activity of being spiritual (that is, the "spiritualness" of a person, place, or thing) as well as the thing, feeling, etc., that is the focus or source of that state or activity.

Religious affiliation or **adherence**: A person's belonging to, connection to, or association with a particular faith tradition or denomination, which could be in name only or consist of more active involvement such as regular attendance of worship services.

Suicidality: The quality of being suicidal; inhabiting a mental or behavioral state, however transitory, that can be located on the **suicide spectrum**/**suicide continuum**/**suicidal path**, which is the range of increasingly lethal **ideation** (thoughts, plans, or preoccupation) or behaviors involving ending one's life (Colucci & Martin, 2008; Firestone & Seiden, 1990; Sveticic & De Leo, 2012).

Suicide: "Death caused by self-directed injurious behavior with an intent to die as a result of the behavior" (CDC, 2016a). It can be either active/direct, such as shooting oneself, or passive/indirect, such as not moving from the path of an oncoming train (Maris et al., 2000). This dissertation's focus is on individuals who would otherwise have had a "natural" lifespan but instead deliberately attempted to cut their lives short to emancipate themselves from what they perceived to be insurmountable emotional pain—what Shneidman (1993) terms **psychache**.

Suicide attempt: "A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury" (CDC, 2016a).

Outline of Chapters

Chapter 1: Introduction – This chapter set up the problem, introduced the research question, and provided a rationale for the research. It included the anticipated results and definitions of key terms.

Chapter 2: Literature Review – This chapter presents a literature review summarizing the empirical history and current understanding of the relationship between suicide and religion/spirituality. I draw attention to what is missing or not well articulated in the corpus of research and what my study stands to contribute to it.

Chapter 3: Methodology – This chapter explains why qualitative inquiry is appropriate for this study. I describe the particular types of qualitative inquiry I use, including a disclosure of the assumptions and biases I bring to the table and a discussion of the study's methodological limitations. The chapter also details the methods of recruitment, data collection, analysis, and interpretation, and introduces the eight study participants.

Chapters 4 & 5: Findings – These chapters feature the study's findings: the participants' narratives of their experiences with religion/spirituality and suicidality over the course of their lives, categorized thematically and illustrated by direct quotes.

Chapter 6: Discussion – This chapter contains a summary and interpretation of the findings, placing them in dialogue with the theories and research presented in Chapter 2.

Chapter 7: Recommendations and Closing Thoughts – This chapter answers the questions "So what?" and "What now?" After revisiting the limitations of my study, I propose ways that the findings could advance theory and practice, especially in the disciplines of psychotherapy, spiritual caregiving, psychology, and suicidology. I close with final reflections on the project and hopes for what it has accomplished.

Chapter 2
Literature Review

The ethics of suicide is not a simple matter; one can not lay down laws of universal application, but each case is to be judged, if judged at all, with a full knowledge of all the circumstances, including the mental and moral make-up of the person taking his own life—an impossible qualification for judgment. One's time, race and religion have much to do with it.
Ambrose Bierce, "Taking Oneself Off," ca. 1890/1992, p. 235[4]

Introduction

The goal of this dissertation is to present a more elaborate view of religion and spirituality in the context of suicidality, based on the premise that these phenomena often play a significant role in the life of a suicidal person. To make a strong case for this project, I must locate it within the canon of related writings and show what it stands to reveal that prior research has overlooked or demonstrated inadequately. An integral step toward achieving this aim is the critical review of pertinent literature, which is this chapter's task. To trace the history of theory and empirical research on the intersections of suicide and religion/spirituality, I will outline some of the major relevant suicidological literature from its first appearance until the present, showing the gradual shift from more sociologically oriented studies to more psychological ones and from cruder to more refined measures of religiosity (and, eventually, spirituality). Giving special consideration to studies dated between January 2000 and March 2017 (the date of

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[4] According to Miller (1992, p. 232), Bierce, a sharp-witted, widely respected American journalist, rode his horse into "the wilds of Mexico" in 1913 when he was over 70 years old and was never seen again. Both his motivation for doing so and his cause of death remain a mystery.

this writing), I will point out patterns, inconsistencies, and omissions in the data as well as key figures and studies in the genealogy of thought on the matter. The end result will be a thorough contextualization of my study so that the rationale for it, which will be explained in the next chapter, will be clear and well-founded.

Literature Prior to 2000

The most influential early research to address the question of the relationship between religion and suicide (the concept of spirituality in this context would not emerge for another century) was Emile Durkheim's 1897 work *Suicide: A Study in Sociology*.[5] As its subtitle suggests, it approached the subject sociologically, advancing the *social integration* theory that sociological factors (that is, the characteristics of groups of people) have more of an impact on suicide rates than psychological ones (that is, the characteristics of the individuals within those groups). More specifically, the degrees to which people are integrated into and regulated by society (that is, how tight-knit they are and how beholden they feel to the governing bodies' rules) determine most decisively how protected they are from suicide. Durkheim then classified suicides as egoistic, altruistic, anomic, or fatalistic according to this integration-regulation grid. Although his book did not explicitly explore the deleterious effects of religion in relation to suicide, Durkheim would famously investigate the suicide rates of Protestants versus Catholics and Jews in Western Europe. The former, he theorized, kill themselves in larger numbers because their religion "permits free inquiry to a far greater degree …[;] the Protestant is far more the author of his faith" (Durkheim, 1897/1951, pp. 157-158). This freethinking

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[5] Enrico Morselli's *Suicide: An Essay on Comparative Moral Statistics* in its original Italian form predated Durkheim's book by 18 years. It reported that Catholic states had a much lower suicide rate than their Protestant counterparts (5.8 versus 19.0 per 100,000). Durkheim's study would, importantly, elaborate on that statistic, supplying an explanation for it (Morselli, 1879, cited in Stack & Kposowa, 2011).

tendency leaves Protestants more susceptible to alienation and, in turn, suicide. By

contrast, Catholics share more beliefs and practices; they have an extensive "collective

credo" that fosters "cohesion" rather than individuation, which deters them from suicide

(p. 159). Jews experience the most social integration and solidarity of the three groups

and are, accordingly, even more protected from suicide. In addition, Durkheim postulated

that the religiousness of a society as a whole influences the beliefs held by individuals

within that society, even the nonreligious. Called the "moral community" argument, this

thesis gained momentum in sociology in the 1990s and has especially shown promise in

suicide acceptability studies (Boyd & Chung, 2012; Stack & Kposowa, 2011; I will

discuss it further later in this section).

Further influential research on religion and suicide would not surface for decades.

While the *Comprehensive Textbook of Suicidology* (Maris et al., 2000) exaggerated its

claim, referred to in Chapter 1, that few data on religion and suicide exist—the authors

neglected to cite most of the extant research on the issue—the studies that did appear in

the meantime hardly strayed from the sociological convention, largely composed of tests

of Durkheim's integration model (e.g., Gibbs & Martin, 1964) and further comparisons of

suicide rates based on religious affiliation, most often Catholicism and Protestantism

(e.g., Weiss, 1954). Some scholars did object to Durkheim's insistence on integration in

religious societies as paramount and contended that "more emphasis should be placed on

the role of religious faith and knowledge of dogmas" (Whalley, 1964, p. 100), but

apparently they were in the minority. Perhaps the dearth of groundbreaking studies was

due to the incontestability of Durkheim's tome; despite more recent criticisms of

Durkheim's work, especially its methodology and the presumptions it made about

religious adherents (e.g., Breault, 1994; Pope, 1976; Stark, Doyle, & Rushing, 1983; Wasserman & Stack, 1993), researchers more contemporary to him seemed to take his findings and theories for granted (Koenig, McCullough, & Larson, 2001). In fact, by the 1970s Durkheim's propositions on religion and suicide would be considered sociology's "one law" (Stack, 1983; Stack & Kposowa, 2011).

Meanwhile, for a large portion of the 20th century the fields of psychology and psychiatry were virtually mum on the relationship between suicide and religion (Dein, 2005). Substantial psychological studies on the topic were likely not being carried out in part because of the dim view of religion generally taken in these disciplines (e.g., psychologists, many of whom desperately wished for psychology to be regarded as a hard science, denounced religion as "primitive, untestable, unverifiable, and unscientific" [Bhugra & Osbourne, 2004, p. 5]) and the dominance of psychoanalytic theory.[6] According to the psychodynamic model, religiousness is pathological; Freud notably characterized religion as an illusion, a defensive response to the recognition as a child that one is helpless against "strange superior powers" (1927/1961, p. 30)—despite the case for the value of studying idiographic religious experiences ardently made by William James a quarter century before (1902/1997). The psychodynamic model also portrayed suicide as anger toward an external object redirected toward the self. Karl Menninger, an intellectual protégé of Freud's, would write in *Man Against Himself*, for instance, that suicide is "murder in the 180th degree" (1938, cited in Maris et al., 2000, p. 52). As for the field of suicidology itself, even though by mid-century it had been

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[6] To this day psychologists are much less religious than the average American (Shafranske & Cummings, 2013) and can therefore be timid when it comes to discussing religion/spirituality with their clients. I will say more about the clinical implications of this attitude in Chapter 7.

established and its founders, the forenamed Shneidman and Farberow, were prolific

writers and researchers, its focus would lie elsewhere, such as on the psychological

characteristics of suicidality, the clinical evaluation of suicide risk, and suicide

prevention (e.g., Farberow & Shneidman, 1961; Shneidman, Farberow, & Litman, 1994),

not on suicide's relationship with religion (Colucci, 2008).[7]

New theories that challenged the primacy of Durkheim's finally arose in the last

quarter of the century. In 1975 Beit-Hallahmi published a literature review calling into

question the usefulness of the well-established sociological modes of inquiry in suicide-

religion research and highlighting psychological approaches that could (and did,

eventually) turn up different results. In peering into religion's suicide-deterring potential,

the empirical focus began to shift from simple membership in a particular faith tradition

to type and degree of involvement in the tradition (Koenig et al., 2001). Steven Stack

(1983) and Rodney Stark (Stark & Bainbridge, 1980) led the charge by investigating the

religious commitment thesis. According to this notion, a few key religious beliefs hold

the most weight in counteracting suicide. Espousing these particular beliefs is a stronger

buffer against suicidality than the extent to which one shares beliefs and practices with

co-religionists; that is, the content of the religion one adopts is more important than the

collectivity of orthodoxy (Stack, 1983; Stark & Bainbridge, 1980). As Stack put it,

> the degree of commitment to a few core aspects of religion [such as a belief in a responsive God] may be critical. The degree of free inquiry or religious individualism on … nonlifesaving beliefs [such as a belief in the Virgin Birth] is probably relatively irrelevant to suicide prevention. (1983, p. 364)

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[7] In fact, these are still suicidology's main areas of focus, along with the neurological/biological and psychiatric aspects of suicide risk (S. Freedenthal, personal communication, April 30, 2017; Hjelmeland, 2013).

Both researchers proposed additional protective mechanisms religion may provide, such as casting suffering in a positive light, building self-esteem, and promising a blissful afterlife to those who endure calamity without killing themselves (Stack, 1983; Stark & Bainbridge, 1980).

Two other theories about religion that would shape scholars' understanding of how religion could affect suicide appeared in relatively quick succession. One was the *religious network* perspective, advanced by Bernice Pescosolido and Sharon Georgianna (1989). Sensitive to the "sociohistorical trends [of] secularization, ecumenicalism, and evangelical revival" (1989, p. 35) that were taking place by the mid-1900s, these authors set out to probe the variations in religion's influence on society given different sociohistorical contexts. They expanded on Durkheim's social integration argument by identifying the way that religion functions as a network in society, a web of "social ties" for those within the religion that can not only provide social and emotional support but also "guid[e] action through advice and behavior monitoring" (Pescosolido & Georgianna, 1989, p. 43). A balanced network—one that provides the optimum amount of integration and regulation—will protect its members from "self-destructive impulses … in the case of crisis," while an imbalanced one will not (p. 43). By this rationale, people's suicidality is more effectively tempered by the social support religious involvement provides both during and outside of religious gatherings rather than the idiomatic aspects of religion such as dogma or sacred rituals (Boyd & Chung, 2012).

The other foundational theory established before 2000 was the *moral community* thesis mentioned previously, which was also promulgated by Stark. In 1996 he published a study demonstrating that in settings where religiousness, especially religious morality,

is "ratified by the social environment," that religiousness "enters freely into everyday interactions and becomes a valid part of the [entire community's] normative system" (p. 164), even that of the nonreligious. In other words, when the majority of people adhere to a religious understanding of right and wrong, these views tend to be taken up by minority members as well. Granted, Stark was examining this effect on "delinquent" behaviors such as breaking the law, but the potential ramifications of his conclusions for research on people's attitudes about suicide were not lost on suicidologists. Indeed, in 2011 Stack and Kposowa and, a year later, Boyd and Chung tested all four theories (social integration, religious commitment, religious network, and moral community) as they relate to suicide acceptability worldwide—that is, individual opinions toward suicide across multiple religious, social, and cultural contexts—and found support for each one. Both studies demonstrated overall that individuals' degree of approval of suicide is influenced by their larger societal contexts, their adherence to particular religious beliefs, and the comfort and support they receive from religion (Boyd & Chung, 2012; Stack & Kposowa, 2011).

Literature Since 2000

Articles and books addressing the relationship between suicidality and religion/spirituality began to increase pointedly in number and sophistication at the turn of the 21st century. In the majority of the literature up to this point, the religiosity of study populations had been captured by a single variable, often reported or inferred affiliation with a religious tradition or frequency of religious service attendance (Colucci, 2008,

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2012; Colucci & Martin, 2008; Stack & Wasserman, 1992).[8] Suicidality was also not

given delicate treatment in research till later years; historically it was extrapolated from

aggregate suicide mortality rates rather than more refined or individual-level measures,

and it did not take into account other behaviors on the suicide continuum (Colucci &

Martin, 2008; D. Lester, 2000; Stack & Kposowa, 2011). Summing up the challenges

they faced as they attempted to carry out a meta-analysis of the existing empirical studies

on religion and suicide through 2000, Koenig and colleagues (2001) write that they

encountered

> a wide variety of research designs, measures, and theoretical frameworks that
> have been used to investigate the relationship. Studies have typically employed
> one of two major designs; some have used individuals as the unit of analysis,
> whereas others have used aggregate data, such as suicide rates for cities, states,
> counties, or nations, as the unit of analysis. (p. 137)

The authors go on to explain the problem with comparing studies that employ these two

different designs. It is an apples-to-oranges comparison, in essence, because the two

designs address

> two different kinds of questions. Studies that use aggregate data typically examine
> sociological variables that are useful for predicting *rates* of suicide. Studies that
> use individual observations are useful for examining qualities of individual
> persons (e.g., personality, attitudes, social functioning, physical health, and
> mental health) that might be useful for predicting and understanding suicide.[9] It is
> not safe to assume that findings about suicide generated using aggregate level data
> (i.e., suicide rate) would be replicated if one were to analyze individual data[,] …
> what some researchers have called the *ecological fallacy*. (p. 137, italics in
> original)

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[8] For a helpful summary of additional constructs of religion in suicide-religion studies over the years, and
the studies in which they appeared, see Colucci & Martin, 2008.

[9] As I touched on several pages ago, Beit-Hallahmi (1975) also noticed that studies on religion and suicide
seemed to fall into one of two discrete categories, sociological or psychological, depending on their
methodologies: the former used religious affiliation and suicide rates as variables, while the latter measured
particular religious beliefs and individual suicidal behaviors.

More complex constructs of religiosity in relation to suicidality, the inclusion of spirituality, and qualitative methodologies only appeared, in most cases, within the last five to 10 years. I suspect the influx of studies in this area—studies based on more progressive, conscientious philosophies, at that—was a reflection of other contemporary developments in academia such as growing interdisciplinary collaboration, the popularization of new modes of critical thinking such as postmodernism and postcolonialism, and the emergence of the Internet—nothing short of a revolution for scholars and researchers—which made proliferating ideas and accessing data vastly easier. In fact, the number of meta-analyses conducted on literature within suicidology (and probably every other discipline) seems to have burgeoned once databases were moved online. This section will feature, along with other significant research, the findings of several meta-analyses, taking advantage of these very helpful broad-scale reviews.

Research showing that religion guards against suicidality.

In broaching the discussion of suicidology's contemporary treatment of religion/spirituality, I will again bring up the *Comprehensive Textbook of Suicidology* (Maris et al.), published in 2000, as this was the putative compendium of what was empirically and theoretically known about suicide so far. The book gives scant attention to religion, which is telling, as it hints at the low priority suicidology placed at that time on investigating religion as a suicide risk or protective factor (by now, fortunately, that has changed).[10] What the authors do say about religion paints a picture of the type of

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[10] David Webb makes a similar observation: their discussion of religion notwithstanding, the *Textbook*'s authors do not refer to *spirituality* in the entire book except once, in the preface, when they acknowledge "the immense intellectual and spiritual debt that we all owe to our mentors and friends" (Maris et al., 2000,

(rather uncritical) thinking at least these three representatives of suicidology were engaging in with respect to this subject when they wrote the *Textbook*. The five-page section "The Religious Aspects of Suicide" features a cursory review of the taboos major religions have against suicide, some statistics on suicide rates by religious affiliation, and a discussion of the People's Temple and Heaven's Gate cults. Aside from a survey conducted by Maris in 1981[11], the authors write, "there have not been other good, well-designed, empirical studies, with controls, concerning suicide and religion. As a result, we really do not know much about religion and suicide and tend to rely instead on theory and small ad hoc samples" (Maris et al., 2000, p. 470).

I cannot account for why suicidology was slow to embrace religion as a worthy—even crucial—object of inquiry, especially given that by the time Maris and colleagues were writing, other sciences were producing a respectable amount of sound literature on religion. In 2001, for example, psychiatrist Harold Koenig, the preeminent voice on the relationship between religion/spirituality and health, and two colleagues (quoted earlier in this section) published an entire chapter on religion and suicide in their *Handbook of*

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cited in D. Webb, 2003, p. 5, and 2005, p. 11). The insinuation, writes Webb, is that the authors "recognize [their own] spiritual values and needs in their efforts to write a book, but find no other occasion to mention spirituality [in a so-called 'comprehensive' textbook on suicide]" (D. Webb, 2005, p. 11).

[11] The Maris study that Maris himself and the two other *Textbook* authors lift up as an exemplar of a "good, well-designed" one actually contains methodological transgressions and questionable logic, especially in light of today's scientific rigor. It presents data from Cook County, Illinois, on the religious affiliations (Jewish, Protestant, or Catholic) of White people who died by suicide between 1966 and 1968. These religious affiliations were inferred from the affiliations of the cemeteries where the bodies were interred or the funeral directors who buried them. The study incorporates data from dissimilar research, such as a 1957 report from the U.S. Bureau of the Census and a 1963 study done on the religious practices of "a representative cross section of U.S. adults" (Maris, 1981, p. 250). Maris concludes, "Suicide completers and nonfatal suicide attempters are generally less involved in their religious and ethnic communities than the non-suicidal general population" (pp. 252-253; see also Maris et al., 2000, p. 472). Notice the inclusion of "their," implying that the suicide attempters and decedents had had a built-in, accessible religious community that they failed to involve themselves in. Echoing Durkheim, Maris also concludes that this lack of involvement in supportive communities "is greater for self-destructive Protestants than for Catholics" (p. 253).

Religion and Health, citing dozens of studies from sociology, psychology, and medicine (I will discuss this work in an upcoming paragraph). The suicidology textbook authors' assertion that religion tends to buffer people from suicide (quoted in Chapter 1), however, was correct.

Example studies.

Studies demonstrating a correlation between higher religiosity and lower suicide risk (e.g., Burshtein et al., 2016; Caribé et al., 2012; Dervic et al., 2004, 2011; Dervic, Grunebaum, Burke, Mann, & Oquendo, 2006; Eun-Jung & Park, 2012; Goodwin, 2013; Gray, 2005; Harrison, 2014; Kleiman & Liu, 2014; Kralovec, Fartacek, Fartacek, & Plöderl, 2014; Mandhouj, Perroud, Hasler, Younes, & Huguelet, 2016; Mosqueiro, da Rocha, & de Almeida Fleck, 2015; Rushing, Corsentino, Hames, Sachs-Ericsson, & Steffens, 2013; Spencer, Ray, Pirl, & Prigerson, 2012) in fact date back more than 40 years (Gearing & Lizardi, 2009) and comprise almost the entire corpus of literature from the social sciences that discusses the matter. In every meta-analysis of relevant research I have found (I will describe five of them in the next subsection), totaling several hundred studies, the great majority of the studies reviewed show that religious involvement guards against suicidality, while none to only a few show that religious involvement can exacerbate suicidality. I will summarize three studies that illustrate this common finding of an inverse religiosity-suicidality relationship so that readers get an idea of the types of studies that are done on this topic.[12] I am deliberately choosing ones rated by Koenig and

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[12] Note that all three of these example studies were conducted in the United States. Several authors (e.g., Lawrence, Oquendo, & Stanley, 2016; Stack, 1992) inform readers that many studies on the topic at hand are carried out in the US, a country that is high in especially Christian religiosity compared to other industrialized nations (as mentioned in Chapter 1); therefore, the religion-suicide interaction in countries

colleagues (2012) as among the highest quality of the 70 studies they surveyed—that is, scoring a 7 or higher on their "quality rating" scale of 1 to 10.

1) Nisbet, Duberstein, Conwell, and Seidlitz (2000), quality rating 10: A comparison of the religious activities of 584 people over the age of 50 who died by suicide to those of 4,279 people also aged 50 or older who died "natural deaths" (p. 543). Data were obtained from the 1993 National Mortality Followback Survey and by asking relatives of the decedent how often the person participated in religious activities, from "never" to "daily." Even after an adjustment for sex, race, marital status, age, and frequency of social contact, those who died by suicide were found to be four times more likely to have never participated in religious activities.

2) Greening and Stoppelbein (2002), quality rating 8: A survey of 1,098 Black and White public and parochial high school students in Alabama. Participants rated on a scale of 0-7 the likelihood that they would die by suicide. The authors also measured the youths' depression, hopelessness, intrinsic and extrinsic religiosity, religious attendance, religious orthodoxy, social support, and causal attributional style (adaptive or maladaptive). Religious orthodoxy (in this case, the degree of agreement with traditional Christian beliefs as set out in the 12-item Doctrinal Orthodoxy Scale) was determined to correlate most strongly with lower perceived risk for suicide. The authors note that this finding supports Stack's religious commitment theory: adhering to several

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with different religio-cultural profiles, such as secular ones, cannot necessarily be extrapolated from US-based study results.

pivotal beliefs such as life after death "explains the protective power that religion can have over self-destructive tendencies" (p. 413).

3) Nonnemaker, McNeely, and Blum (2003), quality rating 9: An analysis of a nationally representative sample of 16,303 11- to 19-year-olds who participated in in-home interviews, the first wave of the 1997 National Longitudinal Study of Adolescent Health. The authors examined the effect of public and private domains of religiosity on the incidence of various health risk behaviors and mental health factors (tobacco, alcohol, and marijuana use; sexual intercourse, birth control, and pregnancy; weapon-related violence; emotional distress; and suicidal ideation or attempts in the past 12 months) in this population. Public religious involvement was measured with two variables: frequency of attendance at religious services and of participation in religious youth group activities. Private religiosity was also assessed with two items: frequency of prayer and importance of religion. The authors found that in general, both forms of religiosity lowered engagement in risky behaviors. With respect to suicidality, public religious involvement was protective but private religiosity was not; of note, the opposite was true for emotional distress. The authors remark on the "increase[d] opportunities for social support" inherent in public religiosity, which could explain the lower suicidality in those who attend religious services and youth groups (p. 2053).

Systematic reviews and meta-analyses.

Taken as a whole, the literature unequivocally reinforces the notion of religion as a buffer against suicidality, although with the passage of time more cracks in this once-

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rock-solid finding have started to appear. By now, more than a few systematic reviews

and meta-analyses have been carried out on the religion-suicide relationship as it has

been scientifically investigated. Collectively they scrutinize hundreds of studies. I will

now describe some of the most valuable and comprehensive reviews published since

2000.

In their *Handbook* mentioned previously, **Koenig, McCullough, and Larson**

(2001) present the fruits of an exhaustive analysis of research spanning half a century. Of

the 68 studies they reviewed, all of which were quantitative in design, 57 (84%) indicated

an inverse relationship between religious involvement and suicide, while nine showed no

relation and two, mixed results; none turned up a direct (positive) relationship (Koenig,

2009; Koenig et al., 2001). Of note, the authors did not find robust support for

Durkheim's theory that people with particular religious affiliations (such as Protestant or

Catholic) are at greater or lesser risk of suicide. They conclude:

> religious involvement (measured by frequency of religious attendance, frequency
> of prayer, and degree of religious salience) is negatively associated with suicide,
> suicidal behavior, suicidal ideation, and tolerance attitudes toward suicide across a
> variety of samples from many nations. This consistent negative association is
> found in data from population aggregates as well as from individual-level data. (p.
> 142)

Ambitiously striving to help scholars and clinicians "disentangle" themselves

from confusing literature on the subject, **Colucci and Martin** (2008) not only summarize

the attitudes of three major religions toward suicide and outline three of the four theories

described above but also review the "existing literature" (amounting to dozens of studies

starting in the 1960s) that examines the relationship between religion/spirituality and

behavior along the suicide continuum—what they refer to as the "suicidal path" from

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"suicide ideation to suicidal behavior (lethal and not)" (pp. 229, 232). Like the other reviewers, they present a wealth of literature indicating that "religious factors are associated with lower suicidal ideation/plan and with more negative attitudes toward suicide" (p. 234). They also point to empirical support for the tempering effect of religious involvement on suicide attempts and, as so many others have found, on suicide rates. Colucci and Martin stipulate, however, that all of their findings come with caveats: most of the studies default to measuring religiosity without considering "nonreligious forms of spirituality and meanings in life" (2008, p. 234); the studies employ a "plethora of indicators to study the impact of religion on suicidal behavior" (p. 232), ranging from one variable to many, often differing from study to study; most are based on epidemiological suicide statistics; most do not consider nonlethal suicidal behavior; few take cultural, historical, and sociopolitical contexts into account; and nearly all use quantitative methodology and are retrospective in nature. In addition, the authors identify several studies whose results are the converse of or otherwise divergent from the majority: one showing a weak association between religiosity and suicide, four showing no association, and two showing a positive correlation between religious/spiritual struggles and suicidal ideation. (I will discuss outliers such as these in an upcoming paragraph.)

In 2009 and 2010 **Gearing and Lizardi** authored two meta-reviews of an unspecified quantity of articles on religion and suicide published between 1980 and 2008, focusing their search on suicide rates and suicide risk and protective factors. Their first article examines these factors within Islam, Christianity, Judaism, and Hinduism, and the second, within Buddhism, Native American and African religions, and atheism and

agnosticism. While acknowledging that every religion has a unique conceptualization of death and that the particular risk and protective factors for suicide vary per religion, the authors discuss the condemnation of suicide in each of these major and minor religions across the world and demonstrate the strong influence these prohibitions exert on the adherents' suicide rates and attitudes toward suicide (Lizardi & Gearing, 2010). They provide lots of evidence corroborating that "greater religiosity predict[s] decreased risk of suicidal behavior" (Gearing & Lizardi, 2009, p. 338), using their findings to support a call for clinical assessments that systematically "examine the relationship between a person's religiosity and suicidality" (Lizardi & Gearing, 2010, p. 382).

In a rigorous meta-analysis of suicide and religion *and* spirituality[13], featured in the second edition of the *Handbook of Religion and Health* (2012), **Koenig, King, and Carson** subjected articles published between 2000 and 2009 to eligibility and quality metrics (the criteria for which, unfortunately, they do not explain) and assigned them a quality rating on the aforementioned scale of 1 to 10. Of the 70 quantitative studies they identified (not including an un-cited "descriptive" study showing that positive religious coping protected against suicide in some psychiatric patients with schizophrenia [p. 181]), 67% indicated that populations that scored higher on religion/spirituality scales reported less positive attitudes toward suicide, fewer suicide attempts, and fewer deaths by suicide; 6%, or four studies, reflected the opposite; 24% showed no association; one

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[13] Although spirituality started to be promoted in psychology as a concept distinct from religion and worthy of consideration in its own right in the 1990s (e.g., Hill et al., 2000), even a decade later it was not yet appearing in earnest in suicidology, a fact that Erminia Colucci laments and has worked with "passion" to change (2008, p. 91; see also 2012 and Colucci & Martin, 2008). Besides Colucci, scholars, clinicians, and researchers from various disciplines are increasingly stepping up to advocate for the inclusion of spirituality in suicidology and other mental health work, such as D'Souza (D'Souza & Rodrigo, 2004), Koenig (2000), Kopacz (Kopacz, Silver, & Bossarte, 2014), Larson (Larson & Larson, 2003), Pargament (2007), Shafranske (1996), Swinton (2001), and Webb (D. Webb, 2005).

study turned up mixed findings; and one had results that could not be interpreted. Of note, 16 studies were deemed the "best," with quality ratings of ≥8; the four studies that showed boosted suicide/suicidality in cases of religiosity/spirituality received two 6s and two 7s and therefore were considered only mediocre in quality. (Nevertheless, again differing from the norm, they will be discussed in an upcoming paragraph.) The authors conclude, "based on a predominance of the evidence, … religious involvement may help to prevent suicide" (Koenig et al., 2012, p. 188; these findings are reproduced in a similar meta-analysis by Bonelli and Koenig, 2013).

The most recent systematic review of literature on suicide and spirituality/religion was published in 2016 by **Lawrence, Oquendo, and Stanley**. The authors combed articles on suicide/deliberate self-harm and religion/spirituality published between 2003 and 2013. After rejecting 316 for reasons such as failing to present original data or discussing a different topic, they ended up with 89 studies from across the globe, including 13 qualitative studies. They went about their analysis with two goals: first, to uncover which dimensions of religiosity (measured as affiliation or attendance, as these were "by far" the most common variables used for religion [p. 3]) were associated with suicide ideation, suicide attempt, and suicide "completion," and second, to discern whether religion is "ever" associated with increased suicide risk (p. 1).

With respect to the first goal, the authors found that overall, affiliation with a religion serves as a buffer against suicide and suicide attempts but not ideation, and attending religious services guards against attempts but not ideation. As for the second goal, Lawrence, Oquendo, and Stanley's review turned up a few discoveries. They found that religion acts as a risk factor for suicide when it involves negative religious coping (a

concept that I will discuss in an upcoming section), according to two studies conducted in

Europe. Also, suicidal ideation was higher in American adolescents who pray once a

week than in those who do not pray (one study), in Black Caribbeans in the US who pray

during stressful situations (one study), and in African Americans who read religious

material (one study); additionally, Black Caribbeans and African Americans with more as

opposed to less frequent interaction with coreligionists had a greater likelihood of a

lifetime suicide attempt (one study).[14] Finally, the authors mention two qualitative studies

that specified religion-related suicide risk factors in Swiss psychiatric patients with

schizophrenia or depression. They enumerate, however, important limitations and other

critiques of the studies they reviewed.

Lawrence and colleagues' article shares many similarities with Colucci and

Martin's eight years before it—even though, curiously, it does not give any mention of

that meta-review or its authors. (This omission is even more striking when one considers

that in a different 2008 article, Colucci calls for future research that does exactly what

Lawrence and colleagues strive to do in their project: namely, identify the particular

aspects of religiosity and spirituality that are and are not protective against suicide.) Both

sets of authors note inconsistent empirical evidence for religion/spirituality's potential to

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[14] These studies' results—heightened suicidality in religiously involved African Americans—are aberrant in two ways. They contradict not only the profusion of studies indicating that religiosity typically guards against suicidality in Americans as a whole, but also the many studies suggesting the pivotal role that religiosity plays in curtailing suicidality in African Americans, especially African American women (e.g., Anglin et al., 2005; Chatters, Taylor, Lincoln, Nguyen, & Joe, 2011; Early & Akers, 1993; Griffin-Fennell & Williams, 2006; Marion & Range, 2003; Molock, Puri, Matlin, & Barksdale, 2006; West, Davis, Thompson, & Kaslow, 2011), whose suicide rates are consistently lower than males and females from all other racial/ethnic backgrounds (CDC, 2017). Discussing the at times drastically different suicide rates, risk factors, and behaviors of the multitudinous ethno-cultural and other demographically distinct groups in the United States is beyond the scope of this paper. Nevertheless, I cannot overstress the need to take into account group- and individual-level differences when one is doing research or clinical work, even (or especially) when one's study population or client is demographically similar to oneself. I will disclose some of my own demographic characteristics in the next chapter and address the ways in which they likely introduced bias into my study.

protect people from suicide. Both argue that religion, spirituality, and suicide are multidimensional phenomena and imply that these dimensions have often been flattened in the literature. Both criticize the variety of variables employed across studies and thus the discrepant aspects of religion/spirituality and suicidality that are addressed, limiting attempts to generalize conclusions. Both acknowledge that context matters; cultural, demographic, and diagnostic elements all exert an effect on study results. Whereas Colucci and Martin (2008) call for more testing for "relevant control/mediating variables" (p. 240), Lawrence, Oquendo, and Stanley (2016) suggest avoiding cross-sectional designs in favor of ones that can identify causal direction. The latter writers emphasize the importance of spirituality-informed therapeutic and educational interventions, while the former give suggestions for what such interventions could be. Finally, both papers advocate for more qualitative studies on this subject, which, given "such an intricate and subjective topic as religion/spirituality," could "reach [a] deeper understanding of [its] role in suicidal behavior" (Colucci & Martin, 2008, p. 240).

   How religion/spirituality guards against suicidality.

   Most of the abundant literature that points to religion's (and, much less often, spirituality's) tempering effect on suicidality also gives reasons, tested or presumed, for this effect. Koenig and colleagues (2012) give the following summary of religion's protective features, adding the disclaimer that they are speaking in "broad generalizations[;] … specific circumstances might cause some persons to deviate from the norm" (p. 188):

All major world religions forbid suicide that is carried out for personal reasons, although they vary in the intensity and circumstances for that condemnation.[15] In addition, religion often surrounds the person with a supportive community, enables him or her to cope better with stress, and often protects against depression, substance abuse, and social isolation, major risk factors for suicide. (p. 190)

The importance of the social support provided by religious communities cannot be overemphasized, as seen in the sociological studies from decades past, whose results continue to be corroborated today (e.g., Chatters et al., 2011; Rasic, Robinson, Bolton, Bienvenu, & Sareen, 2011; Robins & Fiske, 2009; Simonson, 2008). Supplementing these various authors' assertions, the table below displays additional, primarily psychological explanations given by the literature (as well as the articles in which they appear) for why religion/spirituality tends to shield people from suicidality.

Religion/spirituality:

Provides models for and interpretations of suffering as meritorious and purposeful	e.g., Lawrence, Oquendo, et al., 2016; Mandhouj & Huguelet, 2016; Stack, 1983
Supplies guidelines for living righteously	e.g., Park & Slattery, 2013; they provide commentary on all the ways that religion/spirituality can interact with mental health
Shapes people's attitudes and amenability toward suicide and the suicidal individual	e.g., Anglin, Gabriel, & Kaslow, 2005; Boyd & Chung, 2012; Colucci, 2013; Currier, Kuhlman, & Smith, 2015a; Dervic, Grunebaum, Burke, Mann, & Oquendo, 2006; Lizardi et al., 2008; Stack & Kposowa, 2011
Bolsters hope and a sense of meaning and purpose	e.g., Bryan, Graham, & Roberge, 2015; Colucci, 2008, 2012; Colucci & Martin, 2008; Koenig, 2009; Lawrence, Oquendo, et al., 2016; see works by Crystal Park (e.g., Park & Edmondson, 2012), one of the authorities on religious meaning-making, for more information

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[15] For overviews of these religious taboos, see Boyd and Chung (2012), Colucci and Martin (2008), Gearing and Lizardi (2009), and Koenig et al. (2012). For further commentary on the effects of religious sanctions and religio-cultural context on suicide rates worldwide, see Kelleher, Chambers, Corcoran, Williamson, and Keeley (1998) and Sisask et al. (2010). For a thorough perusal of Western perspectives on suicide since ancient times, see van Hooff (2000).

Engenders a sense of "comfort, strength, support, and guidance from a higher power"	Baetz & Bowen, 2011, p. 638
Offers a social hierarchization that is more equal than the socioeconomic one outside the walls of the religious institution	Stack, 1983
Features in many people's interpretations of their life experiences	Colucci, 2008; this is an indirect reference to attribution theory, which a later section will describe
Fosters a "mystical consciousness" that safeguards against suicidality-inflaming loneliness	Horton, 1973, p. 294
Decreases people's aggression and hostility	Oquendo et al., 2000
Lowers cortisol levels	Mihaljević et al., 2011
Contributes to reasons for living and other means of coping before or after suicidal behavior	e.g., Alexander, Haugland, Ashenden, Knight, & Brown, 2009; Bakhiyi, Calati, Guillaume, & Courtet, 2016; Khouzam, Williams, & Manzano, 2003; Kyle, 2013; Mosqueiro et al., 2015; Rickgarn, 1990; I will discuss religious/spiritual coping in an upcoming section

Note that in some studies the existential or "non-material" (Colucci, 2008, p. 78) aspects of spirituality, such as having a sense of meaning/purpose, have been shown to be better buffers against suicidality than conventionally religious factors such as dogma (Bryan et al., 2015; Taliaferro, Rienzo, Pigg, Miller, & Dodd, 2009). Moreover, spiritual practices that are atypical in Judeo-Christian traditions, such as meditation and mindfulness, are garnering empirical support for their potential to mollify suicidality or facilitate coping (e.g., Barnhofer & Crane, 2009; Birnbaum & Birnbaum, 2005; Khouzam, 2001; Williams, Fennell, Barnhofer, Crane, & Silverton, 2015).

The state of the literature today, to sum up, is such that a preponderance of data has demonstrated that religion and spirituality on the whole guard against suicidal thoughts and behavior; however, researchers and scholars are increasingly pointing out exceptions. I will now turn my attention to these exceptions with the intention of revealing some eye-opening points applicable to my own study.

Research showing religion exacerbates or has no effect on suicidality.

Whalley's model.

In 1964 psychologist Elsa Whalley wrote a journal article well ahead of its time

containing musings on religion as it pertains to suicide. Besides the reasonable if tongue-

in-cheek observation included in Chapter 1 that statistically speaking, in a religious

country such as the US a large proportion of decedents by suicide had probably been

religiously involved in some way or another, Whalley poses the question that is arguably

the crux of psychology-focused suicidology:

> Why are some people able to tolerate excruciating circumstances—and sometimes
> even turn them to creative use—while others break under what seems to be the
> same amount of pressure? Why is it that at times when suicide would seem almost
> to be a rational solution [such as in concentration camps], people do not use it?
> (1964, p. 94)

Pointing out that Durkheim's theories do not shed light on this answer, as they only

describe societal variations in suicide rather than explaining individual suicides, she

contends that the extent to which a person believes that the "'escape hatch' from life is

always open" is what ultimately guides him or her to choose suicide (p. 98). Since this

belief is contrary to the teachings of Judaism and Christianity, she writes, it behooves

interested parties to examine the role of religion in suicide and discern when it might not

serve a protective function. Again astutely, Whalley notes:

> In suicide and in religion alike, we are dealing with phenomena which exist—and
> therefore must be viewed—at the same time on the macroscopic (sociological)
> and microscopic (psychological) levels. We need an approach which allows easy
> shift of focus to either level … [that is,] a multi-dimensional concept of religiosity
> or religious behavior. (1964, p. 102)

By the same token, she asserts that suicidality is not a single, fixed phenomenon. Instead,

it should be viewed as a "constellation"; not only do multiple factors and circumstances

contribute to any given person's suicidality, suicidality is manifested as a range of behaviors (pp. 94-96).

With these principles in mind Whalley proffers a model of religion as it applies to suicide, which she bases on a model of disease—not that suicide should be taken literally as a disease, she says. Religion may be:

- The *source* of the notion that suicide is an option. Religion might have supplied this notion directly or rendered it attractive, such as by promising reunion with loved ones in an afterlife or the opportunity to "merge into the universe" after death (p. 105). Some people, especially those experiencing psychosis, might believe that they are being commanded by a religious representative (God, the Devil, or an envoy) to take their own lives. Alternatively, the person "may identify with Christ and [conclude that he] must therefore kill himself" (p. 105).

