

The Effects of Religion on Depression and Suicide Rates in the United States

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Abstract

Depression and suicide are major health problems in the United States and in the World. According to the American Foundation for Suicide Prevention (2014), “Suicide claims more lives than war, murder, and natural disasters combined (p. 1).” Many of the victims of suicide were also victims of depression. Research has shown that those who are religious are less likely to suffer from depression and less likely to commit suicide. This study shows that for the three major religious groups in the United States, evangelical Protestants, mainline Protestants, and Catholics, number of cases of depression are reduced, but the number of suicides increases for evangelical Protestants. Depression may be reduced since religion provides many benefits to individuals including a social network whereby those in distress can seek comfort from others. Furthermore, those who are religious are also more secure in their beliefs of life after death, personal salvation, and the forgiveness of their sins which may reduce pressures put on them by everyday life. However, it may be that feelings of inadequacy over not being able to live up to the strict teachings of some evangelical religious groups and the fact that anyone questioning the strict beliefs of the church should be ostracized, could be contributing factors to the stress, trauma, and lack of self worth, that lead to thoughts of suicide.

Keywords: religion, evangelical Protestants, mainline Protestants, Catholics, depression, suicide

1. Introduction

In the United States, the three largest religious groups are the evangelical Protestants, mainline Protestants, and Catholics, representing 25.4%, 20.8%, and 14.7% of all religious groups, respectively (Pew Research Center, 2014). Many studies have shown that those who are more religious tend to lead a less stressful life, have more hope for the future, and believe that they will be protected from many of life’s dangers or be given the wherewithal to deal with what may come their way [Torgler and Schaltegger (2014), Bonelli et.al. (2012), Epiphénom (2009), Klukow (2012), Rasic et.al. (2009), Smith (2003)]. Researchers have also found lower rates of depression and lower suicide rates among the more religious [Beit-Hallahmi(1975), Bonelli et.al (2012), Cook (2014), Dervic et.al. (2004), Hilton et. al. (2002), Klukow (2012), Rasic et.al. (2009), Smith (2003), Torgler and Schaltegger (2014)].

In 2015, suicide was the tenth leading cause of death in the United States, behind heart disease, cancer, chronic lower respiratory disease, accidents, stroke, Alzheimer’s disease, diabetes, influenza and pneumonia, and nephritis (National Center for Health Statistics, 2015). According to the American Foundation for Suicide Prevention (2014), “Suicide claims more lives than war, murder, and natural disasters combined (p. 1).” Depression, which is a feeling of overwhelming sadness and grief, is “the No. 1 psychological disorder in the western world...it will be the 2nd most disabling condition in the world by 2020, behind heart disease” (clinical-depression.co.uk, 2016). The American Foundation for Suicide Prevention (2014) stated that “25 million Americans suffer from depression each year...Over 50 percent of all people who die by suicide suffer from major depression. If one includes alcoholics who are depressed this figure rise to over 75 percent (p. 1).” Since depression and suicide are major problems in the United States and across the globe, it is important to identify those individuals in society who are most at risk, identify the source of these problems, and look for possible

solutions.

While a negative relationship has been found between the more religious and the number of cases of depression and suicides, is it true that this relationship holds for all religious affiliations? The purpose of this paper is to explore these relationships for evangelical Protestants, mainline Protestants, and Catholics. If these negative relationships are not found, what distinguishes one religious group from another causing it to have more cases of depression or suicide?

The outline of the paper is as follows. In section 2, a review of the literature will be presented, followed by the methodology and findings of this study. In section 4, conclusions will be given.

2. Literature Review

Smith, McCulough, and Poll (2003), studied the relationship between religiousness and depressive symptoms. Main effects (direct association between religion and depression) and stress buffering effects (other psychological factors influencing depression) were taken into account in their research. They found a negative correlation (-0.094) between religiousness and depression.

Most of the literature shows a negative relationship between religion and depression. However, a Ningxia province of Mainland China conducted a survey based research to see whether or not religion had any association with mental disorder. Hui and Han ethnic groups, which were mostly Muslim and Buddhist respectively, were interviewed. The results of the study showed that the Hui community was more religious than the Han community. However, the Hui people were found to have suffered more in terms of mental and anxiety disorders than the Han people. The authors concluded that the older Hui people (>50) who were highly religious, were the ones who suffered more from mental and anxiety disorders (Wang et al. 2015).

