The Psychiatrist : Clinical and Therapeutic Journal

Extended Abstract OMICS Open Access 2020 Vol.3 No.2

Suicide, spirituality, and religion: What are we missing?

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This research investigates the current literature in relation to aspects of religious spirituality applicable to the field of suicidology. This is a theoretical study that utilizes a hermeneutic approach to apply religious spirituality concepts to suicide prevention, in line with the Integrated Motivational-Volitional (IMV) model. Applying the lens of the IMV and Durkheim's Social Integration Theory, results are extrapolated to an Australian context. Due to the extrapolation of results, findings are very relevant to American cohorts. This research findings provide conceptual support for the inclusion of religious spiritual interventions in the assessment and management of suicidality. The themes of religious spirituality as a protective factor, and as an aspect relevant for inclusion in clinical practice, are significant. Specifically, aspects of belief system and behavior congruency, community and belongingness, positive regard for God, and coping mechanisms, are identified as protective factors against suicidality that are significant. Likewise, the need for clinician respect for the clients interpretation of their religious spirituality, and the requirement for therapists to be educated in aspects of religious spirituality in clinical interventions, are significant aspects found in this study. Recommendations for further research and clinical application are presented related to the integration of religious spirituality in the assessment, management, and treatment of suicidal clients.

Religion can influence youths' actual need, perceived need and/or benefit, access, availability, and motivation to seek mental health services Deciding to receive services is rarely made alone, but affected by their parents, peers, teachers, the police, and/or community groups including religious ones. In specific ethnic groups, religion has been found to be a gateway to healing and religious leaders act as a bridge, provider, or "barrier" to mental health care Religion is here understood as an organized system of beliefs, rituals, practices, rooted in an established tradition oriented towards the numinous (mystical, supernatural) or God, and in Eastern religious traditions, to Ultimate Truth or Reality; whereas spirituality refers to personal experiences of, or search for ultimate reality/the transcendent that are not necessarily institutionally connected. The verbatim transcripts were entered into ATLAS.ti 6, a qualitative software program. They were analyzed using inductive thematic analysis (where codes are derived from data) at the semantic level of explicit meanings. After coding transcripts, within- and cross-case analyses were conducted. The authors reviewed the original transcripts ensuring multiple coding. Themes related to the research aim provided the main codes. Emerging themes were taken into account to complement these themes and retain a nuanced description of the youths' experiences. Some youths had contact with religious community members outside mental health services. Data showed, for these youths, religious community members acted as a bridge, step, or care provider to mental health services.

Religious community members with mental health expertise can also act as a step along the way to using mental health services. Youths might not seek services because they are being cared for within their religious community. However, if youths' needs are not completely fulfilled by this care, it may act as a step before mental health services

The results show youths may be in contact with religious/spiritual discourses within mental health services at various stages of their trajectory. This was reported with a variety of providers within mental health services: an orderly, their clinician, group home staff, sometimes on multiple occasions.

Despite the sensitivity of this topic and the youths' mental health challenges, the suicide attempters willingly talked about their experience with spirituality/religion in the year before their suicide attempt, evoking spirituality/religion's role in their service trajectories.

Spirituality/religion are sensitive yet important themes, and the exploration of these themes needs to be timely and judicious to allow the youths' expression of these topics. Research needs to be conducted to further explore contexts and trajectories in which spirituality/religion bring protection or vulnerability for youth suicide attempters, age effects, and changes in youths' spirituality/religion following a suicide attempt. This could include grounded theory methodology.

Our findings can inform policies supporting training religious leaders about suicide crisis intervention to foster coordination with mental health services, and care providers in how to approach spiritual/religious themes in suicide prevention.