- *Suicidogenic.*[16] Religion may "nourish a suicidal idea" that originated elsewhere (p. 105): hearing an account of someone's suicide and finding oneself to be like-minded, for instance, or reading Nietzsche. In addition, if a person

    > has been socialized in a religion which stressed Man's worthlessness and sinfulness and portrayed human beings more as worms than angels, in a time of crisis or depression the individual may feel complete despair. The suicidal hypothesis may then take root or may come to consciousness if it has been dormant. If his religion has made shame, guilt, fear, [and] punishment more vivid and real to him than love, hope, joy and forgiveness, religious counselors will find it difficult to convince him of the

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[16] I find this term misleading. Since a *genesis* is a beginning or an origin, *suicidogenic* more aptly describes the source of suicidality rather than something that augments or aggravates suicidality, which is how Whalley is using it here. Perhaps a more suitable medical/biological term for her intended meaning would be *suicidotrophic* (suicidality-nourishing) or *suiciditic* (suicidality-inflaming). Nevertheless, to avoid confusion in this chapter and the next, I will observe *suicidogenic* as she defined it, but I will conflate it with the religion-as-source concept. In other words, *suicidogenic* as I use it will describe something that acts as either the germ or the provocateur of suicidal ideation/behavior.

reality of the hopeful side of his religion—even if he wants to believe. (p. 105)

Whalley points out that every adherent to a religion internalizes different aspects of it. Judeo-Christian faiths teach contradictory beliefs simultaneously, such as depicting God as both loving and chastising, and some religions advance decidedly negative views of human nature and conduct; their championing these kinds of conflicting or unsympathetic tenets runs the risk of inducing "guilt and self-hatred" in their affiliates, which "often make an excellent subsoil in which suicidal impulses may flower and bear fruit" (p. 105).

o *Suicidostatic*. By contrast, religion can inhibit the maturation of suicidality. Whalley gives the example of religious conversion or deepened religious conviction, which could provide a depressed or guilt-ridden person with the palliative of hope or forgiveness. The person could also find a supportive religious community that could serve to channel his or her suicidal ideation into more constructive thoughts and actions, even if it does not eliminate it entirely.

o *Suicidocidal*. Religion can extinguish suicidal urges altogether, suddenly or gradually. The author describes three cases from her own clinical practice in which this "killing off" of suicidality occurred abruptly after the individuals' suicide attempts, like a "conversion experience" (p. 106). All three people confidently attributed their survival to direct intervention by God and responded with marked behavior changes. Besides no longer having suicidal inclinations, they changed their worldview and temperament, and became "more interested in religion" (p. 106).

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o *Immunizing*. "By providing a specific set of counter-beliefs supported by a social situation and rituals" (p. 106), religion can create conditions hostile to either the germination or the acting-upon of suicidal thoughts. In such cases suicide, says Whalley, "becomes literally unthinkable"—or at least not "something within the realm of [one's] own action-possibilities" (p. 106). As examples she discusses the life-oriented philosophies of Catholicism and Judaism and the characterization of suicide as the ultimate sin in some religions.

All of these possibilities depend, of course, on the would-be suicidal person's receptivity to religion. For some suicidal people, though, religion is inconsequential. Perhaps they were not sufficiently exposed to religion for it to have an appreciable effect on their suicidality, or, more likely (especially in a nation where the majority of people are religiously or spiritually involved, such as the US), whatever form of religion/spirituality was operating in their lives simply could not prevail over their suicidal despair. This could be because they rejected the religious/spiritual teachings they had been given, their religiosity/spirituality was inadequate or ill-suited for them, or they could not cognitively access religion/spirituality in their overwhelmed state. Whalley (1964) writes,

> A number of suicidal patients told us that when they were considering suicide, thoughts about religion (either as a help or a deterrent) "simply never entered my mind." All they seem to have thought about was their central pressing problem and how to solve it, to "get away from it all," "to get some sleep," "some peace" and so on. (p. 109)

I am astonished by how few researchers have addressed this phenomenon, something I believe to be among the most common situations when religion/spirituality and suicidality coincide in a person's life. Even though Shneidman expounds

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prodigiously on the concept of psychache, such as its intensity and insidiousness (e.g., Shneidman, 1993), almost no suicidologists who write about religion/spirituality in the context of suicidality have talked about psychache's potential to surmount even the most powerful religious/spiritual defenses against suicide.[17] In fact, I have only found it referred to in four publications, three directly and one indirectly.[18] Maris (1981) states,

> For the few dozen suicide completers who had been the most religious, pain and physical illness seemed to overpower religious proscriptions against suicide.… It seemed that antisuicide values and norms were no match for intense, prolonged physical and psychic suffering. (p. 260)

Second, Koenig and co-authors (2012) make a passing comment about a hypothetical "depressed and discouraged" minister; "boxed in by severe emotional pain, she feels no comfort from religious belief" (p. 188). They explain that in her case, religiosity might actually end up precipitating suicide if she were to decide that her resultant sinfulness is worthy of death or that she could "redeem herself through the act of suicide" (p. 188). Rickgarn (1990), meanwhile, describes a (real) counseling encounter in which his devout Catholic client, who was contemplating suicide, expressed woefully, "Hell in Hell cannot equal the hell I am going through here!" (p. 75). (Readers will discover in Chapter 5 how similar this statement is to that of one of the Roman Catholic participants in my own study.) He observes that this client's "intense psychological pain" was clearly not assuaged by his or her religious belief system (p. 75). Finally, Colucci (2008), in a

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[17] Suicidologists have, however, written about the failure of protective factors in general (as opposed to religiosity/spirituality specifically) to neutralize high risk for suicide, such as when a person's suicidality is at its most intense (e.g., APA, 2010). I will say more about this phenomenon in Chapter 6.

[18] A fifth reference deals with suicide peripherally: in a qualitative study, 18 members of the religious Zionist community in Israel divulged that during periods of "acute stress and trauma," which included suicidality only for some, "faith and belief [were] essentially extraneous" or were "placed on a back burner only to be accessed after an initial non-religious stage of coping [was] completed" (Band, Dein, & Loewenthal, 2011, p. 1044).

footnote, quotes Orbach (2007): "'It is not the lack of meaning that brings about suicidal behaviour, but that mental pain is the emotional state that produces both lack of meaning as well as suicidal behavior' (p. 296)" (p. 91); in the body of her article she argues that lacking meaning or a sense of purpose in life constitutes a spiritual problem.

Also surprisingly, only a handful of writers since 1964 have cited Whalley's article—Colucci, the putative authority on religion/spirituality and suicidality, again being one (2008, 2012; Colucci & Martin, 2008)—an essay that I deem unparalleled in its insight into the various ways that religion can affect suicidality. I cannot explain why it has been overlooked—because it is based more on theory than empiricism? Because it appeared in the *Review of Religious Research* instead of a psychology journal?—but I aim to rectify that in this present project, especially in Chapter 6, as Whalley's propositions are borne out in my own data.

Example studies (the anomalies).

Other research besides mine is beginning to confirm Whalley's hypotheses about the not-so-ameliorative functions of religion/spirituality on suicide risk, thereby challenging this long-standing premise. As mentioned previously, some studies are revealing a positive association between religiosity and suicidality, and others are turning up no association. So far these studies only seem to number a few dozen, but they do suggest a trend of looking more critically at antecedent studies' results and attempting to paint a more complete picture where their predecessors might have missed a spot. These studies merit mention here not only because they are anomalies but also because their findings relate to my own. I will now present a representative selection of them.

In a rare longitudinal study[19], which followed more than one million Northern

Irish over nine years, O'Reilly and Rosato (2015) determined that people with and

without a professed religious affiliation were equally at risk of suicide. Nkansah-

Amankra (2013) also analyzed data from a longitudinal study—the same survey used by

Nonnemaker and colleagues (2003) mentioned earlier—tracking health risks and

behaviors in young people in the US (n = 9,421) in four survey waves between 1995 and

2008. The author found that religiosity guarded against suicidality through Wave III,

when participants were 18 to 26 years old, but did not extend to Wave IV, when they

were ages 24 to 32. Zhang and Jin (1996) issued questionnaires to Chinese and American

college students assessing, among other things, their religious commitment and history of

suicidal thoughts and attempts. While for the Americans religiosity was negatively

correlated with suicide ideation, depression, and pro-suicide attitudes, for the Chinese the

results in all three realms were flipped.[20] These findings were similar to those from a

meta-analysis of 2,339 suicide cases and 5,252 comparison participants globally (Wu,

Wang, & Jia, 2015): religion protected against suicides in Western settings but not

consistently in the East; incidentally, it was also more protective in older populations and

in religiously homogeneous areas.

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[19] Prospective or longitudinal studies are a difficult and all-too-rare type that Currier et al. (2015a); Koenig et al. (2001, 2012); Lawrence, Stanley, et al. (2016); and Stack and Kpusowa (2011) recommend as having the potential to most accurately measure the effects of religious/spiritual beliefs, practices, and interventions on suicide.

[20] The authors speculated that rather than being due to the particular characteristics of the religions or religiosity the religious Chinese college students adopted, their higher depression, suicidal ideation, and favorability toward suicide had to do with the effect of the broader political climate (at the time of the study) on the psyches of the Chinese youth. The few Chinese who gravitated toward religion were thought to be trying to "find meaning from religion in order to fill the moral and ideological vacuum created by the collapse of communist values [in 1978].… Being disappointed, unfavored [*sic*], or depressed, some Chinese students are likely to resort to either religion or suicide or both" (Zhang & Jin, 1996, p. 461).

Both Koenig et al. (2001) and Colucci and Martin (2008) count a study by Bagley and Ramsay (1989) as among the outliers because its highly religiously involved participants were more likely to have a history of suicidal behavior than the less religious ones. Taken at face value, this finding intimates that religiosity failed to protect these people from suicidal acts; however, the study itself tells a different story. Bagley and Ramsay surveyed more than 600 adult consumers of mental health services in Calgary, Alberta. Of the 48 who disclosed a history of deliberate self-injury or suicide attempts, 20 reported that at some point after their self-harming behavior, they joined a fundamentalist religion different from the tradition of their youth. Many also went on to adopt "conservative and moralistic" views about suicide, which the authors interpreted in the following way: "They have solved their life crises, in a sense, by repudiating their former selves" (Bagley & Ramsay, 1989, p. 87). It seems, then, that religiosity shielded these individuals from further suicidality instead of provoking their original suicidality; thus, this study does not counter the norm after all.

Recall from earlier in this chapter that in the second edition of their *Handbook*, Koenig et al. (2012) identified four studies that reflected a positive relationship between suicidality and factors related to religion/spirituality. Here are two, to which Koenig and colleagues gave a quality rating of 7 and 6, respectively:

- o Johnson and Hayes (2003): A study of college students across the US who both sought and did not seek mental health services. All completed the Presenting Problems Checklist, a 42-item self-report on current distress containing one item on "religious/spiritual concerns" and one on "suicidal feelings/thoughts" (p. 411). Suicidal feelings/thoughts were more common in students who reported

religious/spiritual concerns than in ones who did not. To explain this finding the researchers speculate that suicidality "is likely to elicit religious or spiritual concerns such as what happens after death, religious and personal guilt associated with taking one's life, and implications for one's soul if one [dies by] suicide" (pp. 414-417).

- o Gunnell, Middleton, Whitley, Dorling, and Frankel (2003): An examination of the suicide rates in England and Wales between 1950 and 1998. The religion variable was the ratio of religious to civil weddings each year by population, which was compared to census data on social, economic, and health factors in the respective years. The authors found that in years when more religious than civil weddings occurred, the suicide rate in men aged 25 to 34 and 60+ was higher, although it was not higher in women. (This seems to be an instance of the ecological fallacy I mentioned earlier.)

In addition, what follows is an example of one of the five "best" studies (quality rating: 8) that Koenig and colleagues (2012) list as having no association between religion/spirituality and suicide:

- o Kessler, Galea, Jones, and Parker (2006): A survey of 1,043 adult survivors of Hurricane Katrina that probed for lifetime and recent occurrences of suicidal thoughts, plans, and attempts, as well as any "post-traumatic increases in … spirituality or religiosity" (p. 933). The incidence of mental illness in one form or another was very high among all participants. Although 67% of respondents reported that they became more spiritual or religious after the hurricane, this increase was unrelated to their suicide history.

Clearly, then, like studies that identify religion/spirituality as defensive against suicidality, studies that turn up opposite or inconclusive results feature a wide range of populations, sample sizes, measures, and so forth. Stack and Kposowa (2011) make a keen observation about a sizable portion of these studies—applicable, incidentally, to the Kessler et al. (2006) one just described. They write,

> Research that finds that religiosity is unrelated to suicide risk is often based on psychiatric patient samples including those high in depression or schizophrenia at baseline…. Cross-sectional research based on at risk psychiatric patients limits the odds of uncovering the protective role of religion since serious psychiatric disorders have already developed in this select group of patients. (p. 303)

Reinforcing this claim, Lawrence, Brent, et al. (2016) discovered that in 321 patients with depression at the New York State Psychiatric Institute, suicide attempts were more common among religious affiliates, and suicide ideation was greater among those who attended religious services more frequently and those who considered religion important in their lives. Again, the implication is that study participants with particularly pernicious forms of mental disorders (especially affective and psychotic) on the whole seem to experience different relationships between their religiosity and suicide history than those without (see also Exline, Yali, & Sanderson, 2000; Huguelet et al., 2007; Unterrainer, 2014).

This is not to say that spirituality/religion cannot serve a therapeutic role in the lives of persons with severe mental illness. One study (Perez, 2005), for example, found that consumers of outpatient mental health care for schizophrenia derived comfort, hope, strength, and empowerment from prayer, church attendance, and other religious/spiritual practices. (Of course, the findings of this study, like any that draws from a clinical sample, are limited in that study participants who are actively receiving

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psychotherapeutic/psychiatric treatment may have very different behaviors and characteristics than their non-careseeking counterparts.) When it comes to suicidality, the helpfulness of religion/spirituality seems to hinge on which points in a person's life it is called upon and the extent to which it "emphasize(s) self-compassion, charity, and personal redemption," features that seem especially efficacious at reducing suicide risk (Bryan et al., 2015, p. 76). Religious/spiritual practices, especially life-giving ones, might be less accessible to people who are already in the throes of depression or suicidality (Lawrence, Oquendo, et al., 2016), which harks back to my earlier point about psychache's ability to trump all coping mechanisms. On the other hand, some people lean more heavily on religion/spirituality in times of emotional turmoil; of course, were it measured at such times, their religious/spiritual profile would be skewed, and their religious/spiritual involvement could be conflated with their distress (Lawrence, Oquendo, et al., 2016).[21] Meanwhile, Stack and Kpusowa (2011) wonder if "high religiosity at baseline" could actually prevent the development of suicidality-associated psychiatric disorders in the first place (p. 303).

In sum, suicide researchers are beginning to explore the conditions under which religion and spirituality contribute to or fail to stymie suicidality. The trend, though still in early stages, is positive. As I did in the last section, I will close this one with an

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[21] Koenig et al. (2012) also expound on this point. Aphorisms such as "There are no atheists in foxholes" exist, they write, because of many people's tendency to engage in more religious/spiritual practices—praying, reading scripture, attending religious services, etc.—when they are distressed. Some studies showing that religion/spirituality is related to unfavorable mental health outcomes might be relying on participants who are uncharacteristically religious/spiritual because they are experiencing tribulation; at such times they also fare worse on mental health evaluations. Thus, the other stressors present in their lives that are prompting them to look to religion to help them cope might confound study results. As the authors put it, "the mental or physical health of people using religion to cope may be better than if they weren't using it, but their health is not as good as that of people without difficulties who have no need for religion because there is nothing to cope with" (Koenig et al., 2012, p. 96). I will reiterate that empirical headaches such as these could be avoided with more longitudinal instead of cross-sectional studies.

overview of the most significant proposed and/or empirically ascertained mechanisms by which religion/spirituality either actively contributes to suicidal inclinations or falls short of its preventative potential. (Readers will notice some of Whalley's 50-year-old themes of religion as suicidogenic materializing in these claims!)

How religion/spirituality does not guard against suicidality.

Just as a healthy attachment to a religious community can buffer people from suicidal behavior, especially suicide attempts, a failed, nonexistent, or antagonistic relationship with a religious community can abet suicidality (e.g., Colucci & Martin, 2008; Lawrence, Oquendo, et al., 2016; Park & Slattery, 2013; Rickgarn, 1990).[22] More particularly, "religious and spiritual traditions characterized by tendencies toward punitive judgment and ostracization [*sic*] of members for perceived moral failings could … facilitate suicide risk" (Bryan et al., 2015, p. 76). Also, the benevolence of the doctrine promoted by a given religious tradition matters; for instance, the belief that one is being punished, oppressed, betrayed, or deserted by God can contribute to guilt and anxiety, which have been linked to elevated suicide risk (Bryan et al., 2015; Colucci, 2008; Lawrence, Oquendo, et al., 2016; Swinton, 2001), as have anger toward and questioning of God (Baetz & Bowen, 2011).[23] An additional risk factor is a significant

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[22] This notion is consistent with Thomas Joiner's empirically supported interpersonal-psychological theory of suicidal behavior, which contends that three phenomena must be present for suicide to occur, one of which is thwarted belongingness, a sense of consummate alienation from others. According to the theory, suicidal people feel that they do not fit in, they have been rejected by others, or their social connections are insufficiently sustaining (e.g., Joiner, 2005; Van Orden, Cukrowicz, Witte, & Joiner, 2012; Van Orden, Lynam, Hollar, & Joiner, 2006). Baumeister (e.g., 2012) has also written about belonging as a fundamental human need which if unfulfilled for a substantial period can have baleful effects; his and Joiner's work on belonging builds on Shneidman's (e.g., 1980), which itself builds on Murray's (1938) from half a century prior.

[23] The notion of a variable, sometimes inimical relationship with God interfaces well with attachment theory, the thesis that the way children respond to, feel about, and interact with their parents has lifelong

discrepancy between one's "current frame of reference" and the teachings of one's faith tradition, especially when it entails the sense that one is "failing to live up to the standards of the faith" (Rickgarn, 1990, p. 75). Many of these findings appear in, or are supported by, the literature on religious and spiritual coping and religious and spiritual struggles, to which I will now turn.

Religious/Spiritual Coping and Religious/Spiritual Struggles

Previously, when discussing the ways that religion and spirituality can decrease suicidality, I mentioned that they can aid with coping, the process of coming to terms with trauma, tragedy, and other critical life events (Pargament, Falb, et al., 2013). Coping can, of course, appear in many different circumstances and many different forms, since people have widely variant appraisals of the stressfulness of any given situation, and in turn they respond to that stress in diverse ways. An entire subsection within the social sciences has now been dedicated to the type of coping that encompasses religious/spiritual themes (*religious/spiritual coping*). First formulated in the 1980s with Pargament at the helm (see Pargament et al., 1988, 1990, and 1992, for some of its earliest conceptualizations), the model consists of

> a variety of beliefs, cognitions, and behaviors that are grouped into religious methods of coping [with adversity and stress] designed so that a person can (1) find meaning, (2) gain control, (3) gain comfort and closeness to God, (4) gain intimacy with others and God, and (5) achieve life transformation. (Koenig et al., 2012, p. 95)

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ramifications for their subsequent interpersonal relationships, in this case with God (e.g., Granqvist & Kirkpatrick, 2013; Kirkpatrick & Shaver, 1990). Wulff (1994), for instance, writes, "Even when religious tradition plays no obviously negative role, hostilely critical parents may contribute to a rejecting and punishing representation of God that impedes growth and adjustment from childhood onwards" (p. 309). Another theory from the psychology of religion that applies here and to Whalley's (1964) concept of suicidogenic agency is attribution theory—that is, people's referencing religious/spiritual figures or forces when interpreting their experiences (e.g., Spilka & McIntosh, 1995). Furthermore, Pargament (e.g., Wilt, Exline, Grubbs, Park, & Pargament, 2016) has written persuasively about the mental health benefits of having a personal theology that is benevolent in nature.

By 1997 Pargament had written an entire book on religious coping (its inclusion of spirituality would come later), and the applicability of the model to real human experience was being demonstrated in empirical research and clinical encounters (Pargament, 1997; Pargament, Ano, & Wachholtz, 2005). He would eventually collaborate with psychologist Julie Exline to formulate and explore the related concept of *religious/spiritual struggles*, or the resulting conflict when a facet of religious/spiritual belief, practice, or experience becomes the nexus of unhealthy thoughts or emotions (Exline, 2013; Exline & Rose, 2013). The tremendous amount of data that came from the research on religious/spiritual coping and religious/spiritual struggles led to the development and validation of two instruments that have now been used extensively in research: the RCOPE (Pargament, Koenig, & Perez, 2000) and the Religious and Spiritual Struggles (RSS) Scale (Exline et al., 2014).

The 105-item RCOPE measures 21 types of religious/spiritual coping, including "active, passive, and interactive strategies; emotion-focused and problem-focused approaches; and cognitive, behavioral, interpersonal, and spiritual domains" (Pargament, Falb, et al., 2013, p. 563). Overall, it and the 14-item Brief RCOPE (detailed and evaluated in Pargament, Feuille, & Burdzy, 2011) identify when religious/spiritual coping is helpful or harmful, described in the literature as *positive* and *negative*. Positive religious/spiritual coping involves a more active engagement with God based on hopefulness about God's nature and the potential for beneficial collaboration with God, signifying not just a secure relationship with God but also a sense of spiritual connectedness with others and a charitable worldview, while negative comprises a more

distrustful, accusatory stance toward God's nature and motives, such as the belief that

one has been abandoned by God or one's faith tradition or that bad occurrences are the

work of the Devil (e.g., Goodwin, 2013; Koenig et al., 2012; Lawrence, Oquendo, et al.,

2016; Pargament et al., 2000, 2011; Pargament, Falb, et al., 2013; Pargament, Smith,

Koenig, & Perez, 1998).

As Pargament, Falb, and colleagues point out, negative religious/spiritual coping

methods "reflect a *struggle* within oneself, with others, or with God around sacred

matters" (2013, p. 563, emphasis added). The RSS Scale builds on this idea of sacred

struggle. It has systematized it in a 26-item instrument that examines six types of

religious/spiritual struggles:

> First, *divine struggles* involve conflict with or around the concept of a deity (e.g.,
> anger at God). *Demonic struggles* involve perceived conflict with evil
> supernatural forces (e.g., feeling attacked or deceived by demons or evil spirits).
> *Interpersonal struggles* involve conflict with other people in a r/s
> [religious/spiritual] context (e.g., feeling misunderstood by r/s people or being
> angry at organized religion). *Moral struggles* involve internal conflict about
> inconsistencies between one's actions and spiritual values (e.g., guilt or shame
> over a committed transgression). *Struggles of ultimate meaning* involve
> questioning life's deeper purpose (e.g., wondering whether one's life will make
> any difference in the world). Finally, *doubt-related struggles* involve distress
> around r/s doubts or questions (e.g., feeling upset or disturbed by religious doubt).
> (Grubbs, Wilt, Stauner, Exline, & Pargament, 2016, pp. 144-145, italics in
> original)

Although this literature is highly relevant to the study of suicide, researchers did

not explicitly start investigating religious/spiritual coping and struggles with respect to

suicide until very recently. In fact, even in 2015 Pargament acknowledged that only a

handful of studies had been done on the subject (personal communication, January 4,

2015). Fortunately, like research on suicide and religion/spirituality in general, research

on suicide and religious/spiritual coping and struggles is gaining momentum. I will highlight the major findings so far, starting with a look at two illustrative studies.

In their discussion of the relationship between religious/spiritual struggles and emotional distress, Exline and colleagues (2014) cite two articles that deal with suicide. The first, by Exline and two other colleagues (2000), found that religious strain (now referred to as religious/spiritual struggles) correlated with suicidality in 54 adults seeking treatment at a Bronx, New York, anxiety and depression clinic. More specifically, they found an association between participants' suicidality and fear and guilt stemming from the belief that they had committed a sin too big to be forgiven. This association existed even when the researchers controlled for participants' degree of religiosity and the extent to which they found comfort in religion. The authors comment on this finding:

> A belief that one has committed an unforgivable sin does seem consistent with the hopelessness that often characterizes suicidal thinking (Cole, 1988). At another level, however, it seems counterintuitive that those who anticipate punishment from God would wish for death. Perhaps the suicidal thinking of such persons reflects a short-sighted desire to escape or annihilate the self (Baumeister, 1990) rather than a conscious decision about preparing to face judgment for sins. (Exline et al., 2000, p. 1491)

The second suicide-related study cited by the creators of the RSS was conducted by Rosmarin, Bigda-Peyton, Öngur, Pargament, and Björgvinsson (2013). A prospective study, it measured the positive and negative religious coping of 47 clients with current or past psychosis who were receiving psychiatric day treatment at a Massachusetts hospital. As the authors expected, negative religious coping was associated with greater suicidality. They conclude, "negative religious coping—which can involve a sense of being abandoned or punished by God—is not associated with exacerbation of delusions or hallucinations, per se, but rather with hopelessness and despair, which in turn facilitates

suicidality" (Rosmarin et al., 2013, p. 185).[24] A noteworthy feature of this sample is that despite their being largely irreligious compared to regional and national norms, 85% reported using religious/spiritual coping strategies when they faced turbulent times; this echoes the points made by both Koenig and Lawrence and their colleagues (2012 and 2016, respectively) in a prior paragraph.

As exemplified by these two studies, in general the literature on religious/spiritual coping indicates that positive religious coping is associated with "positive" outcomes such as diminished depression, heightened well-being, and post-traumatic growth, while negative religious coping lends itself to "negative" outcomes such as depression, anxiety, hopelessness, guilt, shame, and despair (Ano & Vasconcelles, 2005; Pirutinsky, Rosmarin, Pargament, & Midlarsky, 2011; again bear in mind the inherent sample bias present when studies use a clinical population). The potential to pique deleterious cognitions and emotions seems to be the most probable link between negative religious coping and suicidality, a thesis that is gaining support in recent research (e.g., Currier, Smith, & Kuhlman, 2017; Goodwin, 2013; Mihaljević, Aukst-Margetić, Vuksan-Ćusa, Koić, & Milošević, 2012; Paika et al., 2017; Prempeh, 2014; Stratta et al., 2012; Trevino, Balboni, Zollfrank, Balboni, & Prigerson, 2014). Fortunately, in general people rely on positive coping far more than negative, although both styles are usually present to some degree (Koenig et al., 2012); this is one reason that religiosity tends to be more protective than not against suicidality. Indeed, the handful of existing studies on positive religious

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[24] Copious research exists on hopelessness as a dominant characteristic of suicidality (e.g., APA, 2010); this despondent cognitive state has even been worked into a theory, the hopelessness theory of suicide, proposed by Alloy and Abramson (e.g., Abramson et al., 1998; Kleiman, Law, & Anestis, 2014). Webb, a suicidologist who is vocal about also being a suicide attempt survivor, writes poignantly about his own experiences with hopelessness, which he believes "arises from an absence of meaning or purpose in a life" (D. Webb, 2003, p. 3).

coping and suicide are confirming its beneficial effects. One recent study (Baiden &
Fuller-Thomson, 2016), for instance, showed that positive religious coping (in this case,
the extent to which participants felt that their religious or spiritual beliefs gave them the
strength to face everyday difficulties, gauged by one question) helped people who had
ever thought about taking their own life to achieve "complete mental health." Another, a
qualitative study, found that reaffirming their relationship with a higher power, praying,
and meditating helped participants with a high incidence of past suicidal behavior cope
with thoughts of suicide (Alexander et al., 2009; see Band et al., 2011; Gray, 2005; and
Molock et al., 2006, for additional examples).

Summary

This chapter highlighted the research and theories most apropos to the study of
the relationships between suicide/suicidality and religion/religiosity/spirituality, largely
drawn from the field of suicidology. The goal was to delineate the theoretical and
empirical backdrop to my study to introduce its intellectual lineage, demonstrate what has
informed my thinking, describe the current state of the literature, draw attention to
weaknesses in the data, and set the stage for my own and future studies. What this
process revealed was that religion and spirituality perform a variety of functions along
the continuum of suicidality. Historically, the related research produced robust evidence
for religion's ability to protect people from suicidal ideation and behaviors, but much of
it came with conspicuous limitations. For decades most of the studies were sociological,
which, though informative, only applied to the activities of human beings in groups, not
to individual psyches and their associated convictions and whims. On top of that, many
studies assessed religiosity—what is now widely regarded as a multidimensional, highly

personalized phenomenon—with rudimentary, sometimes even questionable, measures such as the sample's affiliation with a faith tradition or their frequency of attending worship services. Spirituality in all its variability and ineffability was not treated as an important concept in its own right until the last 25 years. The youngest development within this subfield has been not only the recognition that in certain circumstances religion and spirituality can instigate or worsen suicidality, but also the utilization of creative methods for getting at the particulars of that interaction.

As the paucity of research in this area implies, how religion/spirituality can provoke suicide is the territory ripest for exploration and therefore one of the main foci of my study. Although the methodologies for doing so are numerous, I maintain that qualitative inquiry, the approach I took, is the most suitable for getting at this hard-to-access area; I will provide justification for this assertion in the next chapter along with an elucidation of the methodology that guided my project. After readers have learned in Chapters 4 and 5 about the findings uncovered in my study, Chapter 6 will place the information from those and the present chapter in dialogue with one another. Chapter 7 will also rely on this chapter to inform the practical applications of my study and my suggestions for further research.

Chapter 3
Methodology

We are close, Lord,
close and within reach.

Seized already, Lord,
clawed into our selves as though
the body of each of us were
your body, Lord.

Pray, Lord,
pray to us,
who are close by.
Paul Celan, "Tenebrae," 1959/2008[25]

Introduction

This dissertation endeavors to deepen scholarly understanding of the varied roles,

both detrimental and beneficial, that religion and spirituality can play in the lives of

people at risk of suicide. To be taken seriously as valid and valuable scholarship, it must

prove its mettle as well-reasoned, well-designed, and well-executed research that stands

to contribute something new and useful to the field. Chapter 1 described the problem,

explained its importance, and pinpointed the central question to be investigated. Chapter

2 defined what is already known on the topic. Now I, the investigator, can advance to the

next step: delineating the procedures for ascertaining what is not known and the rationale

that undergirds them. That is the task of the present chapter. It will detail the

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[25] Celan died by suicide in 1970. Tenebrae is a service observed during Holy Week in some denominations of Christianity. It commemorates the death of Christ and typically involves the methodical extinguishing of candles.

methodology of the study—not just the methods employed to generate data but the conceptual scaffolding supporting them—in an effort to demonstrate the soundness of the entire edifice being constructed. Readers will get to know the following aspects of the project: the research design and philosophy; the sampling approach and characteristics of the participants; the strategies for data collection, synthesis, and analysis; the study's limitations; and considerations related to its trustworthiness. I will conclude with a brief chapter summary.

Rationale for Research Design and Particular Approach

The first question I had to answer in designing this study was which overarching research paradigm, qualitative or quantitative, would best get at the central question of how religion/spirituality can interact with suicidality. I considered the differences between the approaches and what each stood to offer my study, the nature of the phenomena I would be examining, and the types of studies that had already been done on the matter.

Qualitative versus quantitative paradigms.

Qualitative research, encompassing an array of interpretive activities stemming from multiple theoretical models, seeks the meanings individuals derive from experiences (Denzin & Lincoln, 2017). It is "grounded in an essentially constructivist philosophical position," Bloomberg and Volpe explain, "in the sense that it is concerned with how the complexities of the sociocultural world are experienced, interpreted, and understood in a particular context and at a particular time" (2012, p. 118). By contrast, quantitative research, which takes a positivist or postpositivist epistemological stance, is

based on the theory-driven, hypothesis-testing, deductive methods of the natural sciences, and involves a controlled approach to generating hypotheses about a phenomenon of interest, collecting carefully measured observations, testing hypotheses for verification using descriptive and inferential statistics, and producing general theories and cause-and-effect models that seek to predict and control the phenomenon under investigation. (Betz & Fassinger, 2011, p. 238)

The qualitative approach privileges subjectivity, stories, descriptions, and nuance, while quantitative seeks objectivity, facts, conditions, and statistically significant correlations (Bloomberg & Volpe, 2012). Generally, the latter assumes there is only "one true approximal reality" (Ponterotto, 2013, p. 20) that can be empirically apprehended given the right tools, and the most valid forms of knowledge are evidence-based; the former sees "multiple, equally valid, and socially coconstructed realities" (p. 20). These divergent philosophies lend themselves to at times wildly different methodological choices, which naturally affect the studies' outcomes and the conclusions that can be drawn from them (McGrath & Johnson, 2003).

The phenomena being investigated and existing research.

Besides being hard to define (as pointed out in Chapter 1), religiosity and spirituality have also proven to be hard to measure (e.g., Colucci, 2012). As established in Chapter 2, nearly all of the suicidological research pertaining to religion/spirituality has used quantitative strategies, which can have definite limitations. One shortcoming "shown by quantitative studies of religion is that usually they are reductionist, simplistic and treat religion and spirituality as if they are unidimensional constructs, often assuming that these can be adequately measured by a single variable" (Colucci, 2008, p. 88). Of course, studies can quickly become expensive, arduous, and exceedingly time-consuming if their measures are not relatively concise, uncomplicated, easy to administer, and follow

a one-size-fits-all approach. The problem is, some phenomena simply do not lend themselves well to measurement. Hillman (1965/2011) points out that measuring something requires its quantification and therefore presumes its ability to be quantified. But if that thing is inherently uncountable, intangible, vague, arbitrary, circumstantial, inconstant, subjectively experiential, interpretational, or more psychological than sensory—like many aspects of religion and spirituality—then achieving an accurate and sufficient measurement of it is far more challenging. "Religiosity in practice does not neatly conform to the survey questions with which we have tried to explain religion's presence or absence, rise or decline," states Ammerman (2014, p. 6). Lived religion is, in a word, "messy," as readers may remember it described by McGuire (2008, p. 4) in Chapter 1. Thus, when they lean too heavily on quantification-based methods, researchers neglect the intricate and diverse personal experiences of religion/spirituality.

Like religion, suicide has historically been studied more often in "size-oriented" rather than "depth-oriented" ways (Colucci, 2013, p. 37); that is, the research has tended to rely on larger sample sizes without attempting to plumb the more psychological, individualistic parts of suicidality. According to Hjelmeland & Knizek (2010, 2011), the former mode of inquiry seeks *explanation* while the latter seeks *understanding*. While both modes are important in suicidology, explanation-focused studies, especially *causal* explanation, have long dominated the field (Hjelmeland & Knizek, 2010, 2011).[26] Some of the more arcane aspects of suicide that have not received adequate treatment by suicidologists are the meaning it has for suicidal people (e.g., Boldt, 1988; Colucci, 2013;

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[26] Even more particularly, Hjelmeland (2013; Hjelmeland & Knizek, 2010) identifies the majority of current suicidological research as falling into three categories: epidemiological, (neuro)biological, or intervention studies.

Hjelmeland et al., 2006; D. Lester, 2011) and the psychoemotional—and of course spiritual—experiences of being suicidal (e.g., Birnbaum & Birnbaum, 2004; Colucci, 2012; Everall, 2000; D. Webb, 2003). Probing these aspects is critical to understanding the suicidal person's decision-making process, which can shape effective intervention strategies (Boldt, 1988; Everall, 2000). As Hillman put it, "In order to get closer to the problem of suicide, we first try to understand the life of the individual whose death is involved. We begin with an individual, not with the concept" (1965/2011, p. 51).

Why qualitative.

Because the extant (quantitative) research gives a rather superficial representation of religion/spirituality, I concluded that the qualitative paradigm was more promising for achieving the aims of my study. For one thing, it accommodates the vicissitudes of human experience and the inconsistent, sometimes contradictory or nonsensical ways that we humans remember and interpret our experiences. In other words—and here I again borrow McGuire's (2008) apt adjective—life is often "messier" than rigid, numbers-and-percentages-based research can appropriately measure and portray; I wanted a methodology that would not attempt to tidy up the mess.

On a related note, the versatile qualitative framework can make room for the nebulous and the numinous, exactly the types of phenomena I am targeting in my study. "Th[e] traditional scientific approach has its place," writes D. Webb (2003),

> but runs into difficulties with subjective, interior phenomena where there is little or nothing to be externally observed (far less measured).… The inner, subjective, lived experience of suicidality cannot be fully understood and known simply through traditional, objective, scientific methods alone.… The criticism here is not that the knowledge derived through these methods is incorrect so much as it is partial and incomplete. And what is missing is often that which is most significant to those who live the experience. (p. 5)

One could replace *suicidality* with *spirituality* in Webb's quote and it would be just as apropos. By heeding Webb's implicit exhortation and using a qualitative approach, I hope to better capture and convey the complexity of these "interior phenomena," therefore including what is "most significant" to those who experience them.

Third, qualitative methodologies allow for penetrating psychological inquiry. I wanted a research design that would allow me to delve deeply into the meanings that religion/spirituality holds for individual human beings, not by way of "questions that presume an existing range of responses and questions that ask for conceptual and categorical answers" (Ammerman, 2014, p. 13), but by way of open-ended questions, both scripted and ad hoc, that invite elaboration on singular experiences. Some suicidologists (e.g., Colucci, Hjelmeland, Knizek, and Webb) maintain that a person-centered approach is the only way to properly get at the heart of suicidality—what it looks and feels like to be suicidal—and therefore to understand the broader phenomenon of suicide. For example, Webb writes,

> The self is central to the suicidal crisis and must be central to our efforts to understand it. It is the 'sui' in suicide and it is the self that is both victim and perpetrator in any suicidal act. How can we understand suicidality without also understanding the self that suicide seeks to destroy? (D. Webb, 2003, p. 3)

Because quantitative research seeks patterns that occur in general populations, it requires lots of participants and therefore cannot devote attention to particular selves. Qualitative, meanwhile, follows a very different philosophy, which enables intimate understanding of the person(s) or thing(s) being examined.

Next, the qualitative paradigm has been utilized far less in the literature (for example, from 2005 to 2007 less than 3% of the studies published in *Archives of Suicide*

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Research, *Crisis*, and *Suicide and Life-Threatening Behavior* used qualitative methods

[Hjelmeland & Knizek, 2010]. A more recent analysis [Wittkowski, Doka, Neimeyer, &

Vallerga, 2015] revealed that in more than 1,500 articles that appeared in *Death Studies*

and *Omega* from 1991 to 2010, in which suicidological articles were "well represented"

at 14% [pp. 453, 456], quantitative studies outnumbered qualitative two-to-one). My

main criticism of the research done so far was that it failed to capture the many ways that

(I presumed) religion/spirituality could affect suicidality. I reasoned that a fresh or at least

underused approach was needed, as it had the most potential to turn up different results

from its predecessors'. Qualitative is exactly that unconventional approach.[27]

Last, in opting for a qualitative methodology I had the encouragement of an

increasing number of scholars in the field. In fact, a subdiscipline called *critical*

suicidology has recently arisen, dedicated to challenging the

> pathologising and medicalized approaches to suicide research and prevention
> practices … [by] emphasiz[ing] the importance of qualitative and ethnographic
> research on suicide … [and other] new, innovative and valuable approaches that
> do not fit well within [the positivist] orthodoxies. ("What is Critical
> Suicidology?," n.d., para. 2, 4, 6; see also White, Marsh, Kral, & Morris, 2016)

Colucci, who is not only the most outspoken critic of the hackneyed, inadequate

strategies used to study religion/spirituality in suicidology so far but also the scholar

whose work has most aided and aligned with my own, affiliates herself with that group.

Even researchers outside of suicidology per se but on whose scholarship I draw point to

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[27] Though the *mixed-methods* methodology, a combination of quantitative and qualitative methods, was also an option, I did not deem it suitable for satisfying the larger goal of my research. I was not looking to do statistical analysis of data obtained from a sizable sample in order to generate predictions for an even bigger population (after all, that had already been done) but instead would be striving for an "in-depth understanding of the lived experiences of individuals" (Betz & Fassinger, 2011, p. 256). I could not envision a design for my study that gracefully merged both schemas including their philosophical underpinnings. Also, even though I used a survey with some quantitative elements as one of my data collection methods, extensive interviews were my main source of data.

the potential benefits of non-quantitative approaches. Pargament, for example, argues for more qualitative studies on religious coping: "These types of innovative methodologies allow for fine-grained analyses of complex constructs, providing a richly informative picture of religious coping" (Pargament, Falb, et al., 2013, p. 572). Finally, Lawrence and colleagues' recent meta-review concluded with a recommendation for precisely the research I carried out in this present endeavor:

> Qualitative studies might ask participants about their religious involvement specifically during periods of suicidal ideation…. Both suicide risk and some religious characteristics (e.g., feeling close to God) can change over time, and researchers have yet to ask participants "In the moment when you were acutely suicidal, what was the role of religion?" (Lawrence, Oquendo, et al., 2016, p. 16)

A phenomenological-narrative approach.

Once I had settled on a qualitative design for my study, I needed to choose a particular qualitative method for data collection and analysis. When conceptualizing my dissertation and preparing my dissertation proposal, I decided on phenomenology. Rooted in the school of philosophy established by Edmund Husserl in the early 20th century, phenomenology as a research method in psychology investigates a phenomenon through an individual's experiencing of it. Phenomenologists first elicit from a relatively small number of people—usually no more than 25—descriptions of their experiences (as opposed to interpretations or speculations), then extract the "essence" or "invariant structure" of the phenomenon from those accounts (Creswell, 2013; Giorgi, 2009; van Manen, 2014; Wertz, 2005). This was to be my process, and it is the one I proposed to the committee at my proposal defense.

The committee took issue with the "essence"-finding part of the phenomenological method, at least in the context of my own study. Does it not run

counter to the core aims of my study—to highlight the idiographic nature of lived religion/spirituality and the unique and complex ways it can intersect with a person's suicidality (which is also unique and complex)—by boiling the participants' variegated experiences down to one or two commonalities?[28] Does it not conflict with the postmodern spirit of the project, thus the basic assumption that from my fundamentally non-neutral location I can never make a pure, unbiased truth claim about, well, anything, much less other people's subjective realities?

They were right. I replaced that component of the phenomenological method with aspects of the narrative method. Sometimes called *narratology* when it refers to the particular qualitative perspective informed by narrative theory (Hoshmand, 2005, cited in Betz & Fassinger, 2011, p. 257), this method "interrogates narratives of individuals' lived experiences for the story-like elements that underlie those narratives" (p. 258). Narrative researchers spotlight the machinery, so to speak, of the participants' stories, such as their chronology, plot, and stylistic elements, and attempt to faithfully (re)present it in the write-up of the research (Betz & Fassinger, 2011; Creswell, 2013). I anticipated, however, that in my data analysis I would not give precedence to these mechanisms over the stories' content.

