

Editorial

Introduction to the Special Issue

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1. A Personal Research Journey

This Special Issue reflects a personal interest I have held in the relationship between religion/spirituality and suicidality. I would like to begin by sharing my personal journey to growing an interest in this topic, as I believe it may illuminate the special satisfaction that studying religion, spirituality, and suicide can offer to researchers in the field.

I obtained my PhD in Clinical Psychology in 2011 from Fuller Theological Seminary in Pasadena, California. Although my advisor, Richard Gorsuch, had encouraged me to pursue a career in academics, my first goal after graduating was to obtain my license as a psychologist. Setting that priority meant largely setting aside research and focusing primarily on employment where I could complete my clinical hours and then pass the licensing exam. Doing so took 3.5 years, but I was fortunate to be offered an academic position shortly after licensure.

Entering academics after these years focused on clinical work meant that I needed to revive an active research agenda, which required revisiting my interests but still remaining within my area of expertise. As a graduate student, I had solidified my identity and training as a researcher in the psychology of religion and spirituality, as a result of completing my dissertation on the role of religiousness in shaping moral and immoral behavioral intentions. Yet, moral decision making did not seem to align closely with my other identity as a clinical psychologist. Consequently, I decided to begin exploring the relationship between religion, spirituality, and mental health.

My interest in this intersection led me to initiate research projects on clinical topics that had struck me as significant in clinical cases, including trauma and substance use. These were topics that I had been exposed to in my clinical work and so each felt meaningful beyond just an intellectual curiosity. For instance, I felt drawn to study religion and substance use, as most of my clinical hours were accumulated while providing medication-assisted treatment to individuals with opioid use disorder. Moreover, this was a topic my advisor had some research on, and his thinking had shaped my thinking on the topic. Trauma also seemed fascinating and a potentially pertinent topic, given the client traumas that I had been exposed to and the tremendous interest in trauma within the clinical world. Yet, while each of these topics was intellectually interesting and clinically relevant, I did not find myself providing any remarkable insights with the research questions I would ask.

However, in preparing an undergraduate course on Abnormal Psychology, I stumbled upon the Interpersonal–Psychological Theory of Suicide, of which I had not been previously aware. The IPTS states that suicidal behavior comprises the presence of both suicidal desire and suicidal capability, which are each independent and comprise unique underlying psychological constructs. The theory was immediately intellectually satisfying and thought-provoking for me. It talked about suicide bluntly but compassionately. As someone who had both experienced suicidal ideations personally and dealt with them professionally, I found it intriguing to break down the components of this profound but often tragic experience. The idea of contributing to a body of literature that might preserve the lives of people from death by suicide, and perhaps contribute to a meaningful recovery from these suicidal experiences, felt deeply meaningful.



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My reflections on the IPTS immediately generated numerous research questions about the ways that faith and spirituality could intersect with suicidality. I had already been aware that faith is generally protective against suicidality, but now I found myself wondering if it was because of effects on suicidal desire, suicidal capability, or both. I had enough theoretical knowledge about the psychology of religion to recognize how religious belief systems, motivational factors, coping strategies, and control beliefs could intersect with the desire and capability for suicide. The research questions I generated felt effortless:

- How might spirituality protect against suicide by combating the sense of being a burden upon others?
- How might religious communities, clergy, or God/Higher Power promote a sense of belonging?
- How might religious worldviews promote or dissuade fear of taking one's own life?
- How might religious prohibitions against suicide affect those who experience suicidal ideation, including by encouraging alternative methods of coping or by inducing stigma and isolation?

There were so many directions to go with the research! I felt optimistic about this line of inquiry remaining engaging and meaningful. As I learned about alternative theories and developments in the field, beyond the IPTS, I had similar experiences of developing research questions with ease.

2. Suicide and Religion/Spirituality: A Perfect Fit?

Religion/spirituality (R/S) and suicide seem almost like a natural fit for further study. Perhaps due to my Judeo-Christian heritage and worldview, I viewed suicide as a deeply theological issue. But views on suicide are an important facet of all the major religions (Gearing and Alonzo 2018). Suicide seems to easily relate to "big topics", like the meaning of life, the value of a human being, our relationship and duty to the world around us, and the nature of the afterlife. As Albert Camus (2013) wrote, "There is but one truly serious philosophical question, and that is suicide." If one flips around the question, suicide challenges us to question what makes life worth living, how we ought to respond to suffering, and other deeply challenging ideas about our existence.