Bonelli et al. (2012) examined 444 studies related to religious/spiritual factors and depression. The research was also based on the survey reports of different developed and developing countries. The authors concluded that 61% of the studies found that either religious/spiritual factors were involved in reducing depression faster or religious people suffered less from depression. Only 6% of the studies examined, suggested a positive relationship between religion and depression.

Klukow (2012) conducted a study involving 135 individuals to see if religion or spirituality had an effect of depression. In her conclusions she stated: "The results strongly indicated not only a significant negative relationship between spirituality and depression, but that respondents who scored highly on a scale of depression also were more likely to indicate that they felt unloved by God, had feelings of anger or resentment toward God, were afraid of being punished by God, and felt as if God didn't have time for their personal problems" (p. 39).

Dervic, Oquendo, Grunebaum, Ellis, Burke, and Mann (2004) examined the relationship between religious affiliation and suicide attempts. They stated that suicide rates were lower in nations in which religion was an important way of life and individuals with no religious affiliation were more likely to attempt suicide. According to the authors, having a religious affiliation provides several benefits to individuals including a reduction in aggressive behavior towards others, a moral objection to suicide, and a well-developed social network in which individuals have closer relationships with family and friends. These benefits of religion reduce the chances of an individual committing suicide.

Rasic, Belik, Elias, Katz, Enns, and Sarren (2009) found that those who attended religious services more often were less likely to attempt suicide. They used logistic regression in their study.

Hilton, Fellingham, and Lyon (2002) found that for the LDS (Latter Day Saints), the major religious group in Utah, less active members had higher suicide rates than more active members. Active members in the church were also more likely to follow the church doctrine of not using alcohol or illegal drugs.

Cook (2014) discussed the protective shield that religion provides its practitioners from suicide. Religion may give individuals hope for the future. It may reduce stress, give meaning to life, and enable individuals to recover more quickly from depression. The author also discussed different religious views on suicide. For Christians, suicide is the same as murder and goes against their religious beliefs. In Islamic countries, suicide is also contrary to religious teachings and the Quran explicitly states this. Hinduism stresses respect for life and its teachings go against committing suicide.

Torgler and Schaltegger (2014) compared the doctrines and ideologies of Protestants and Catholics in determining which faith would better protect its members from suicide. The authors stated that both religions believed in life after death, rewards to those of good character, and punishment for those who sinned. Suicide was shunned upon by both religions. The authors also discussed how the cost of suicide would be greater for Catholics since they could not confess of the sin of suicide after the fact and be set free of the sin. Furthermore, it was pointed out that Catholics have a more developed social network for church members. This provides more support for individuals, reducing the risk of suicide. Using data from Switzerland, Torgler and Schaltegger used regression analysis to examine the effects of several variables on suicide rates. They found that in those areas with a higher share of Protestants, suicide rates were higher.

Green (2004) compared the beliefs of evangelicals and mainline Protestants. He stated that evangelicals

believe the Bible is without error, individuals must believe in Jesus Christ to be saved, and church members should spread the teachings of the religion. The mainline Protestants also believe in the Bible, but accept that it may contain errors and is subject to interpretation which may change over time. The mainline Protestants also believe that one can be saved by believing in Jesus Christ, but one can also be saved through beliefs held by other religions as well. According to Green, the mainline Protestants do not emphasize spreading the word or religion as do evangelical Protestants.

The purpose of this paper is to see if the number of cases of depression and suicide rates are significantly different for evangelical Protestants, mainline Protestants and Catholics in the United States. This differs from the Torgler and Schaltegger study in that the focus will be on the United States and a distinction will be made between evangelical and mainline Protestants.

In the next section, the methodology used to determine the relationship between the three major religious groups and depression and suicides in the United States will be presented, as well as the findings.

3. Methodology and Findings

To determine the relationship between depression and religious affiliation, data was collected from the Substance Abuse and Mental Health Services Administration (SAMHSA) on number of cases of depression for those 18 years old and older by state, based on the 2013-2014 National Surveys on Drug Use and Health from the U.S. Department of Health and Human Services. The percent of evangelical Protestants, mainline Protestants and Catholics as a percent of all religious groups in a state were taken from the PEW center's website. State population, percent of the state's population that was African American, percent of the state's population that was Hispanic, percent of the state's population over 65 years of age, per-capita income of the state, and percent of the state's population that were high-school graduates, were collected from the United States Census Bureau and used as control variables. All of the variables and their descriptive statistics are presented in Table 1.