What the narrative approach brings to the table is a philosophy that harmonizes with the postmodern ideals mentioned above. It acknowledges the "strong *collaborative* feature" of much qualitative research and the way that stories become co-constructed

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[28] Philosopher of religion Mark C. Taylor (1998, p. 6) expresses a similar concern about essence with respect to religion: "For interpreters schooled in postmodernism and poststructuralism, the seemingly innocent question 'What is …?' is fraught with ontological and epistemological presuppositions that are deeply problematic. To ask, for example, 'What is religion?' assumes that religion has something like a general or even universal essence that can be discovered through disciplined investigation…. But what if religion has no such essential identity?"

through the interaction between the researcher and the participant (Creswell, 2013, p. 71, italics in original). Within this more self-conscious and conscientious milieu, "truth is multifaceted, and subjectivity is paramount…. Meanings are recognized as individual creations that require deconstruction and negotiated interpretation" (Bloomberg & Volpe, 2012, p. 35). In turn, research is seen as far from value-neutral and human beings as shaped through and through by relational process (Gergen, 2011; Gergen, Josselson, & Freeman, 2015). Thus, the researcher may take an active role in presenting and analyzing the data by "restorying" the interview responses into a framework that makes sense (Creswell, 2013, p. 74), as long as he or she does so in a way that honors both the story and the storyteller. Most important to the project at hand, I could treat each account as a discrete story that may or may not be similar to the others.

The committee approved of the plan to blend phenomenological and narrative/narratological methods. The phenomenology-informed research activities would be the following: locate participants who have experienced a certain phenomenon, obtain from them *descriptions of their experiences* (the centerpiece of phenomenology), present these descriptions with the help of illustrative quotations and explanations for my organization of the data, and, where relevant, place them in dialogue with previous theory and discuss their practical applications (Wertz, 2005). The narrative activities would entail arranging the stories in such a way as to accentuate not only their subjectivity (that is, they happened to a particular person in particular circumstances and were perceived and interpreted through that person's own sensual filters and conceptual tools) but also the relationship between their narrative elements (e.g., themes, plots, climaxes, chronologies, etc.) and the phenomenon being studied. As Creswell (2013, p. 258) put it,

I would be illuminating the "historical, processual, and interactional" components of the phenomenon.

I adhered to this agreed-upon methodology throughout the undertaking, from the crafting of the interview questions to the interpretation of my findings (presented in Chapter 6). The rest of this chapter will detail this elaborate process.

Institutional Review Board Approval

After the dissertation committee and I agreed on the dissertation proposal, which outlined all the steps of my study, and before I could commence the study itself, I needed to secure approval for the research from the university's IRB. I developed and presented a research proposal to the IRB's full board over the summer of 2015. As a result of the board's concerns for my participants' safety, I amended the study documents and methods. I added language to the relevant documents further emphasizing the care I would take to verify that the participants were not suicidal (that is, at risk of imminent self-harm) at the time of the interview and how I would monitor and respond to any distress that they evinced during the meeting. I also agreed to have the participants fill out the background information survey, which included the assessment of current suicidality, in my presence after the informed consent procedure instead of at their leisure prior to the meeting. In addition, I inserted a statement in the consent form declaring that participation in the study would not constitute a clinical relationship with me, a licensed psychotherapist. Last, I clarified participants' option to waive written documentation of their informed consent. The project, including the recruitment flyer, email template for communicating with potential participants, informed consent form (Appendix A),

background information questionnaire (Appendix B), and interview question guide (Appendix C), was granted approval on September 28, 2015.

Sampling and Recruitment

One choice I had to make early on, a decision that is rare outside of thanatological (death-related) research, was whether to investigate my central research question using deceased or living participants—that is, people who had died by suicide or people who had experienced suicidality but were still alive. Although gathering other-than-demographic data on suicide decedents is possible through a psychological autopsy (see, for example, Kocsis, 2009), I was hesitant to avail myself of this method for two reasons: I did not have any experience with it, and I was skeptical of the accuracy and depth of the information on the person's religiosity/spirituality that I could procure from secondary sources. Consequently, I chose to work with living participants, specifically ones who had not only contemplated but attempted suicide. I am aware that some people "ideate" quite intensely without actually attempting suicide, and some attempt without appreciable ideation, but I presumed that the likelihood of recruiting someone who had been intent on ending his or her life would be higher if I sought participants who had made at least one suicide attempt instead of people who had a history of ideation but no attempts. (I would eventually assess the intent each participant had when he or she attempted suicide; the background questionnaire that each person would fill out would contain three questions adapted from Beck's Suicide Intent Scale.) The literature (e.g., Lawrence, Oquendo, et al., 2016) indicates that religion/spirituality more effectively deters people from attempting suicide than from thinking about it. If the participants I recruited had attempted suicide *and* turned out to have been religiously/spiritually involved prior to

their suicide attempt(s), I reasoned, then their cases could produce valuable information about how religion/spirituality could fail to deter someone from attempting suicide.

I sought for participation in my study five to eight persons over the age of 17. Bearing in mind that Creswell (2013), one of the authorities on qualitative research, recommends five to 25 participants for a phenomenological study, I decided that a sample size of five to eight would be big enough for me to obtain a range of responses but small enough for me to devote the necessary time and attention to the interviewing and to managing the copious data produced. My strategy for finding eligible study participants was *criterion sampling*, a type of *purposive sampling* (e.g., Bloomberg & Volpe, 2012, p. 104; Creswell, 2013, p. 155). In phenomenological research the "criterion" is experience with a particular phenomenon; in the case of my study, the phenomenon was one or more suicide attempts in one's life. It was *not* involvement with a particular religious tradition or in fact with any religion at all. I reasoned that a variety of religious or nonreligious backgrounds could lead to richer data, so I did not set parameters on the type or extent of religious/spiritual involvement participants should have.

The IRB-approved flyers advertising my study would recruit participants with these two questions: "Have you ever made a serious attempt to end your life? Are you willing to talk about your spirituality or religion?" I would eventually ask participants about the extents to which they wanted to die when they attempted suicide, expected the attempt to be fatal, and sustained bodily harm from the attempt, but per the IRB's dictates, I would not be permitted to do so until I actually met with the participants face-to-face for the interview. So, for the time being, the verbiage in the flyer was my only means of identifying people who had attempted suicide with the intention of dying; I

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therefore added the word *serious* to the flyer in hopes of attracting attempters who had indeed intended to die. I would infer from a volunteer's contacting me about the study that he or she had both attempted suicide (regardless of intent) and was willing to discuss his or her religiosity/spirituality with me. I would then check for these two major eligibility criteria in an email.

I enlisted the help of gatekeepers—friends and colleagues in mental health and relevant caregiving professions or with access to college campuses and religious organizations—to recruit participants by word-of-mouth and by disseminating the flyers. Within a few weeks 10 volunteers across the United States had contacted me. (I learned that one of my gatekeepers had advertised my study on a national suicide attempt survivors website—hence the geographic breadth.) I emailed each of them more information about the study, explaining the eligibility criteria (appropriate age, one or more lifetime suicide attempts, willingness to discuss one's experiences with religion/spirituality with me in person, and geographic accessibility) and what I would and would not be asking them about. The email included the informed consent form in order to apprise the volunteers of what participation would entail, including the potential risks and benefits. I asked them to read the form, think about whether they definitely wanted to participate, and get back in touch with me with a yes or no. All 10 wished to stay in the study. All also met the eligibility criteria except for two volunteers who lived prohibitively far away. I accepted the eight who were the most geographically accessible, and we set up meeting dates, times, and locations.[29]

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[29] Initially I was going to turn away anyone who was not within a six-hour drive of my home in the West. As it turned out, though, three of the volunteers lived fairly close to one another in the mid-Atlantic region and were available on the same weekend. Deciding not to pass up the opportunity to interview them, I flew

The Participants

To help ensure the study participants' confidentiality, and in accordance with the IRB-approved methods, I would use a pseudonym in place of each person's real name on the background information questionnaire, in the interview transcripts, in my notes and memos, and in the dissertation itself. Instead of taking the liberty to choose pseudonyms myself, I asked each of the participants to choose his or her own. I hold that naming oneself is an act of empowerment, identity formation, and accountability; thus, by giving participants the choice to name themselves I hoped to convey deference, encourage ownership of their role as a participant, and avoid imposing on them my own ideas about what alias would best suit them. Because of this significance of the act of naming, and because I feel that the chosen name can convey information about the namer's personality and what is meaningful to him or her, I will now share details about the pseudonym-making process.

All but one of the participants seemed to embrace the opportunity to create their own alias and generated one in seconds. The outlier, Deacon, seemed self-conscious about it and asked me to help him. He wanted a name that started with *D*, so several days after the interview I presented him with a list of about 25 *D* names and he chose *Deacon*. Another participant did not even pause to think of a name. Years ago he and a friend were playing a game making up the silliest serious-sounding names they could. His favorite was *Stern McClänté*, which he happily adopted as his pseudonym for this study. (True to

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to a city a convenient distance from them and met with each over three days. Another volunteer lived in the South quite far from me but was soon going to be traveling to my home state, so we were also able to meet.

his "silly serious" moniker, Stern was one of the wriest and most playful during the interview.) The others chose names that they liked or that were associated with loved ones (not necessarily blood relatives): Gabriela, who loves angels, named herself after the archangel Gabriel, and Harrison, an admirer of Han Solo, was inspired by the famous Mr. Ford.

The Background Information Sheet participants filled out just prior to the interview contained fill-in-the-blank questions about the following demographics: gender, age, race/ethnicity, level of education completed by the time of the interview, occupation (if any), marital/relationship status, and current religious/spiritual affiliation.[30] This table presents the participants' verbatim written responses to the demographic questions; participants are listed in order of when they were interviewed (first to last, descending):

Pseudonym	Gender	Age	Race/ Ethnicity	Education	Occupation	Marital Status	Current Relg./Spir. Affiliation
Deacon	M	39	White	Some college	EMT AND CCT [Emergency Medical Technician and Critical Care Technician]	Married	None
Abby	F	45	White/ non-Hispanic	Master's degree	Epidemiologist	Married	Catholic (lapsed)
Elizabeth	F	58	Caucasian	Master's	Educator/advocate/ consultant	Widowed	Culturally Christian/ Ideologically Buddhist

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[30] Despite my awareness of the increased suicide risk in the lesbian, gay, bisexual, transgender, intersex, and queer (LGBT+) community—especially LGBT+ youth (e.g., APA, 2010), many religions' sanctions against same-sex relations, and the conflicts that sometimes arise between this community and religious institutions, I did not ask participants to name their sexual orientation, only the gender with which they identify. I wondered if some would question the pertinence of their sexuality to my study, especially since the question would be posed on paper at the beginning of the meeting, without context and without our having had the opportunity to establish much rapport yet. I hoped that if they deemed their sexual orientation relevant, they would talk about it on their own volition, without prompting from me.

Phil	M	51	W	Psy.S. [MA in psychology & a 2-year degree in school psych.]	School psychologist and adjunct professor of psychology at [local university]	Married 24 years	Christian (non-denomina-tional)
Gabriela	F	40	Caucasian	Master's	Advocate/writer	Divorced	Buddhist
Jeremy	M	33	White	Master of Divinity	Hospital chaplain [he has since been ordained in the United Church of Christ and hired as Senior Minister at a church]	Married to my wife[31]	United Church of Christ (Christian/ Protestant/ liberal)
Stern	M	29	White	Some college	Unemployed/volunteer at [mental health nonprofit]	Single	Universalist
Harrison	M	48	Caucasian	Master's	Social worker	Married	Roman Catholic

In sum, five of the eight participants identify as male and the rest as female. Their ages at the time of the interview ranged from 29 to 58, with a mean of 43. All are White. Two attended some college; the rest have a master's degree, and one has an additional specialist degree. Five are married, one is single, one divorced, and one widowed. They are all employed in professional positions except one, who is unemployed but does volunteer advocacy work. Last, no two religious/spiritual affiliations are the same: while one person claims no current affiliation, the others identify themselves as a "lapsed Catholic," "culturally Christian but ideologically Buddhist," a nondenominational Christian, a Buddhist[32], a liberal Protestant (in the United Church of Christ), a universalist[33], and a Roman Catholic.

Data Collection

The participants and I met one-on-one in private, quiet settings. Once we had "settled in," we went over the informed consent form (Appendix A). I drew attention to

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[31] Unfortunately, I did not ask Jeremy why he did not simply write "married."

[32] Readers will learn in the next chapter that Gabriela was raised Jewish, still considers herself culturally Jewish, and sometimes refers to herself as a "JewBu."

[33] Readers will also learn that Stern does not mean the Unitarian Universalists.

the section containing crisis hotline numbers and the URL for a national database of mental health practitioners, and I encouraged them to make an appointment with a mental health professional if they felt that the interview stirred up anything that they might wish to process psychotherapeutically. I also emphasized that they could terminate the interview or skip any questions at any time without penalty and that I would be monitoring their emotional distress by checking their affect and periodically asking them how they were doing. I asked them to specify how they wanted me to respond should distress occur. Every person was given a copy of the document.

Once volunteers had formally consented to participating in the study and being audio-recorded (none opted to waive written consent, and all also gave verbal consent on tape), they filled out the two-page survey with the demographic questions listed above as well as the following background information questions: childhood religious affiliation (to be discussed in the next chapter), history of suicidal behavior (to be discussed in Chapter 5), current thoughts of suicide, presence of a plan for suicide imminently, whether they are working with a mental health professional, and emergency contact information. No one reported current thoughts or a current plan to die by suicide; had someone done so, I would not have begun the interview but instead taken the appropriate actions to secure his or her safety.

After participants completed the questionnaire, we began the semi-structured interview. I relied on a script only as a loose guide to ensure that I asked all of them the same general questions, but I wanted the conversation to flow naturally and rapport to be maximized. It was important to me that the participants felt respected as human beings, not just "subjects," and knew how honored I was that they were sharing their stories with

me. The goal of the interview questions, then, was to educe these stories, accounts of the experiences they had had with religion/spirituality before, during, and after their suicide attempt(s). The questions were designed to accommodate a broad range of past and present experiences, including the absence of a religious/spiritual background. Besides inquiring about the exposure they had had to religion when they were growing up and their current involvement, I asked about their views on and relationship with God, their religious/spiritual beliefs and practices, and any religious/struggles they have had. Although several questions on the written survey addressed respondents' prior and current suicidality, none from the interview proper probed for details about their suicide attempts, only about the role religion/spirituality played, if any, in their suicidality and how their ideas about suicide have changed over time. Readers will learn in the coming chapters, however, that every participant voluntarily talked about his or her suicide attempt—some in great detail. As a result of the first interviewee's description of his suicide attempt and thoughts on why he did not die, I ended up adding a question to the script, "To what do you attribute the fact that you lived?," which I will discuss at length in Chapter 5.

The meetings, which occurred between November 2015 and January 2016, lasted from 1.25 to 2.25 hours, with the average duration being 95 minutes. All of the participants answered all of the questions seemingly without qualms; they did not exhibit distress or require psychotherapeutic intervention. In fact, every one of them mentioned afterwards that they enjoyed the interview or were pleased to be in the study.

Data Synthesis and Analysis

The background information survey and digitally recorded interview comprised the bulk of the raw data. As a supplement to these texts, two participants also submitted photos of some of their paintings and drawings; two, online articles or blogs related to their story; and one, his master's thesis. About half of them communicated with me through various means (primarily email) one or more times after the interview to elaborate on their answers.

To comb through and make sense of this wealth of data, I drew most heavily from the guidance provided by Bloomberg and Volpe (2012, especially Chapter 7), Creswell (2013, especially Chapter 8), a course on qualitative research that I took in the winter of 2014, and coding exercises I did for a professor working on a grounded theory study. I alone transcribed and coded the recordings of the interviews without transcription or analysis software. I made this decision for a few reasons, the most significant being that I wished to fully immerse myself in the data and be accountable to them; I wanted to minimize the chances of my overlooking something and any mistakes made to be my own (not a computer's or a hired transcriber's).

First I listened to each interview all the way through. Then I transcribed one at a time, stopping every few minutes to rewind the recording and check my work. As I suspected, listening to the recordings enabled me to relive the interview experience, in a sense, and become very familiar with what each person shared—so much so, in fact, that I can hear the interviewees' voices in my head whenever I read their transcribed words.

Once I finished transcribing the nearly 16 hours of recordings, checking for accuracy as I went, I combined the transcriptions into one long document in

chronological order by interview, printed it out, and read through it in its entirety, underlining noteworthy phrases (that is, anything that struck me as relevant to the project), making margin notes, and highlighting "extra-special" remarks (only a few in the whole document) that especially seemed to capture an important aspect about the intersection of suicide and religion/spirituality for that person. For example, in the last third of the interview Harrison stated:

> Even in the last couple years where I've gotten about as close to acting on my [suicidal] thoughts as I've been since I was in my 30s, you know, it's just, uh, it's really terrifying! And it's not—it's not, you know, the *easy* way out, and it's not—I don't think—I mean, I get that it's experienced as selfish, um, and that because I'm not the one who has to live with it I don't maybe get to decide whether it's selfish or not. But, uh, but that's certainly not what I'm thinking in those moments where I get really—yeah. (He pauses, and I ask him in what way, if any, religion and/or spirituality informed his desire to die.) Well, I can't say that I was very connected with [religion/spirituality] in those [suicidal] moments. I mean, I think that was probably part of the problem.

In the initial read-through, I marked and annotated the passage like this:

Even in the last couple years where I've gotten about as close to acting on my thoughts as I've been since I was in my 30s, you know, it's just, uh, it's really terrifying! And it's not—it's not, you know, the *easy* way out, and it's not—I don't think—I mean, I get that it's experienced as selfish, um, and that because I'm not the one who has to live with it I don't maybe get to decide whether it's selfish or not. But, uh, but that's certainly not what I'm thinking in those moments where I get really—yeah…. Well, I can't say that I was very connected with that in those moments. I mean, I think that was probably part of the problem.	somewhat recent intense suicidality opinions on suicide needed more connection to RS

I also kept a "brainstorming journal" in which I wrote themes that were appearing in most or all of the participants' stories, such as substance use, childhood depression, religious

questing, caregiving roles, and so forth. Applying this attentive reading and memoing method to the entire document provided me with an excellent idea of what the data were conveying overall—"a sense of the whole database" (Creswell, 2013, p. 183)—so that I could formulate analytic codes appropriately.

Next came the coding itself. Bearing in mind my central research question— "What experiences have suicidal people had with religion/spirituality over the course of their lives?"—and the interview questions I asked to get at this information, I determined that my codes would need to identify both the content and the chronology of participants' religion/spirituality relative to their suicide attempts. What did religion/spirituality look like in the participants' lives before the attempts? How did it change afterwards? What role did it play at the height of the individuals' suicidality (which I assumed was the period after they had made up their minds to kill themselves, when the planning and execution of the attempt occurred)? Accordingly, I created the following coding categories:

- o *History of religion/spirituality* (RS): applies to comments about religion or spirituality prior to the suicide attempt
- o *Definition of RS*: captures anything implying how the person defines religion/spirituality
- o *God*: denotes remarks suggesting how he or she conceives of God or a supreme force or being
- o *RS struggles*: encompasses experiences of turmoil with religious/spiritual antecedents or qualities, such as crises of faith

- *RS today*: for statements referring to the form or function of religion/spirituality in the person's life today

- *RS practices*: includes anything identified as a practice that is religious/spiritual or that connects the person with a sense of peace or goodness

- *Suicide story*: contains descriptions of the suicide attempt or statements about suicide or suicidality

- *Why lived*: signifies the participant's musings on surviving the attempt(s); this question was added to the interview script during the first interview

- *Suicide as option*: incorporates comments on how suicide arose as an option for the person; this was not a formal interview question, but half of the participants discussed it

- *Miscellaneous*: dedicated to sundry themes that arose as I coded and that I noted as potentially important but that did not fit neatly anywhere else and were not formally targeted by the interview questions: community, music, counseling, closing the interview, revelations/epiphanies, being a questioner/seeker, and instrumental family members/figures

I devoted an Excel spreadsheet to each of these categories and on each spreadsheet I listed the pseudonyms of the participants along the leftmost column. I then carefully reread each transcription, coding as I went. In the boxes to the right of the participant's name I placed phrases or quotes from that person that pertained to the coding category along with the page number where they appeared in the transcript. Meanwhile I continued to record in my journal questions and observations I had about the process and conundrums I encountered. Some examples of those entries are as follows:

"Where does 'history of RS' end and 'RS today' begin? Not sure yet how I'm going to present them because they aren't easily delineated. Should I write chronologies of RS for each participant?" (November 27, 2016). "For some participants, religion, mental health, and suicide are extremely entwined and don't easily fall into one distinct category" (November 29). "Seems to be the case that many of the motives/contributing factors are not consciously considered when the person is in the final planning stages and attempts suicide. Death is purely a relief/exit" (January 1, 2017).

Once I had scrupulously coded every comment that seemed to relate to the research, I had hundreds of spreadsheet cells that, though organized, were vast, disparate, and still "raw" in the sense that they had not been synthesized into a coherent, readable account. For this synthesis process—distilling the coded data into the most important findings and representing them appropriately in my write-up—I relied on techniques from narratology and phenomenology. With respect to the narrative approach, I looked for "the story [the data] have to tell, a chronology of unfolding events, and turning points or epiphanies" (Creswell, 2013, pp. 189), then presented them as such in the Findings chapters. This approach was highly relevant to my project in three ways: what interviewees said largely came in *story* form, since they were asked to describe experiences they had had over the course of their life; my study emphasizes the *chronology* of religious/spiritual factors relative to the occurrence of the suicide attempts; and even in the very first read-through I recognized *turning points* in the narratives, most of which were preceded by an *epiphany* of some sort. The phenomenological analytic method I used, meanwhile, consisted of identifying "significant statements … about how individuals are experiencing the topic" and then writing a "textural description" of the

experience using verbatim examples (Creswell, 2013, p. 193). Readers will behold in the

next two chapters how I arranged the data narratively and thematically so that they made

sense in relation to each other and to the project as a whole.

Study Limitations and Trustworthiness

It is incumbent upon researchers to acknowledge the potential critiques of their

study to show that they were not blind to its weaknesses and made an effort to rectify

them. Some of the limitations of my study apply to qualitative research in general, and

some are particular to this study. One of the most conspicuous ones inherent in both has

to do with the weightiness of the researcher's role. "Because analysis ultimately rests

with the thinking and choices of the researcher," Bloomberg and Volpe (2012) point out,

"qualitative studies in general are limited by researcher subjectivity. Therefore, an

overriding concern is that of researcher bias" (p. 126). In response to this concern, one

convention of much qualitative research is researchers' reflexivity (introspection with the

goal of gaining insight) and subsequent transparency about the biases they bring to the

table. In phenomenology this practice is known as *epoch* or *bracketing*: that is,

investigators' attempts to "set aside their experiences, as much as possible, [in order] to

take a fresh perspective toward the phenomenon under examination" (Creswell, 2013, p.

80). The qualifier *as much as possible* is crucial here, as fully ignoring one's own

experiences with and presumptions about the phenomenon—in effect, achieving true

objectivity—is, I contend, impossible. After all, everything we humans do, say, think,

feel, and perceive is always, ineluctably, filtered through our mental and perceptual tools,

unique as fingerprints.[34] That said, acknowledging to oneself, one's participants, and those who read one's study the opinions and prior experiences one has that could (and probably did) color data collection and interpretation is a step in the direction of, if not objectivity, reducing the impact of those biases and establishing the credibility of one's study.

In the spirit of transparency, then, I will point out the major biases within this study (of which I am conscious) that might have affected its process and outcome, and I will describe the measures I took to limit their potency.[35]

Confirmation bias and leading questions.

Confirmation bias involves fishing for or privileging the data that reinforce what researchers would like to demonstrate over the results that do not support their thesis. Asking leading questions is one way researchers can influence a participant to say what they want to hear. In the case of my study, I started out with a suspicion that religion/spirituality often plays more roles in suicidal people's lives than the literature has credited to it. Had this been a quantitative study, I would have treated this conjecture as a hypothesis and conducted an experiment or other empirical research to try to confirm it. Because my study was qualitative, however, the goal was different: elicit stories from volunteers who have had experience with suicidality and religion; then try to represent their descriptions of the phenomena thoroughly and accurately in the written report so as to enhance readers' understanding of them. I did not, therefore, feel the same pressure a quantitative researcher might have felt to draw out desired responses from the

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[34] See D. Webb (2005) for further discussion on subjectivity and its implications for research.

[35] Also in the spirit of transparency, before writing this section I reviewed types of bias that commonly crop up in research. I found the article by Sarniak (2015) to be most helpful.

participants. Nevertheless, I tried to keep my language and questions neutral in the documents read by the participants—the recruitment flyer, introductory email, informed consent form, and questionnaire—and in the interview question guide so as to avoid swaying them to respond in a certain manner. The questions in the guide contain qualifiers such as *if any* and *or not*, meant to convey to the interviewees that I was not presuming that they had had certain experiences or held certain points of view, and my extemporaneous responses and follow-up questions during the interview, as opposed to being leading questions, were largely of the "tell me more" variety.

Cultural bias.

Cultural bias consists of ethnocentric favoritism or prejudice based on cultural traits that are like or unlike one's own. Incidentally, every person who volunteered for my study turned out to be culturally similar to me in a broad demographic sense: US-born, native English speaking, White, adult, able-bodied, educated, and middle-class, and all but one was an employed professional. Some of the characteristics different from my own that were present in most or all of the participants included experiences with a pervasive, functioning-impairing mental disorder; current religiosity/religious affiliation; maleness; being over age 40; firsthand experience with a suicide attempt; being married; and having a deceased or absent parent, especially in childhood. Here, I believe—or hope—that I have been served well by my having grown up in an ethnically diverse state (Florida), having lived abroad, having worked as a psychotherapist with clients from a wide array of cultural backgrounds, and regularly showing empathy and respect to those around me—all life experiences that contribute to an intercultural capacity of respecting and working with cultural differences (Doehring, 2015). To the extent that I can accurately

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gauge any cultural bias that I harbored while carrying out the interviews and analyzing the data, I submit that I treated all of the participants with the "unconditional positive regard" that Carl Rogers (e.g., 2013) famously encouraged caregivers to show.

Psychotherapist bias.

By the same token, my occupation as a practicing psychotherapist might have affected my impromptu reactions to interviewees' disclosures, a possibility suggested by the professors at my proposal defense. I might not, for example, have maintained quite the dispassionate stance that interviewers are more or less supposed to maintain; perhaps I responded in too "psychotherapeutic" or psychologically probing a manner. To that valid concern I can only respond that I strived to be ever-mindful of my potential to take the interview down the path a counseling session might go, and in at least two interviews I even confessed to the interviewees my temptation to do so. For what it's worth, none of the participants made any indication that I was "therapizing" them, not even the one (Gabriela) who used this word in her interview as she was deploring some people's tendency to self-righteously treat her like a pitiful soul in need of fixing. Moreover, the very source of what I am calling *psychotherapist bias*, my occupation, could also be my saving grace: in my daily work as a substance use screener and addictions counselor at a hospital, I ask sensitive questions and elicit personal information from patients, often without the luxury of time to explore the root cause of a risky behavior or to have follow-up meetings. Thus, I have had a lot of practice staying on task in interview situations.

Acquiescence bias and social desirability bias.

Originating in the participant rather than the researcher, these biases occur when interviewees act like "yes-men," either saying what they think the researcher wants to

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hear or saying the socially acceptable thing rather than a non-normative yet truthful answer. For my part, I tried to minimize the likelihood of participants' responding disingenuously in three ways: by "attempt[ing] to create an environment that was conducive to honest and open dialogue" (Bloomberg & Volpe, 2012, p. 127); by posing questions that did not imply a right or wrong answer, only a request for the person's story; and by conveying positive regard, affirmation, and acceptance through verbal and nonverbal means. As for the participants, since talking about suicide, let alone attempting it, is still on the fringes of social acceptability, they probably would not have volunteered for the study if they were going to be overly concerned with pleasing me or staying within the bounds of "proper" conversation topics.

Sampling and sample bias.

Raising the issue of who volunteered for my study leads me to address a prominent limitation of my study: the non-representativeness of the selected population with respect to the population at large and the ways that such a population can affect the results. In the case of my study, part of these biases comes from my sampling method, which itself stems from my recruitment procedure. My recruitment flyer called for people who met two criteria: a history of a "serious" suicide attempt and a willingness to talk about their spirituality or religion. This automatically rooted out people who had never attempted suicide and those unwilling to discuss their spirituality or religion; it also possibly turned away people who felt that they did not have significant spirituality or religion to speak of or who did not relate to either of those terms. (That said, Deacon, who grew up with virtually no religion and to this day does not consider himself affiliated with a religious/spiritual tradition, was not deterred by the second eligibility criterion.)

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My study, like any that relies on volunteers, also has to contend with *self-selection bias*, the phenomenon of recruiting participants who are the "volunteering type." In other words, the 10 people who presented themselves as candidates for participation in my study likely have certain personality traits and meet certain additional requirements that make them more likely to embrace an opportunity to talk openly about their religiosity/spirituality to a researcher and to "out" themselves as a suicide attempter.

Moreover, by chance the eight people who served as my study participants ended up representing only one race (White, perhaps of mainly European ancestries), one nationality (American), one class (middle), and were all able-bodied, highly educated (in six cases, holding graduate degrees) working professionals (except one who occupied himself with unpaid advocacy work). These are, in fact, only the *major* demographic similarities among them; I could undoubtedly come up with more if I were to start comparing their more specific features. Although qualitative researchers in general do not strive either to generalize their studies' findings to the widest possible population or to gather a sample that includes all cases of a given phenomenon (Oppong, 2013), their participants' particular psychological, demographic, and genetic (etc.) profiles still exert an appreciable effect on their studies' findings and therefore should be borne in mind.

Credibility and transferability.

Two other limitations of this study merit mention, which, like researcher bias, relate to its trustworthiness. In qualitative research, *trustworthiness* is the qualitative counterpart to "the more traditional quantitative issues of validity (the degree to which something measures what it purports to measure) and reliability (the consistency with which it measures it over time)" (Bloomberg & Volpe, 2012, p. 125). My study's

methodological validity—or *credibility*, the preferred term in qualitative research—was demonstrated by its withstanding rigorous vetting by my dissertation committee. The interpretative credibility of my study (i.e., the soundness of my data analysis and interpretation), however, could have been bolstered. Even though I have devoted six years of doctoral study to suicidology (especially to the subtopic at hand, suicidality and religion/spirituality), feel versed in the subject matter, maintained an "audit trail" (e.g., Bloomberg & Volpe, 2012, p. 15) by recording my research decisions and edits during this study, and have been candid about my methods and biases, I could have pursued more verification of my data analysis than I did. I asked each of the participants if they wanted to review the Findings and Discussion chapters before I submitted them to the committee. All declined, saying that they trusted in my ability to tell their story accurately. All also wished to have a copy of the study results after my dissertation was completed (also implying their trust in the value of my work). I could have insisted, however, that they "member check" my findings and interpretations to ensure that I did not make a mistake. Additionally, I could have engaged in more extensive peer review. Although I discussed my procedures and conclusions with some professors and peers and consulted trusted colleagues when I felt stuck, I did not seek inter-rater reliability per se by having others code my data or compare my codes to the conclusions I drew.[36]

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[36] The biggest reason I did not do this is that my coding categories were so closely matched to my interview questions that not much interpretation was involved; I felt confident enough about the process of putting each significant datum in the appropriate category that I did not feel another rater was needed. Had this been a grounded theory study with a goal of generating a new theory from the collected data instead of a phenomenological-narrative study whose goal was to lay out stories of people's experiences in an organized and informative manner, I would have placed more emphasis on the need to check the consistency of my coding by means of several other raters.

The other limitation has to do with my study's *transferability*: not the extent to which the findings can be generalized to many other people and settings, which is a goal of quantitative research, but "how well the study has made it possible for readers to decide whether similar processes will be at work in their own settings and communities" (Bloomberg & Volpe, 2012, p. 113). Most qualitative studies such as my own feature a small, often fairly uniform sample, and many are also cross-sectional, both of which are limiting if the researcher's aim is to make broad claims about the thing he or she is investigating. Instead of seeking to establish such "quantitative certainty," however, qualitative researchers aspire to demonstrate "qualitative salience" (D. Webb, 2003, p. 8). The way to accentuate this salience and therefore help readers judge the fit between the study's context and their own is to be forthright about one's methodology and provide elaborate—or "thick" (à la Geertz, 1973)—description of the phenomenon through the eyes of the participants familiar with it. An added benefit of such detail is that it "offers an element of shared experience" (Bloomberg & Volpe, 2012, p. 113), enabling readers to vicariously participate in the research process and/or the experiences of the study participants. I hope that such thick description will be evident in the chapters that follow, thereby combating the potential transferability limitations of my study and giving readers to opportunity to reflect on how the phenomenon of religion/spirituality as it operates in the lives of suicidal people is relevant within their own personal, professional, or academic milieux.

Summary

This chapter offered a thorough look at the methodology supporting this research project. It included a weighing of the suitability of quantitative versus qualitative designs

and a description of and rationale for the particular approaches taken to data collection and analysis. I walked readers through the steps of the research process, from securing IRB approval to deciding how to most effectively write up the rich data. I introduced the eight participants of my study by pseudonym and demographic features. Finally, I addressed the potential limitations of the study, including the various biases that could skew the data. Now that readers are familiar with why and how this research was pursued, they can proceed to what it revealed. The next two chapters will attend to that task, relaying the moving stories of eight people whose lives were both turned upside down and righted by religion and spirituality.

Chapter 4
Findings Part I: Religion and Spirituality

I dont [sic] believe in God. Can you understand that? Look around you man. Cant [sic]
you see? The clamor and din of those in torment has to be the sound most pleasing to his
ear…. Show me a religion that prepares one for death. For nothingness.
There's a church I might enter.
White, a suicidal man in Cormac McCarthy's
The Sunset Limited, 2006, p. 137

You'll be able to forget me, God, for eternity.
Scobie, a man who dies by suicide in Graham Greene's
The Heart of the Matter, 1948/1991, p. 258

Introduction

Chapters 4 and 5 showcase this study's findings, the product of meticulous

thematic analysis of the copious raw data generated by the interviews and questionnaires.

Both chapters are organized into sections derived from the coding categories I described

in Chapter 3 as well as the questions from the Interview Guide (Appendix C), versions of

which were posed to—and, without exception, responded to by—every participant. These

sections fit within two larger categories: Religion and Spirituality (the focus of this

chapter), and Suicide Attempts (the focus of Chapter 5). This method of organization was

deemed most suitable for presenting the myriad elements of the interviewees' stories

comprehensively yet clearly, in chunks both manageable to the reader and convenient for

further analysis (the task of Chapter 6). The aim is to honor the integrity of these special

stories while juxtaposing them in such a way that they can be compared and contrasted

with one another and certain patterns can be lifted out. The participants' narratives, then,

are largely presented *as* narratives—that is, as life events transpiring in chronological order—despite their being broken up into thematic sections.

The category Religion and Spirituality is an umbrella for the participants' thoughts, feelings, and experiences regarding religion/spirituality over the course of their lives. It includes five sections fashioned from the eight interview questions and codes related to religion/spirituality. The first section will describe interviewees' religion/spirituality as they were growing up (where applicable); the second, these phenomena as the interviewees have experienced them as an adult; the third, participants' relationships with and views on God; the fourth, the religious/spiritual struggles they reported; and the fifth, their religious/spiritual practices. While this chapter contains mention of the interviewees' suicidality—inevitably so, since for most of them, religion/spirituality and suicidality were intertwined—the bulk of the data pertaining to their suicide attempts and suicidality will appear in the next chapter. These two chapters will present a summary of the findings without interpretation, while Chapter 6 will follow with analysis and discussion.

Religion and Spirituality While Growing Up

All but one of the participants were steeped in religion through childhood and adolescence: two in the Roman Catholic Church (Abby and Harrison), one in the Byzantine Catholic Church (Phil), one in the Methodist Church (Elizabeth), one in the United Church of Christ (Jeremy), one in "Conservodox" Judaism (Gabriela), and one in the New Apostolic Reformation movement (Stern). The remaining participant, Deacon, said that he was not raised in any faith tradition. Except for Deacon, the others attended services regularly at their respective places of worship either from birth or soon

thereafter, and half also went to the accompanying religious classes for youth such as confirmation or Sunday school.

Church is where the heart is: Harrison, Jeremy, and Abby.

For some interviewees, the place where they worshiped as a youngster was a true community, a place of belonging. Harrison was baptized in the Roman Catholic Church, the tradition that his once-Lutheran father had converted to in order to win over his devout in-laws. Harrison's mother, wracked with mental illness, took her own life in 1972 when Harrison was five. Soon after, his father put him in Catholic school and began taking him and his sister to Mass. "Why now, Dad?" Harrison asked. "Well, I just think you need it," was his dad's reply. Harrison "took to it pretty quickly," became an altar boy, and voluntarily "was in church and at church all the time." Several priests took him under their wing.

> I mean, the priests: I remember them to this day. And they were remarkably generous and kind and loving; they were really good role models for me…. I loved it! It was a place where I felt like I belonged; it was a place where I felt connected with other people; I felt community. And I even had somewhat of an emerging understanding of or appreciation or sense of—of God! This being that was with me, uh, in the midst of what was a really difficult time, trying to live into life without my mom.

Harrison would go to weekday Mass by himself early in the morning before school. Praying the Rosary became an important practice for him, the rhythm and repetition fostering a "solitude and quieting of the mind and the spirit" and allowing him to

experience a sense that he was "connected to everyone else who was doing it." It created "a space that felt easy to be in" and where he "felt held."

Perhaps unsurprisingly, Harrison chose to attend a Catholic high school and Jesuit university, and served in campus ministry at both. Religion and spirituality permeated his life at that time: he received spiritual direction and regularly sought out discussion with clergy, went on lots of retreats and became a retreat leader, served as a student chaplain, preached at Mass and read at other services, traveled on service trips, and did lots of volunteering. He calls Catholicism the "constant in my life for a long time."

Jeremy was similarly nurtured by the church of his childhood. The year he was born, his "spiritual but not religious" parents moved to a new state and put a lot of care into finding a church with a theology that "felt right." They chose one 45 minutes away within the United Church of Christ (UCC) tradition. Despite the long drive, the family attended every week as far back as Jeremy can remember. He recalls "running around the church [and] crawling under the pews during worship, scaring people" as a child. The church was the setting for countless special memories: being baptized with his three brothers on the same day, receiving his first Bible when he was in third grade, being taught by "lots of wonderful teachers" in Sunday school, avidly participating in youth group through high school, preaching the Father's Day sermon with his confirmation mentor, and receiving an influential letter from a congregant encouraging him to become a minister.

After his parents divorced when he was in middle school, Jeremy spent "a lot of time struggling with what love meant and yearning … to be loved in a way that I saw, or perceived that I saw, other families love each other. Being at the church offered me, um,

love in a way that I didn't find at home; at home was often very stressful." This affinity for the United Church of Christ would remain with Jeremy till present day. "It's a place of home and belonging," he says.

Abby did not come into feelings of goodwill toward the church of her youth until she was 20. Raised Roman Catholic, she regularly attended church and Sunday school for about eight years but took issue with much of it even at an early age.

> I refused to be confirmed because … they did this presentation every year about abortion, and it was, like, this—it was so bad. It was like "Abortion: bad. Abortion: bad" basically. And I just completely disagreed with it. And then I had a priest that made obscene phone calls to me when I was 12…. And on top of everything else, they're a corrupt organization and I don't want to be a part of it.

> It was not until her beloved grandmother, a pious Catholic, died when Abby was 20 that she gave the Catholic Church another chance. She joined the Catholic Fellowship at her university, met a "wonderful" priest who would patiently entertain her theological inquiries, and even became the Eucharistic minister. "It was comforting," she said, "because it was the same—you know, Catholic Mass is always the same: the same responses, the same (pauses) everything. It felt like home to me. And it felt like I was closer to my grandmother." Abby was, in effect, able to redeem the religion by allowing herself to view it as the church of her grandmother, whose death 25 years ago still chokes her up when she talks about it. She believes that the priest from the Catholic Fellowship who became her confidant also helped "salvage" the church for her and supplant some of the bad associations with priests that she had developed.

A square peg in a round hole: Phil, Elizabeth, and Gabriela.

The majority of participants, while growing up, did not have a good intellectual, theological, or spiritual fit with the institutions where their families were members, despite having a hunger for such stimulation. Phil, whose mother took him and his siblings to her Byzantine Catholic church every week while his "agnostic" father with longstanding resentment toward Catholicism stayed home, felt he was on a "spiritual journey" from an early age. Because the Byzantines endorse the belief that one is confirmed at baptism, and he had been baptized in that tradition, Phil was not required to do catechismal classes. While his brothers and sisters were celebrating being off the confirmation hook, Phil was disappointed to miss out on formal classes for studying church teachings. He took it upon himself to study the Bible in depth "even though we weren't reading the Bible at home," pose theological questions to religious representatives, and generally maintain an active interest in faith and religion. He came to some unflattering conclusions about the particular religion being practiced around him and the practitioners he observed (the words he emphasized while speaking are italicized):

> When I was, you know, really kind of digging down into it a little bit and kind of figuring out who I was relative to faith, it just seemed, um, a little rote and dry, and … "There's gotta be more to it than *this*." You know? Uh, Jesus didn't die for *this* (laughs hoarsely)…. [I had] this bent toward wanting to figure it out, but always this—kind of this emptiness like "Eww."… I figured that there's gotta be more to it than just listening to some old guy quote a couple of chapters and then

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us shaking hands and going home, and then doing kind of whatever we wanted to do after that.