As I jumped into the literature on the topic, I discovered that religion and suicide had a rich history of scholarly study. In fact, sociology was birthed in part out of Emile Durkheim's (1951) efforts to explore the relationship between religion and suicide. Religious perspectives and theologies were poignant sources of influence upon ethical views of suicide. Durkheim proposed that these views of suicide existed on a sociological level, shaping even the deeply personal decision to take one's own life. Indeed, Durkheim's claim that religious communities could have profound effects on the suicidal behaviors and experiences of individuals has been confirmed by numerous studies over the past 125 years (Gearing and Alonzo 2018; Wu et al. 2015).

Yet, my perspective was that efforts to study these interconnections had stagnated somewhat in recent years, perhaps due to fading interest in religion as a scholarly topic. I found myself wondering if the remaining research on the topic had remained overly constrained under the shadow of Durkheim's work. It seemed to me that there was scant research exploring the relationship that utilized either contemporary models of religion/spirituality or suicidal behavior, and especially using both.

To me, this (perceived) standstill was exciting! I could contribute to a niche area of study that was underdeveloped, exploring alignments between contemporary theories of suicide with psychological constructs of religion and spirituality. This fervor for the topic is likely to be similarly ignited in anyone who delves into this literature with an appreciation of research alongside a few existentialist tendencies.

3. A Renewed Call for Research

At the completion of this Special Issue, I would like to communicate a renewed need for research on R/S and suicide. Given that suicide is deeply intertwined with religious

constructs, including Hell, forgiveness, reincarnation, rejection of God or life, and overcoming suffering, this research is needed in order to fully appreciate the phenomenological experience of suicide. Although not all cases of suicide involve a person wrestling with these religious/spiritual concepts, the ongoing prevalence of religion and belief in God among the global population demands an appreciation of these interconnections.

For this reason, I would like to continue to call for researchers to approach this topic with methodologies that will honor the complexity both of suicidality and religion/spirituality. I find myself continuing to long for a paradigm shift in the study of religion and spirituality in suicide prevention that reflects recent shifts in the understanding of suicidality. In recent years, there has been a growing chorus of voices rejecting the risk factor approach to suicide prediction (see [Franklin et al. 2017](#)). In my call for papers, I welcomed research that shifts away from this approach and toward newer models of suicidality, such as ideation-to-action frameworks ([Klonsky and May 2014](#); [Klonsky et al. 2018](#)), narrative models of suicidal crises ([Galynker 2023](#)), and tying risk factors to the particular circumstances and characteristics that elicit suicidal behavior ([Hjelmeland and Knizek 2017](#)). A transition to these frameworks is critical for advancing this field.

Religiousness and spirituality involve multifaceted existential and sociocultural experiences that can have bidirectional relationships with cognitive, emotional, and even biological processes. There are opportunities for theory-driven research to provide significant insights on this topic that would satisfy scholarly and religious curiosity, assist with deeper insights for those experiencing or affected by suicide, and provide avenues for developing new clinical interventions. I would like to briefly outline a few of my reflections on ways that this line of research could be advanced.

Research that incorporates ideation-to-action approaches, a term coined by [Klonsky and May \(2014\)](#), could help distinguish how R/S affects suicidal ideation and suicide behavior in possibly independent or even contrary manners. These approaches include the IPTS, already mentioned above, but also Klonsky and May's Three-Step Theory, which argues that suicide is a progression from mild/moderate suicidal ideation to severe suicidal ideation to suicidal behavior, with each step involving unique contributors. Another ideation-to-action approach is the Integrated Motivational-Volitional Model by [O'Connor and Kirtley \(2018\)](#). This theory argues that background predispositions and diatheses, motivational factors shaping suicidal ideation and intention, and volitional factors shaping actual suicidal behavior are all involved. Researchers can search for dimensions of R/S that might moderate or alter the many dimensions that these theories have found to affect suicide risk.