To determine the relation between religious affiliation and number of cases of depression, regression analysis was used where all variables were in log form. The results appear in Table 2. It was found that the number of cases of depression in a state decreases when there is a larger percent of the state's population that is either evangelical Protestant, mainline Protestant, or Catholic, after controlling for population, race, age, education and income. These results are in agreement with what other researchers have found, namely that religion provides many benefits to individuals that reduce the likelihood of depression, including a social network whereby those in distress can seek comfort from others. Furthermore, those who are religious are also more secure in their beliefs of life after death, personal salvation, and the forgiveness of their sins which may reduce pressures put on them by everyday life.

To determine the relationship between religious affiliation and the suicide rate, regression analysis was used again, where all variables were in log form. Suicide rates by state were taken from the Fatal Injury Reports, 2014, from the Centers for Disease Control and Prevention. The results appear in the lower-half of Table 2. It was found that state suicide rates were not significantly affected by a greater percent of mainline Protestants or Catholics in the state. However, suicide rates were positively and significantly related to the percent of evangelical Protestants in a state. While Torgler and Schaltegger (2014) found a positive relation between the number of Protestants and suicide rates in Switzerland, they did not break down the group of Protestants into evangelical and mainline Protestants. There may, however, be important differences between the two groups which lead to differences in suicide rates.

Table 1-Variables and Descriptive Statistics

Variables	Description	Mean	Standard Dev
Population	Total population of 2013	6,205,833.94	7,051,230.65
Age	% of people Age 65 and older in 2013	14.38	1.75
AfrAm	% of African Americans in 2013	11.60	10.92
Hispanic	% of Hispanics in 2013	11.19	10.04
Educ	% of high school or college grad 25 or older in 2013	85.98	11.34
Income	Per capita money income in 2013	28,053.80	4,659.38
Evanpro	% of state's population who are Evangelical protestants	25.73	11.16
Mainpro	% of state's population who are Mainline protestants	16.31	5.86
Catholics	% of state's population who are Catholics	19.02	8.72
Depression	Number of cases of depression, persons 18 years old and over	310.33	331.77
Suicides	State suicide rate	15.28	3.89

Table 2. Regression Results

Dependent Variable: Number of Cases of Depression (2013-14)			
Independent Variables	<u>model 1</u>	<u>model 2</u>	<u>model 3</u>
intercept	-9.39*** (-5.99)	-11.63*** (-10.01)	-13.02*** (-8.77)
population	1.01*** (53.69)	1.01*** (53.43)	1.01*** (53.24)
AfrAm	-0.01 (-0.61)	-0.02 (-1.45)	-0.03 (-1.63)
Hispanic	-0.05** (-2.32)	-0.05** (-2.45)	-0.03 (-1.20)
Age	0.12 (1.04)	0.21 (1.62)	0.22 (1.64)
Income	-0.04 (-0.31)	0.15 (1.54)	0.27** (2.10)
Educ	-0.03 (-0.70)	-0.01 (-0.30)	-0.004 (-0.08)
EvanPro	-0.08* (-1.96)		
MainPro		-0.09* (-1.82)	
Catholics			-0.07* (-1.68)
R-square	0.9916	0.9915	0.9914
Adj R-square	0.9902	0.9901	0.9900
***indicates significance at the 1% level, ** indicates significance at the 5% level, * indicates significance at the 10% level			
Dependent Variable: Suicide rates (2013-14)			
Independent Variables	<u>model 1</u>	<u>model 2</u>	<u>model 3</u>
intercept	7.74*** (3.19)	12.23*** (6.70)	10.55*** (4.50)
AfrAm	-0.16*** (-7.11)	-0.14*** (-6.10)	-0.15*** (-6.32)
Hispanic	-0.01 (-0.48)	-0.02 (-0.69)	-0.01 (-0.20)
Age	-0.25 (-1.37)	-0.25 (-1.15)	-0.13 (-0.62)
Income	-0.44** (-2.09)	-0.81*** (-4.96)	-0.66*** (-3.17)
Educ	-0.03 (-0.41)	-0.07 (-0.85)	-0.05 (-0.70)
EvanPro	0.18*** (2.58)		
MainPro		0.006 (0.07)	
Catholics			-0.07 (-1.11)
R-square	0.6839	0.6361	0.6459
Adj R-square	0.6408	0.5864	0.5976
***indicates significance at the 1% level, ** indicates significance at the 5% level, * indicates significance at the 10% level			