Miffed about the hypocrisy he perceived churchgoers to emanate, the blandness of the church services, and the Catholic insistence on priests as intermediaries between laypeople and God, among other grievances, Phil quit Catholicism. He tried his hand at other Christian denominations and even went through a phase of being a "fire-and-brimstone, really obnoxious, pain-in-the-ass" evangelical Christian during his senior year of college before he found a more befitting religious home at a nondenominational church with a more lenient doctrine.

For Elizabeth, raised in the rural South, church, family, and community were one and the same. In a Southern accent she describes her small town's long-established Methodist church, where generations of her family had attended. "Anybody who was anybody in that farming community was a member of that church. All activity was there." From children's choir concerts in her "little angel costume" to gatherings at her grandmother's big farmhouse for dinner after Sunday services, church "had lots and lots of good feelings to me." Then, when Elizabeth was in third grade, her businessman father who was becoming more successful moved their family to the "in-town" Methodist church where the "fancy people" went. Quickly Elizabeth felt out of place and judged by the other girls. Although she and her family stayed "very actively involved" in that church, it began to lose its sense of homey welcome.

At an early age Elizabeth experienced "medical trauma" that rendered her ill and limited her physical activity for a long time. A "precocious child," she became a voracious reader and an astute observer of the world around her. The Vietnam War and

Civil Rights Movement were happening, and young Elizabeth was paying attention. "I became *very* aware that there was a much bigger world out there and that I was not a part of that," she said. To the adults around her she posed lots of challenging questions about theodicy, social injustice, and so forth. "I was the kid in [confirmation] class who had all kinds of questions and raised all kinds of issues, and they couldn't answer my questions! … Everybody'd look at me like I had horns!"

Elizabeth's curiosity extended to reading about Wicca, Buddhism, and other religions, and she developed a fascination with the writings of Edgar Cayce, the "medical intuitive [who] did astral projections and astral healing." Because she belonged to an "up-and-coming family" in a "little bitty town" afflicted with "white-picket-fence syndrome," however, Elizabeth felt pressured to toe the line. To compound the situation, her mother was dealing with a disabling mental illness that was a source of shame for her family, who felt compelled to keep it a secret. Elizabeth saw herself as a "deep thinker" trapped in a world of pretense.

> The way things worked … is, you had to be perfect on the outside. I mean, you had to *look* good, you had to *sound* good, you had to have perfect *manners*, um, or it would reflect badly on the family; therefore it would reflect badly on the church community. And what was happening inside of me: number one, I didn't—I could never feel like I measured up to what was happening in that little church, and then … the other piece was just being in tremendous emotional turmoil all the time and nobody to have a conversation with about what I was thinking, or what I believed.

By age 14 Elizabeth had befriended a group of girls who belonged to the Presbyterian and Baptist churches in town. Because the Baptist church had the more

active youth group, she started going to its functions and soon decided that she wanted to join that church. Her parents "had a hissy fit. Going from Methodist to Baptist, I may as well have been converting to Satanism!" Eventually she succeeded in convincing them to let her attend. She and her new friends started drinking a lot, doing drugs, and having sex—a way for Elizabeth's insular small-town life to approximate that of the exotic 1960s counterculture. All the while she attended church services—"That's what you *did*; you had to have a church affiliation"—and tried to reconcile what she was experiencing and pondering outside of church with what she was hearing, seeing, and learning inside. In addition, because her grandfather was a master Freemason, Elizabeth was involved with the International Order of the Rainbow for Girls, the Mason service organization for girls, which she described as having its own brand of religious belief but was exclusive to an almost bigoted degree. All of these conflicting messages were too much for her.

> I just began to see the hypocrisy of the Church. And then in this little *Baptist* church—you know, where everybody is talking about sin and faith and being true—the minister ends up having an affair with his secretary, it's this big blowup, and I—that's when I just said, "I'm done. This is all bullshit."

Consequently, she left conventional Christianity for good.

Gabriela comes from many generations of European Jews on both sides of her family. Like Harrison, she was not exposed to much religion in the first few years of her life, for her mother, too, was grappling with serious mental illness—in her case, schizophrenia, diagnosed at 18. The courts removed Gabriela from her mother's custody when she was five and placed her in the care of her grandmother and step-grandfather, who were practicing Jews "on the more kind of strict side" and regularly took her to

synagogue. While Gabriela loved the sound of the Hebrew prayers, she did not understand what was being said or much of what was going on around her: the *davening* prayer recitations that involved rocking one's body back and forth, the separation of men and women in the sanctuary, and the constant standing up and sitting down, which she presumed was to keep congregants from falling asleep. Besides these practices that she found "strange," she "hated Hebrew school" and especially resented having to be the sole "representative of Judaism" for her classmates in the Pennsylvania town where she was now living. She opted out of a bat mitzvah and jokes that therefore she "never officially became an adult in Judaism."

Like most of the other interviewees, though, Gabriela had an insatiable curiosity for the more esoteric—perhaps what could even be called a spiritual yearning. Around puberty she became very interested in Eastern philosophies and religions. She remembers being "really impacted" by Hermann Hesse's *Siddhartha* and other books. When she was in fifth grade her mom gave her a copy of *Chariots of the Gods?* by Swiss writer Erich von Däniken, which advances the idea that humans are descended from aliens. Gabriela was enthralled by the ancient texts and cultures he discussed. From there she moved to Carl Sagan and literature on extraterrestrial life, and she even wrote a paper in middle school about the probability of other planets supporting life. "I was a real nerd growing up," she said. "That's one thing I found a lot of solace in: studying, reading, books, and all that."

In her mid-teens Gabriela became "captivated by hippie culture," mainly because her mom was "a big hippie" and she felt very distanced from her. They lived in different

states and would only see each other on holidays here and there, besides keeping in touch through phone calls and letters. Gabriela found this separation "really devastating."

> So, I think a way of trying to feel closer to my mom was getting into—I guess it was retro! In the '80s the '60s were retro…. So I was just really listening to the *Doors*, and Janis *Joplin*, and, like, really got interested in the whole LSD—you know, that whole world of the "doors of perception" and Aldous Huxley, and I was just really fascinated with that whole generation and that spiritual search that was part of that generation. Um, and I was doing a lot of drugs 'cause I wanted to really experience it (laughs). So I did it all! You know, I smoked a lot of *weed*, I did LSD, I did mushrooms … [and] was just getting into a lot of trouble.

Gabriela's experimentation with the '60s counterculture lifestyle eventually wore itself out, much like it did for Elizabeth. Her youth was peppered with suicide attempts, hospitalizations, and long stays at various foster placements. She was spiritually adrift until age 18, when a significant event happened that altered the course of her life. Her story will resume in the next section.

Discerning spirituality from schizophrenia: Stern.

Stern had the confusing religious upbringing of being raised in a home where he and his sister would "get in trouble for praying" or otherwise involving themselves with anything that smacked of religion. Then, midway through Stern's teens, his mother, whom Stern now recognizes as being pathologically "narcissistic," got entangled in some "shady dealings" and ran into financial and legal trouble. She "got saved" by a friend affiliated with a charismatic church called Power Encounter Ministries (name changed)— "They took a scripture out of Jeremiah about God's power and how as believers we

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should be harnessing his power and using it," explains Stern. This was the beginning of a years-long relationship Stern's mother and stepfather, her fourth husband, would have with that church and its brand of fringe Christianity. Eventually they would even become the financial backers of the church and therefore call the shots. Expecting Stern to convert like they did, they took him out of public school, enrolled him in a conservative Christian school, and required him to attend worship services with them. He describes his understanding of, and reaction to, the New Apostolic Reformation movement to which Power Encounter belongs in the following way:

[Affiliates believe] that apostles are alive today and God has chosen them [to] run the church…. They would have these tent revivals where the people would feel like God was pouring out his spirit of healing, and people would come from all over the country to get healed. And so that's the New Apostolic Reformation; [it] is about pretty much taking over—they call it the Seven Mountains of Influence. It's, like, business, entertainment, religion [and others], and they pray that God will give them the influence to take over these types of spheres of influence so that they can bring the glory of Jesus to everywhere. So, the religion aspect: when I was growing up, for me it wasn't about love; it was more about power. It turned me off, because I didn't—you know, everything was about control and, you know, showing that your religion is the one [and] that Jesus is the one. So, when I was in school I would not only get judged by the students; I was an outcast (pauses), and I just rebelled.

When Stern did not "jump on board with what was going on," his mother and stepfather kicked him out of the house when he was 17, leaving him to fend for himself

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through the rest of high school by staying with whatever friend would take him in. To complicate matters, at eight years old Stern had experienced his first hallucination, a symptom of the schizophrenia with which he would not be diagnosed for another 13 years. In this case it was auditory: a terrifying "demon voice" that yelled at him and said "horrible" things to him. Later in adolescence and early adulthood, the hallucinations would become visual as well, demonic themes remaining a constant. For years Stern would struggle to sort reality from the phenomena generated by his brain, all against a backdrop of frenetic Pentecostal worship services professing the realness of Satan.

Over a few incredibly chaotic years in his late teens, Stern dropped out of college after a semester; slept on innumerable beds, couches, and cots—including a few inside Louisiana's Orleans Parish Prison while jailed there twice just after Hurricane Katrina; drank untold gallons of liquor and took various other drugs; and had a spiritual conversion at an Alcoholics Anonymous (AA) meeting that a judge had ordered him to attend.

It was funny: most of the people [in New Orleans] who were in AA were lawyers. It was weird. Kind of the law profession there: Southern lawyer—like John Grisham always talks about these lawyers with drinking problems. So what do you do. So my first sponsor was a lawyer; he said, "You need to just get on your knees and pray to God for forgiveness; … you need to say the Serenity Prayer, and you need to ask God—"—you know, I'd never done that before. But I knew that the path in my life that I had taken before was not working and it wasn't the way that I wanted to live. You know, alcohol had become kind of my medicine—

something I needed all the time, to work! And so I got on my knees and I prayed. And then these voices started to get more positive.

Stern's mother, on the other end of the country, agreed to let him move back into her house but again insisted that he attend Power Encounter. This time her religion took hold. Stern would sit in the pews soaking up the passionate worship music and feel that the "power of God" was "pouring down" on the congregants, enabling them to speak in tongues and be overcome with "holy laughter." He would watch the ministers performing acts that he could only interpret as miracles: the healing of ailments and disabilities, the appearance of angel feathers and gold glitter on people, and the exorcising of evil spirits.

One day one of the pastors told Stern that God wanted him to go to "Bible school." With his mother's blessing, off he went to the Golgotha Revivalist College (name changed), which taught him how to "discern the voices" incessantly chattering in his head (to do so, he would "check if they're lined up with Scripture," then determine through prayer if their source was God or the Devil) and how to work miracles himself.

I imagine a lot of people who were at that school had … schizophrenia, bipolar, all that kind of stuff. A lot of them had it because—they called it a—a "Word of Knowledge." So, say I'm praying, and God—and my voices say, "This woman in a yellow shirt: God wants to heal her from—she has pain in her knee." So I'd go up on the stage and say, "I have a Word of Knowledge." And I'd say, "Is there a woman here who's in a yellow jacket who has pain in her knee?" And, you know, if I was right then someone would raise their hand. And so it became very bizarre.

Besides prophesying and healing, Stern had many experiences during his time in Northern California that he simply cannot explain today. In his interview he described a

wondrous visit from a tall, winged angel as he was lying in bed one night; a frightening

delusion that he was King Saul and was cursed by God; and "treasure hunts" in which he

would follow detailed clues placed in his head through a sort of divine GPS, drive around

town till he tracked down a specific person in pain, and pray with that person till

suddenly the pain was gone.

During Stern's second year, after he was certified as a minister, Golgotha's appeal

started to wear off. The school was grooming him to be a missionary in Africa, but he

wanted to stay in the United States and work with the disenfranchised. "I stopped

wanting to be this kind of known revivalist," he said. "I just wanted to live my life and

not have to have the pressure of always trying to find out what God wants me to do."

Then something else clicked. Stern started to turn a critical eye on everything he was

doing and learning at Golgotha. Rage arose as he began to recognize that he was being

"brainwashed" and "indoctrinated." What's more, he hated that he had been persuaded to

reject his own sister because she was not a believer. Having procured a gun, an

"extremely resentful and pissed" Stern was going to get back at the school that had turned

him into their pawn. Something inside him compelled him to take pause, however, and he

called the suicide hotline. To the woman on the phone he confessed, "If I don't shoot

myself, I think I'm going to shoot my pastor at school—go on a shooting spree I'm so

angry." She advised him to go to an emergency room and he listened. That ER visit

marked the beginning of a new self-awareness for Stern, which in turn ushered in a new

spirituality characterized by love, gratitude, and charitable feelings toward others.

No religion: Deacon.

Deacon was the only participant whose childhood featured virtually no religion. As he was growing up, church was "just a building" that meant nothing to him except that it was the venue for the occasional wedding or funeral. As he put it, "There was nothing involved. We didn't go to church; we didn't talk about going to church; we didn't talk about God, or Jesus, or *any* of that stuff. Just wasn't a subject." The community Deacon did have through his childhood and adolescence was his neighborhood. He grew up in a house on a cul-de-sac where all of the families were friends; he likened it to a "biker gang" with certain "weird hierarchies [among] the grownups." None of the families in this community were religious, and his mother, a "hippie," opted not to raise him and his younger brother in any faith tradition. Although his grandparents on both sides were religiously affiliated—one grandmother has played the organ at her church for years—and even at times put pressure on Deacon's mother to take the boys to church, she did not. Aside from some exposure to religion when he was in the military, "with the words 'In God We Trust' and stuff like that," and every so often attending a chapel service just "to escape the drill sergeants during basic training," Deacon had no formal interaction with religion. He would not gravitate to spirituality until later.

Religion and Spirituality as an Adult

As each participant got older, he or she joined different religious traditions, chose other houses of worship, or cultivated new spiritualities that were better suited to his or her needs. In some cases more significant changes took place than in others. As might be expected, the two people who experienced the biggest sense of belonging within their religious tradition, Harrison and Jeremy, still associate themselves with those traditions

today, though their spiritual practices and personal theologies have broadened. Stern, Elizabeth, and Phil, arguably the most aggrieved by their families' churches, went the other direction, permanently divorcing themselves from them and putting new belief systems in their place. Deacon also made a dramatic change, moving from an absence of religion to recognizing spirituality in his life today. Finally, Gabriela and Abby have maintained "cultural" affiliations with their childhood religions, though Gabriela went on to explore and adopt new spiritual elements while Abby opted not to insert any overt spirituality in its place. Each of their stories will now be told in turn.

Returning "home": Harrison.

The social justice and "contemplative in action" features of Catholicism Harrison had learned throughout his youth resonated with him and helped chart the professional and spiritual course the rest of his life would take. He would eventually become a social worker, but it was not a decision that was arrived at lightly. The degree to which he should base his daily and occupational existence on Catholicism became a very real source of inner tension for him as a young adult. He started a year of the Master of Divinity program at his Jesuit alma mater and was hired as a chaplain but left after only one semester, deciding that he needed more life experience first. "It just felt like it was asking things of me that I didn't really have access to just yet," he said. He also questioned whether it would be "practical enough for me in terms of the work I wanted to do." A year of training as a professional cyclist in another region of the country did not prove to be the practical work Harrison was looking for either, so he returned to his home state and became a candidate in the Society of Jesus—the official name of the Roman Catholic order known as the Jesuits, who commit to chastity, poverty, service to the poor,

and of course piety. After more than a year of discernment, he concluded that that, too, was not a good fit, mainly because he felt that as a layperson he was already doing a lot of the things that he would do as a brother.

Harrison may have decided that that prescribed devout lifestyle was neither necessary nor right for him, but he did not give up on religious life altogether. He and four other men created an "intentional faith community," Ignatius Place (name changed), which they modeled on the Jesuit Volunteer Corps and set up in a house in their city. They would host regular events involving largely Catholic devotional practices and religious study, celebrations of Mass by the local Jesuits, and prayer, which was "a very explicit part" of the community. Harrison looks back fondly on his four years there and calls it a "really rich time." To this day he is close with the other founders. Although he went on to live at another faith community for a few years, he did not talk about it with the same sparkle in his eye that he did Ignatius Place.

An interaction with a spiritual director at a retreat in Wisconsin in 1993 would prove seminal for Harrison. He had been reluctant to go on the retreat and did not hide that fact from the man, a Jesuit from Germany.

And he's like, "Okay, well, here's what we can do. We can either go through the motions, you know, and you can hang out and enjoy [the area], or we can take a slightly different approach. But I'm gonna tell you, it's gonna be hard, and it's gonna require a commitment on your part, and I want you to think about it and come back tomorrow morning and tell me what you decide." And I think he must've known of course I'm gonna pick B, because of my personality, so I'm like, "B." So it was during this retreat that he taught me, uh, the practice of

contemplative prayer in the tradition of a Benedictine who's also a Zen master …

and I took to it. Like, immediately.

That Jesuit continued spiritual direction with Harrison until he moved back to Germany in 1996. Before he left, he handed Harrison a pamphlet for a Zen Buddhist *sangha* (a type of community within the Buddhist tradition) and said, "I think you're ready for this." Led by a teacher named Ben (name changed by Harrison), the community was "modeled more around the contemplative prayer tradition, like Catholic ritual"—perfect for Harrison. So he traveled to the sangha, and "hook, line, and sinker, I was, like, in."

Harrison "made retreats"[37] with Ben and maintained a correspondence with him from then on. He called Ben a "pivotal figure in my life … [who] really shaped my practice and my prayer and my faith." Ben's untimely death in 2012 happened to occur only two months before Harrison's father's death, which was also unexpected. The two tragedies tore Harrison apart. Because of grief and pronounced frustrations with the Catholic Church at that time, Harrison "just kinda unplugged" from religious practice for about three years. Only in 2015 did he gingerly step foot back into the world of retreats.

On the second retreat after his hiatus, at a sangha whose Zen master had herself been a student of Ben's, Harrison was peering into the concept of radical acceptance and had the revelation "I'm Catholic. I'm not Buddhist." He speculates that "crystallization of discontent" ultimately led to this self-identification; Shambhala and all the other Eastern practices, while they were meaningful to him, "didn't feel quite like home." In effect, Harrison went full circle and returned to the spiritual home of his youth, Catholicism. "It's where I feel I can most be connected with myself, with other people who are near

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[37] Harrison almost exclusively used the verb *make* to describe attending a retreat under the tutelage of a specific teacher. The only other participant to discuss spiritual retreats, Gabriela, used *go on*.

and dear to me, and with God," he explained—not to mention it was the church of his mother, whom he never got to know. Although he still participates in Zen retreats every few months, he has resumed attendance at a local Catholic church and become involved with an organization that practices "centering prayer." Harrison admits that he has not resolved all of the qualms he had with the Church but maintains "a willingness and a tolerance to accept that imperfection."

Staying "home": Jeremy.

As alluded to above, Jeremy never relinquished the UCC church of his childhood, though he did spend a couple of months attending an "evangelical church" while in college as an effort to "differentiate" and "distance" himself from his twin brother and try a denomination with a very different theological stance. "I was tired of people just helping me ask questions; I was ready for some answers!" he said. According to Jeremy, the fundamentalist church, in contrast to the United Church of Christ, "had all the answers: you know, 'Here's God's plan for you: A, B, and C. You do all these things, you're gonna have a great life.'" The relief such definitiveness engendered, however, wore out fast, as the answers the church gave turned out not to be satisfactory. In fact, "it turned out to be a very horrible church that was oppressive to women, and I'm like, 'I'm done.' I had to go!"

His stint with the evangelicals, combined with another significant experience, was enough to show Jeremy that his optimum theological environment is a progressive one. The second experience occurred when he was a fresh graduate with a bachelor's in theater and was asked by the UCC conference to be a temporary minister for a small-town church that was between pastors. He did it, enduring a baptism of fire along the

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way, such as having to officiate a funeral in his first week and being "painfully" confronted with the problem of determining his pastoral identity as a worldly-wise young adult with a "college mind frame" in a rural town. Vowing not to do it again, he caved soon after when he was asked to do the same thing in an even more challenging place: "tough-town Wyoming." Jeremy says he is proud of his work "help[ing] a dying church *not* die" but found himself at odds with the popular ideologies there.

> What it did was it amplified all these liberal theological ideas in me, because I was like, "No, that's not who God is!" I would go to these clergy meetings with, like, evangelical and other Protestant ministers who would talk about crazy theological crap (laughs). I'd be screaming in my head, "Aaaaah! What am I doing here? This is *not* the Church; this is not what I believe Jesus—God—is about." And, um, so it really made me stand up and take some more vocal action about social justice.

After Wyoming Jeremy was invited to work in a leadership position at his childhood church, which was initially "refreshing" but, after about a year, started to grate on him emotionally for two reasons. First, he felt he was not being taken seriously by a large portion of the church who had seen him "run around in diapers" and remembered him preaching a sermon as a teenage confirmation student. Second, on a near-daily basis the male secretary in the church office would say sexually suggestive comments to Jeremy. Confronting the secretary about it, then eventually meeting with senior leadership, proved fruitless. Jeremy felt ignored, disrespected, and invalidated as both a professional and a person. Those two factors along with depression and a strained

relationship with his then girlfriend exacerbated Jeremy's emotional "unravel[ing]" to the point that he made an attempt on his own life.

When Jeremy discovered that he had survived his suicide attempt, he knew he needed to make a substantial change to his current situation. He applied to a theological school in another part of the country and got accepted. Before he went, despite feeling thoroughly alienated from God, he took a job at a UCC summer camp that had employed him in the past—a momentous decision, it turned out, because that is where he met Emma (name changed by Jeremy), the woman he would later marry. Emma would help repair and transform Jeremy's relationship with God, in effect also reviving his joie de vivre and sweeping away his self-doubt (which will be discussed more fully in the next section). In the meantime, at seminary, Jeremy was "celebrated as this *amazing* student who was just thoughtful and brilliant," but he "wasn't doing the internal work." It was not until his first unit of Clinical Pastoral Education as a hospital chaplain that he began to "connect it to my heart"—that is, his intellectual exploits began to take root emotionally and spiritually.

Today spirituality imbues Jeremy's life. Since his interview he has transitioned from being a chaplain to getting ordained and serving as senior minister at a UCC church in his home state. He says he never left the denomination because he never felt the need to: it is familiar as family to him, and the Christocentric theology works for him. He reasons, "Who else teaches me about love … or forgiveness or self-acceptance and challenges me in the way that Jesus does?" At the same time, Jeremy feels that no one is of "strictly one particular faith" in a globalized society; as we cannot help encountering other belief systems, we also inevitably borrow from them. Such an open-minded point of

view is condoned by the UCC, which is yet another reason he has stayed in the tradition. Ultimately what is very sacred to him is being able to say to someone, "I see you, and I hear you, and I know what you are really about"—that is, making a space for people to tell their story. After all, he points out, Jesus was a storyteller … and a story*hearer*.

Picking what he likes: Stern.

After Stern went to the ER, he ended up in a psychiatric facility for two months and was prescribed antipsychotic drugs for the first time. For the first few weeks in the program he still believed he was on a mission from God, meant to "save people in the mental hospitals." When the counseling and medication started to take effect, though, Stern "officially just, like, gave up and said, 'I think I'm sick. This sucks.'" He dropped out of the Golgotha Revivalist College, returned to his hometown, and had a few more cycles of residency at his mother's house followed by homelessness. Still proponents of the New Apostolic tenets, his mother and stepfather would not tolerate Stern's use of psychotropic medications or heed his pleas that he was suicidal. Thus, he could only stay with them if he was drug-free and silent about his mental illness. When Stern's symptoms came back in full force, they sent him to a faith-based homeless program in a faraway state for almost a year.

After yet another return to his home state, Stern now understood that quality of life would not be possible if he did not address his mental health. He distanced himself from the "toxic" relationship with his mother, found effective counseling and psychiatric care, started attending two support groups for persons with schizophrenia, and met a loving family that took him in, with whom he still lives today. Thanks to all of these things, and a lot of self-understanding, Stern has been able to live independently and

contentedly. He has a good idea of what could trigger a psychoemotional tailspin and steers clear of it. Churches, for example, "freak me out," he says; therefore he seldom steps foot in one anymore, undoubtedly due to the bad associations he has with them and the years of not being able to tell holiness from hallucination.

On a related note, for the first time in his adult life Stern has been able to formulate and embrace religious beliefs unfettered by psychosis. He calls himself a "universalist" (not associated with the Unitarian Universalist Church) and explains how he came to it: "There are so many wonderful things about religion, and I'm kind of like a buffet, and I just kind of pick what I like, even though pastors would always warn me, 'Don't be that kind of believer that just picks what he wants.'" *Universalist*, for Stern, is synonymous with open-minded, accepting, and loving, attributes he found lacking in the religion of his past. He no longer believes in a God who sends non-Christians to hell, for example, or that the Bible is the infallible, divinely inspired Word. In fact, after so many years of studying sacred texts, he now permits himself to regard them as "just letters and books." Perhaps the biggest change of all to his religious identity is that he no longer proselytizes. "'Cause everyone has their own experiences, and those are sacred."

Breaking out of the box: Elizabeth.

For years Elizabeth was "very, very angry at organized religion" and was actively trying to "break out of that box"—the stifling circumstances she found herself in, with a family and a community that were imposing so many restrictions and expectations, not to mention a rigid belief system, on her. After leaving Protestantism, Elizabeth spent the next few decades exploring the gamut of other religions, from Eastern faiths to nonmainstream religious movements. Critical companions in her spiritual quest turned

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out to be the community she found in Narcotics Anonymous, which allowed her to identify and relate to God as she understood God, and the vast subject of metaphysics. Among other undertakings, she returned to the work of Edgar Cayce and embarked on a study of *A Course in Miracles* that has spanned more than 30 years.

Today Elizabeth calls her current affiliation "culturally Christian, ideologically Buddhist." She works for an organization that hosts intensive psychospiritual therapeutic retreats for people seeking healing in their mind, body, and soul. True to her teenage self who detested being put in a "box," she has eschewed conventional clinical credentialing and instead opted to be ordained in the Cosmic Family Movement (name changed). "I wanted to be able to lay hands," she explained, "and by that I mean if a person needed— needs touch, they can have touch…. And as a minister, I could hug someone; I can hold them for an hour and a half if they need to cry." Not surprising coming from a person who feels she had been "spiritually straightjacketed" as a youngster, Elizabeth now understands faith to be "way beyond religion"; not only does faith not require a religious context to occur, religion as she sees it actually "shackles" faith. Nevertheless, she feels that she has "ended up kind of making peace with the Church," and she even accompanied her husband to Presbyterian services from time to time before his death. Her "mission in life," she says, is to be "a spokesperson for peace and change." She is committed to practicing this mission "in everything that [I] do. In every word and deed. And do I get it right? No, I certainly don't! But … that's the intention that I hold out."

De-emphasizing dogma: Phil.

Phil's spirituality since young adulthood is intertwined with his understanding of God; therefore it will be discussed in depth in the next section. What will be included

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here are Phil's musings on religion and spirituality, as he was one of the only participants to define them explicitly, as well as his current church affiliation.

Phil deems religion to be "a study of or an adherence to certain practices and protocols and things of that nature" as well as an official declaration of a personal alignment with a particular philosophy. Spirituality, meanwhile, "I think is something we all have by *default*; we're all wired with a s-s-spirituality; [what matters is] the extent to which we sort of connect with it." He points out that even the denial of a personal belief system is "in and of itself a belief system," just like nondenominational is itself a denomination. To Phil, a person's relationship with God in the form that most suits that person is the most important aspect of spirituality, far more important than observing the "rules and regs" of religion. "Real religion," says Phil, is not about shunning others because they have different credos, memorizing a bunch of Bible verses, or saying the Rosary a certain number of times, but about "visiting the sick and the orphans" and "spen[ding] time with prostitutes and thieves," just like Jesus did. Whereas in his early 20s he was more doctrinaire (which he is now embarrassed about), Phil recognizes that he is now "more spiritual than religious."

As an adult Phil never returned to Catholicism, as he never overcame the gripes he had with the Church (described previously). He currently attends a "community church that borders on a megachurch"—not his preference, but he and his wife chose it for the sake of their daughters, as it has a "huge youth type of thing" that they like. He plans to return to a "more intimate" church once his daughters leave the house.

Finding spirituality: Deacon.

Deacon sees himself as having spirituality now whereas he lacked it "as a child, as a teenager, and as a young adult." After his suicide attempt in his mid-30s, his wife decided that the two of them and their young son should start going to church. They attended a nondenominational Christian church for about a year. Despite his compunctions about religion, which to him is synonymous with *church* and is ultimately a politically enmeshed "corporation that is taking free money," Deacon liked a few things about the services:

> It was a good place to be with family and community. (Pauses.) And it was fun, honestly, 'cause there was lots of singing, which was fun, and a lot of the songs were about God, and stuff like that. (Pauses.) But the feeling of community, and the feeling of everybody being happy? That's what filled *me*. Emotionally. Spiritually…. You could feel the joy, and, just, no stress. A little bit of enlightenment, I guess.

Eventually Deacon and his family stopped attending church. He and his wife divorced, and he has never returned to organized religion. In recovery from alcohol addiction and more than five years sober, Deacon was active in AA, a decidedly spiritual organization, for about two years. Although the belief in a "Power greater than ourselves" (Alcoholics Anonymous, 1952) that AA promotes did not resonate with him, he enjoyed being part of that likeminded community until strife among the attendees turned him off to it. Nevertheless, in the past few years Deacon has developed a sense of his own spirituality. Several times he referred to it as being "inside" him. He clarified it in this

way: "When I said spirituality is in me, I think that's 'cause I find it in different things. With being sober, or doing [Brazilian jiu-jitsu], or with my son."

In fact, Deacon talked about Brazilian jiu-jitsu several times during the interview. When he did so, his countenance became brighter and his speech more animated, a noticeable change from the halting way he spoke the rest of the time. He explained that it is a "humbling" sport; practitioners treat each other with respect and are quick to give praise; they have an "instant friendship" any time they encounter each other—"It's a different bonding, a special community"; practicing it imparts an "actual, physical feeling of good in your body"; it features "all these guys who are really passionate about something" and who are not afraid to hug each other; and on and on. For him, doing jiu-jitsu is "beyond just a passion; it's a purpose." Near the end of his impromptu paean, as soon as he remarked that Brazilian jiu-jitsu has jokingly been likened to a cult, Deacon seemed to have an "A-ha!" moment. With astonishment he noted how much the martial art embodies religious attributes for him, not to mention how it features rituals, special garments, a hierarchy of teachers, ardent followers, symbols, jargon, and a designated setting in which it is performed. "Wow," he marveled. "You could turn it into the word *church*. (Pauses.) That's funny." He did not shrink from this parallel but instead laughed and concluded, "So if you wanna call that 'spirituality,' you can."

Embracing the eclectic: Gabriela.

At 18, after yet another suicide attempt, Gabriela had what she calls a "spiritual awakening."

Here I am sitting in this group home, no high school diploma, no job, I'm on disability just like my parents, I'm just doin' what*ever*; like, trying to decide

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"Should I spend my money on cigarettes or food"; you know, like, that was my

existence. Like, cigarettes or food: those are my life choices…. I just had this

awakening, like, "You don't actually wanna *die*; you just don't wanna live like

this." And I finally did something to help myself.

This epiphany propelled Gabriela into action. Her grandmother accepted her back home

(on many conditions), and Gabriela threw herself headlong into catching up on high

school. She would leave the life of troublemaking behind for good.

Gabriela's mother's death when Gabriela was 20 sent her on a "spiral" that

entailed a desperate search for peace by trying to connect with her mother's spirit.

Visiting a medium was one method that brought her some comfort, especially when the

woman gave her a message from her mother: "She is a presence resting on your

shoulder"—almost the exact words she had written in her journal a few days prior. "I

took it," said Gabriela, "as some form of confirmation that she was still with me." She

also tried to embrace Judaism in a way she had not as a kid, for this was her mother's

religion and she thought it would help her maintain a relationship with her mother

posthumously. She decided the best way to do so was to live as a Lubavitcher, a "very

ultra-Orthodox religious" Jew, and she moved to Israel in order to carry it out. After she

had lived in an Orthodox community for a while, she discovered that it was not the life

for her; she was too "anti-authoritarian by nature." She jokes, "I went to Israel in search

of my Jewish roots and, like, failed miserably!" Even though today she considers herself

a "cardiac Jew," what her grandparents called someone who holds Judaism in his or her

heart even if he or she does not explicitly observe or practice it, the religion "didn't really

speak to me in some grand way as a kid"—or, apparently, as a young adult.

Instead, Gabriela has maintained an active spirituality outside of the traditional trappings of religion. She has gone on "all these adventures" that have a spiritual dimension to them, such as when she lived in Egypt for a year and fell in love with "the spirituality that kind of pervades that culture," like hearing the call to prayer five times a day and being asked openly about her own religion. Her interest in ancient civilizations was rekindled; she became "obsessed with all the ancient temples and tombs … and the history of the Jewish communities in Egypt," and learned to speak Arabic. She describes it as one of the best times of her life.

One day, in the midst of a stressful period as an "activist and grad student," Gabriela had to drive to Virginia to give a talk, and she surprised herself by picking out the audiobook for Thich Nhat Hanh's *Creating True Peace* for the trip. She had never been attracted to Buddhism, as "New Age people doing yoga" did not fit with her "anarchist" sensibilities.

> And so, uh, I listened to this thing, and I cried the whole way. You know, I was so—I was so moved by what he was saying! And just—about the nature of *pain* and anger, and fear, and, like, all this stuff sunk in on a really deep level, and I started to, after that, practice meditation. 'Cause I was like, you know, "I need to get in touch with myself."

Gabriela plunged herself into learning about and practicing Buddhist meditation, which quickly led to attending silent retreats. Meditation proved to be not only life-changing but lifesaving: Gabriela says she is "absolutely certain" it has saved her life by helping her through many dark nights of the soul. She is very comfortable referring to herself today as a "JewBu," culturally Jewish but actively enacting Buddhist practices.

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Being good, irreligiously: Abby.

Abby kept up with churchgoing for several more years in her 20s but fell out of it
when she moved to the South, where she encountered a very different Catholicism.

It's a little bit Protestant; it's a little bit Baptist. And so it's completely different,
and you have these hour-long Masses with these homilies where they start off and
you have no idea how they're ever going to get back to where they started. And it
was—you know, I tried going to Mass when I first moved south, and I was just
like, "This is not right." 'Cause when I was in grad school we had Father
McFarland, who … could do a Mass in 25 minutes, if he had everybody lined up
right for the Eucharist…. It was in and out (chuckles). It was no nonsense.

In addition, Abby found the residents of her new state to be preoccupied with people's
religious affiliation. Softball leagues, family picnics—"anything you did had to do with
your church. And it was kind of alienating." She befriended some people who practiced
in the Greek Orthodox faith and did lots of social activities with them but never adopted
their tradition as her own.

Abby also never returned to regular churchgoing—she thinks she last attended
Mass in 2003—but does feel that she is still affiliated with Roman Catholicism "more as
a culture than a religion." She has mounds of rosary beads that she has acquired over the
years, some of which belonged to her grandmother. She still says a Hail Mary when she
hears an ambulance, and she lights the occasional votive candle for someone in need.
Although she married a staunch atheist, they went to the Vatican on their honeymoon.
Abby attributes most of the morals and values she has to her grandmother; at most, she
says, they come indirectly from the Church. She has never believed that Catholicism has

primacy over other religions; on the contrary, she holds that religion is "a potshot; nobody really knows what it is, and we're all kinda doin' the best we can. And someone could be right, someone could be wrong; probably most of us are wrong." As a result, Abby sticks to what she believes in her heart is the best way to live: "I feel very strongly that it doesn't matter if you're religious or not; what matters is if you're a good person. And that comes from my grandmother. That was, like, the highest compliment that she could pay someone—was to say that you are a good person."

Relationships with God

As implied by the stories just told, the eight interviewees' relationships with God run the gamut of intimacy. Some of the participants go about their day with hardly a passing thought of a transcendent entity, while others communicate with God multiple times. Some see God as having little to no bearing on their existence, while others believe God is highly active in their lives. The participants are worshipful, indifferent, and everything in between. In their accounts God takes the form of energy that flows through everything, the Father in the Christian Holy Trinity, a karmic accountant, a fairy tale character, and a benevolent divine friend. This section will relay participants' views on God and the relationships they have with God, placed on a continuum from most aloof to most devoted.

Indifference: Deacon.

On the detached end is Deacon, who said that as he was growing up, the mere mention of God would cause him to roll his eyes and become "irritated." Even after attending hundreds of AA meetings, Deacon reports that a "higher power … doesn't really register" for him. So who, or what, is God to him? "Like Oden or Buddha," God is

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a fictional character from a "great book." Jesus, meanwhile, is at most a historical figure, someone Deacon views the same way he views "Napoleon or Alexander the Great … [:] just another piece of history that I like to learn about." As a self-proclaimed "history buff," Deacon regards them accordingly: with intellectual interest, not reverential awe.

Respect from a distance: Abby, Stern, and Gabriela.

Next on the continuum is Abby, who shies away from the term *God*, instead imagining "a higher power within the universe keeping track of us." When asked what image she has in mind when she thinks of that power, she admitted that she resorts to images from her Catholic upbringing: "the guy with the white beard[,] … kind of a Zeus-like character." This figure, importantly, holds a balance; with it humans' good deeds are weighed. God, then, is a mix of karma and an actual judge. This has been Abby's view since she was old enough to formulate a conception of God. So, when the priest who made obscene phone calls to her when she was little was eventually beaten up so badly that he was rendered unable to walk, or when her former boss who was so horrible that she "drove me to a suicidal episode; … I was such a wreck I had to leave the whole damn state" was fired due to a major scandal, Abby interpreted it as the supreme force ensuring equilibrium. "There is a karma or higher power retribution kind of thing going on," she wrote in an email. Although humans do not have a personal relationship with this power insofar as they can, say, influence it through prayer, it does practice compassion as it keeps cosmic tabs. Aware that sometimes people are limited in their choices, it takes circumstances into account. Ultimately, according to Abby, what humans "put out there" makes a difference, as all of it is included in the grand tally.

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While Stern's current ideas about God are more amorphous than Abby's, what he believes about the relationship human beings have with God is similar. Stern remembers praying desperately to God as a boy, "God, if you're real, show me." When that God did not reveal himself to him (Stern thought of God as a "he"), Stern lived without belief in God for several years and simply approached studying the Bible and Christianity—since he was at a Christian school—from an "intellectual perspective." Then his experience of praying at the behest of his John Grisham-esque lawyer-sponsor at a New Orleans AA meeting thrust him into a "God kick," which was wildly amplified by charismatic Christianity and of course his schizophrenia. In the years he was being groomed as an apostle and miracle worker by the New Apostolic Reformation, Stern truly believed that not only was God finally revealing himself—as Stern had begged God to do when he was little—he had actually chosen Stern to be a medium through which he could act in the world. Naturally, it felt amazing.

> They told me to press into the presence of God. And so when I would press in, with my mind, praying, "God, please do this, do that, do this," and would pray for people and all that kind of stuff, I would feel—feel like it was a drug. Like alcohol. The Holy Spirit became a drug.

Once Stern began to understand his mental disorder and distance himself from the Church, his ideas about God necessarily changed too. Today he cannot offer rational explanations for much of what he saw and did in his time with Power Encounter and Golgotha, and for his own mental wellness he does not dwell on finding an explanation. He feels similarly about putting too fine a point on who or what God is; when asked if he has an image in mind when he thinks about God today, he responded, "No, I don't like to

think about it too much. I kind of stay away from it." Nevertheless, Stern associates God with love and with the big things that go right in his life; for instance, he attributes meeting the family that would eventually take him in as one of their own, as well as the rest of the support he has in his life now, to God's goodwill. In fact, when he was praising how effective his current antipsychotic medication is, he said with a chuckle that it is a "lovesend," playing on *godsend*.

Gabriela's understanding of God is also abstract, but her relationship with God is more personal than the previous three's. Like Abby, Gabriela views God as a "life force" that "has a benevolence to it"; it is not, however, a detached observer but something that "runs through everything and is within everything." Most important to Gabriela is that she can "be devotional with it." Although she does not usually have a deity in mind when she prays, Spirit and Universal Life Force are names she likes for the receiver of her orisons. Almost shyly ("this is where I start to get really kooky New-Agey"), she adds that the idea of angels resonates with her more than that of God, gods, or goddesses. Gabriela conceives of her deceased relatives as guardian angels who maintain a presence in her life,

> so it's not a big leap to then think of other angels. And I like the fact that there's angels you can call on for different *purposes*—like, the archangel Gabriel is communication; so, like, when I'm about to write or when I'm about to give a speech, … I just pray—not even pray; just call on that angel for protection and, like, "Please let my words be of service." … And it comforts me! It's not even logical or rational, like with the meditation practice; I've seen almost no scientific way how it's changed the way I think and relate, but this is more of a devotional

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practice for me. I like the angels! … And they can be in more than one place, so I'm not taking them away from some, like, orphan child who needs them (laughs).