Another contemporary model of suicidal behavior was developed by [Galynker \(2023\)](#), who emphasized suicidal crises characterized by entrapment and frantic hopelessness as the proximal cause of suicidal behavior, rather than overt suicidal ideation. His work, and those of his colleagues, have suggested that these suicidal crises are the result of suicidal narratives that shape a person's perception of their own life as ultimately leading to an absent future. Researchers can study the role of R/S in suicidal narratives as well as in moderating the experience of a suicidal crisis. For instance, it seems plausible that spiritual conflicts, such as perceiving God as abandoning or punishing, might also be a contributing narrative to a suicidal crisis. Other research might be able to study unique religious beliefs that might be present during a suicidal crisis whose presence could aid in the prediction of suicidal behavior.

Additionally, research exploring the incorporation of R/S into clinical interventions would be worthwhile for suicide prevention. Though some might hesitate at the suggestion of integrating religious concepts into clinical work, this is simply culturally competent care when working with religious clients. It is an ethical imperative to provide services that respect the worldview of the clients being served. Doing so competently requires an understanding of how to effectively navigate the complexity of religion and spirituality, including efforts to draw upon those beliefs and practices.

Religious values and perspectives could be important sources of meaning making in the clinical process. These values overcome notions that might engender suicidality in difficult circumstances, such as the idea that we are entitled to happiness, that life is about pursuing pleasure, and that the worth of our lives is dependent on the feelings of others. Instead, religious values could offer a deeper perspective that allows a person to see beyond their individual circumstances and instead perceive their life as being rooted in a deeper reality, such as their relationship with the divine, receiving rewards in Heaven, participating in a cycle of life and death, and serving future generations with your life. These deeper perspectives might offer means of overcoming some of the drivers of suicide, including hopelessness, psychache, entrapment, and self-hate.

Moreover, there may be religious practices that could be employed as clinical interventions. In fact, this is already being done with Dialectical Behavioral Therapy, an evidence-based intervention for the treatment of suicidality. This approach includes mindfulness skills, which were originally a Buddhist practice. Religious practices, such as spiritual surrender, emptying of self, and charity, could be useful in suicide interventions if shown to have a protective effect on suicide risk. It may be difficult to employ these practices with their original religious or spiritual meaning, but efforts based upon these practices might result in novel and effective interventions.

4. Final Reflections on This Special Issue

This Special Issue aided in expanding my scholarly horizons for topics beyond those I have been drawn to personally. For instance, the article by [Dyer and Goodman \(2022\)](#) helped emphasize the need for research to focus on specific populations, rather than only utilizing general populations. Moreover, their research went against the notion that sexual minorities within religious communities who do not approve of diverse sexualities might experience disproportionate increases in suicidal behavior. This sort of research is helpful to dispel myths about the relationship between religion and suicidality among particular sub-populations.

The study by [van den Brink et al. \(2023\)](#) highlighted the need for strong methodology in studies on religion/spirituality and suicidality. Their longitudinal study found that dimensions that were correlated with suicidality were not always associated with changes in suicidality. Research on R/S and suicide ought to follow their lead and utilize well-powered longitudinal or experimental methods to better understand these relationships.

The article by [Mason et al. \(2023\)](#) directed my attention to the role of church-based support and faith struggles in suicidal intent, as well as the need to be mindful of dimensions of religiousness, like religious service attendance, that could provide observable and accessible data to inform suicide risk assessment.

The articles by [Čepulienė and Pučinskaitė \(2023\)](#) and by [Post et al. \(2023\)](#) emphasized the important role of religion and spirituality for suicide loss survivors. This line of research is remarkably important for suicide prevention, given that postvention is prevention in this population, shown to have an elevated risk of suicide. The qualitative research by [Čepulienė and Pučinskaitė \(2023\)](#) illuminated that spirituality can deeply affect the bonds felt with those who had died by suicide. The literature review by [Post et al. \(2023\)](#) highlighted that spiritual meaning making was an important process for clinical work with suicide loss survivors.

The accepted articles help to expand the horizons of this call. I am deeply grateful to the authors for their diligent work and service in serving these populations affected by suicidality with research. It is my hope and anticipation that this work will continue and will lead to contributions to the life-saving efforts of suicide prevention.

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