4. Discussion

As previously discussed, Green (2004) stated that evangelical Protestants have a more literal interpretation of the bible and accept it as absolute truth without question. Mainline Protestants, on the other hand believe that the bible can contain errors and how it is interpreted can change over time depending on changing social and moral values. This strict interpretation of the Bible and religious views shared by evangelical Protestants can have dangerous repercussions. Tarico (2014) described how strict religious views could lead some followers to experience stress, depression and trauma, over not being able to live up to a life without repeated sins. Furthermore, those religious groups such as evangelical Protestants are more likely to require members to conform to strict religious teachings including those involving moral purity, abstinence, and the belief that the only way to salvation is through God. To achieve this conformity among church members, some religious groups will isolate themselves from others in the community which can further lead to stress and a feeling of loneliness. If a member of a strict-religious group ever questions the teachings and beliefs of the group, they become outcasts and isolated, leading to further depression and thoughts of suicide. Tarico further discussed how children of strict, religious groups are the ones that are most vulnerable. They become indoctrinated at an early age when they are very susceptible to ideas that are forced upon them and when they become adults and start to question these religious beliefs they are traumatized with feelings of guilt. Tarico (2014) also stated that “Religious Trauma Syndrome (RTS) is a new term, coined by Marlene Winell to name a recognizable set of symptoms experienced as a result of prolonged exposure to a toxic religious environment and/or trauma of leaving the religion. It is akin to Complex PTSD (post-traumatic syndrome), which is defined as a psychological injury that results from protracted exposure to prolonged social and/or interpersonal trauma with lack or loss of control, disempowerment, and in the context of either captivity or entrapment, i.e. the lack of a viable escape route for the victim (p. 6).” Perhaps, it is this “Religious Trauma Syndrome” that is leading to more suicides among evangelical Protestants.

5. Conclusions

Many studies have discussed how religion offers its believers a form of protection from many of life’s problems such as stress, anger, and feelings of inferiority or inadequacy. This study found what many other studies have found; those who are religious tend to suffer less from depression. This relationship was found to exist for evangelical Protestants, mainline Protestants, and Catholics.

There are fewer studies that have looked at the relationship between religion and suicide rates. One study that found a positive relationship between Protestants and suicide rates was that by Torgler and Schaltegger (2014). However, their study was for Switzerland and did not break down Protestants into two groups: evangelical Protestants and mainline Protestants. In this paper, evangelical Protestants were separated from mainline Protestants which are two groups with significant differences. Furthermore, this paper was focused on the United States. It was found that a higher percent of a state’s population being either mainline Protestant or Catholic, had no significant effect on state suicide rates. However, a higher percent of a state’s population being evangelical Protestant had a positive and significant effect on a state’s suicide rate. It may be that feelings of inadequacy over not being able to live up to the strict teachings of some evangelical religious groups and the fact that anyone questioning the strict beliefs of the church should be ostracized, could be contributing factors to the stress, trauma, and lack of self worth, that lead to thoughts of suicide.

Tarico (2014) has suggested that one reason why religion is not blamed for many psychological and social problems is what is known as the “respectability of religion.” Religion continues to play a big role in many countries and cultures including the United States. It is a well established and accepted part of society and most believe that it offers benefits to its followers without costs. However, a closer look at how religion is related to stress, trauma, self doubt, feelings of inadequacy and isolation, may be necessary to help come up with a solution to thoughts of self harm and suicide.

This research can be expanded in different directions in the future. Does the positive relationship between strict-traditional religions and suicides appear in other countries besides the U.S.? What do the other major religions of the world such as Buddhism, Hinduism, Islam, Taoism and Confucianism, teach about suicide? Are there strict and less-strict religious groups among the world’s major religions and do they differ in suicides and cases of depression?

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