Fondness: Harrison and Elizabeth.

Harrison and Elizabeth are next on the spectrum in terms of the closeness they feel with God, and in both cases their understanding of and relationship with God have evolved over time to something better suited to their own particular needs. Harrison remembers absorbing the Catholic teachings of original sin as he was growing up, which turned God into "this authoritative enforcer of the right way of living and sorting the good from the bad." He believed that all people were "assumed bad [and] had to earn good," a notion that he eventually rejected in favor of Shambhala's tenet of the basic goodness of human beings. Harrison's God today is far more complex and abstruse, so much so that he struggles to even name it: "My understanding of Christ, of God, of—you know, whatever label we put on this (pauses) source, this energy, this entity—you know, trying to use a name to describe something that's perhaps infinite—I mean, you can't (pauses); I—I have no name." Harrison does currently use *God* as the word that "anchors" his contemplative prayer practice, but he admits that the practice and its accompanying terminology have gone through various iterations.

For the first time in years Harrison is working with a spiritual director, who has been having him practice "dialoguing with God," which feels awkward to him. In fact, the decades-long process of conceptualizing and relating to God seems full of fumbling and self-consciousness for him. Doubt has been a frequent companion—"an artifact of perhaps being older and spending too much time in academia"—but Harrison has learned how to be more comfortable with uncertainty. He avoids specificity in imagining God.

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His trouble with defining God as well as his preference for recognizing God in the sensations and emotions he feels are evident in this remark:

> I think it's more that felt sense. You know, where do I feel (pauses) energy, peacefulness, consolation, calm, courage, strength…. I mean, honestly this is something I'm wrestling with as we speak…. There's just a—it's sort of—I mean, things like cl—there's sort of a sense of something coming together? And I can't—I have a hard time putting words to it.

Harrison also wrestles with how much involvement God has in people's lives. He does not think God is a "puppeteer," but the seeming serendipity of certain events gives him pause. To Harrison, things do not simply occur because God wills them to; based on the defiant slapping of his chair that punctuated his statements as he was discussing this point during his interview, he seems to harbor disdain for the "everything happens for a reason" platitude. "I just don't think that's how the God thing works. I just don't," he declared. "But at the same time I don't necessarily have a good alternative explanation either." To temper his skepticism, when he is confronted with a strange coincidence or auspicious occurrence, Harrison stays "open to inviting God into [it] to help me make sense of it."

Theological misgivings do not, however, hinder Harrison from experiencing God. "Lots of things" evoke a sense of God for him: "stillness," engaging in spiritual practices with others, reading religious literature, sitting on the bench his family placed at a local park in memory of his father, long bike rides in beautiful settings, and on and on. Ultimately, one of Saint Ignatius of Loyola's convictions resonates deeply with him: God

is present in everything. Fortunately, he points out, to access this presence "we don't have to ask for it; we just have to be aware of it!"

The God of Elizabeth's youth, whose characteristics she inferred from what was being taught in the Methodist and Baptist churches she attended, was "vengeful and angry" and permissive of all the bad things that were happening in the world (such as the Vietnam War) that she, meanwhile, was trying to reckon with. Christ, God's son and part of the Holy Trinity, was the paragon of humans, the purest of pure; Elizabeth believed her "job was to become that pure." Knowing that she would never measure up, she "always felt like a failure," which contributed greatly to her suicidality.

It was not until much later, when she found a welcoming, open-minded community in Narcotics Anonymous (NA), that Elizabeth felt "full permission to understand God the way *I* wanted to understand God." The NA members were willing to have "those difficult [theological] conversations" that nobody from her adolescence entertained. As a result, she felt accepted and appreciated, and her image of God followed suit: God began to take on maternal attributes as well as agape. Today Elizabeth conceives of God, whom she also calls *All Source*, as "the power of the universe" and "the light within" every person, something we all hold inside us and share in. She talks to God, and God talks back. A vivid example of this dialogue took place on the night her third husband received a terminal cancer diagnosis, almost exactly two years after they got married. She lay on her living room couch cursing God.

> I was cryin'. And I was cryin'. And I was just cryin' and cryin' and cry—I
> wouldn't go up[stairs] 'cause I knew it would upset him. And I'm layin' on this
> sofa and doin' my "Why God, why God, why God, why—I can't believe you're

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doing this to me; I can't believe you *gave* me this man and now you're going to take him away, you sonuvabitch…." [Then] kind of this white *blast* hits, and it goes, "[Elizabeth], honey, [Elizabeth], honey"—I mean, in a *very* loving way—"You didn't tell me how *long* you wanted him! You just said you *wanted* him." And that changed—it was—you know, that was a moment in time where it's like, "Dagnabbit, God, you're right." … I don't hear the voice [of God]; I feel the presence. I mean and it was like a *wash* over me. I had cried so hard and opened myself up in such a deep grief; to me when somebody is in their deepest grief, or in their greatest anger, that's when you can get the message. And so, you know, the next morning I got up and went, "By God, I *am* a warrior, and I will go through this. And I will fight this battle (pauses, voice breaks) by his side until the day he's gone." And I did.

In sum, Elizabeth's God today sustains her in a way that the harsh, one-dimensional God of her childhood did not. She recognizes that "the Church, and religion, did not hold that loving God for me."

Intimacy: Jeremy and Phil.

The two people on the farthest end of the continuum, arguably the tightest-knit with God, are Jeremy and Phil. The former, the only participant with an advanced theological degree, has perhaps the most articulated concept of God, as he was required to spell out his entire constructive theology in his master's thesis, an undertaking that took nearly two years. The rather chummy personal relationship that Jeremy has with God today, however, was not always the case. He developed a revised conceptualization of God after his suicide attempt out of a desperate need for a deity that was big enough to

accommodate his existential protests, nihilism, doubt, self-denigration, and anger—
sentiments captured in the following monologue:

I was acutely aware of all the suffering in the world…. I [had recently visited an] art gallery at this homeless shelter, and they were auctioning off these photos, and one of them was a picture of Dumpsters with a *crucifix* in the Dumpster. And [I remember] just thinking about "Yeah, even in the midst of trash there's—there's *God*, but, like, there's the trash, and there are people who are sick and ill and people who are poor," and, you know, I was struggling with my own finances at the time; I … could barely afford *rent*, and there were a couple of weeks where I had to go to the homeless shelter food pantry to get … hot meals…. So I spent a couple weeks just eating with a bunch of homeless people and being like, "What is going on in my life where I c—I can't afford to do this work, and … I'm not good enough to go to *seminary*, but if I go to seminary I can be better at what I do"—just this internal *wrestling*…. I blamed God that, like, "If God is good, and Jesus is good, then why do we live in a world that just hates so much?" … I remember sitting in the mental health hospital [after the suicide attempt]; I'm like, "There is no God. There is nothing. There is no meaning or reason, and if I die it's just a body in the ground. And I don't—I don't have a soul or anything like that, because it doesn't *mean* anything! There is no love and there's no real community that can support me." I was just—the meaning of life had been completely lost for me, and I was really *struggling* with that!

As mentioned previously, not long after his suicide attempt Jeremy worked at a summer camp where he met his future wife, Emma. As their relationship deepened, he

came to know virtually unconditional love from her, inspiring a profound change in his worldview. One day he confessed to her that he was not sure if he believed in God. The emotional conversation that ensued not only reassured him that Emma was not going to give up on him but also paved the way for years of collaborative "rebuilding and reconstructing [of] God in a way that was meaningful for both of us." This re-conceived God, formed out of Jeremy's experience of boundless love from Emma, was pure affirmation, "that thing that says *yes* in the universe, that doesn't dismiss, that doesn't ignore … who we are, but that *calls that forth* from us!" The shame Jeremy felt in his youth, culminating in his suicide attempt, was wiped away by this force of radical acceptance. The most crucial change is that he now feels seen, heard, and loved by God—far removed from his feelings of isolation, worthlessness, and rejection prior to his attempt. "I'm a person who believes very deeply about God," he said. (Note his use of the preposition *about* instead of the commonly used *in*, which, unfortunately, I did not ask about and he did not explain.)

Though it may sound like Jeremy has a well-established understanding of God today, he is quick to admit that he does not. He recognizes that his notions are subject to change—or perhaps God itself is essentially dynamic, and his ideas are just following suit! Thus, Jeremy refrains from assigning too many, or very rigid, characteristics to God. For instance, he says that God "is beyond physical manifestation," and the question "What are the qualities of God that we appreciate?" is more productive than inquiries about who God is, definitively, or what God looks like. "I love Paul Tillich: 'God is the ground of all of our being.' We're *all* a part of God." Jeremy expressed. "So when you ask how do I picture God, I picture the word *ultimate*: ultimate concern, ultimate being."

Yes, he acknowledges, it is frustrating not to be absolutely certain about what God is, but he tried a Christianity that professed a theology with no wiggle room and quickly knew it was not right for him. In the end, "believing in something that you have no idea about" is the crux of faith for him. "And I think every minister or theologian—every person of faith—is struggling to have that firm assurance that we *know God*, when in fact we know very little and can't say anything for sure."

Alongside Jeremy in the degree of closeness he feels with God is Phil, who even at an early age had a sense that God and Jesus were "something vital, crucial, and central" and should be revered. Recall from the last section that Phil took issue with the Catholic requirement of clergy as intercessors. "'If God is so powerful,'" he would think,

> "why do I have to go through some guy at confession to *talk* to him?" 'Cause it
> struck me that in sort of my (inhales deeply)—my own yearnings, so to speak, I
> had this *relationship* with God; I couldn't really define it; I didn't know *how* to
> speak to him—but I knew I could speak to him!

Surrounded by images and stories of martyrs, Phil desperately wanted to experience the relationship with God that others had given their lives for. He felt, however, that he was always falling short, both because of his own failings and because he perceived God to be exceedingly hard to please. "I felt that I should be reverent," he explained. "I felt like something about God must be that I have to maintain sort of this perfection." Phil recognizes that he was projecting his own father's traits onto God: cold, strict, and punitive. He tells stories of being "reamed out in front of the neighborhood" for trivial oversights such as leaving a mark on the car when he was washing it. Yet in the same way he wished for a more loving relationship with his dad, he "yearned" for one with

God. "I kept pursuing someone who I thought was gonna not like me when I got there," he said.

To please both father and God, and fill the "huge chasm of emptiness, a black hole in me" rent by the hate emitted from his earthly and heavenly fathers, Phil set impossible standards for himself. "I pictured my dad as 'Jack Armstrong, All-American.' And I was supposed to kind of live that way, and in a sense God wanted me to be Jack Armstrong, All-American." In his freshman year of college, Phil took on far too many classes and extracurricular activities while also dating and being "the center of the social universe." Halfway through the year he saw he was flunking out. He made a deal with God: "By the end of my sophomore year, if I don't have it together, I'm gonna take myself out of the equation." Despite his efforts over the next year, Phil could not be the superhuman he thought he needed to be to win approval from his dad and God, who he was sure carried "accounting sheets" tracking his failures. On the very day at the end of his sophomore year that he received the letter notifying him of his expulsion from college, Phil upheld his agreement with God, drove to a location where he would not easily be found, and drank a jug of antifreeze.

When Phil survived his suicide attempt, he slowly began to realize that the "abstract, textbook God I couldn't get my head around" whom he had been pursuing throughout his youth would simply not work as the God with whom he could have a fulfilling relationship. At first he thought he "owed God" for saving his life, so he became "your stereotypical right-wing Christian conservative fundamentalist," complete with a 1:00 a.m. baptism in a North Carolina church by a deaf pastor after he had "accept[ed] Christ as his Savior" in his dorm room an hour prior (he had convinced his

college to readmit him). Like for Jeremy, it was the woman he would eventually marry who would help Phil rework his understanding of God and his own faith to something just-right for him. There was no "Aha!" conversion moment; as Phil explains it, "She just had a much more integrated sense of what faith meant," and that rubbed off on him.

Today Phil has the relationship with God that he longed for as a kid, without having to be Jack Armstrong, All-American—which he knows was an unattainable goal anyway. He no longer feels "condemned" by God and enjoys a better support system all around. He teaches Sunday school and "loves" talking about Christianity, which he now sees as a "big tent" that easily accommodates a wide range of beliefs. To him, being faithful is no longer about being dogmatic but about showing love, forgiveness, encouragement, and acceptance (note the similarity with Jeremy again). Phil sees his work as an inner-city high school psychologist as not only an extension of the work of Christ—"I think this is where Jesus would be [:] … in the public school system with the tougher kids"—but even sanctioned by God: "Maybe God had me experience [the suicide attempt] so I can help others [with depression and suicidal leanings].… I feel comfortable there, I don't freak out, and in 27 years I haven't lost one yet." Furthermore, Phil finally understands something he did not as a boy: the aspects of faith that make "a relationship [with God] so important that people would die for and become priests for." He sums up his current spirituality in this way:

> I guess what I'm saying is I've sort of invit—allowed myself to go back on sort of another spiritual journey; to say, "Look, I-I-I-I am a Christian, I've been a Christian for many years, I—I love Christ. And I truly believe he has saved me. And I have a relationship with him that's dear and cherished, and I'll *die* for."

Religious/Spiritual Struggles

A question posed to each of the interviewees was whether they had ever experienced religious or spiritual struggles. Every one of them responded that they had, some emphatically so. Two of them, Deacon and Elizabeth, specified that their struggles were spiritual rather than religious; for Elizabeth, this is because *religion* is "a trite word" that "doesn't have any depth or meaning to me other than the ritual." Two of the reported struggles relate to theodicy: why are some people who attempt suicide "saved" from death by God while others are not? (Phil); why did God afflict the love of her life, a devout man, with cancer only two years after their wedding? (Elizabeth). Two struggles relate to personal theology: "my crisis of faith was not knowing what God was for me" (Jeremy) and fearing that he was turning his back on God by acknowledging his schizophrenia (Stern). Three relate to interviewees' faith traditions: contending with two starkly divergent portraits of the Catholic Church (Abby), wrestling with the "grayness" of Christianity and all the questions it does not neatly answer (Jeremy), and failing to reconnect with Judaism by living in the Orthodox community in Israel (Gabriela). The rest of the struggles pertain to psychoemotional responses to particular life events:

Deacon, the least talkative of the group, expressed that as his spiritual struggle, "I would use the example of wanting to die. Spiritually (pauses) not healthy." When asked what made it spiritually unhealthy, he replied, "'Cause I didn't feel good. There was no confidence in myself; there was no—no belief in myself or my abilities. *Or* that I even should be *around*. Stuff like that."

Reckoning with her "Jungian archetype" is one of Elizabeth's spiritual struggles. She is drawn to an image of herself as a "warrior; or in some of my mind travels I see

myself an as Amazon woman. I've been fighting for right and justice since I was nine years old," she explained. She did not, however, always know how to pick her battles or understand that she does not have to fight every battle alone. She gave the example of a terrorist act that had taken place days before the interview; after she posted a long editorial about it on social media, she received a slew of responses applauding what she wrote. "I've got a whole spiritual army there," she said. Besides the heart-wrenching process of watching her third husband be consumed by cancer, and working through her accompanying anger at God (described previously), another "real seasoning" in Elizabeth's life was the divorce from her second husband, which was nothing short of "war," with legal, emotional, financial, and familial fallout still occurring today.

Phil deems respecting his wife's "asexuality" while meeting his own sexual needs to be his "major struggle." He identified it as "spiritual in the sense that 'Wait a minute, why hasn't she been zapped with this, you know, pleasure experience, and why every few years do I cycle back to becoming kind of like a tantruming teenager about it?'" He elaborated: "I get angry at her, I get angry at myself, I get frustrated, I get disappointment with God, … [and she] also has a disappointment with God." Meanwhile, the "struggle" lies in making sure these frustrations do not impinge on their marriage and erode their relationship. Of note, when Phil described the many chances he has had to have an affair over the years and the various ways he could justify it, he said he was "spiritually proud" of himself for not giving in. What's more, when he was proudest of himself for his fidelity is when he felt tested the most and when he almost "tripped." The lesson he took from it was "pride goeth before the fall": that is, "just because you have a strong faith doesn't mean that you're perfect. Faith can be sustaining, and it *has* been sustaining, but

it's not going to come without its risks." Thus, although Phil did not say this outright, his morality, spirituality, self-pride, and pride in his faith, at least with respect to his behavior in the setting of his marriage, all seem to go hand-in-hand.

Besides being terrified that he was betraying God (as mentioned above), Stern called the entire experience of leaving the revivalist college, being rejected by his fellow adherents to the New Apostolic Reformation (including his mother and stepfather), and being excommunicated from the religion a "spiritual crisis." Once it started to dawn on him that he could actually be experiencing a mental disorder, and the symptoms of that disorder were likely being exploited by opportunists within the charismatic church, he could not return to naiveté. Stern was "so disillusioned" but also wracked with guilt, as he believed that he had let down everyone he thought cared about him. He was in the hospital at the time and "wanted to die every day." To make matters worse, because he had walked away from his religion so quickly and had not yet put anything in its place, he felt spiritually disoriented—"nothing to lean on anymore." Stern now says, "Getting help for my mental health was probably one of the bravest but the most devastating things I had to deal with at that time."

Finally, Harrison declared that he has experienced religious/spiritual struggles "many times … from within and from without," beginning with his mother's death when he was five. "I remember I used to talk to God and say, … 'I don't get it.' … I used to plead, 'Can I just see her one more time?' … I would literally plead. That went on for a number of years, and I'd be sobbing, and I felt like God was the only intermediary I had." He also points to his 20-plus years of alcohol and drug addiction as a spiritual struggle; citing the Twelve-Step description of the "God-shaped hole" addicted people often

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perceive inside themselves, Christina Grof's concept of the "thirst for wholeness," and Carl Jung, Harrison suspects that he was "searching for God" in his substance use but of course coming up short. (Instead, the way he found God through his addiction, he feels, is through the people who reached out to help him during that time.) Discerning his vocation as Jesuit clergy versus Catholic layperson was yet another struggle. In addition, periods when his whole world or worldview gets shaken tend to entail spiritual struggle for Harrison, such as when he lost his father and then his beloved mentor Ben so soon after—an experience he describes as "los[ing] anchor, bearing, compass…. I mean, I felt rudderless." Recall that that time was such a spiritual trial for him that he left religion for several years, only returning to it when he felt he had begun to regain his bearings.

Religious and Spiritual Practices

Participants were asked to name the practices they currently observe that connect them with God and/or a sense of goodness. Their replies were consistent with their stories of religion/spirituality; thus, some practices were more ostensibly spiritual than others. Of note, while every person identified practices that are introspective and solitary, everyone also specified ones that involve other people.

Of the more inwardly focused practices, meditation was by far the most cited, with three participants (Elizabeth, Gabriela, and Harrison) doing formal meditation according to a certain tradition's guidelines (e.g., controlled breathing or repeating a mantra) and three doing actions that, according to them, promote meditation or feeling centered: saying the Rosary (Abby) and drawing or writing (Stern and Jeremy). Phil, Gabriela, and Elizabeth mentioned prayer; all three described prayers that they may say at any given time to God, the angels, or to All Source, respectively, such as expressions of

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gratitude or requests for help, strength, or presence of mind. As discussed in previous sections, Gabriela, Harrison, and Elizabeth have included retreats as part of their spiritual practices for years. The retreats may be silent or may include spiritual guidance, classes, discussions, or sacred rituals such as a sweat lodge, shamanic drumming, or the ingestion of ayahuasca. Four interviewees (Stern, Elizabeth, Jeremy, and Abby) named practices that simultaneously foster spirituality and suppress suicidality, such as self-kindness and surrounding themselves with people who value them. Abby also keeps tangible reminders that "the world is full of wonder and possibility," while Jeremy said that "being out in the world," such as taking a walk, is spiritual for him. Two participants pointed to reading (Deacon and Harrison) and two to playing and listening to music (Deacon and Jeremy). Last, Gabriela mentioned two that are unique to her among the interviewees: traveling to see Amma, the Indian guru who hugs people, and consulting oracle cards (similar to tarot but with "no negative cards") for guidance on life issues.

The participants' spiritual practices that concern other people take a variety of forms but all entail spreading love and joy to those around them. Something especially noteworthy is that every single participant has an occupation that involves direct or indirect caregiving and/or advocacy (see Chapter 3 for the list of their occupations); thus, even the quotidian workday for them may feature elements of the transcendent. Deacon draws spiritual fulfillment from coaching Brazilian jiu-jitsu and sharing his story of recovery with people in the throes of addiction. Phil and Elizabeth both say prayers before working with careseekers, such as "May I recognize the holiness in the other person as I recognize the holiness within myself" (Elizabeth). Abby tries "to put out good in the world and not hurt others"; similarly, Stern tries not to "push my regime on other

people." Gabriela includes "parenting" as an exercise of spirituality. Finally, pointing to the activist components of their churches' credos, both Harrison and Jeremy asserted that fighting for justice can be a hallowed act and is certainly among their spiritual practices. Illustrating his "hope and passion around justice," Jeremy stated,

One of the healing parts in me is thinking about small ways that I can contribute to, um, shining light on the injustices in the world around us: signing an online petition for gay rights or something like that, or donating to Planned Parenthood, or writing a letter to someone that I feel has been *marginalized*…. Maybe I can be prophetic in that way…. [By] contributing in some small way I'm *engaging* that and I'm not just ignoring it or disregarding that other people hurt!

Summary

This chapter illustrated religion and spirituality as they have operated in the lives of the eight suicide attempters. Each interviewee's story of religion/spirituality was presented chronologically in two sections: first through the period of childhood and adolescence, then in early adulthood through present day. Participants' views on God, the religious/spiritual struggles they have endured, and their religious/spiritual practices were also related in detail. In each section, participants' responses were grouped according to themes or shared characteristics.

Overall, these stories and themes demonstrate the diverse ways people identify religion and spirituality being manifested in their lives. Even for the participants who ultimately stayed in the tradition in which they were brought up, particulars such as their beliefs, practices, and inner responses to external religious/spiritual stimuli were not static over time. In addition, how replete the participants' lives are with

religion/spirituality and the extent to which they have poured contemplation and emotion into their religious/spiritual identities are evident in these accounts. The next chapter will continue to describe the study findings, attending particularly to the participants' narratives about their suicide attempts.

Chapter 5
Findings Part II: Suicide Attempts

Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.
United States Catholic Conference,
Catechism of the Catholic Church, 1994, p. 550

The book of Ecclesiastes states that there is a time to die. If God knows this time, how is man told? … May not God speak through the soul or urge an action through our own hand?
James Hillman, *Suicide and the Soul*, 1965/2011, p. 32

Introduction

Chapter 5 continues the presentation of the research results begun in Chapter 4. While Chapter 4 focused on the data that pertained to the eight interviewees' religions, religiosity, and spirituality, this chapter aims to provide a panoramic view of suicidality over their lifespan, especially what seemed to be going on for them mentally, emotionally, religiously, and spiritually before, during, and after their suicide attempts. It is organized into four sections: the responses the participants gave on the background questionnaire about their suicide attempt history; descriptions of their cognitive, emotional, and spiritual states leading up to their suicide attempts; their reflections on why they survived the attempts; and other noteworthy findings related to their suicidality. These sections emerged as the most appropriate for conveying the most compelling and

germane parts of the interviewees' stories. Furthermore, such grouping allows for easier comparison and contrasting of the stories.

Although it constitutes its own chapter, what follows is intended to be in dialogue with the rest of the dissertation, the immediately previous and subsequent chapters most of all. Thus, references will be made to Chapter 4, and readers are requested to hold those stories in mind while taking in these new ones. As with Chapter 4, the present chapter only lays out the data, albeit in what is hoped to be a comprehensible and comprehensive manner. Interpretation and discussion are reserved for Chapter 6.

Responses to the Background Questionnaire

Seven questions from the Background Information Sheet (Appendix B), which each participant filled out between reviewing the informed consent form and commencing the interview, concerned the respondent's suicide attempt(s).[38] As I mentioned in Chapter 3, these were the only scripted questions from the entire rendezvous that addressed participants' suicide attempts directly.[39] Although participants were given the option to skip the questions they did not wish to answer, every participant answered every question. The following table presents their verbatim responses. (Note: Questions 10, 15, and 16 were fill-in-the-blank; 11, 12, and 14 were multiple choice, derived from Beck's Suicide Intent Scale; and 13, also multiple choice, was adapted from the Youth Risk Behavior Survey.)

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[38] An additional question, #17, asked whether the person was currently thinking about suicide. Every respondent without exception wrote "No."

[39] I made the decision to exclude questions meant to elicit details of the suicide attempts in order to avoid unduly distressing and possibly retraumatizing the participants. The IRB board members, naturally very concerned about the participants' safety and wellbeing, supported this decision. I also made it clear to the participants at every step of the research process that they would not be expected to describe their suicide attempts or answer any question that they were not comfortable answering.

	Deacon	Abby	Elizabeth	Phil	Gabriela	Jeremy	Stern	Harrison
Q10. Age at first attempt								
	37 maybe earlier	13	13	20	14	27	12	17
Q11. Expectation of fatality								
Thought death was unlikely							☒	
Thought death was possible but not probable			☒					☒
Thought death was probable or certain	☒	☒		☒	☒	☒		
Q12. Desire to die								
Did not want to die								
Wanted to die	☒	☒	☒	☒		☒	☒	
Both					☒			☒
Q13. Injuriousness of attempt								
No injury	☒	☒					☒	
Injury not requiring medical attention			☒					
Injury requiring medical attention				☒	☒	☒		☒
Q14. Views on death at time of attempt								
Life after death, reunion with others							☒	
Never-ending sleep, darkness, the end of things		☒	☒		☒	☒		
No conceptions or thoughts				☒				☒
(Extra responses written at bottom of page)	Bloody and gratifying		I would no longer have to feel	Perma-nent/ end of pain/ anxiety				
Q15. Age at other suicide attempts (if any)								
	Teens/ 20s - lots of thoughts about it	(blank)	9 attempts 13-24	Frequent ideation but no other attempts	15, 16, 18	Gesture in college	5-10 attempts - 13, 19, 25, 27, 28	31
Q16. Intent to die compared to first attempt								
	Less serious - mostly thoughts	Plans were far more serious	More serious	N/A	15 & 18 - OD/pills, 16 - slashed wrists	Less serious/ not serious	They got more and more extreme	1988/ 31 years old - more serious

In sum, although in a few cases more than one participant gave the same or a similar answer, no response to the seven questions was unanimous except question 12's "I did not want to die," which no one chose. Stated differently, every respondent reported that at his or her first suicide attempt, he or she did wish to die, though Gabriela and Harrison acknowledged that they were ambivalent, simultaneously wanting and not wanting to die. Six participants responded that their first attempt occurred at age 20 or younger, which is a minimum of 17 years prior to their age when they participated in the study. The remaining two, Jeremy and Deacon, made their first attempt six and two years, respectively, before the interview. The majority of participants (four to five) made nearly lethal attempts not only with a wish to die but also with the belief that death would probably or certainly transpire, required medical attention for their injury, and thought that dying would bring about finality. In addition, all of the respondents continued to have thoughts of suicide after their first attempt, with one going on to make a suicide "gesture" (see Freedenthal, 2014, for why this term can be problematic), one attempting once more, and three attempting 3-10 more times.

Psychospiritual States

At one or more points in the interview all eight participants described what they were thinking and feeling prior to their suicide attempts. These internal phenomena were pointed to explicitly or implicitly as main contributors to their suicidality. Clear commonalities emerged, the most prevalent being despair, the feeling of being "done," a sense of failure or inadequacy, and cognitive distortion. They will be discussed one at a time.

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Despair.

All of the interviewees described similarly bleak thoughts and feelings

preceding—at times even prompting—their suicide attempts and other suicidal urges.

These affects can be aptly summed up as *despair*. As experienced by the eight

individuals, despair is existential hopelessness. It is pain at the level of the soul—referred

to as *psychache* in Chapter 1—so intense that it may lead to resignation, exhaustion,

profound sadness, or dissociation. The circumstances surrounding the eight participants'

despair differed per person, of course, but the emotive manifestations were comparable.

So were the resultant behaviors: suicidal expressions of varying lethality. Three

participants' stories will be featured as illustrations of despair.

When Harrison intentionally overdosed on drugs at age 17,

I had just come off this really intense retreat experience with my classmates, and I

was having a really difficult time with reentry—you know, into the real *world*.

And I wanted that (pauses) thing that we created on the retreat: I wanted it back; I

wanted it to go on forever, and it wasn't going to.

Also in the setting of this momentous retreat he learned that a classmate of his had

attempted suicide—someone he not only "knew pretty well" but "actually had a crush

on." Her attempt struck a somber chord in him. "The seed got planted," he conjectured,

"that maybe this is something I could do too. And so then I got back and within a couple

days I was planning it."

The more Harrison talked during the interview, though, the more he hinted at the

possibility that his classmate's suicide attempt merely added water to a seed that had been

planted long before, perhaps even in his very genes. After all, he had felt depression ebb

and flow throughout his life: "There were periods where I was really flourishing and it felt really easy, and … periods where it was really dark and difficult." The coup de grâce, however, lay one degree of separation away, in his mother and her own dance with despondency. When Harrison was five years old, his mother, who had endured a "very serious mental health condition" for years, was found deceased in a hotel room with a lethal mix of alcohol and Miltown in her system. He grew up ignorant of the truth behind how she died; in an instance of "very deliberate, intentional, strategic lying that the whole family was in on," his relatives wove a "whole narrative" about her death that they maintained through his childhood and adolescence. Only when Harrison was in the hospital recovering from his own suicide attempt did they elect to tell him, by way of a "big family meeting," that his mother had not actually died of pneumonia. Ever since then he has questioned how much of a role her apparent suicide has played in his own suicidality.[40]

Harrison's "rough patches" did not end after his first suicide attempt; in fact, they got worse, as now most of his depressive episodes seemed to include thoughts of killing himself. "[To this day] I have continued to struggle with some pretty serious suicidal ideation," he said gravely. "I mean, really, pretty serious." When he was 31, one of those episodes occurred in tandem with the death of his grandmother. This time he could not fend off the potent urge to break free from his sorrow once and for all. Unable to think

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[40] Harrison acknowledges that an incident that took place about four years prior might have contributed to his awareness, on some level, of his mom's suicide, thus also helping "plant the seed" of suicide as an option for him at age 17. One day around age 13 he was at a friend's house, and perhaps because of something that came on the television, the friend said something like "It's really too bad about your mom killing herself." Confusion, naturally, ensued, followed by an argument and a swift cover-up by Harrison's dad after Harrison confronted him about it later.

beyond "I just need this to be over," Harrison set his sights on the "exit ramp," which he arrived at by way of drinking a large quantity of alcohol and injecting heroin while in a hotel room. He insists that at the time he had no inkling of the parallel between his mother's method of suicide and his own;

> no sense of it whatsoever. Talk about traumatic reenactment. And so yeah, I do think, conscious/unconscious/somewhere in the middle, that I was—I mean, I think part of what suicide has been for me (pauses) is a way to try to understand my mom. And to, like, "How close can I get, without actually (pauses) dying, in hopes of somehow understanding my mom's experience and how she got to that point." … And I think to let go of suicide for me means I have to let go of my mom (voice breaks). 'Cause it's, you know, a traumatic bonding or whatever you call it; I mean, it's the one thing I have.

By the end of the interview Harrison seemed more amenable to the notion that even at 17 he "knew in some part of my being that [suicide] was in my history, and I was reaching out for my mom maybe." He is certain, however, that if there was indeed an attempt at reunion with his mother, it was not conscious, unlike the desperate pleas he made to God as a child to let him see her one more time (described in Chapter 4). As an adult nearly two decades removed from his last suicide attempt and having undergone lots of introspection and psychotherapy, Harrison recognizes that he is actively engaged in "dialectics" regarding his mother's death, and he can name the strong ambivalence he feels. On the one hand he is "really pissed at her," a rage that sometimes compels him to think, "You did it? I'm gonna do it too. Uh huh, *thanks*. This is our legacy; I hope you're happy with it." On the other, he allows for "benevolence": believing that "people

continue to evolve after they die," he feels that his mom is sorry for what she did and would never want him to follow in her footsteps. Suicidal despair for Harrison, then, has been at once a pining for a mother he never knew and a jeremiad against her death.

As was the case with the rest of the participants, Jeremy experienced marked depression as he was growing up and, as a result, "had these moments throughout my life where … [I was] trying to figure out 'How do I make this sadness stop?'" He was vaguely aware that his family had a history of depression. His father had attempted suicide twice; Jeremy remembers his dad's absence for a month for psychiatric hospitalization when Jeremy was in middle school. Because his family was "not very good about talking about our feelings," though, they were reticent about both suicide in general and suicide within their own family culture. Consequently, "I was never able to process it and figure out what did that mean for me." Moreover, Jeremy did not receive any guidance on suicide from the Church. In the countless hours he spent within the walls of UCC churches while growing up, he never heard mention of suicide, whether from a theological, dogmatic, pastoral, or didactic standpoint—even though, he points out, the entire faith is based on a celebration of Jesus' "willingly going to die"—arguably a passive suicide—as "this ultimate act that is *glorious*." This phenomenon that loomed large in both his family and his religion, then, went unacknowledged—the elephant in the room that encroached more and more on Jeremy's psychic space.

The circumstances leading up to Jeremy's attempt to end his life at age 27 were a veritable perfect storm for a person who had known lifelong melancholy and at least implicit endorsements of suicide as an option. Recall from Chapter 4 that his attempt occurred after he had taken a job at the church of his childhood, a repository of pristine

memories of camaraderie and belonging. He was now the prodigal son who had matured and changed through college education and work in other states and then come home to a virtual time capsule. In his opinion, the church members still saw him as one of the twins who had scampered around the sanctuary as boys. "They wanted to remember the past and how things were," he explained. On top of that, he was dating a girl who did not seem to share his feelings and was "hesitant" to advance the relationship in the way that he wanted to, and he was the daily target of indecent behavior from the secretary in his office. In a word, Jeremy was trying to stanch a flood of demoralization and dismissal. "I began this dark, depressive decline because of all these aspects," he said.

To make matters worse, when Jeremy confided in both his psychotherapist and his family about how he was feeling, they did not take him seriously either. In fact, his suicide attempt occurred mere hours after he had seen his therapist and told her of his plan to overdose on pharmaceutical drugs, and she did not intervene to protect him.

> When I went to people to ask for help, I was like, "Someone see me and acknowledge that this is happening," and I felt like that wasn't there…. I was surrounded by people that I thought cared about me, and I felt like I was completely alone and isolated…. My heart and my spirit were broken.

It seemed to Jeremy that everywhere he looked, including within, he saw suffering, and the God he had grown up loyal to not only seemed to be doing nothing about it but even seemed to be the author of it. He describes the despair he felt at that time as "go[ing] down this very dark tunnel that it was hard to see out of." The only perceived way out of the tunnel and therefore out of all the suffering was death. Being brushed off by the people who were supposed to care about him added impetus to flee the miserable tunnel.

Jeremy was ready to go. "So, I went and did middle school youth group that night, led the youth group, had fun, kind of tidied things up maybe a little extra than I usually do, and then went home and tried to overdose." After discovering that he had survived the attempt, he was enraged to find that he was still alive … and the tunnel was still there.

For Gabriela, despair was the product of "a lot of early-childhood chaos," with a mother constantly in the throes of a mental health crisis and an absent father who himself was dealing with rollercoaster moods and frequent stays in "the mental ward." She was shuffled from the care of one adult to another, ending up with a "verbally abusive and very controlling" grandmother and a step-grandfather who never intervened on Gabriela's behalf. From an early age she was told that she would likely end up just like her parents and was consequently watched like a hawk. Born curious, she was the type of child who was always reading, thinking critically, creating adventures for herself, and testing out new experiences, but because of her family's psychiatric legacy, "everything I did was interpreted as a symptom of mental illness." The *actual* emotional turmoil she was experiencing as a response to very real traumas, meanwhile, went unappreciated.

Gabriela had been deeply affected by separation from her mother at age five. "The rupture was so severe, being taken away," she explained. On top of that, she felt like a "freak" because her family and living situations were so different from her friends', whose lives "seemed so idyllic" compared to her own. She remembers drawing pictures of fashion models as a girl because "I thought they were so glamorous and were living all these great lives that I wished I could lead. I would retreat into fantasy worlds where I was somebody else living a different life." Moreover, much like the perfectionistic society that Elizabeth grew up in, Gabriela's grandmother abhorred messiness and kept

anything that was potentially shameful under wraps. The tacit rule of the household was to maintain orderliness and pretend that everything was fine. "There was a moratorium on discuss[ion].... I had all these big feelings and there was nowhere to express them!"

As Gabriela saw it, her "developmental trauma" was never met with appropriate compassion, therapeutic concern, or recognition that "there's a whole context here that this little girl is operating under." Regularly reminded of the great sacrifice her grandparents were making to raise her, she felt like a burden. She remembers saying to her grandmother at seven years old, "I wish I was never born." Her grandmother's response was to "pack [me] off to the psychiatrist, who put me on medication." This trend continued through Gabriela's late teens—cycles of depression, suicidality, adverse reactions to psychotropic medications, and institutionalization. She said,

> I just felt pathologized and constrained and *broken*! So I would just try to, like, obliterate that feeling however I could! It was through drugs, it was through suicide, it was through self-harm; you know, those things were all interconnected in a way. Because my thinking was if I'm going to end up like my mom, or my dad, which everyone said I was going to, then I don't want to be *alive*. 'Cause their lives … were *so* tragic.

Gabriela's first suicide attempt happened at 14, after some months of being on the "new miracle drug" Prozac. She now identifies the reaction she had to the drug as mania: "I was very agitated and had these racing thoughts and self-harm thoughts, [yet] they kept upping my dose!" She swallowed a whole bottle of pills and told her grandparents about it right away. In response, her grandmother sent her to an inpatient psychiatric program. Gabriela remembers the program's approach as anything but salutary. "There was no real

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treatment," she said, "just 'Admit you have an illness' and 'Don't try to kill yourself anymore,' and that was it." She repeated several times that the program "was like punishment," treating her like a manipulative teenager who needed to be put in her place. When Gabriela was released she was "angry that my family locked me up, so that made the dynamics even worse, 'cause I was resentful about *that*, and it just went on and on and on." Her "downhill spiral" would continue. She would go on to make three more suicide attempts, inflict more self-injury, and be placed in more soul-crushing institutions until, when she was 18, a brush with death that was not executed by her own hand would bring about the epiphany described in Chapter 4: suddenly she realized that she no longer wanted to revolve in the vicious circle she had been in for years, and she took decisive steps to get out of it.

Being "done."

On at least 14 occasions, five of the participants used the adjective *done* to describe feeling so exasperated and dissatisfied by something that they abandoned it temporarily or for good. Elizabeth and Harrison were "done" with organized religion at different points, Jeremy was "done" with the evangelical church he attended for a short time, Stern was "done" with smoking marijuana after realizing it was causing him more harm than good, and so on. As evident in the various stories, doneness can also go hand-in-hand with despair. Four of the five participants used this adjective to denote their psychospiritual state accompanying marked suicidal ideation or preceding a suicide attempt. Here are those references in their own words (listed in chronological order by date of interview):

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There was a big fight with my wife (pauses) over our son (said while repeatedly brushing his hands across the table). I can't remember the details; I do remember *that*. And I was just **done**. I figured it would be *easier* if I just (pauses) was not around. She didn't have to deal with *me* or any of the bullshit; he wouldn't have to deal with a—a father that couldn't do whatever. You know. Life [without me] would be way better for them. (Deacon)

I had a huge [crisis of faith] after I left school, and I became so disillusioned; here I'd witnessed all these miracles, and how could I turn my back on God? I felt— you know, I wanted to kill myself! Because I thought I was just **done**! And I had given up all hope; [I felt] that I had screwed up, and God—you know, because I hadn't, you know, done these things for the *pastors* or my *family*, and I was a mess! So I was just in the hospital the whole time, and I wanted to die every day. I had nothing to lean on anymore, and I thought, "Oh, this is all my fault." (Stern)

This part of me—the [Jungian] shadow part—was like, "You're hurt, and you're wounded, and you're poor, and no one loves you": it's that *shadow*, but it wanted to be *seen*. And here I'm like, "Oh, this is horrible! I need to just get rid of it and kill myself and—" … I wanted to, uh, cut the shadow out of me, even if it meant killing myself. I just—I needed to be **done** with this dark part of me that was so unbearable and so suffering! (Jeremy)

Honestly, [trusting that God will not retaliate if I kill myself] has become a problem more recently. I'm like, "Well, God? I mean, I've done the best I can.

And I'm *sorry*, and, uh, it was a good run, and I'm coming—I—I'm ***done***! I can't. I can't go on." You know? And that's my prayer! But I think interestingly, when that *is* my prayer, somehow…. There is a response. (Harrison)

Failure and inadequacy.

Three interviewees labeled themselves "perfectionists" as youngsters. One of them, Harrison, reported that "overachiev[ing]" characterized his youth; however, he did not cite that proclivity as the most salient reason for his suicide attempt at age 17. By contrast, Phil and Abby had a pathological preoccupation with achievement, which had crushing repercussions. Both talked about setting unattainably high standards for themselves while they were growing up, feeling like a failure when they inevitably did not live up to those expectations, and being unable to redeem themselves from the all-encompassing sense that they were no good.

As described in the previous chapter, Phil was trying to be "Jack Armstrong, All-American" and "Good-time Charlie" at the same time, accumulating academic, extracurricular, athletic, and social commitments that were impossible to manage simultaneously, much less excel at. "I thought part of it had to be about being perfect," he explained, "and I knew I certainly wasn't perfect. And so I would, you know, kind of put daggers into my own heart every so often for, you know, just living a relatively mundane teenage developmental life."

Phil's feelings of inadequacy, along with seeing suicide as a possible course of action, date back at least to elementary school. Noting several times that he experienced "a lot of childhood depression," he has a vivid memory of sitting at the lunchroom table in first grade thinking, "I'm just gonna kill myself, and this feeling of sort of emptiness

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will go away. And this feeling of 'I'm not living up to who I'm supposed to be' will go away." For many more years, even though on the outside he appeared to have everything together, "*internally*, my world was 'I'm *empty*, I'm missing the mark, I'm not good enough, I'm disappointing everyone, and I'm starting to hate myself.'" Phil concluded that he was "defective" because he was not meeting God's demands for perfection and achieving the relationship he was supposed to have with God. "'I'm reverent,'" he would think, "'but I feel like I'm falling short.' And if I wasn't getting it, then it was my fault. I [suspect that] that contributed—that *exacerbated* childhood depression, adolescent depression, anxiety, things of that nature." His suicide attempt at age 20 occurred after he had made a deal with God that he would kill himself if he did not "get my act together" regarding his grade point average and other performance measures. The very day he received notice that he was being ejected from college due to failing grades, he upheld his promise and made the attempt.[41]

In her world of insisting on flawlessness in everything she undertook, Abby "had gotten into this whole thing that I was either excelling or I was failing. [My thinking was] super black-and-white. And I wasn't excelling as much as I wanted to be." Continually engaging in the Sisyphean effort to reach her self-imposed standards became so "painful" that "it seemed like it was worse than hell" (she would come to realize much later that her perfectionism was taking place within, and was magnified by, a context of ruthless

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[41] Of all the participants, Phil gave the most detailed description of his suicide attempt, down to the date on which it occurred, the type of car he was driving to find a secluded place in which to park and poison himself (a '74 Chevy Caprice with a "sofa front seat"), the streets he drove on, the items he had with him (a pocketknife and a pack of unfiltered Camel cigarettes), the brand of antifreeze he drank, the sight of "high school kids in their prom outfits crossing the street" ("It was surreal: it was prom night, and here I am...."), the prayer he said before he "threw it back," and on and on. None of it had been prompted. Phil, as affable as could be, was an open book from the moment we met, and he injected colorful detail into everything he said. He spoke about his suicide attempt with hardly a change in his lighthearted, practically jocular, demeanor.

depression). At 13 years old, Abby deliberately overdosed on pills to escape that hell.

When she discovered that she had survived the attempt, she interpreted it as "one more

failure," so relentless was her self-rebuke. In fact, she did not immediately try to kill

herself again, she says, because she thought it would add yet another failure to her

(perceived) long list. She also did not tell her parents about it—they would not learn of

the attempt for another 30 years—because according to her severe calculations, her

parents would be more disappointed in her ineffectiveness at suicide than in her

attempting in the first place.

Two additional participants assumed that they were not living up to others'

expectations when they contemplated ending their lives. Twice in the interview Jeremy

mentioned that prior to his suicide attempt, the belief that he was "not good enough for

seminary or to do this ministry" added fodder to his self-despising. (Because other factors

weighed more heavily into the equation, his story was discussed in the Despair

subsection.) For Elizabeth, her certainty as a young woman that she was both inherently

inadequate and hamstrung by her stifling environment were crucial to her desire to die.

Elizabeth remembers first experiencing suicidal ideation at age 11; "then at 13 all

hell broke loose" and she attempted suicide, which would be the first of nine attempts in

11 years. Recall from Chapter 4 the backdrop for this pronounced suicidality: moving to

a church where she felt judged, being a "deep thinker" among adults who wanted her to

shut up and conform, harboring outrage at the small and large injustices around her,

feeling boxed in by her provincial community and limited in her ability to fight for justice

and change, and experiencing "typical teenage angst" to boot. Several times during the

interview Elizabeth pointed to her belief at that time that she "could never measure up,"

especially to the stringent expectations placed on her by the conservative Protestant society and, by extension, God "himself." Figuring that she would "never be good enough for God," she lost her will to keep trying. She explains her state of mind in the following way:

> The *thinking* that goes along when you're that depressed—and I was extremely depressed as a teenager … : number one is I was not good enough, that I would never be good enough, that I could not, um, make a difference in the world; and in my family community, you were your deeds. And I could nev—you know, I mean, you're a kid! What can you do? Other than just show up at the food drive? Um, and to me the world was a much bigger place. And I would become so overwhelmed at the world and my inability to have an impact on it that, you know, I didn't know how to rely on my *faith* that I would be guided to do the things that I needed to do; to make the difference that I needed to *make*.

Since life was one big exercise in futility, Elizabeth reasoned, then there was no point in going on living.

Cognitive distortion.

Another phenomenon present in every participant's suicidality deserves mention: irrational, often hyperbolic thinking that reinforced or worsened the despair they were all feeling. These thoughts most often took the form of skewed evaluations of themselves, mistaken assumptions about how other people perceived them, or idealism about what ending their lives would accomplish. The subsection Failure and Inadequacy several pages ago highlighted one of the most prevalent cognitive distortions among the interviewees: namely, their all-or-nothing beliefs regarding (often imaginary)

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performance standards or measures of their worth as human beings. Beliefs about their own inferiority were common, as was the sense that they were a burden on others; thus, by their rationale, killing themselves would rid their family and friends of a nuisance and rid the world of a tainted person. As Elizabeth put it, "It was like I was always gonna be sick and I was never gonna get better."

All eight interviewees described losing their sense of connectedness to the people around them prior to their suicide attempts. Any relationships that had been nurturing ceased to be so; while in some cases participants felt actively alienated, in others they felt that their "downward spiral" (Harrison), "meltdown" (Stern), "mental and spiritual cesspool" (Phil), etc., had carried them beyond the reach of supportive persons. This cognitive distortion tended to include the overgeneralization that *no one* can/wants to help them, understand them, or honor their concerns. "I imagine that that's what a lot of people struggle with when they encounter suicide; the psychosis they enter is this feeling of being isolated, that no one cares about you, that no one really wants to see you or know you," Jeremy stated. Thus, people inhabiting this state of mind feel that they are left to endure this hell on earth by themselves, a sole warrior quickly losing heart against mighty demons.[42]

All eight also lifted up the urgent need to be free of the pain they were in (in the form of shame, guilt, despair, isolation, and self-debasement) as a primary motivator for their suicide attempts. No one was certain what death would entail—even though some had heard that it might be eternal damnation—but the participants knew it would be

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[42] Phil used the word *demons* no less than seven times in his interview: six allusions to how troubled his father was and one to the sources of his own chagrin. As mentioned earlier in this chapter, both Abby and Elizabeth referred to suicidal depression as *hell*, and of course Stern in his psychosis perceived actual demons around him.

something "different" (Abby, Stern), and they wagered that it would bring respite from pain. Harrison summed it up as "I think the only conception I had was that whatever I was experiencing would be over, … and I [was] willing to roll the dice." While those cognitions were not necessarily irrational, those leading up to them, such as the appraisal by each participant that they were no good and therefore needed to die, were. So were their assessments of the impact their death would have on others. Not a single interviewee mentioned considering, prior to his or her attempt, that the suicide would hurt anyone. Their reports suggest that they were too focused on their own agony to think of much else than alleviating it. Those who did talk in the interview about how they thought others would react revealed that they genuinely believed eliminating themselves would have a *positive* effect on those who knew them. Suicide, then, far from bringing condemnation onto the person who died, would be exonerative, removing not only that person's suffering but also the suffering of those who cared for him or her. Jeremy talked quite a bit about this notion, which he experienced in full force in his most dismal states of mind. According to him, when many people are suicidal, they conclude,

> "I'm taking myself out of your life so you don't have to worry and care for me. It's one less thing that is dragging *you* down, and now you can go live your life and be happy without me moping around and being sad"—which, in the middle of you being very sad, makes complete sense. I remember writing a journal entry about how I felt like I just wanted to die, and the image of me being this ship— um, a sailing ship in the ocean; I would die, and the ship would sink into the ocean, and, resting on the bottom of the ocean, the ship was dead, but it brought forth more life. So, coral and fish began to live in the carcass of the ship at the

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bottom of the sea, and in a way, like, I was trying to describe how that was a very

beautiful thing. Very poetic to me. Like, "If I killed myself, think of all the life

that could emerge from that; all the opportunities for other people…. Maybe I can

teach these people something through this death."

Further pursuing this line of thinking, Jeremy was reminded of Jesus Christ, the central

figure of his religion, and the circumstances surrounding Jesus' death.

I was able to add that Christ story—the crucifixion—onto my own experience;

like, "Well, **maybe Jesus was suicidal too**." I mean, he didn't stop! And look

what it did for the world; … in the midst of it happening, it didn't change the

hearts of the people that were *there*, but [ultimately] it did! Like, it taught people,

"Here's a person who loved people so much he was willing to give up his life for

them." And in a way, I thought, "Well, maybe that's what *I* was trying to do." …

It was never thought out, during or before, that this was a religious act, but I think

later, as I was reading some materials and hearing some authors talk about suicide

as a salvific act, I kind of got this idea that, like [in the case of] Jesus, you know,

dying was an act of redemption.

In sum, the interviewees demonstrated quite a bit of overlap in the emotional and

psychological conditions surrounding the decision to end their lives. The vehicles for

their despair differed per person, but in every case despair was definitively arrived at and

inhabited for weeks or months, and the only exit to despair that became apparent over

time was death—an end that would have to be carried out by their own hand. What's

more, each person's despair was inflamed by various cognitive errors, including

exaggerations, minimizations, and idealizations.

Why They Survived

In the very first interview, I the interviewer posed to Deacon the question of when spirituality came into his life relative to his suicide attempt. He responded, "Maybe it's easier if I just explain the attempt, because of what happened and, like, didn't happen." With that, he told the following story:

Deacon: So, um, I had a gun; I'd had it for a while. And, being in the business I'm in [as an Army veteran and EMT], I know what they can *do*, and I know what they *can't* do if you don't do it right. So, this one could do it right, and *I* knew how to do it right. With it. And I spent multiple times where I had put it in my mouth. I had *thought* about it, but didn't do it—for whatever reason? I don't know. I don't know why I hadn't. The reason why it didn't work this time? Is because the gun didn't work! (Long pause.)

Interviewer: It just didn't work.

D: It didn't work. Pulled the trigger and it didn't work.

I: Everything was set up. To work.

D: Mm-hmm. Mm-hmm. The gun worked.

I: The gun worked.

D: The gun worked! But it didn't work. It didn't fire. (Pauses.) The round: it was actually jammed. And it just didn't work. I don't know why. I *don't* know why. It scared the hell out of me.

Promptly after it jammed, Deacon packed the gun up and took it to a gun shop. "Why do you want to get rid of it?" asked the shopkeeper. "Because I'm tired of the way it tastes," replied Deacon. Then, according to Deacon, with a look of understanding on his face the

man "just gave me some money and says, 'Enjoy. Your life.' And that was it. So, then I went and actually met up with [my wife and son], and my mood had definitely changed, and I was happy."

Up to that point in the interview Deacon had disavowed any affiliation with religion and been wary of claiming any spirituality, yet without delay he responded to a question about spirituality by explaining how he survived his suicide attempt, which led to feeling happy. (Incidentally, he would never attempt suicide again; perhaps being "scared" by the near miss and then "happy" that he lived effected a spiritual change in him.) The implication that Deacon's survival included a spiritual component was not lost on me. Later in the interview I asked him, "What do you make of the fact that the gun jammed?" He responded soberly, "I don't know. (Long pause.) I don't know. Um, maybe *something* happened, but I don't know what. Spiritually. Maybe it just *didn't* work! So I don't—it's something I haven't come to terms with." (Note his use of the word *spiritually*, despite my not referring to spirituality in my prompt.) Moments later Deacon repeated, "I just don't know" and added, "I don't know if I've come to terms with *any* of it yet. Why it didn't work." He seems, then, to be allowing for the possibility of a supernatural explanation but has hesitated to embrace one.

Because of these exchanges with Deacon, I added a question to the interview script: "To what do you attribute the fact that you survived your suicide attempt?" I surmised that asking the rest of the participants why they think they lived would shed light on aspects of their spirituality that were not necessarily illuminated by the other interview questions. Not only did that turn out to be the case, all eight entertained the inquiry with seriousness, discussing the reasons for their survival (that is, the *causes*,

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whether technical or mystical, and in some cases the *purpose* or telos) that they have

come to perceive. These remarks ended up being some of the most fascinating and

relevant elements of the entire project. Thus, this section, devoted to showcasing each

suicide attempter's answer to the appended question, was created.

Not all interviewees saw God at work in their not dying. In fact, the degree of

divinity assigned by the participants to their survival corresponded fairly closely to the

degree of intimacy they currently feel with God (described in the previous chapter).

Three of the participants did not point to supernatural attributions; rather, their

explanations were pragmatic. Abby's, for instance, was that she "wasn't very good with

pharmaceuticals." Recall from earlier in this chapter that when Abby did not die from her

intentional drug overdose, she placed the blame firmly on herself—it was "one more

failure"—instead of turning to a less mundane explanation. "It was back in the '80s when

there was no World Wide Web. Looking back, there were so many other things I

could've done that would've been more fatal, but I just didn't know." Even after

contemplating the question and then emailing a more thorough response a week later,

Abby did not change her opinion:

> I never attributed the fact that I survived to a religious or spiritual phenomenon. It
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> was clearly incompetence on my part, at least in my mind. I don't subscribe to the
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> "everything happens for a reason" mentality either…. Despite my belief that there
>
> is a "karma" or "higher power retribution" kind of thing going on, not everything
>
> that happens is related. We have free will and we make choices and those choices
>
> have consequences as do other peoples' [*sic*] choices. So while there may be a

grand plan in the overall scheme of things, we do our best to mess with it whether

we mean to or not.

Possibly to underscore that no doubt existed in her (or my) mind about the absence of

metaphysical meddling in her survival, Abby added,

I didn't mention to you that I saved my other grandmother's life when I was

ten. We were alone and she had a massive heart attack. She sent me to get an

adult, but I called an ambulance instead. I think if I were to believe there was a

purpose for my life then saving her would be it. She lived for another 25 years

after that heart attack. While I'm sure she would undoubtedly trade her life for

mine, my so-called purpose was finished by the time I tried to die.

Although Elizabeth has a warmer relationship with God today than Abby does,

she gave a similarly no-nonsense, self-indicting interpretation for the survival of her nine

suicide attempts: "I didn't try hard enough. I failed again!" (Both women, it so happened,

chuckled derisively as they made these matching statements.) Congruous with her sense

of failure, when Elizabeth would "come to" after a suicide attempt, usually in the

hospital, she would be filled with "great disappointment," a combination of "Oh no, what

have I done?" and "Oh no, I didn't make it." In contrast to Abby, however, with a

developing personalized spirituality and increasing distance between her and her last

suicide attempt, Elizabeth began to allow for a more cosmic explanation for why she

lived. Her many purposes on this earth, she now holds, had not yet been fulfilled. She still

had a huge amount of growing to do as a person, she needed to learn how to "make

meaning of [the] psychic pain" that she had amassed from so much trauma and help

others do the same, she was supposed to become a mother, and on and on. True to her

mission as a minister in the Cosmic Family, Elizabeth sees herself today as having "a lot of good" left to do in the world—part and parcel of why she did not die as a young adult.

As to what force was at play behind his skirting death, Stern gave a one-word response: "Luck!" Suicide is rather cut and dried for him. Citing the example of his uncle who seemed to have "everything kinda going for him" yet fatally shot himself, Stern opined that people kill themselves because, simply, they "were in a lot of pain [and] didn't want to be here anymore." Whatever they encounter after death, "it's *gotta* be better. I don't think God's like, 'You didn't suffer [enough on earth], so you deserve more suffering [after you die].'" Stern does not, however, need an ethereal explanation for his survival to recognize purposes for living. For one, he sees his "being so sensitive and not being able to deal with shit"—that is, feeling tenderness for people who are suffering and having to take care not to activate the symptoms of his schizophrenia—as a "gift." For another,

> realizing that I could've died so many times, it makes me think what do I value; what do I wanna leave on this planet? … You know, I've just gotten into a better mindset about what I need and what's important to me. So even though I've had these struggles with the voices and stuff, there's also this gift that comes out of that desperation…. And so that's why I write [advocacy pieces]! It's because I want to leave something that will help other people who have had to deal with schizophrenia and have had to deal with a very, you know, unstable lifestyle, growing up.

Gabriela carried out many suicidal behaviors as a young woman. Like Abby, Gabriela thanks lack of knowledge for her not dying. Regarding an episode where she

had cut herself severely, she said, "I was trying to really bleed out, but I didn't know how to do it." Also like Abby, she added the same sardonic joke: "They didn't have the Internet back then, so I couldn't look it up." Interventions occurring in two of her suicide attempts, however, were noteworthy for Gabriela. One she considers metaphysical and the other the natural result of human error—but having long-lasting spiritual and existential repercussions. The context of the former was her second suicide attempt, at age 16. Gabriela had waited for her grandparents to leave the house and then ingested all the pills she could find. Then something "weird and creepy" happened. Sensing that "something was not right," her grandmother convinced her step-grandfather to turn the car around and return home, where they found an unconscious Gabriela. They rushed her to the hospital and were told by a doctor that if she had gone for even half an hour longer without medical attention, she likely would have died.

True to the spirituality she now maintains, Gabriela allows for the possibility of transcendent powers at work behind her surviving the overdose. While at the time she "didn't know what to make of it," "*now* I think there was some kind of guardian angel or some force, or something that my grandmother tapped into—some kind of connection that I don't even know I under*stand*, necessarily, but it's too strange to completely discount as coincidence." Despite being "tripped out" at the time, Gabriela did not experience an "epiphany like 'Oh my God, I'm meant to be here! Now I understand! I have my purpose!'" Such an awakening did not take place until her next and final suicide attempt, two years later, when "a second really weird thing happened that intervened and saved my life." She was living in an "unregulated, filthy" group home, miserable, wishing to escape. Sitting in bed with a candle burning nearby,

I just took all of my meds and I think I took some of my roommate's meds, and I passed *out*, and all of a sudden I felt this *heat* on the side of my face. And there was, like, a fire this high next to my bed. And I don't really know how I could've woken up from that? 'Cause I was—I had taken, like, dozens of pills! (Laughs briefly, incredulously.) And I was actually, like, able to get up and, like, swat it out somehow … but I burned my hand really badly in the process. And, like, they rushed me to the *hospital* and they were like, "Your hand will never function as normally…. You have second-degree burns all over your hand, and it will never be restored to full function." And look, it's totally fine (laughs).

Gabriela deems the cause of the fire to be her own negligence: "Like an idiot I had put [the candle] on a woven trivet [instead of] in any kind of glass container." As for waking up and putting out the fire, meanwhile, she suspects that an "instinct" kicked in and compelled her to do it. Recognizing the irony in a person's stymieing a lethal agent while in the midst of a suicide attempt, Gabriela explained, "I didn't want to burn to death. I don't think I wanted to die that way; I think I wanted it to just be, like, peaceful." She did not, for whatever reason, note that her urge to save herself from immolation sounded awfully metaphysically akin to her grandmother's "ESP intuition," though she did refer to both as "really weird." Instead, she stuck to a more worldly explanation, going so far as to say that after she survived she was "really upset; I just wanted to die, and then this fire startled me into [consciousness]." After a few days in the hospital, though, she returned to the dreary group home and had a revelation—something that debatably would never have transpired had the fire or her self-preservation instinct not first happened. She realized that she did not actually wish to die; she just wanted her life

to be much different from how it was then. Recall from Chapter 4 that Gabriela then promptly secured her grandmother's permission to move back home, went back to school, and eventually took up a career as a mental health activist and writer—work that supplies her with a sense of purpose and contributes to her reasons for living.

For Harrison and Jeremy, farther along the closeness-with-God continuum, the matter of why they survived their suicide attempts is in the same vein as Gabriela's instinct to live but with more numinous overtones, though they did not attribute it to God outright. In particular, both men pointed to the possibility of something inside them that clicked on when they were faced with extinction. Jeremy stated,

> I think there was 99% of me that was like, "I just—I need this to end. I need to stop suffering, and I wanna die." And there was a small (pauses) voice—maybe it was my shadow; maybe it was something *inside* of me, the part of me that wanted to be seen and heard—and said, "No, not yet." 'Cause I—I think I did everything I could consciously to *kill* myself, and then there's this … conscious moment where I'm on the floor in my bathroom calling on my cell phone! That I *know* I hid somewhere in the house and tried to get rid of, and locked! But here I am, calling for help, telling the person that I thought didn't want to listen to me—my therapist at the time—"Yeah, I took a lot of pills [to] kill myself, and I just wanted to say goodbye." … I wanted to be loved and cared for; I wanted someone to see me. And maybe that was kind of a manipulative thing to do, in some regard, but I had these lifelines in that phone call … , and something inside of me knew that I could call and reach out.

That call to his therapist, the very person who had seemingly disregarded him earlier in the day, ostensibly saved his life, as she was the one who contacted the paramedics who took him to the hospital. Jeremy recognized a more arcane phenomenon, though, that also served as a lifesaving intervention: the remaining 1% of himself—his "shadow"—cried out to be illuminated. And when Jeremy heeded the cry, the part of himself that he found "unbearable," shameful, and worthy only of extermination turned out to be his savior. Paradoxically, only by "embracing that part of me that hurts so much" rather than "cutting it out and dismissing it because it's causing so much pain" did he find the key not only to surviving his suicide attempt but also to assuaging his psychache.

As for the *purpose* of Jeremy's survival, it is also connected to "bringing that part of me that has been so hurt and wounded out into the light." Over time he began to share his suicide story with trusted others such as fellow chaplains. Through owning that part of his past by "engaging and processing it," he came to see that "talking about suicide is actually healing," both for himself and for others. "If we bring light to that darkness," he declared, "we actually help remove that commitment to *want* to kill yourself. It makes it harder to go there, because now someone sees you." Thus, the growth and learning that Jeremy has derived from surviving his suicide attempt imbues his pastoral care. In an emulation of God as he sees God, he extends affirmation to others, "seeing" them and "hearing their story"—especially those attempting to snuff out their shadow.

Like he did when he was trying to explain who God is to him (described in Chapter 4), Harrison had trouble articulating why he survived his two suicide attempts. It is a complex issue for him, fraught with uncertainty and emotions. Though one of his conclusions was somewhat similar to Gabriela's and Jeremy's—that there was a force

inside him that seemed to be barring him from death—he arrived at it in a more roundabout way. He began his response, "Well, I think with both times it, uh, wasn't my time. You know? 'Cause if had been—whatever that means—I would've died!" He mentioned the prima facie agents of his survival, such as the people who found him when he was unconscious and in "severe respiratory distress," respectively, and the hospital staff that nursed him back to health, but then, like Jeremy, he intimated that something more mysterious had been operating. After all, he should have died: unlike Abby and Gabriela, but like Deacon, Harrison had the know-how to execute lethal injury on himself. "I knew what I was doing. Yeah, I knew what I was doing," he said with a contemptuous laugh. He emphasized how close he came to dying. Confronting the glaring fact that he did not die, Harrison stated, "So, again I guess I just think (pauses) it wasn't my time! You know, there's more for me to understand." Then he referred to a recent life-changing incident.

Harrison's interview took place several months after he had been in a cycling crash that resulted in intensive hospitalizations, surgeries, and rehabilitation therapies. At the time of the interview he was still dealing with discomfort and greatly impaired mobility. Evident by the number of times Harrison referred to them, the experience of the accident and subsequent healing process were still fresh in his mind and actively enjoining him to accommodate them theologically. In other words, Harrison was still trying to make spiritual sense of what had happened. The crux of the conundrum was that the accident had almost killed him. Like Gabriela, he had had a brush with death that had not been initiated by him, and it was throwing him for a loop.

You know, the timing of this accident and the nature of it and the circumstances

of it: it's like, "Wow!" … There was one night in the hospital—I actually got

really sick after the surgery, and there was a point where—I don't know, it was,

like, 50/50 if I was gonna make it…. It was a Wednesday night, I was by myself,

and … I really thought I was gonna die. I thought, "I could be dead by the end of

the week."

Harrison spoke of what happened next as though it had surprised him.

I just had this really intense feeling of "I am not ready to die! I am *not ready* to

die." Whatever death is, I'm not ready…. I mean, no matter how bad things get,

they're never that bad! Not *this* bad (chuckles). Uh, death is *bad*. Death is final.

Well, I don't know if death is bad or good, but it's final. You know, there's no

takebacks…. And I think the other thing that was going on is, all these people had

invested remarkable amounts of time and energy into helping me. And I'm like,

… "I'm in debt!" I mean, "I gotta stick around. I've got to return on investment

here, folks."

Also like Gabriela, Harrison acknowledged that it probably sounded strange for a

person who had tried more than once to take his own life to be resistant to death when it

came in an unexpected form. Having (perceived) control over his own fate, it turns out,

was crucial for Harrison. "It's *different*," he said. "Being acted on, or acting upon myself:

they're different! It feels different. (Pauses.) It feels different." That difference evidently

led to new appraisals of the gains and losses involved in living and dying. Small wonder

that despite the arduousness of healing from his injuries, since getting out of the hospital

Harrison was experiencing a suicidality-free renaissance. "I've been in a pretty centered,

grounded space the last couple months," he said. "I've been really aware of what I think is God's grace."

Spiritually "grounded" though he was at the time of the interview, Harrison was still wrestling with the more cosmic reasons for his against-all-odds survivals.

I don't have a fully formulated way to make sense of that. I mean, you know, Buddhists call it *karma*—and, you know, karma is poorly understood; I mean, how I understand it: you know, it's cause and effect, and we live into the effects of our decisions. But I don't think God, like, sent [the people who found me mid-suicide] or put that crack in the road when I fell off my bike. But I guess I do believe (pauses) that—I guess this is where free will and autonomy; I dunno—that when things do happen, it's then up to me to decide what I do with that experience. Um, and I guess with the suicide attempts (long pause): I mean, I guess the only way I can explain it would be that maybe deep in my unconscious I *knew* that I was gonna be okay. You know, maybe somehow I just *knew* it. I don't know! I don't know how else to explain it.

He then grew adamant as he discredited the notion that God's behest is at the root of all things. Things happen because of "causality," not God's will or caprices; as quoted in Chapter 4, Harrison averred, "I just don't think that's how the God thing works." Moments after that statement, though, his resolve faltered, again revealing misgivings about the absence of divine intervention:

I mean, like, with this accident; it's like, "Okay, well, maybe God did make it happen so that I would have this, you know, uh, experience that I had that night to kinda: 'Okay, [Harrison], you *really* wanna kill yourself? Well, let's frickin'—

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we're going to the mat.'" … Like, "Fish or cut bait. Either you're going to do it or you're not, so here's your opportunity, and here's what it's going to be *like*! So think about that."

It is clear, then, that Harrison's explanations for why he lived are mercurial. God, other people, and Harrison himself play roles of varying significance in the playing out of his survival. The last comment he made on the matter referred to an additional, albeit indirect, reason for his continued existence. This reason, he said cryptically, is that he has not acted on his insistent thoughts of suicide. More plainly put, he is still alive because he has not killed himself. Of all the factors that contribute to his not making another suicide attempt, one of the weightiest is the likelihood of death. "I mean, I've done a lot of research; like, I'm not gonna fuck it up this time. There's, you know, 3 to 5% margin of error, blah, blah, blah, but 95% is pretty good odds." Perhaps ironically, the strong possibility that he could actually die were he to try again seems to exhort Harrison to hang on to life.

Phil has the closest relationship with God of all the participants; in turn, the extent to which he attributes the survival of his suicide attempt to God is the greatest of the group. For some time after the attempt he "[could] not come to any other conclusion but that there must have been some kind of [divine] intervention." Like Gabriela, Phil found so many aspects of his survival to be "eerie" and inexplicable that "for a while there, I was like, 'Maybe this is God's communication!'" These mysterious aspects were as follows:

- *The drive home*. Phil is certain that he parked five miles from home when he drank the antifreeze that he hoped would end his life. Recall from a footnote

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earlier in this chapter that Phil gave a wealth of detail when he described his suicide attempt. Not only does he remember the exact alley where he parked, he also remembers seeing a "big truck coming in to make a delivery" right before he passed out. He was found, however, in his home garage.

> From where I *was*, to get *home* there were, you know, interstates and streetlights and mailbo—and I remember taking that route home again [later], and I don't—there was nothing knocked over; my car was in perfectly good shape, I was parked perfectly fine in the *garage*—which—I had, you know, one of those tiny little one-car garages that's already filled up with stuff, and I was parked perfectly in it!

- o *The toxicologist*. For all intents and purposes, Phil's suicide attempt should have killed him. He and his family were told in no uncertain terms that "the amount of certain kinds of poison I had in me" was highly lethal. "It just so happened," however, "that the man who lived down the street—my dad's best friend; I actually dated his daughter a couple of times—we always knew he was a doctor, but we didn't know what kind of doctor. And as it turns *out*, he was … one of the nation's premier toxicologists." The doctor "put aside all his teaching [responsibilities]" to take care of Phil, saved Phil's life, and discovered an effective way to treat antifreeze poisoning in the process. (He ended up publishing a journal article on it.)
- o *Jody Davis*. Phil decided to keep his suicide attempt secret from as many people as he possibly could, even his girlfriend. Some of his "buddies" caught wind that

he had been hospitalized, though, and naturally were concerned about it. Phil did not have to look far for a fib.

> The, uh, All-Star catcher for the Chicago Cubs? That same summer? In the *spring* he had been gone from the team for a week-and-a-half, two weeks. And when he came *back*, they said he had this mysterious illness that nobody understood. Looking back, I'm wondering if he tried to kill himself *too*. But [everybody in the area knew that he had been] diagnosed with this weird *illness* that they're still observing for. So I said, "You know what? I was told I got the same thing that Jody Davis had." (Laughs heartily.) And it worked! It *worked*. Somehow.

The icing on the cake in terms of crediting God with his survival was that prior to Phil's suicide attempt, many people had been praying for him, and he knew it. His devout Baptist girlfriend and her friends had "taken it upon themselves" to try to convert him from Catholicism, and they were doing so mainly through prayer. In his post-suicide disbelief at still being alive, Phil groped for any explanations he could find for his survival. He deduced that God must have been involved in a big way. "At the time I interpreted it as my spiritual journey being something that saved me from not actually dying," he said. As a result, for several years he became a fundamentalist Christian "zealot" in order to pay back the debt he thought he owed God for saving his life.

As Phil's fanaticism gradually simmered down, he began to allow for more earthly reasons for his survival. Spiritual though he is, he is nevertheless scientifically minded. Regarding how he managed to return to his own garage on the night of his attempt, for instance, he does not believe, as some "very strong Christian faith people" he

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knows might posit, that an angel literally took the wheel. Instead, he has settled on a half-biological, half-supernatural explanation:

> Now, in hindsight, I think something about my brain just kinda kicked into fight-or-flight gear—survival gear—and somehow I made it home. Actually, my dad and I had our very first talk about this over the summer…. [His] conclusion was, you know, "There was something *inside of you* that wanted to survive. And somehow *you* drove home!" And I'm sure I *did*. I'm sure I did; I don't think my car was levitated or anything…. I don't think God *took me home*, but I believe it was something in me that was sparked *some*how, that—I don't know, maybe because of what I had heard, and maybe because I was on a [spiritual] *jour*ney—that … somehow he got me to drive home.

In addition, as mentioned in the previous chapter, Phil still struggles with the theodicean problem of why so many people who attempt suicide are not rescued from death by God even though he was. He does not believe that he is any more worthy of saving than anyone else. For that reason, he maintains an element of autonomy in the cause he attributes to his survival. Like Jeremy and Harrison, then, Phil suspects that something inside himself refused to accept death in the form he was foisting upon it and therefore acted decisively to thwart it. As for his *purpose* for defying death, although he did not say expressly that God kept him alive for this reason, he implied that his work as a school psychologist, which is highly sacred to him and gives him the opportunity to be instrumental in preventing other people's suicide, is divinely endorsed.

Miscellaneous Additional Findings

Protective factors.

As noted in the first section of this chapter, all participants continued to have suicidal thoughts or behavior following their first attempt to kill themselves. Abby described this woeful truth most vividly with the statement "I used to be able to devise a suicide plan with any three objects [around me at any given time]." In fact, in every person's case, suicidal ideation of varying intensity has continued to the present day (rather, the day each person was interviewed, in the period spanning Thanksgiving 2015 to February 2016). Fortunately, all participants named multiple protective factors and methods for coping with lingering suicidality. The spiritual practices each of them exercises, described in Chapter 4, comprise the bulk of their coping strategies. Mindfulness was frequently mentioned, especially with respect to the feeling of creeping despair. Gabriela's and Phil's versions of mindfulness sounded similar:

> I think the biggest thing that helped me in terms of my mental health, and also my physical health 'cause it helped a lot with my chronic pain, was dis-identifying with thoughts. Even suicidal thoughts. Just like, "Oh! This is a suicidal thought. Oh, that's really painful. That's really scary." I was able to have what they call the "witness consciousness" and not become it. Have some space. You know, not that I could always do that perfectly; that's why it's a "practice." But the first time I realized that I was not my thoughts, that was such a revolution. (Gabriela)
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> What *has* kept me, on the two or three occasions that I've been almost there again: it's not coming from God—"Thou shalt not do that"—but it's more like

"I've been through this before. I've *been* here before. I've gone over the edge; I remember what that's like. It's not as bad as I used to think it was." You know. And "Let me wait this out." So, it seems funny, but it's just catching my breath, just doing a lot of deep breathing, and ju—a kind of mindfulness. "Oh! I'm thinking about killing myself. I'm really depressed and really angry at myself. I'm really sad. I'm really anxious. (Pauses.) Hold that. And that's okay." (Phil)

Even more common among the participants was empathy for those experiencing suicidality—including themselves, past and present. Even though Elizabeth and Deacon both opined that suicide can sometimes be "selfish"—"In all of those previous suicide attempts it never occurred to me to think of my family; just that I wanted out" (Elizabeth)—every person verbalized compassion for the people who contemplate taking their own lives and understanding for the anguish they feel. Many of them, in fact, remarked on the degree of resolution, planning, and even courage that is needed to carry out suicide. Jeremy, for instance, described suicide as an act that one must commit *to* rather than *commit*:

I think that's what suicide is: it's a thought-out commitment. I think it's very hard to kill yourself by suicide on the spur of the moment. I think it's long and planned out. It takes time to prepare mentally for that. And in a way I think you have to be very (pauses) hurt but a very strong person to get to that point where you're willing to do that kind of harm.

Moreover, evident in the insight they demonstrated as they related their suicide stories, all eight have confronted the reality of having one or more suicide attempts as a part of their personal history. A major way they have done this is by disclosing these

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stories to others, at least three of them to the general public through speaking or writing. ("My story is powerful," said Jeremy, "and [telling it] has transformed me.") Some of the participants belong to suicide attempt survivor groups and stay abreast of developments in the field of suicidology. In addition, all of the interviewees indicated that they have pondered how their relationship with suicide, and with living itself, has changed.[43]

Five more points related to what has helped participants heal while also buffering them from acting on suicidal thoughts deserve mention:

o *Prudence with substances and sex.* Although all but Jeremy reported abusing intoxicants at one point or another, and most also saw periods of promiscuity, none of the participants engages in those risky behaviors today. At least three, in fact, abstain from alcohol and illicit drug use altogether. Most reported being in monogamous relationships.

o *Counseling.* All interviewees referred to receiving psychotherapy after their suicide attempt(s) that was truly therapeutic—that is, they felt rapport with their counselor and found counseling to be beneficial. Some of them had undergone mental health treatment prior to their attempt(s), at times involuntarily, and gave it mixed reviews. Some continue it today both to enhance their wellbeing and act as a safety net for breakout suicidal urges. Gabriela mentioned having unpleasant experiences with psychiatry; in fact, she is outspoken about the ways that

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[43] In light of theological, psychological, and even pop-culture discussions on forgiveness (e.g., NPR & TED, 2017), readers might be interested to learn that no one except Phil used the word *forgive* in relation to his or her own suicide attempt(s). (Phil stated that when he feels acute depression, one way he self-soothes is to bear in mind "The 50-year-old has to forgive the 20-year-old.") Nonetheless, through poignant descriptions of their experiences of psychache and explanations of the deliberate theologies they have today, which are characterized by a benevolent worldview and the loving acceptance of others, all of the participants implied that they do not harbor resentment toward their younger selves who attempted suicide.

psychotropic medications and the larger psychiatric system can be "destructive."

At the same time, she cited excellent mindfulness-based and trauma-informed

therapies that helped her release the "strangle-hold" of her traumatic memories

and "feel more in control of my emotions and my nervous system."

o *Friends.* Besides therapeutic relationships with mental health professionals, other

support systems were identified. Every interviewee referred to one or more people

who function as nonjudgmental confidants for them, people who can talk them

down from the ledge, so to speak, and remind them that they are loved and that

their existence matters. These relationships are not only nourishing; in some cases

they are lifesaving.

o *Caregiving.* As reported in the last chapter, all participants engage in paid or

unpaid work in a caregiver or helper capacity. Whereas Deacon aids people with

substance abuse or dependence, the remaining seven work in the fields of suicide

prevention, mental health, or pastoral care. Such work seems not only to be

spiritually fulfilling but also to augment their reasons for living and in turn bolster

their resolve not to kill themselves. Jeremy and Phil in particular gave beautiful

accounts of how they go about providing pastoral and psychological care,

respectively, to suicidal individuals. Jeremy's caregiving "is a manifestation of, I

think, what God is for me: just this presence that says yes." Similarly, Phil's is

"very Rogerian, … very affirming, very 'Yeah, let's go there.'"

o *Participating in this study.* Incidentally, at the close of the interview every person

commented positively on being a participant: e.g., "I feel better than when I came

in" (Deacon), "I'm thrilled to help because advancing this field is something I'm

very interested in" (Abby), "I'm really happy to put [my story] out there" (Elizabeth). Even though the eight individuals' participation in the study might not have the grand effect of protecting them from suicidality, it gave them, at least, the opportunity to reflect on their story—rather, the manifold stories that make up who they are—which apparently was gratifying and possibly even restorative for everyone. "As it's said," remarked Harrison, "it takes two people to tell a story: one to tell it and another to listen and witness. Thank you for listening and for pursuing this research."

Views on religion and suicide.

Although nearly everyone acknowledged the religious prohibitions against suicide, no one said that those taboos deterred them in the slightest from attempting suicide. As explained earlier in this chapter, before the attempts all of them had come to regard suicide as the only effective analgesic for their soul's suffering, the only way to escape their abject gloom. Nothing else was providing relief. From that place of "absolute desperation" (Elizabeth), they saw death as deliverance, regardless of what they might encounter afterwards. As Abby put it, how could hell be worse?

In fact, six of the participants stated that they think God would understand, or at least not punish them, if they opted to end their lives because of unbearable despair (the other two did not happen to comment on the matter). Phil thinks his devotion to his faith would be taken into account:

I've often thought to myself, "Have I not tried to kill myself since then because I think that's an unpardonable sin?" And I've said, "No, I don't think so." From a Christian faith perspective, if I have this relationship with Jesus, and I'm honoring

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him through that relationship, if I kill myself (pauses) *I* think I'm gonna go to

heaven! So *that's* not what's keeping me from killing myself.

The others pointed to their belief that God is loving, not wrathful, by nature, and

therefore would not condemn a suicidal person. Harrison summed up this perspective in

the following way:

The stories of Christ are of this person who was remarkably compassionate. And to

me, when a person gets to that point of suicide, that's what they need!—is

compassion. And healing. And, uh, *love*. And I can't imagine—I mean, … to kind

of personify it: like, "Oh, you committed suicide; well, you're going to hell

(chuckles in a scoffing way). *Sorry*, you didn't read—did you miss that in the—?"

You know, it's hard for me to conceptualize that. It just doesn't jive with what I

know about a compassionate God who is unconditional in its acceptance, love; I

mean, I just don't see it that way.

Finally, three participants directly addressed religion/spirituality's role in the

midst of their markedly suicidal periods. One person said that religion aggravated her

suicidality, one said that it could have ameliorated his suicidal inclination, and one was

neutral. Respectively, Gabriela said that her "spiritual search … was hand-in-hand with

being suicidal and what came with that, which was this revolving door of

institutionalization"; Harrison claimed that "part of the problem" when he attempted

suicide at age 17 was that he was not "very connected with [religion or spirituality] in

those moments"; and Abby stated that when she went through a depressive episode while

she was active in the Catholic Church, the Church "didn't hurt, but it didn't exactly

help…. It was kind of this existential thing that existed outside of the mental illness."

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Turning points.

Though the interviewees were not formally asked to identify particular moments that changed the course of their life, each of their stories about religion/spirituality and suicidality featured a turning point: a jarring event, an epiphany, or both, resulting in a different attitude and behavior. In most cases the turning point was not a slow pivot but an about-face. In the context of the suicide narratives, these plot twists spurred a change of heart in the suicide attempters about dying by their own hand and about what they wanted their life to look like. From that point on, notably, they would no longer attempt suicide, even though suicidal ideation would persist in all of them. What follows is a look at the climacteric(s) in each person's story.

For Deacon, the suicide attempt itself was the putative turning point. The jamming of his gun had exactly the opposite effect than he intended: instead of firing a lethal bullet, it fired him into an awakened state, rekindling his desire to live. He would go on to take decisive steps toward increasing his happiness and never again finding himself in the position of trying to kill himself.

Abby's first turning point occurred when she hospitalized herself at age 22 for suicidal ideation so strong that she feels confident she "would have wound up dead" if she had not checked herself in. For the first time she was given a psychiatric diagnosis: recurrent major depression (later amended to bipolar disorder). Everything fell into place: 10 years of joylessness, of stoicism, of believing that "life was supposed to be dreary and difficult." "I was vindicated," she said. Then, in her 30s, after another depressive episode and some uncharacteristically wild behavior, Abby met the man who would become her husband, "one of the first people who accepted me completely for who I was." With his

support and with a continuing commitment to educating herself about her own mental health and receiving treatment for it, Abby has put her foot down when it comes to suicide: "I have come to feel that this disease has taken too much from me already, but it's not going to get the balance. I don't want to be an accomplice in my own demise."

Jeremy had an abrupt "wakeup call" regarding suicide and a more gradual awakening regarding his spirituality. The former occurred two weeks after his suicide attempt, when, feeling dejected, he impulsively swallowed a handful of ibuprofen. "The next morning I woke up," he explained, "and I'm like, 'I can't do this to myself anymore. I need to *change*.'" As for the latter, it was aided by boundless love from another person, as it was for Abby. The "amazing heart-to-heart conversation" Jeremy had early on with Emma would lead to their mutually reimagining God as an affirming ally. During that time of spiritual metamorphosis, Jeremy would have powerful experiences as a hospital chaplain in his first unit of Clinical Pastoral Education. "I feel like my life kind of got back on track then," he said.

In the early '80s Elizabeth was caught up in a whirlwind of reckless behavior, "doin' cocaine in the bathroom" at her federal government job, which she somehow managed to hold down, and "rippin' and runnin'—just, basically, wild drug addiction [and being] in and out of the hospital." Her last suicide attempt (an overdose) resulted in weeks of hospitalization followed by psychiatric outpatient treatment. One night after she had mouthed off to the psychiatrist during group therapy,

I drove my car all over [the city], ran out a full tank of gas. In a compact [car]. And when I came out of that, a policeman was there knocking on my window, and I'd been in a blackout for six hours. I was in some dark parking lot

somewhere, had puked and peed all over myself, was completely passed out. And

it scared the crap out of me. Not because I thought *I* was gonna die, because I

didn't give a shit about me; I was afraid I was gonna kill somebody else.

Elizabeth defines that incident as "where the spirituality piece began to kick back in."

Days later, she found herself in a Narcotics Anonymous meeting after getting kicked out

of Alcoholics Anonymous and told "You'll never make it; you're gonna die." She sensed

that she was among kindred spirits. Recall from the last chapter that NA encouraged her

to define God in way that would be meaningful for her. The process of reconstructing

God, as it had been for Jeremy, was "life-changing" for Elizabeth, as was finally being in

a community of people where she felt a sense of belonging. She would go on to open

herself up to more encounters with special people, places, books, and ideas that would

each reinforce the "big transmutation" she had initiated as a headstrong young woman.

As discussed earlier in this chapter, the experience of almost dying by fire and by

infection, respectively, proved revelatory for Gabriela and Harrison. In both cases they

saw the face of death and discovered that it was actually unfamiliar to them. The resultant

shock compelled them to rethink their relationship with suicide and, in effect, renew their

lease on life. Both also share the spiritual practice of taking part in Buddhist retreats,

which provide soul-level rejuvenation as well as invigorating connection with

kindhearted human beings. Gabriela describes the "profound breakthrough" she had on a

10-day silent retreat:

I just really came to terms with my suicidal girlhood and really felt compassion

for that person, whereas I'd always felt judgment towards myself for being broken

or whatnot. And it was like this huge healing and opening that took place for me, and, I mean, I would just say that that was like a **turning point**!

Phil, meanwhile, does not remember ever having a pivotal moment—"an 'Oh my God, my eyes are open!' type of thing"—that changed his spirituality or his beliefs about suicide. One could make the case, however, that his turning point came in the form of the suicide attempt itself, like it seemed to for Deacon. After all, Phil felt a "whole mix" of emotions when he woke up in the ICU, not the least of which was relief—relief both that "it didn't work" and that his parents might finally recognize his pain. He even recalled having a "post-suicide-attempt high." Moreover, straight from the hospital he was taken to a counselor; Phil "fell in love with this guy" and "absolutely fell in love with counseling." He did therapy for a month, started exercising to rebuild his atrophied muscles, and was feeling so good that "I cut counseling short, said, 'I'm goin' back to school,' and, literally, I told my parents and the next day I drove back to North Carolina and reenrolled." This time he would succeed in graduating! A *spiritual* turning point for Phil, meanwhile, could be when (as in Jeremy's case) the woman who would become his wife helped him rework his understanding of God, effectively giving him permission to settle into a spirituality that worked for him.

Stern recounted several instances of epiphanies that resulted in major life changes. One of those turning points happened when, at age 19, he was doing the community service that a Louisiana judge had ordered him to do. He had chosen to volunteer at an animal rescue organization and found it to be "fantastic." His spirits were lifting; "I still had voices, but they were getting a lot more positive … and I said, 'Well, I gotta get my

life straight.'" He moved back to his home state, joined his mother's church, and stopped getting arrested.

Another turning point occurred when Stern's charismatic Christian school was grooming him for missionary work abroad; meanwhile his sister was in turmoil back home and "starting to do meth. And that's when I knew that I needed to be myself, be like who I was on the inside." In response, he left the school and the religious tradition that had become inimical to his wellbeing. Doing so paved the way for significant self-growth and the adoption of healthier behaviors and beliefs. Stern came to understand, for example, that he has to adhere to "a different lifestyle than the 9-to-5 because of my illness." Like many of the other participants, he also re-conceptualized God; for him God went from symbolizing spite and reproach to love and grace.

Finally, Stern has made critical discoveries about "what it was like growing up with a narcissistic parent" and the resultant "struggle I went through to survive." He now views his mother as a "destructive force" whose regard for him has only ever been conditional. It is clear to him that the way he was parented had a huge effect on his suicidality.

> I had to mirror my mom; otherwise I would be punished. Being a human was not allowed. To me [at the time], this was normal and perpetuated suicidal thoughts as a child. To her I was brought into this world to serve her every need. Trying to develop as an individual was a struggle. Even now she tries to pull me in by manipulating and pulling strings on relationships. To her people are mere chess pieces to get power and money. She destroys life to get what she needs. It's sad

and gross and I wouldn't have known this if I didn't get completely away from her. I see now more than ever why I went "crazy" and why my sister died.

These agonizing realizations, combined with distancing himself from his mother, have caused Stern's "suicidal thoughts [to] slowly start to disappear"—nothing short of revolutionary for someone whose 29 years have been laden with suicidal ideation and attempts. Stern concluded, "I don't know why I was put through all of it as a child and teenager and young adult, but I would never go back, and I hope that the rest of my life can be loving and peaceful."

Summary

This chapter presented the eight participants' multifaceted suicide stories. First it displayed their written responses to the suicide attempt-specific questions on the background information form. Then it highlighted significant features of their suicide attempts and continued suicidality: the psychospiritual phenomena present around the time of the attempts, their opinions on why they survived, what currently protects them from making further attempts, crucial developments in their life narratives that have turned the tide for them spiritually and existentially, and sundry others. The chapter that follows will place the information conveyed here and in Chapter 4 in dialogue with the existing research on religion/spirituality and suicide detailed in Chapter 2 and will present interpretation and discussion of these findings.

Chapter 6
Discussion

It was not with a voice of hope that Jesus called, "Eli, Eli, lama sabachthani?" The cry on the cross is the archetype of every cry for help. It sounds the anguish of betrayal, sacrifice, and loneliness. Nothing is left, not even God. My only certainty is my suffering which I ask to be taken from me by dying.
James Hillman, *Suicide and the Soul*, 1965/2011, p. 93

By and large the idea of Hell does not ordinarily enter into suicide…. Most suicides—as is clear from reading a large number of suicide notes—are disappointingly secular.
Edwin Shneidman, *The Suicidal Mind*, 1996, p. 158

The depressed person is a radical, sullen atheist.
Julia Kristeva, *Black Sun*, 1987/1989, p. 5

Introduction and Summary of the Findings

The purpose of this modified phenomenological/narrative study was to investigate the experiences a handful of suicide attempters have had with religion/spirituality over the course of their lives in hopes of shedding light on when particular aspects of religion and spirituality have functioned constructively or destructively for them. The participants' responses to the semi-structured interview questions revealed religious/spiritual elements (affiliation with a faith tradition, attendance at worship services, participation in other religious gatherings, views on God, religious/spiritual struggles, and religious/spiritual practices) that have appeared before, during, and since their suicide attempts. Although the only formal inquiries into the suicide attempts themselves occurred in the Background Information survey form, all eight participants ended up talking about their suicide attempts to varying degrees of detail.

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Midway through the first interview, I, the interviewer, spontaneously asked Deacon, the participant, why he thought his chosen suicide method, gunshot, did not result in death. Because his response hinted at his personal spirituality, I suspected that asking the subsequent participants a similar question could be fruitful, and I added it to my question guide. My suspicion was confirmed; the question ended up eliciting information about the interviewees' spirituality—namely, spiritual attributions of their survival—that the other questions did not. It also formed the basis for an entire thematic section in the second Findings chapter. Responses from the other interview questions, meanwhile, were synthesized into the rest of the sections and subsections comprising Chapters 4 and 5. Overall, these sections conveyed the following findings:

1. Religion and its attendant creeds and observances featured large in the childhood and adolescence of seven out of eight of the participants.

2. All participants have religiosity and/or spirituality of various ilks and intensities in their lives today, including religious/spiritual practices.

3. Participants' relationships with God range from detachment to intimacy.

4. Every person has experienced religious/spiritual struggles.

5. While despair was present in all participants prior to their suicide attempts, other psychoemotional and spiritual states were also operative.

6. All eight attribute their survival to one or more causes, from the mundane/practical to the paranormal/transcendent, and most also recognize a grander purpose for their existence.

7. All identify healthful coping methods and spirituality-infused factors that protect them from acting on further suicidal ideation.

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8. Religious censure of suicide did not discourage the interviewees from attempting suicide. Those who spoke about it stated that they do not believe that God damns the suicidal.

9. All stories included turning points, sometimes with discernible spiritual elements, that resulted in a changed attitude about living.

The present chapter features a discussion of these findings. First I will propose "lived" definitions of *religion* and *spirituality*—that is, what these concepts seem to mean to the study participants based on their reports of how they experience them in their everyday lives. Then I will engage in a "secondary level of analysis," tying in prior theory and research in order to generate "interpretative insights" (Bloomberg & Volpe, 2012, p. 187) into the findings just named. To do so I will lean most heavily on the expository categories proposed by Whalley (1964) for the various ways that religion and suicide may interact with one another. I will also include a section that places the findings in dialogue with the literature outlined in Chapter 2 and a section addressing how the actual findings compare to the anticipated ones that were discussed in Chapter 1. The objective of this hermeneutic endeavor is to present a layered view of the phenomenon being examined—the intersections of religion/spirituality and suicidality—with the ultimate intention of demonstrating its complexity in a way very little research has done up to now. Recognizing that "there are multiple ways of interpreting findings … and [my] interpretations are but one perspective" (Bloomberg & Volpe, 2012, p. 186), and certainly remaining open to other interpretative possibilities, I submit the following as the product of my own (subjective) meaning-making process. I have reflected on the meta-

story being told by the eight individual stories and why it matters; what follows are the meanings that have come to the forefront as the most salient.

Religion and Spirituality as Lived by the Study Participants

I wrote in Chapter 1 that this study targeted the participants' "lived" religion and spirituality instead of more cerebral or theoretical conceptualizations that might or might not have any bearing on or relevance to the participants' real lives. Although Phil was the only participant who explicitly defined *religion* and *spirituality*, I was able to form an understanding of these concepts as they seem to operate in the lives of the interviewees as a whole. If the eight interviews taken together are like a painting equally contributed to by eight artists, then talking with the participants, eliciting their stories, listening to each interview several times, carefully transcribing each one, and then iteratively reading, coding, and analyzing each transcription have afforded me a special familiarity with that painting. This familiarity notwithstanding, supplying definitions of *religion* and *spirituality* as they appear to function in the lives of eight people is akin to describing a painting that one knows quite well but which was created by someone else; thus, as usual, I ask readers to mind my hermeneutical subjectivity.

As I wrote in Chapter 4, Phil considers religion to be a "study of or an adherence to certain practices and protocols"; declaring oneself a member of a certain religion means espousing a particular philosophy. Spirituality, however, is less definite to Phil; it is "something we all have by default," something "we're all wired with." He sees one's relationship with one's spirituality—"the extent to which we sort of connect with it," which for him entails actively maintaining a relationship with God—as the most important piece of spirituality, superior to observing religion's "rules and regs."

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Religion and spirituality as collectively experienced and presented by the participants overlap with Phil's definitions. **Religion** seems to be a collection of beliefs, practices, writings, traditions, values, and rules to live by that relate in some way to a transcendent force or being and are put forth by institutions, each with its own history and own version of these doctrines, rituals, etc. The people who affiliate themselves with these institutions are more or less expected to adopt these various policies and practices, and most of the institutions stipulate rewards and punishments for the people who do and do not adhere to their teachings. Religion is typically associated with a designated place in which one engages in worship; the participants of this study almost exclusively referred to that place as a church, although one participant (Gabriela) called it a synagogue or temple.

Spirituality as it is lived by the interviewees seems to be either the participation itself or the feeling one gets when one participates in an activity that is meaningful, fills one with a sense of purpose, and engenders connectedness to the tangible or intangible world and/or to a transcendent force or being. The specific characteristics of spirituality differ per person and are chosen/defined by every person consciously or unconsciously.

Findings Set Within the Whalley Model

Recall from Chapter 2 Elsa Whalley's proposal, delineated in a 1964 journal article, that the religion-suicide relationship is akin to the "epidemiological model of disease" (p. 95). More particularly, she likens the modes by which religion can influence suicidality to the "constellation of factors or circumstances in a special set of interrelationships which are involved in producing a disease process" (p. 94). Accordingly, religion may act as agent and/or deterrent. It can function in the following

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ways: as the *source* of the problem, in effect planting the idea that suicide is not just an option but a "good idea" (p. 96); as the *suicidogenic*, or suicidality-exacerbating, agent; as the *suicidostatic*, or suicidality-inhibiting, agent; as the *suicidocidal*, or suicidality-killing, agent; or, like a vaccine, it can *immunize* people against suicidality, rendering suicide categorically undoable if not inconceivable. Though she does not build this point into her disease-inspired thesis, Whalley also acknowledges that sometimes religion has a negligible bearing on a person's suicidality, a mode she straightforwardly names *no role* (p. 109).

Not only is the Whalley model highly applicable to my findings, it is conceptually kindred to my project—carried out, it seems, with premises, objectives, and an open-minded spirit similar to mine. First of all, it allows for a variety of relationships between religion and suicide, not just one. Thus, by her model, religion/spirituality can occupy more roles than just the buffer against suicidality that the majority of literature has identified for it. Second, it accommodates the multifaceted nature of suicide/suicidality, religion/religiosity, and spirituality. Perhaps readers will remember Whalley's statement that suicide and religion both exist and are studied on macroscopic (i.e., sociological) and microscopic (i.e., psychological) levels and her call for a model that takes both into account. Last, the Whalley model is versatile and egalitarian; it does not prioritize or hierarchize its component propositions, nor are they dependent on one another. Any given proposition could be proven true or false, and if one were found not to apply, the whole model would not be nullified. For these reasons, I will avail myself of Whalley's model in discussing my findings.

Religion/spirituality as neither suicidality-immunizing nor suicidocidal.

I will start with Whalley's propositions that did not show up in the study

participants' narrative themes and then move backwards along the list. It goes without

saying that because I recruited people who had attempted suicide, *no* protective factors in

their life, religious/spiritual or otherwise, had ultimately successfully "immunized" them

against attempting suicide. What is noteworthy with respect to immunization in these

particular cases, though, is that religion was as ineffective a vaccine for the seven

participants who had had lots of exposure to it while growing up as it was for the one—

Deacon—who had had very little. During the interview nearly every person (Deacon

included) expressed awareness of the traditional religious prohibitions against suicide;

thus, ignorance of these tenets was not to blame for their suicidality.[44] In fact, whatever

anti-suicide messages they got from *any* of their sociocultural circles were not potent

enough to inoculate them against severe suicidality.

Moreover, none of these individuals has seen his or her suicidality "kill[ed] off"

(Whalley, 1964, p. 106) by religion or spirituality since his or her suicide attempt(s).

Every participant in fact reported experiencing indefatigable suicidal ideation, which

corresponds to the literature that indicates that religion/spirituality is more protective

against suicidal behaviors than suicidal thoughts (e.g., Lawrence, Oquendo, et al., 2016).

Not only did thoughts of suicide reappear for all of them after their initial suicide attempt,

for many of them the thoughts persisted for years and are still present today. Half of the

participants (Elizabeth, Stern, Gabriela, and Harrison) made attempts to take their life at

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[44] I am reminded here of an observation by Hillman: "Suicide serves notice on theology by showing that one does not dread its ancient weapons: the hereafter and the last judgment" (1965/2011, p. 32).

least once more after the first time. The other four have experienced and exhibited suicidality in various ways despite not having made additional suicide attempts per se. About two weeks after leaving the hospital from his first attempt, Jeremy engaged in what he called a suicide "gesture" when he ingested a dangerous quantity of ibuprofen but it did not prove lethal. Abby hospitalized herself for such intense thoughts of suicide that she is certain the hospitalization saved her; in addition, for the first half of her life suicide ideation was so commonplace that she assumed all people regularly contemplate how to kill themselves. Phil and Deacon also reported in their interviews that their suicidal urges have never ceased. Since all participants—even Deacon and Abby, who described having the least familiar relationship with a transcendent entity—recognize at least some form of spirituality in their adult life, it follows that religion/spirituality did not achieve "suicidocide" for any of them. Instead, in their cases religion would be more appropriately characterized as *suicidostatic*, which I will address in the next subsection.

Religion/spirituality as suicidostatic post-suicide attempt.

"In its suicido-static function," writes Whalley, "religion inhibits the development of the disease but does not kill the 'virus,' the suicidal hypothesis [that ending one's life is a feasible choice]" (1964, p. 105). As opposed to the last two propositions, this one is clearly borne out in the interviewees' accounts, especially when agents besides religion are permitted to co-contribute to suicidostasis. Whalley probably would have been amenable to qualifying her definition—e.g., "religion *helps* to inhibit the development of the disease"—to allow for additional lifesaving factors external to religion. After all, she acknowledged that

in few cases … does religion play these extreme roles [such as directly spurring or hindering suicide]. Most of the time it is difficult to tease out its function in the suicidal situation. Shneidman has said that some (suicidal) people believe in a hereafter, some do not and some aren't sure. Belief in a hereafter seems to inhibit suicide in some people and to facilitate it in others. (p. 104)

Since Whalley also regarded religiosity as a "multi-dimensional concept" (p. 102), she likely would have granted it some flexibility in its definition as well as the ability to interact with secular elements in serving a particular purpose. I am certain, for instance, that she would have appreciated the increasing consideration of spirituality—a related but murkier concept than religion—in many academic endeavors today, as it complexifies the notion of religion and encourages the perception of religion as multidimensional. I am therefore going to take the liberty of expanding her definition not only to include spirituality but also to permit religion, in its function of suicidostasis, to work in tandem with nonreligious phenomena.

In the context of the experiences of the suicide attempters in this study, this function assumes two forms. In one, religion/spirituality seemingly hampered suicidality by blocking the would-be fatal outcome of the suicide attempt; that is, the person perceived his or her life to be saved, at least in part, by religious/spiritual factors. In the other, suicidostasis appears to be taking place currently and recurrently: religion/spirituality deescalates suicidality every time it informs or imbues participants' techniques for coping and self-soothing, which, according to the participants, is a regular occurrence for all of them.

The last chapter featured a section on interviewees' explanations for how and why they lived through their suicide attempts. It revealed that more than half of the participants either explicitly attribute their survival to an extrasensory or supernatural

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cause or allow for its possibility. As they see it, spiritual forces conspired to foil their death, actually intervening to keep them from dying rather than simply stopping them from going further with the attempt. Half—Gabriela, Jeremy, Harrison, and Phil— conjecture that a self-preservation instinct was operative deep within them. This instinct could be regarded as purely biological and inborn in all living things; in fact, Joiner's interpersonal-psychological theory of suicidal behavior includes the notion that in order to kill oneself, one must acquire the capacity to overcome this supremely powerful impulse toward staying alive (Bender, Anestis, Anestis, Gordon, & Joiner, 2012; Joiner & Silva, 2012; Van Orden et al., 2010; Van Orden, Witte, Gordon, Bender, & Joiner, 2008). Alternatively, some researchers (e.g., Jallade, Sarfati, & Hardy-Baylé, 2005; van Praag & Plutchik, 1985) have explored and found support for the "cathartic" effect of suicide, which is manifested as a spontaneous diminishing of depressive symptoms soon after a suicide attempt; perhaps such a catharsis, if it occurred mid-attempt, could rouse a dormant will to live. However, the instinct could also be accorded a metaphysical, non-biological, or divinely-evoked quality, which is how these four individuals regard it. Jeremy, for example, interprets his last-ditch effort to save himself by somehow locating his phone and calling his therapist as his shadow's desperate wish to be illuminated; Phil believes God "sparked" his will to drive home.

Although three of the participants do not attribute their survival to anything transcendent/metaphysical, the rest either allow for or are confident that spiritual forces saved them from death. While Abby and Elizabeth thank their own human error for their survival and Stern calls it "luck," the rest leave room for the possibility that something beyond their ken could have been involved. In Deacon and Harrison this interpretational

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wiggle room is most prominent, which is especially noteworthy for Deacon, who was not raised religious and sees God as nothing more than an interesting "fictional character." It would have been perfectly congruent with his beliefs and upbringing if he had said something like, "Sometimes guns jam, and that's what happened," but instead in his explanation he used *maybe*: "maybe" the gun simply did not work, but "maybe" something else, "spiritually," was happening too. Harrison, for his part, demurs when it comes to giving God what Baumeister (1991, cited in Park, 2013, p. 370) calls an "attributional blank check"—that is, believing that God's will is behind everything that happens on earth, no matter its heinousness. Thus, he is hesitant to credit God with sending rescuers to him mid-suicide attempt. At the same time, Harrison does wonder if, by means of a life-threatening cycling crash, God was reminding him to mind his hubris; control of his fate is not in his hands alone.

Although religion/spirituality failed to stop any of the participants from attempting suicide in the first place, it doggedly surfaced for many of them in their explanations for surviving the attempts. Could it be that even for the more skeptical, a purely biological cessation of life—death with no cosmic dimension, no divine oversight, no heavenly promise, no transmission of the soul—is so terrifying in its mundaneness, its meaninglessness, and its prosaic finality that a spiritual element must be conjured? Or was some spiritual agent truly active and perhaps even detectable in the suicide attempters' circumvention of death? Or something else? Whatever the reason, spirituality was cited more than not in participants' explanations and, hence, was perceived by them to act as an impediment to (death by) suicide, thereby enhancing the plausibility of Whalley's religion-as-suicidostatic theory.

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Now for the second form of suicidostasis (hindering of suicidality). Besides in the causes of their survival, nearly all of the participants see spirituality, if not divinity, at play in the purpose (ultimate goal) of their survival. This becomes glaring for all eight if "purpose" includes their reasons for living[45], the practices that connect them with a sense of goodness—anything that promotes vitality and saps suicidality. As readers may recall from the Religious and Spiritual Practices section in Chapter 4, spirituality abounds in the daily lives of the participants. Some of the more overtly spiritual/religious activities in which they involve themselves are meditation, prayer, devotional rituals, studying sacred texts, going on contemplative retreats, and attending worship services. When identifying their religious or spiritual practices, participants also specified those not necessarily religious at first blush but possessing distinctive spiritual undertones[46], such as being a good person, embodying compassion, reading for pleasure or personal growth, journaling or writing creatively, practicing mindfulness, showing gratitude, spending time with loved ones, exercising, doing martial arts, parenting, and listening to or making music. All also engage in ministering to others directly or indirectly by sharing their story with people who are suffering; nursing the physical, emotional, or spiritual health of others; doing advocacy and social justice work; and participating in support groups. Working to better themselves and enhance their self-awareness, such as through counseling, and

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[45] Within the field of suicidology *reasons for living* is not (just) a generic term but a whole area of empirical focus. It is even the target of assessment instruments such as the Reasons for Living Inventory (e.g., Linehan, Goodstein, Nielsen, & Chiles, 1983). Although my interview question script did not utilize any questions from this scale, nor did I formally ask participants to name their reasons for living, their responses clearly address at least some of the factors that help keep them alive, such as what they have left to accomplish here on earth, to whom they feel a responsibility to stay alive, and other benefits they draw from living.

[46] Psychologists of religion have argued that any action or object can become "sanctified" if a person connects it to his or her conceptualization of the sacred (e.g., Mahoney et al., 2005; Pargament et al., 2005; Park, 2013; Schnitker & Emmons, 2013).

practicing restraint with potentially hazardous behaviors (e.g., intoxicant use, sex, exposure to noxious situations or people) were also cited.

Furthermore, religion/spirituality permeates the "turning points" in the participants' narratives: pivotal moments or periods when suicidality lost its grip on their psyche (described in Chapter 5). For Jeremy, Elizabeth, Stern, and Phil, the process of re-envisioning God as a loving, affirming force was the catalyst for their revolution. Stern has also achieved transformation through tender relationships with animals and with the family that has taken him under their wing. Gabriela had a "spiritual awakening" not only through the abrupt realization after she almost died unintentionally that wasting away in a group home was not in line with her identity and existential purpose, but also through the experience of profound self-rediscovery engendered by Buddhist practices and teachings. Both Harrison and Deacon were similarly confronted with their mortality in a way that disturbed them, leading to their taking a long, hard look at what it means to die and to live. Abby's turning point was also tinged with spirituality: in encountering radical acceptance from her partner, she has found her self-love enriched and her spurning of suicidality bolstered. Like Stern, she has come to a place of not just knowledge but mastery of her psychiatric diagnosis and therefore her psychoemotional wellbeing.

All of these things, taken together, comprise a considerable spiritual arsenal against the maturation of suicidality. They also provide real-life examples of "life-giving theologies of traumatic suffering" (Doehring, 2015, p. 134) and what the literature refers to as *positive religious/spiritual coping*.

Religion/spirituality as suicidogenic pre-suicide attempt.

Religion and spirituality, then, can play a definite salubrious role in people's response to the trauma of a suicide attempt, at least as attested by the experiences of these eight individuals. *Prior* to a suicide attempt, however, they appear at times to serve the opposite function, in so doing shifting from suicidostatic to suicidogenic.

Religion and spirituality are suicidogenic if they plant the seed, so to speak, that suicide is not just an option but a reasonable or attractive one. As quoted previously, Whalley wrote that such a direct influence is rare, and the exact manner and degree to which religion influences an individual's suicidal urges are hard to parse out. For these reasons as well as the terminology issues I explained in a footnote in Chapter 2, I will refrain from discussing religion/spirituality as the source, per se, of suicidality and instead refer to it as a contributor to suicidality—again allowing it to cooperate with other, secular factors. Thus, I will use the term *suicidogenic* to describe anything that incubates suicidal ideas/behavior.

Like a lie, suicidogenesis can happen by commission (actively) or omission (passively). Religion and spirituality can foment suicidality by directly motivating harmful behavior or by means of neglect, impotence, or breakdown. In the context of the participants' lives, active suicidogenesis occurred when religion/spirituality promoted theologies that were "life-limiting" (Doehring, 2015), fostered an unsupportive or hostile social environment, or occasioned problematic struggles of a religious/spiritual nature. Meanwhile, suicidogenesis by omission happened when religion/spirituality failed to nurture the participants spiritually, intellectually, and/or emotionally. Six of them

experienced at least one of these mechanisms prior to their suicide attempt, as illustrated in the following points:

1. Recall that during the 11-year period in which she carried out nine suicide attempts, Elizabeth felt ideologically asphyxiated inside the rigid box she perceived the Methodists, Baptists, and other hidebound adults to have built around her. The theological questions she had were discounted by Sunday school and confirmation teachers, and the fire she felt for social justice was constantly being doused. Everywhere she looked for role models and supporters, she only seemed to encounter hypocrites and stern judges. To her, God fell into the latter category, just on a cosmic scale.[47] Considering herself unworthy and unappreciated, she had no hope that the future would be any better.

2. Much like Elizabeth, Phil experienced bouts of depression from an early age, was disappointed by the way religion was being represented around him, saw a huge discrepancy between what he was reading and thinking about and what the so-called experts and grownups were conveying, and believed God to be an almighty castigator. Deeply faithful, he was perpetually striving to win over a deity who seemed inherently beyond propitiation.

3. Gabriela was similarly inquisitive and nonconformist. Around puberty, as her "distress and suicidal thoughts … really started to kick up," her interest in counterculture ideas and nonmainstream religions were also mushrooming. Her

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[47] The literature from behavioral health clinicians suggests that having such a view of God is not unusual for a suicidal person. "God the Father, Christ, the Holy Ghost, the Blessed Virgin, the Angels and Saints will often be so transformed in the minds of [suicide vulnerable individuals] as to startle the [suicide risk assessment] examiner. Far from being loving and kind, they emerge as diabolical in their capriciousness, perfectionism, vengefulness and austerity…. When the patient feels abandoned or when, despairing of ever pleasing God, he turns away from the Church, a suicidal crisis may develop" (Rickgarn, 1990, p. 76).

grandparents' Judaism was not sating her curiosity, and she found herself alone a lot, esoteric books her best friends. She came to regard her spiritual questing, taking place against a backdrop of visits to medication-pushing psychiatrists and stints in behavioral health institutions, as part and parcel of the depression and suicidality that plagued her.

4. Jeremy also knew the pain of having important questions go without satisfactory answers, although his tribulation had less to do with interpersonal struggles and more to do with internal philosophical and theological grappling: "Who is God?" "Why am I a Christian?" He would go through periods of feeling decidedly forlorn and knew in the back of his mind that his father had attempted suicide, yet no one important to him was talking about any of it, sincerely engaging with his suffering, or really "seeing" him. When he returned to work at the church of his youth, he felt utterly disregarded, which was made worse by embarrassment from being sexually harassed by the church secretary. Meanwhile, the hero of Jeremy's religion, Jesus Christ himself, had set a patent example of giving himself up to die in order to effect goodness—a death that has had, of course, profound repercussions for millennia. The circumstances of Christ's death, especially its voluntariness, were infixed in Jeremy's psyche.

5. For Stern, religion-fueled suicidogenesis was two-pronged: the content of the schizophrenic hallucinations that "tormented" him, stirring up wishes to die, was chiefly religious, and the suicidal anguish he experienced in his 20s stemmed from waking up to brutal truths about the faith tradition to which he had dedicated himself for several years. Guilt-ridden and disillusioned, he felt like both the

betrayed and the betrayer; as he saw it, he had been taken advantage of by followers of the New Apostolic Reformation, but, by leaving the church, he was repudiating God and the people who genuinely cared about him. Whom could he trust? Which reality was real? For a torturous period he sensed a vacuum where the Logos had once been.

6. Harrison named spiritual struggles that were numerous and spanned nearly the entirety of his life. Among the most trying were alcohol and drug addiction, discernment of his vocation, grieving the sudden passing of his father and his mentor in close succession, and of course making sense of the secrecy-shrouded death of his mother, which his family lied about until they were forced to show their hand when he was 17. Like all of the other participants, he has been beset by depression since he was little, and suicidality, complicated by his mother's suicide legacy, has been a natural extension of that, to the extent that trying to kill himself on two occasions felt like "reaching out for something I [already] knew in some part of my being." Besides the various psychodynamic or psychiatric explanations that could be made for Harrison's suicidality (e.g., he is emulating his mother to reincarnate her, in a sense, so as to compensate for not knowing her, or he was born with a genetic predisposition to suicidal depression and environmental factors activated it [known as the *stress-diathesis* model; see van Heeringen, 2012]), one spiritual explanation that even he suggested is the possibility of reunion with his mother after he dies. Furthermore, the immediate (ostensible) triggers for his suicide attempt at age 17 were the doleful news of his crush's

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suicide attempt and the end of the powerful Catholic retreat he was on, causing

him to be thrust back into the harsh, secular world from the utopia of the retreat.

In all six of these cases religion/spirituality interacted with the development of suicidal

thoughts or behaviors in both active and passive ways.

Religion as inconsequential prior to and in the midst of the attempt.

As I mentioned earlier, Whalley recognized that religion might sometimes play

"no role" in the formation of a person's suicidality (1964, p. 109). Once again this

proposition is substantiated in the findings of my study, specifically in the accounts given

by Deacon and Abby, the least religious of the interviewees. Because Deacon had had

very little formal input from religion prior to his suicide attempt around age 37 other than

the occasional wedding, funeral, or military chapel service, religion cannot fairly be

judged suicidogenic for him. He also has unflattering opinions of religion and God. What

is curious, however, is his calling the desire to end his life a "spiritual" struggle—indeed,

the only one he named. Perhaps the argument could be made that while *religion* did not

play a role in Deacon's suicidality, *spirituality* did; for example, spirituality could have

been suicidogenic by omission in that prior to his suicide attempt his spirituality was

malformed and therefore ineffective in either combating his urge to die or informing his

reasons to live. Whether or not spirituality was influential pre-suicide attempt, it has

played a clear suicido*static* (suicidality stopping) role for Deacon since the attempt, as

shown above.

Abby, meanwhile, had had quite a bit of exposure to Roman Catholicism by the

time she attempted suicide at age 13. Even though, like Phil, she held herself to

impossible achievement standards, believed she was a failure when she did not meet

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those benchmarks, and attempted suicide to escape the resultant despair (mixed with underlying depression), she did not tie her perfectionism to religious/spiritual factors like Phil did.[48] Remember that Abby has never regarded God as an exacting parent on an astronomical scale but instead as a force that maintains a balance of justice and goodness across creation. A human's "being a good person" is what matters most to this force. As Abby saw it, her inability to excel to the degree that she demanded of herself did not render her a "bad" person; therefore it did not warrant condemnation by God. Instead, it was a personal problem. Abby also does not consider her suicidality to be an emotional corollary of the lewd phone calls a priest from her church made to her when she was a pre-teen. In fact, as noted in Chapter 5, she deems neither the Catholic Church in particular nor religion/spirituality in general to be associated with her suicidal leanings. Rather, merciless, unadulterated "mental illness"—which has never "intersect[ed]" with religion, according to her—is to blame, depression so pervasive that on one evening in her late 30s she and her mother "wracked our brains" for a single memory of when Abby was happy.[49]

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[48] Abby's case especially fits the model put forth in Baumeister (1990), which describes self-criticism to such an agonizing degree that the person opts for suicide in order to escape that at-once blameworthy and shameful self.

[49] Could religion have made a difference—even to the point of suicidostasis—for Abby under different circumstances? The answer is mere speculation, of course, but I wonder what might have happened had she not been raised in a church that had shown "Abortion: bad" videos, employed pedophilic priests, or come across as "corrupt." Abby stated that her "religious struggle" took place when she was a teenager, "with my grandmother in one direction and the rest of the Catholic Church in another direction, and not really feeling safe around the Catholic Church." Perhaps if that rift had never formed and Abby's Catholicism had been wholly associated with her beloved grandmother, or if she had been raised in a tradition more aligned with her own values, religion would have more effectively counteracted her despair. Then again, plenty of people who grow up with religious values complementary to their own or who associate their childhood religion with warm feelings still attempt suicide; Harrison is such an example.

Religion also turned out to be inconsequential in another manner. The narratives in this study point unambiguously to the likelihood that once a person has "committed to" the act of suicide (as Jeremy termed it)—a period in time that my study did not determine but could be the subject of future research—he or she becomes so focused on it that thoughts of much else, including religion/spirituality, fade away. Certainly religious taboos regarding suicide no longer matter, if they did to begin with—something to which several of the participants in my study alluded. I will include three of those quotations here, starting with Abby's poignant remark (excerpted in the last chapter):

> I didn't have any firsthand experience with people being refused Catholic burials because they had died by suicide, but it didn't concern me. At all. Where I was seemed like it was worse than hell (voice breaks), and, you know, I didn't think— I don't think I totally believed in hell; you know, it was so abstract, and to think of—you know, now that I think about how hell is described, I would think it would be being in a major depressive episode for the rest of your life. That would be hell (voice breaks).

Elizabeth made a similar comment about religion's inability to override the urge to end her life:

> I had my first suicide attempt at age 13. And I really don't remember having thoughts of, um, "God's not gonna love me" or "God's gonna hate me" or "I'm committing a sin"; … it was just [that] I couldn't bear the burden of *life*; life was just too hard, and it was too painful.

Harrison, too, discussed his mind's barring of potentially helpful resources in its intentness on suicide (this also contains snippets featured in Chapters 3 and 5):

I can't say that I was very connected with [religion or spirituality] in those moments. I think that was probably part of the problem…. I'm not sure that I had a conscious thought of it in the mome—certainly not in the moment that I ingested the pills or that I was planning it all. I mean, it required a lot of planning and orchestration for several days…. I'm not worried about ending up in hell; I'm not worried about retaliation; I'm not worried about any of that, I don't think. Not consciously…. I think the only conception I had [when I attempted suicide at 17] was that whatever I was experiencing would be over, and I wasn't thinking beyond that.

Some leading scholars of the psychology of suicide have stressed cognition as the most instrumental component of suicidality (e.g., Rudd, 2000). A central characteristic of suicidal cognition is *constriction of the mind*, or *tunnel vision* (e.g., Shneidman, 1993, 1996). A person experiencing such constriction has crossed the threshold from disconsolateness to suicidal despondency and begins to see fewer and fewer means of abiding his or her despair. Coping methods, even those relied on in the past—that is, "the range of options usually available to that individual's consciousness when the mind is not panicked"—become inaccessible, and ultimately "cessation" is arrived at as the most viable solution, since staying miserable is not tenable (Shneidman, 1993, p. 40).[50]

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[50] Technically, Shneidman (1993) wrote that one other option besides cessation is recognized by the suicidal person: "some specific (almost magical) good solution"; thus, the person's constricted, "dichotomous" thinking has produced the two extreme choices of "*Caesar aut nihil*; all or nothing" (p. 40). Reflecting this black-and-white thinking, Abraham Lincoln, a famously melancholy man, once wrote to a close friend, "To remain as I am is impossible; I must die or be better" (cited in Kushner, 1989/1992, p. 142). Remaining in that hellish state may indeed be "impossible," but getting "better"—escaping the tunnel—is certainly possible, especially with the right help. Shneidman recommends that the caregiver "counter the suicidal person's constriction of thought by widening the mental blinders and increasing the number of options beyond … either achieving a magical resolution or being dead" (1993, p. 40). I will talk about further therapeutic interventions in the next chapter.

Similarly, *cognitive deconstruction* often occurs in the suicidal mind, regression to a kind of "low-level" thinking in which notional thought largely disappears, as do the person's capacities for meaning-making and looking to the future. Consequently, the person can only attend to concrete, simple, and immediate sensations and goals (Baumeister, 1990; Joiner, 2010). I suspect this is because his or her brain is streamlining its mentation, ignoring that which it deems superfluous as it gears up for the extraordinarily difficult trifold task of dying, killing, and being killed (described as such, for example, by Mellor, 1979). As the suicidal person's perspective narrows, everything not directly involved in the mechanics of ending his or her life gets relegated to the unseen periphery, including hope and reasons for living. Accordingly, religion would be one of the casualties of the mind's homing in on suicide; not only is it extraneous to the actual execution of suicide, religion requires advanced cognition to comprehend, much less consider.[51] As Abby pointed out, religious concepts like hell are "abstract"— virtually ungraspable by a brain hyper-focused on suicide. Religion/spirituality would thus lose its potency either as a deterrent or a life-giving force—if, of course, it had it in the first place.

One might even think of this streamlined suicidal mindset as a Weltanschauung, drastic and all-encompassing, in which the suicidal person can scarcely imagine ever

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[51] Religious studies scholar Sandra Dixon notes that one can experience religion in more ways than simply cognitively; religion can be *felt*. "Staring at a religious picture, hearing or recalling a sacred melody, letting the mind wander into a religiously or spiritually tinged scene (a vague awareness of 'The Lord is my shepherd') could bring out comforting religious feeling" (personal communication, May 25, 2017). While I am aware of studies showing that sometimes a person's affect brightens directly prior to a suicide attempt (e.g., Keith-Spiegel & Spiegel, 1966), I do not know of a study that has explored the "felt sense" of religion/spirituality in the hours or days leading up to a suicide attempt. Therefore, I cannot comment on whether people with cognitive constriction would be able to access religion/spirituality via emotion even though the cognitive pathway has been disabled.

having not wished to perish or is so pained by the memory of a time when he or she did not want to die—a bitter reminder of what will never again be—that he or she spurns it.[52] Joiner describes this cognitive paradigm shift as a "break in natural, usual thought about death. The break is to leave behind evolution's handiwork that we fear and revile death, and instead come to embrace it as nurturing, comforting, even loving" (2010, p. 110). The suicidal person has made the break and stepped into an existential arena where life and death carry entirely different meanings than they do for the non-suicidal. "The logic of suicide is different," writes Alfred Alvarez, discussing his friend Sylvia Plath's suicide in *The Savage God* (1971/1992, p. 61). In a phenomenon he calls "the closed world of self-destruction" (p. 62), suicide becomes a "vocation" (p. 63). In fact, in the poem "Lady Lazarus" Plath herself asserts, "Dying/ Is an art, like everything else./ I do it exceptionally well./ […] I guess you could say I've a call" (1962/1981). Once suicidal individuals have entered this realm, anything they experience can function as a feedback loop that reinforces the decision to end their life. "An argument with a stranger in a bar, an expected letter which doesn't arrive, the wrong voice on the telephone, the wrong knock at the door, even a change in the weather—all seem charged with special meaning; they all contribute" (Alvarez, 1971/1992, p. 61).

Summary of Findings Within Whalley's Model

This table summarizes the findings as placed within Whalley's model:

ROLE OF RELIGION/ SUICIDE (RS)	DEFINITION	EVIDENCE FOR IT IN THIS STUDY
Immunizing	Rendering suicide undoable	Not applicable

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[52] In my own study this metamorphosis was especially evident in a statement made by Harrison. He said that when he is most suicidal, he cannot fathom ever having not been suicidal; however, when he is stable, content, and "grounded," like at the time of the interview, he can neither access nor fully comprehend his suicidal state of mind.

Suicidocidal	Exterminating suicidality after it has occurred	None
Suicidostatic	Attenuating suicidality	1) RS is seen as possibly or probably helping to thwart death in the suicide attempt (5 participants) 2) RS supports reasons for living after the suicide attempts (8)
Suicidogenic	Exacerbating suicidality	Prior to the suicide attempts 1) By commission: RS endorsed life-limiting theologies, contributed to unconstructive social environments, or characterized certain struggles (6) 2) By omission: RS failed to be spiritually, intellectually, or emotionally nurturing (6)
Inconsequential	Having no effect on suicidality	1) RS was absent or too weak prior to the attempts (2) 2) The protective effects of RS disappeared during the attempts (6)

Relation to Existing Research

As detailed in Chapter 2, the majority of literature on the relationship between religion and suicide since Durkheim's seminal work at the turn of the 20th century has investigated and confirmed the notion that religious involvement protects people from suicide, with suicide attempts being more obstructed than suicidal ideation. Only in the recent past have studies featured a more complex construction of religiosity or included the even harder to measure variable of spirituality. More or less concomitant with that development has been a rise in studies that challenge the norm—that is, showing that religion/spirituality either aggravates or has no effect on suicidality. Also relatively recently, clinicians and researchers have produced a body on literature on religious/spiritual coping, which incorporates the related concept of religious/spiritual struggles. So far only a handful of studies exploring coping and/or struggles with respect to suicide have been conducted, but preliminary findings point to the correlation of negative religious/spiritual coping and certain religious/spiritual struggles with increased suicidality (at least by way of the cognitive and affective states typically associated with

suicidality) and positive religious/spiritual coping with decreased suicidality. The narrative themes common to my study participants illustrate every one of these points.

The participants have incorporated religion/spirituality into their lives in many beneficial ways since their suicide attempts. Spirituality, encompassing the more idiosyncratic ways in which people experience the sacred, profound, or transcendent, appears to be more curative for the participants than religion, spirituality's more structured, traditional, and communal counterpart, if only because all eight currently engage in spirituality but few in organized religion. All participants see spirituality at play in their daily lives in formal or informal ways. Spirituality was noted by them to facilitate one or more of the following: wonder, contentment, beauty, belonging, acceptance, empathy, gratitude, a sense of instrumentality, and connectedness to the world around them, each of which help to temper their suicidality. Each person, in his or her own special way, has evidently managed to achieve a level of harmony within his or her spiritual self that, were it even attained prior to the person's suicide attempt(s), was not sustained. Pargament and colleagues call such harmony "wholeness in an individual's orienting system, which is comprised of values, beliefs, practices, emotions, and relationships that offer direction and stability in the search for significance" (Pargament, Wong, & Exline, 2016, p. 379; see also Pargament's related concept of a well-integrated spiritual orienting system [e.g., Pargament, Desai, & McConnell, 2014/2006]).

Spirituality also surfaces in most of the participants' attributions for their survival. They have derived felicitous meaning and purpose from not dying, and God's role, if any, is seen as one of benevolence rather than punishment, rage, or revenge. Although I did not use the RCOPE or Brief RCOPE survey questions in the interviews, the many

spiritual practices, rituals, and beliefs reported by the interviewees plainly constitute positive religious/spiritual coping in all five of the RCOPE domains. Namely, participants' methods of (largely spiritual) coping have helped them "find meaning," "gain mastery and control," "gain comfort and closeness to God," "gain intimacy with others," and "achieve a life transformation" (Pargament, Falb, et al., 2013, p. 564). In turn, this positive coping has been suicidostatic. As all eight participants have discussed it, then, spirituality is life-giving, aiding in their healing from the trauma of the attempts and assuaging their continued suicidal thoughts.

On the flip side, neither religion nor spirituality served to protect any of the participants from suicide attempts in the first place. Thus, none of the buffering mechanisms typically proposed in the literature worked for them (although not every participant was exposed to every one of these factors): the prohibitions against suicide and threats about the horrible fate that befalls those who take their own lives; the furnishing of a network of supportive coreligionists; the enabling of closeness and reciprocity with a higher power; the promotion of wholesome activities, behaviors, and attitudes that reduce the incidence of suicide risk factors like substance abuse and depression; the depiction of suicide as unacceptable; the fostering of an optimistic worldview and a sense of meaning and purpose; and the provision of a framework for interpreting and coping with adversity, suffering, and stress. In fact, three quarters of the participants spoke of religion—in this case more than spirituality—as actually contributing in big and small ways to their wish to end their life. Various combinations of these six individuals at various times before their suicide attempts perceived a dismissive or scornful religious community, criticism or indifference from God, uninspiring worship

services, simplistic and inapplicable religious instruction, hypocrisy and indecorous conduct from the supposedly pious people around them, tenets and values that clashed intolerantly with their own, inflexible dogma, an environment that did not cultivate their curiosity and intrinsic spirituality, subliminal advancement of the notion of the redemptive power of self-sacrifice (including death), insinuations of "you'll never be good enough," deficient discussion of mental illness and suicide, insufficient pastoral care and guidance for distress, and shame- and guilt-provoking doctrines about the sinfulness and flawed nature of humans. Themes found in the literature on religious/spiritual struggles and negative religious/spiritual coping (in this case, participants' attempts to cope with adverse events and unhealthy psychoemotional states prior to the suicide attempts) distinctly pervade these many points, thereby reinforcing what the scanty research on the relationship between suicidality and religious/spiritual coping/struggles has turned up so far (refer to the end of Chapter 2 for a description of that research).

I acknowledge that the seven participants who were raised religious likely also engaged in *positive* religious/spiritual coping—not just negative—on some or many occasions prior to their suicide attempts. In fact, such coping might have even helped keep them alive (by discouraging them from attempting suicide, viewing suicide as acceptable, etc.) earlier in their lives. For instance, Harrison's meaningful involvement in the Ignatius Place intentional faith community or Stern's period of performing acts of healing using the special powers (seemingly) bestowed on him by God, both of which happened some years before their next suicide attempts, might have served to tone down

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the intensity of the suicidality that regularly besieged them and protect them from attempting at those times.

For two participants, Deacon and Abby, the suicidogenic role of religion prior to their suicide attempts was so trivial that I have instead given it Whalley's designation of *no role*. In Chapter 2 I pointed out that a few suicidological studies over the years have demonstrated an insignificant association between religion and suicide. Though such findings are rare, they seem to be exemplified by these two individuals' experiences. In Deacon's case, he had not had enough exposure to religion for it to make a difference in his suicidality, and in Abby's, she never formed a solid enough attachment to the Roman Catholic Church of her pre-suicide attempt youth for it to sway her immense suicidal depression one way or another.

In the last section I discussed the other apparent instance when religion can be inconsequential to suicidality: when a person has given himself or herself over to suicide and directed all of his or her attention to carrying it out. Literature on the psychology of suicide indicates that for such persons, whose focus on the mechanics of ending their life becomes laser-fine, everything not relevant to that goal, including potentially lifesaving resources such as religion and spirituality, falls by the wayside. My research also illustrates this claim.

Relation to Expectations in Chapter 1

Chapter 1 contained my speculations about what this study would reveal. I will now revisit those statements and discuss how the findings I expected compare to the ones that came to pass. The overarching assumption I had was that religion/spirituality would play both constructive and destructive roles in the lives of individuals before, during, and

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after suicide attempts. Regarding its constructiveness, I suspected that religion/spirituality would be found to aid in the post-suicide attempt healing process. As for the latter, I surmised that the suicide attempters would divulge two things: they did not experience a relationship with either the religious tradition with which they were affiliated (if any) or their co-affiliates that was sustaining enough to inhibit their suicidality, and/or prior to their suicide attempts they saw God as unavailable, negligent, unloving, or punitive.

All of these suppositions held true. As I demonstrated above, all of the participants currently rely on spirituality in one form or another; these practices and beliefs help them cope and foster joie de vivre. Prior to their suicide attempts, nearly all of the interviewees had an unfulfilling relationship with their religions and coreligionists. In particular, Abby, Elizabeth, Phil, Gabriela, Jeremy, and Stern were all raised in a religious tradition but either never developed a strong bond with the tradition and fellow worshipers or experienced a severing of that bond. (Abby sees no correlation between her suicidality and that missing or impaired intimacy, but the others do.) Because Deacon did not grow up religious, he never formed a bond with a particular religion or religion in general and to this day does not have one. Only Harrison felt nurtured by his faith tradition; sadly, those good feelings were not powerful enough to override his extreme despair. Finally, most participants' views on God prior to their suicide attempts were less than flattering; however, only Phil and Elizabeth alluded to the linkage between their suicidality and their seeing God as implacable.

Summary

Organized according to Whalley's (1964) useful and insightful, yet somehow almost completely overlooked, conceptual framework for the religion-suicide

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relationship, the experiences of the participants in this study provided instances of when religion and spirituality can be helpful (suicidostatic), harmful (suicidogenic), and even insignificant (no role) with respect to thoughts and behaviors along the suicide spectrum. These functions depended on their timing in relation to the suicide attempts: at various points prior to the attempts, including just before, religion/spirituality played no role for two participants and was suicidogenic for the other six; afterwards, religion and especially spirituality were suicidostatic for all eight. Thus, religion/spirituality appeared to be most effective at moderating suicidality in the latter setting, after the suicide attempters had had time to reflect on and resolve their religious/spiritual struggles, implement functional means of (positive) religious/spiritual coping, and craft versions of religion/spirituality that work for them. Chapter 7, which follows, will conclude this dissertation, presenting the implications of this research for the field and providing suggestions for clinical approaches and research opportunities informed by this study.

Chapter 7
Recommendations and Closing Thoughts

It is lucky that it is not windy today. Strange, how in some way one always has the impression of being fortunate, how some chance happening, perhaps infinitesimal, stops us crossing the threshold of despair and allows us to live.
Primo Levi, *If This Is a Man*, 1947/1959, p. 153[53]

Introduction

When Peter Shore interviewed six of the (then-living) greats of suicidology—

Edwin Shneidman, Norman Farberow, Robert Litman, Jerome Motto, Bruce Bongar, and

Marsha Linehan—for his doctoral dissertation *Suicidology: An Oral History* (2007), he

discovered the following:

> All of the participating suicidologists agreed that a common thread of those in a suicidal crisis are those who are without a sense of connection to something great[er] than themselves, like God or religion, or who have a lost a sense of connection to family, friends, or their community. (p. vii)

Through anecdotal evidence, clinical experience, intimate knowledge of the suicidal

mind, and probably a hunch as well, all of these scholars knew, like I did, that religion

and spirituality can play a critical role in suicide prevention. A decade later, though,

suicide prevention literature is still little more than mum on the ins and outs of how

religion/spirituality does and, especially, does not serve to buffer against suicidal

behavior and what caregivers can do to integrate this knowledge into their practice.

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[53] *If This Is a Man*, published in the United States as *Survival in Auschwitz*, is one of Levi's memoirs of his incarceration in the Auschwitz concentration camp. Levi killed himself in 1987.

My sincerest hope is that this project can help turn the tide and make *religion* and *spirituality* household names, so to speak, for suicidologists and mental health practitioners. The previous six chapters laid out every aspect of this study and its findings. The last step of this considerable undertaking is to demonstrate its significance, particularly its implications for future research and clinical work. This chapter is responsible for doing just that. As indicated in Chapter 1, it will answer the questions "So what?" and "What now?" It will also, albeit more implicitly, pose the following famous pair of questions to anyone whose work or personal life involves suicidal or potentially suicidal people: "If not us, then who? If not now, then when?" To point this audience in the right direction, I will offer "actionable recommendations" (Bloomberg & Volpe, 2012, p. 205) based on this study's main finding: for the eight participants, religion/spirituality was both constructive (suicidostatic) and destructive (suicidogenic) with respect to suicidality. I will close with some final reflections on the project.

Recommendations for Researchers

I pointed out in Chapter 2 that at the end of their systematic reviews of the relevant literature, both Colucci and Martin (2008) and Lawrence, Oquendo, and Stanley (2016) called for research that would shed more light on which components of religiosity, spirituality, and suicidality mediate the relationships between the three variables and how they do so. In Chapter 3 I noted that Lawrence and colleagues in fact called for *qualitative* research that does exactly what my study set out to do: explore its participants' "religious involvement specifically during periods of suicidal ideation … and when [they are] acutely suicidal" (2016, p. 16). The authors speculated that the "*timing* of suicide risk and religious characteristics" (p. 16, emphasis added) would

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matter. This turned out to be true for the eight participants of this study; the point at which they summoned religion/spirituality relative to their suicide attempts, combined with key characteristics (e.g., how integrated religion/spirituality was into their life, how benevolent its tenets, how life-giving its practices, etc.), appeared to significantly affect whether it proved to be suicide-promoting, suicide-inhibiting, or inconsequential.[54] It also seemed that for all eight, religion/spirituality lost whatever sway it might have had when they were in the midst of the suicide attempt.

Further research, then, can build on these results. My study suggests these promising leads for future empirical inquiries:

1. How can religion/spirituality's protective effect be strengthened prior to and during acute suicidal crisis, even in those who are not committed to a particular religion (e.g., the nonreligious, the religiously neutral, spiritual questers or nonconformists, those who feel judged or shamed by religion, those who feel let down by religion or coreligionists, etc.)?

2. What is the typical relationship between atheism and suicide, and what factors are most operative within this relationship?[55]

3. Is religion/spirituality ever accessed after individuals have made up their minds to end their life, their thinking is constricted, and a suicide attempt is imminent? If so, what forms does that religiosity or spirituality take?

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[54] Incidentally, in 1990 Rickgarn wrote, "At the moment of suicidal crisis [the individual's religious values and attitudes] may or may not be consonant with his or her previously held religious tenets…. The counselor needs an understanding not only of the values of the client's religion but also of the client's perception of those values *at the critical moment of suicidal ideation or action*" (pp. 73, 76; emphasis added).

[55] Lizardi and Gearing state, "There is exceptionally limited data on Atheism and suicide" (2010, p. 382).

4. Does a particular way of accessing religion/spirituality (e.g., sense perception, emotion, imagination, narrative, etc.) have the most potential to be effective at decreasing suicidality, especially for a person in the throes of suicidality?

5. At what point does beneficial religion/spirituality stop working (become inconsequential) prior to an attempt?

6. Which religious/spiritual struggles correlate most strongly with suicidality?

7. Which spiritual/religious themes appear in the cognitive errors that often coincide with suicidality?

8. Which forms of religious/spiritual coping work best for those experiencing suicidal ideation and its accompanying cognitive and affective states (e.g., hopelessness, despair, burdensomeness, alienation, etc.) or for those healing from the trauma of a suicide attempt?

By this point readers are probably well aware that I lift up the qualitative methodological paradigm as the most suitable for further research on the topic at hand. As I wrote in Chapter 3, quantitative research has only taken the field so far in advancing what is known about religiosity/spirituality in the context of suicidality. If researchers more readily adopted a qualitative methodology, what they might lose in generalizability would be recovered in depth, detail, and intimate understanding, not to mention what the participants would stand to gain. That said, I recognize that not all researchers are comfortable with or willing to use a qualitative approach. I ask those who stay with quantitative modes to be mindful of the multidimensional, idiomatic nature of religion, religiosity, spirituality, and suicidality, and to do their best to avoid flattening these dimensions and peculiarities. They should also bear in mind that religion and spirituality

do not necessarily overlap for all people (especially with a research sample that is apt to be "spiritual but not religious"), so measurement techniques should keep these concepts separate. Colucci (2008) describes many of the scales that proficiently assess the more subtle, ethereal facets of spirituality. These and other spirituality-sensitive instruments, such as the RCOPE and Religious and Spiritual Struggles Scale (see Chapter 2), are available to researchers. Nevertheless, measures of religion and spirituality should constantly be scrutinized and improved upon based on new thinking and information; for instance, Colucci recommends the development of measures that "reflect greater sensitivity towards ethnocultural issues" (2008, p. 89). She offers additional well-reasoned, thorough suggestions for future research with which I ardently agree and which still apply today, such as asking study participants *how* they are religious rather than *whether* they are religious and addressing the "personal and cultural ways of experiencing and expressing spirituality" (p. 88).

Recommendations for Clinicians and Other Caregivers

David Webb, the suicidologist-suicide attempt survivor whom I have quoted several times in this work, writes, "During my own struggle with persistent suicidality, I found few doctors or other health workers with whom I could discuss spiritual matters" (2005, p. 11). Confirming this remark, the literature unambiguously indicates that mental health professionals are often loath to discuss religion/spirituality with their clients, despite clients' wish to include these considerations in their treatment (e.g., Exline et al., 2000, 2014; Vieten et al., 2016). One of the reasons proposed for this regrettable reluctance is clinicians' perceptions that they are not qualified to discuss these matters with their clients; doing so is the exclusive purview of clergy and other religious/spiritual

representatives (see Bhugra & Osbourne, 2004; Colucci, 2008; Mandhouj & Huguelet, 2016; and Vieten et al., 2016, for more reasons). While it is, of course, ethically correct for mental health professionals not to practice outside of their scope, some writers (e.g., Brownell, 2015) have argued that it would be *unethical* for counselors to neglect an aspect of a client's life that is of the utmost importance to him or her and could affect the outcome of his or her treatment. I suspect that some clinicians hide behind lack of training to avoid talking about religion and spirituality when the real reason is that they are uncomfortable with them. Another possibility is that because they are not used to asking clients about these subjects, they simply do not think to do so. Regardless of the reason, clinicians owe it to their clients, suicidal or not, to practice "loyalty to the soul" (Hillman, 1965/2011, p. 93) by exploring their religiosity and spirituality. Pargament (2007), among others, writes about the disservice mental health professionals do to careseekers when they fail to discuss these phenomena that are central to the lives of so many people, especially in the United States. Though he does not elaborate on suicide as an outcome of this oversight, I argue—backed up by the narratives shared by my study participants—that a suicidal client's religiosity/spirituality is a topic that clinicians cannot risk ignoring.[56]

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[56] Many theologians have proposed creative spiritually oriented ways of countering despair. Archie Smith (2012), for instance, calls for the harnessing of *communitas* ("the antistructural reaction to the hierarchical and differentiated relations of the structured everyday world" [p. 197]) in fomenting resistance against the might of despair. He writes that communitas can help people "challenge a secularist discourse on depression and discern helpful and unhelpful roles of religious faith traditions and spiritual practice in assessments of cultural expressions of despair" (p. 197). Andrew Lester (1995) offers a whole book on how to inspire hope in despairing careseekers, urging care providers to look for the "core narrative" (p. 71) that gives insight into the person's ultimate concerns. "Does [the person's vision of the future] provide hope of abundant life even if there is no finite solution?" he asks. "If not, then that vision is inadequate" (A. Lester, 1995, p. 71).

To my fellow mental health caregivers I declare: *you do not have to be clergy to talk about religion*. Kopacz (2015) points out, "Addressing the diverse [spiritual] needs of [those at increased risk of suicide] is not the domain of any one profession. Rather, it remains the domain of all clinical professionals who, within their respective disciplines, have something to offer their patients/clients" (p. 81). I fully believe that whether or not we count ourselves among the religiously faithful, we can effectively and even adroitly integrate religion and spirituality into our work. For one thing, we caregivers are, I presume, adept at empathy. We do not need firsthand experience with something to gain a workable understanding of it when our client talks about it, provided that we are listening attentively and embodying positive regard. For another, within a context of client-centered counseling, what matters most is not our personal history with a phenomenon (divorce, addiction, trauma, and so forth) but the client's. We can apply the same compassionate clinical curiosity to clients' religiosity/spirituality that we do to the other aspects of their identity, perspectives, and experiences. Cassandra Vieten (e.g., Vieten et al., 2016) has written extensively on spiritual and religious competencies for counseling professionals; her work, along with Pargament's *Spiritually Integrated Psychotherapy* (2007), provides excellent starting points for clinicians looking to incorporate clients' religious/spiritual concerns into their caregiving.

I must add the caveat that we clinicians can damage the therapeutic relationship or, worse, do harm to our clients if we do not treat their religiosity/spirituality with delicacy, such as if we proselytize, take a judgmental or moralistic stance, invalidate or dismiss their convictions, make assumptions about their beliefs or practices, or attempt to engage in a theological debate. Similarly, we should not foist spiritual care onto clients

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who do not wish for it or insist on a type of treatment intervention that is not sensitive to the person's needs (e.g., an explicitly religious focus when the person holds to a more secular spirituality or none at all). Again, it behooves caregivers to assume the same professionalism with this topic as we would with any other. We must step into each careseeker's experiential world and do our best to get to know it on his or her terms, not ours. Perhaps we could even enter into creative caregiving collaborations with clerics and others who are theologically trained, who are sometimes as hesitant to talk about psychology as many in the mental health fields are to talk about religion (R. Arjona, personal communication, May 1, 2017).[57]

I will now turn my attention to recommending specific questions that could be asked in a caregiving encounter by anyone who works with the suicidal or potentially suicidal (see Townsend's *Suicide: Pastoral Responses* [2006] for suicide prevention, intervention, and postvention strategies that are tailored to Christian caregivers). These recommendations will again be based on the findings of this present research. Because my study discovered distinct differences in the types of religion/religiosity and spirituality observed by the participants before and after their suicide attempts, I will suggest approaches to care in both circumstances.[58]

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[57] Some helpful articles written by suicidologists on spiritually integrated care for suicidal persons are Bryan et al., 2015; Colucci, 2008; Colucci & Martin, 2012; Currier, Kuhlman, & Smith, 2015a, 2015b; Mandhouj & Huguelet, 2016; Gearing & Lizardi, 2009; Rickgarn, 1990; and Webb, 2003.

[58] Rickgarn's 1990 article on assessing suicide in people who identify as religious/spiritual helped shape these questions. He explains that the "point of the questioning is to determine if and where the client's perspectives are discrepant from his or her religious background and what role, if any, a religious value system has in the determination of his or her fate" (1990, p. 76). These questions were also inspired by psychologist and Jungian analyst Hillman (1965/2011), who wrote eloquently and persuasively on the role of the soul in suicidality and the resultant obligation on the part of the care provider to mind the suicidal person's soul at all times. "The knowledge required in meeting the suicide risk," states Hillman, "is … knowledge about the *experience* of death, the archetypal background of death as met in the soul, its

Questions that could be posed to clients/patients/careseekers who are
contemplating suicide or are *at risk of* suicide include:

1. If you are affiliated with a faith tradition, how close a connection do you feel with it and with the other people affiliated with it?

2. If you do not feel close to or supported by the other people in that tradition and you would like to be, how could you improve that relationship?

3. How would you change your faith tradition (the worship services, the teachings, the rituals, etc.) so that it is more fulfilling for you?

4. Which of your beliefs and values match your faith tradition's? Which do not?

5. Are there other faith traditions or spiritualities that appeal to you? What about them do you find compelling?

6. What do you believe happens to people when they die? What if they had killed themselves?

7. What religious/spiritual struggles have you experienced?

8. Do you believe people are inherently good? Do you feel *you* are?

9. When you feel most down, what role does religion/spirituality play for you?

10. How might aspects of religion or spirituality help if suicidal thoughts begin to dominate your daily life?

11. How, if at all, does the way you view or relate to God change when you are despondent?

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meanings, images, and emotions, its import in psychic life, so that one can try to understand the experiences undergone during the suicidal crisis" (1965/2011, pp. 54-55, italics in original).

12. If you are thinking about suicide, what are your reasons for dying? What are your reasons for living? [Insert footnote: See Freedenthal (2013) for guidance on asking these questions.] What do you think your death would accomplish?

13. What do you think is your purpose on earth?

When working with careseekers who have a *history* of suicidal behavior, especially attempts, the caregiver could ask:

1. How do you explain your surviving the attempt? To what, if anything, do you attribute your survival? What do you think is your purpose for still living?

2. How do you conceive of life and death differently now?

3. What aspects of your religion/spirituality were not working for you before the attempt?

4. How might religion or spirituality have helped when you became preoccupied with thoughts of ending your life?

5. How have you changed your religion or spirituality since the attempt so that there is a better fit?

6. (If the person's relationship with God is relevant) How can/did you reconstruct your image of God since your suicide attempt/behavior? If you would like to have a more collaborative relationship with God, how could you move toward that?

7. What practices do you do that connect you with a sense of goodness, vitality, or serenity? What practices could you add? What practices do not add to your health or wellbeing?

8. If you still think about suicide, what are your reasons for dying? For living?

9. Have you experienced any spiritual awakenings or turning points in your life story? If you could write your own turning point, what would it be?

Closing Thoughts

Two quotes that I came across at different points since commencing the formal study of suicide beautifully sum up the principles that have guided this research project. Appropriately, they were penned by two of the scholars, Whalley and Colucci, whose work has most brightly lit this study's path. They are:

o The meaning of life and death, of relationships to God, the universe, to oneself and to other people, certainly determine how an individual will respond to personal crises. (Whalley, 1964, p. 108)

o We all, as psychologists, psychiatrists, social workers, general practitioners, nurses, educators, spiritual leaders, policy makers, and survivors, are required to understand what the act of suicide symbolizes and represents for *that* person and *that* cultural group if we really want to help to find a different way, constructive and not destructive for the individual and his or her social group(s), to express and manifest those meanings. (Colucci, 2013, p. 42, italics in original)

We who study the dynamic intersections of religion/spirituality and suicidality speak passionately about the need for more awareness of these phenomena, knowing what is at stake if they are not addressed. This dissertation, the culmination of six years of doctoral study but many more of introspection and dialogue, is my heartfelt contribution to this enterprise. It is at once somber and hopeful. Tacit in its pages is grief of the profoundest sort: for those who mourn loved ones lost to suicide, for those whose urge to die is unrelenting, and especially for those who in this life could not reconcile the troubles of their soul. Yet somehow hope does not itself succumb to death. Every step of the way, I have been fueled by hope—that the bitterest despair will eventually subside, that caregivers can make a difference to the suicidality-riddled person, that a suicidal

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mind can change, and that efforts such as the present one will propagate new strategies for ministering to the suicidal. May all these things prove true in time.

I can think of no better way to close this paper than with the words of one of the people who entrusted me with his story. When asked at the end of the interview if there was anything he wanted to add, Jeremy first paused to consider the question. Then, gently, he said, "I think a prayer would be fitting." In tender, measured tones, he offered the following prayer:

Oh God, you see *us*. You see *me*, and you see Ryan and her work, and in my work. I offer you thanksgiving for the journey that each of us has taken, for this opportunity to have our journeys collide here in this triangle[-shaped] room, with light, um, that is shining on some darkness. In the depths of that darkness there has been healing. Um, certainly in my life there is still healing to be had, and—and in—in Ryan's life there is still healing to be had, and in this world there is still darkness that needs more light. May you bless this work that we have committed to here; that it may bless the lives of the people that it touches. May Ryan's work here be prophetic. Inscribe in the hearts of the people that she presents it to a sense of story, and belonging, and of being heard. This I pray, to you, a still-speaking God, a still-listening God, a God who says yes (pauses) despite all of it. Amen.

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Appendix A
Informed Consent Form

DU IRB Approval Date: 09/28/15   Valid for Use Through: 08/03/16

Project Title: Dissertation Research on Suicidality and Religiosity
Principal Investigator: E. Ryan Hall, MA, LPC
Faculty Sponsor: Carrie Doehring, PhD
DU IRB Protocol #: 756567-1

You are being asked to be in a research study. This form provides you with information about the study. The researcher will explain this document to you and answer any questions you may have. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

Invitation to participate in a research study

You are invited to participate in this research study because of your personal experience with suicidality. More specifically, you meet the criterion of having ever made one or more attempts to end your life. This research study aims to examine the complex influence that religion and/or spirituality can have on a person's suicidality before, during, and/or after a suicide attempt. Thus, this study will explore your religious/spiritual beliefs and other involvement with religion/spirituality over the course of your life, with particular focus on the way that this involvement has contributed to and/or been affected by your suicide attempt(s).

Description of subject involvement

If you agree to be part of the research study, after you have reviewed this consent form and provided your signed or verbal consent, you will be asked to fill out a short background information questionnaire and to participate in an approximately 1-2 hour interview that will be audio recorded. The questionnaire consists of demographic information, questions about your past and present affiliation with a religious/spiritual community (if any), brief questions about your suicide attempt history, and a question regarding current thoughts of suicide. In the subsequent interview you will be asked to go into further detail about your past and present involvement with religion/spirituality, including questions about religious communities to which you might have belonged, your beliefs in a transcendent force such as God, religious struggles you may have had, and current practices you may have that connect you with a sense of peace or goodness. You will not be asked to go into detail about your suicide attempts, only about the ways that religion/spirituality has or has not affected or been affected by your suicidality.

By signing or giving verbal consent to this form, you are agreeing to these procedures and also giving permission for the researcher to contact you after the interview with follow-up questions or to request another interview if necessary.

Possible risks and discomforts, and professional disclaimer

The researcher has taken steps to minimize the risks of this study. You may experience some risks related to your participation even though the researcher is careful to avoid them. These risks include discomfort in discussing sensitive topics like suicidal thoughts/behavior and religion/spirituality. If you experience discomfort, you may stop the interview at any time, and you may choose not to answer any questions that make you feel uncomfortable. The researcher is a licensed psychotherapist with 9 years' professional experience in the mental health and substance abuse fields. She will carefully monitor your level of distress during the interview and will respond accordingly should you experience discomfort, such as by conducting deep-breathing or guided meditation exercises. You will be asked in the background questionnaire to specify particular actions that you would like the researcher to carry out in the event that you feel distressed. You will also be asked to specify if you are currently working with a mental health professional. Although the researcher will conclude the interview with some debriefing questions, you are encouraged to contact your mental health provider after the interview for further debriefing/processing.

Please note that despite the researcher's profession as a psychotherapist, your participation in this study does not constitute a clinical relationship with her. The following section contains a link to an online directory for local mental health professionals if you wish to seek mental health care and are not currently working with a provider.

In case of emergency

If you identify that you are currently at imminent risk of killing yourself, the researcher is legally and ethically obligated to take immediate measures to secure your safety. She will call 911, which may entail hospitalization. If you are not at imminent risk of self-harm but are thinking about suicide, please contact any of the following providers:
- National Suicide Prevention Lifeline: 800-273-TALK (8255)
- Colorado Crisis and Support Line: 844-493-TALK (8255)
- Directory for local therapists: https://therapists.psychologytoday.com/rms

Possible benefits of the study

This study is designed for the researcher to learn more about the religious/spiritual experiences of people with a lifetime history of suicidal behavior. If you agree to take part in this study, there may be no direct benefit to you. However, information gathered in this study may help caregivers and researchers better understand the relationship between religion and suicide so that suicide prevention, intervention, and response efforts can be improved.

Study compensation

You will be given a $10 Target gift card upon completion of the interview as thanks for your participation.

Study cost

You will be expected to pay for your own transportation, parking, or childcare, if needed. By agreeing to be in this study, you do not give up your right to seek compensation if you are harmed as a result of participation.

Confidentiality, storage, and future use of data

To keep your information safe, the researcher will identify your interview responses by code number or pseudonym only. Due to the small sample size used in this study (5-8 participants), the risk of identifying participants increases. However, every effort will be made to protect your confidentiality. Any reports generated as a result of the study will use paraphrased wording and de-identified details.

The researcher alone will transcribe the audio recording. Only the researcher and a possible second coder will have access to your individual data. All interview data will be secured on a password-protected computer, and your choice to participate will be held in confidence by the researcher. All recordings will be destroyed after they are transcribed. Any additional identifying information, such as email or phone correspondences between you and the researcher, will be deleted upon completion of the study.

Your interview will not be made available to other researchers for other studies following the completion of this research study and will not contain information that could identify you.

The results from the research will be used in the researcher's doctoral dissertation and may be shared at conferences or in published articles. Your individual identity will be kept private when the information is presented or published.

Who will see my research information?

Although the researcher will do everything she can to keep your records a secret, confidentiality cannot be guaranteed.

Both the records that identify you and the consent form signed by you may be looked at by others, including:

- Federal agencies that monitor human subject research
- The Human Subject Research Committee.

All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on this study unless you give permission for other people to see them.

Some things the researcher cannot keep private. If disclosures about child or elder abuse indicate possible threat of imminent harm to oneself or others, this information must be reported to the appropriate agencies/authorities in the state where the abuse occurred, in accordance with Colorado Statute 19-3-304. Likewise, as indicated on p. 2, if you tell the researcher that you have clear plans to physically hurt yourself or someone else, she must report it to the police. In addition, if the researcher receives a court order to turn over your study records, she will have to comply.

Voluntary nature of the study

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. If you decide to withdraw early, you may ask that the information or data you provided be destroyed.

Contact information

The researcher carrying out this study is E. Ryan Hall. You may ask any questions you have now. If you have questions later, you may call Ryan at (720) 544-1539 or email her at ryan.hall@du.edu.

If she cannot be reached, or if you would like to talk to someone other than the researcher about (1) questions, concerns, or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human-subjects issues, you may contact the Chair of the Institutional Review Board for the Protection of Human Subjects at 303-871-4015 or by emailing IRBChair@du.edu, or you may contact the Office for Research Compliance by emailing IRBAdmin@du.edu, calling 303-871-2121, or writing care of University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

Agreement to be in this study

I have read this paper about the study or it was read to me. I understand the possible risks and benefits of this study. I know that being in this study is voluntary. I choose to be in this study. I agree to being audio recorded and to having the researcher contact me with follow-up questions if necessary. I will get a copy of this consent form.

☐   **Optional:** Please initial this box if de-identified data from this research may be used for future research.

☐   **Optional:** Please initial this box and provide a valid email or postal address if you would like a summary of the results of this study to be mailed to you.

☐   If you would rather not sign the consent form, please check this box acknowledging that you have received the form and consent to participating in the study. Checking this box indicates that you request a waiver of written documentation of informed consent.

Signature (if the third box is not checked): _____

Date: _____

Appendix B
Background Information Sheet

1. Date: _____

2. Age: _____

3. Gender: _____

4. Race/ethnicity: _____

5. What is the highest level of education you have completed? _____

6. If you are employed, what is your occupation? _____

7. What is your marital/relationship status? _____

8. Was your family active in a particular religious or spiritual community or
   organization? If so, please describe this/these group(s) and how long you were active
   in them.

   _____
   _____
   _____

9. What is your current religious/spiritual affiliation, if any? _____

10. How old were you when you made your first suicide attempt? _____

    (A suicide attempt is "a potentially self-injurious act committed with at least some wish to die, as a
    result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be
    100%.... There does not have to be any injury or harm, just the potential for injury or harm." – from the
    Columbia-Suicide Severity Rating Scale, 2009: http://www.cssrs.columbia.edu/docs/C-
    SSRS_1_14_09_Baseline_Screening_Phase1.pdf)

11*. To what extent did you expect that the attempt would be fatal?
     Please check the appropriate box:
         ☐ I thought that death was unlikely
         ☐ I thought that death was possible but not probable
         ☐ I thought that death was probable or certain

12. How much did you want to die?
         ☐ I did not want to die
         ☐ I wanted to die
         ☐ Components of both

13**. Did the attempt result in injury, poisoning, or overdose?
    ☐ No – no injury
    ☐ Yes – injury that did NOT require medical attention by a doctor or nurse
    ☐ Yes – injury that required medical attention by a doctor or nurse

14. How did you visualize death at the time of your attempt?
    ☐ I thought there would be life after death and reunion with predecessors or
       descendants
    ☐ I thought it would be never-ending sleep, darkness, the end of things
    ☐ I had no conceptions of or thoughts about death
    ☐ Other: _____

15. If you have made any other suicide attempts, how old were you when they happened?
    _____

16. In terms of your intent to die, were the other attempts more serious, less serious, or
    about the same as the first attempt? (Please explain for each attempt.)
    _____
    _____
    _____

17. Are you currently thinking about killing yourself? _____ If so, do you have a
    plan? _____ What is your plan? _____

18. Are you currently working with a mental health professional? _____

19. I am a licensed psychotherapist with 9 years' professional experience in the mental
    health and substance abuse fields. I will carefully monitor your level of distress
    during the interview, and we can take breaks, process what you are feeling, or engage
    in relaxation techniques at any time if you become uncomfortable. You will also have
    the right to stop the interview at any time. Furthermore, you have been given a list of
    crisis numbers and local therapists' contact information. That said, is there anything
    in particular you would like for me to do in the event that you feel distressed, such as
    call an emergency contact person for you? If so, please list it here:
    _____
    _____

<div align="center">

Thank you for your responses!
- Ryan

</div>

* Questions 11, 12, and 14 are adapted from Beck's Suicide Intent Scale, 1974:
    https://deekim.files.wordpress.com/2011/09/becks-suicide-intent-scale.pdf
** Question 13 is adapted from the Youth Risk Behavior Survey:
    http://www.cdc.gov/healthyyouth/data/yrbs/pdf/crosswalk_1991-2015.pdf

Appendix C
Interview Guide

Because qualitative interviews are guided by the interviewees, the following are examples of the types of questions that will be asked. I will try to echo the language that interviewees use to talk about their experiences. Further prompts are given in brackets. Note that I will monitor the participant for signs of distress and periodically say statements such as "I would like to check in with you now to see how you are feeling. On a scale of 1-10, where 10 is 'a lot,' how distressed are you right now?"

1. Before we start, could you please verbally confirm that you have received the informed consent form and you have given your consent to participate in this digitally recorded interview? (Pause for confirmation.) You and I have met today because I want to get to know the experiences you have had with religion and/or spirituality throughout your lifetime, especially the relationship between these experiences and your suicide attempt(s). You wrote on the questionnaire that as you were growing up, your family was affiliated with the _____ tradition. Tell me more about your experience with that tradition.
[Did you attend services? Where? How often? What were they like? What resonated with you? What did you find jarring?]
[(If the participant did not belong to a faith tradition) Do you feel you had "religious" or "spiritual" experiences even if you did not grow up affiliated with a certain religious tradition? (Please tell me the term you prefer.) What were those experiences like? What made them religious/spiritual/_____, then or now?]

2. If you were involved in communities or organizations that were religious, in what ways was this involvement important to you or not? Did your involvement change over time?

3. What religious/spiritual/_____ (use the word that the participant prefers) beliefs or values did you have? In what ways were those beliefs helpful or not helpful? Did those beliefs change over time?

4. What did "God" mean to you? What role did God/_____ (use participant's preferred term) play in your life? How did you come to have those beliefs? In what ways was your relationship with God/_____ helpful or not? Did this relationship change over time?

5. Did you experience religious or spiritual struggles? Could you describe those and how they affected your life?

6. You wrote that you were _____ years old when you (first) attempted suicide. Tell me about the role, if any, that your religious/spiritual/_____ beliefs/practices played in your life at that time or in the intent to end your life.
[Would you please tell me a story that is an example of that?]
[Added during first interview] To what do you attribute the fact that you lived?

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7. (Repeat #3 for additional suicide attempts.)

8. Please tell me the story of religion/spirituality/_____ in your life now. What is it like and how did it come to be what it is today?
[Talk about experiences you've had when religion (etc.) has been helpful—e.g., a source of strength, good feelings, etc.—and when religion (etc.) has *not* been helpful—e.g., it made you feel worse instead of better. Talk about the role of God, the role of religious communities, religious figures or persons, etc.]

9. How have your ideas about God/_____ changed over time?
[Tell me about one or more situations when you felt God differently in your life and you knew that your ideas had changed.]

10. How have your beliefs about suicide changed over time?

11. What practices, if any, do you do to stay connected with God/gain a sense of peace, a sense of goodness, a sense of connection to the universe, etc.?

12. I might have missed something. What would you like to add? What do you wish I had asked you about?

13. After we close, if you find yourself continually going over aspects of this conversation in your mind, I'd like to ask you to make a note of it and let me know. I'd really like to hear if anything in particular bothered you or was helpful. Before we go, however, I'd like to ask what I can do to help you decompress and leave here feeling as comfortable as possible (e.g., processing questions, guided meditation, deep breathing exercises…). The informed consent form I gave you provides a way to contact therapists in your area and lists some other helpful resources. [Or: I encourage you to make an appointment with the therapist you specified on the background-info questionnaire.]