



The Investigation of the Relationship between Religious Orientation and Suicide Thought among Students

Mojtaba Aghili¹; Rostam Aliniya²

¹Psychology Department, Payame-Noor University 19395-4697, I.R. OF IRAN

²M.A IN Psychology, Alameh Tbatee University

ABSTRACT

The current research is dedicated to the investigation of the relationship between religious orientation and suicide thought. This research is about correlation plans. To investigate research hypothesis, at first 150 people (85 girls and 65 boys) are selected among the students of Babul University by simple random sampling. The main instrument of the research is religion assessment questionnaire and suicide thought scale filled out by subjects. To analyze the research data, *Pearson product-moment correlation* coefficient and t-Test were applied. The results of the hypothesis showed that there is a negative and significant relationship between religious beliefs (intrinsic orientation religion and extrinsic orientation religion) and suicide thought and its components (feeling guilty, self-destruction, hopelessness, inferiority, and lack of relationship, solitude, laziness and depression). The students with high intrinsic orientation religion had lower suicide thought. Also, in the following by T-test of the independent groups it was clear that two genders don't have significant difference in the amount of suicide thought. In sum, the current research emphasize on the role of religious beliefs in reducing suicide thought among students.

KEYWORDS: Religious beliefs; intrinsic orientation religion; extrinsic orientation religion; suicide thought; students.

INTRODUCTION

In the recent decades, evaluation of the influence of religion on psychological health of the people as an important issue attracted the attention of researchers and scientists in different fields (psychology, sociology and medicine) (Di Zutter, Sonenz and Hatzbat, 2006) Allametatababee (1363, cited in Ghobari Banab, Gholamali Lavasani, Khalili, 1386) believe that religion is a special method in life providing world quality as in compatible with afterlife completeness and the real permanent life. Religion is a social tradition that human being in his social life, live according to its policies and social tradition belongs to deed and its basis is belief in the reality of the world and the nature of human being. In other words, religion is based on belief and this belief is different from theoretical science and reasoning without practice. Science belief is its practice.

Benyamin rush (cited in Osman Nejati, 1367) believed that religion for educating and health of the soul is important that air is important to breath. James (1356, cited in Ghobari Banab et al, 1386) believe that in religion reasoning has no influence except the emotional reasons directing us to it. The initial theme of religious concepts is inspired from emotional beliefs. At first nature and heart go forward and then reasoning and reason follows them. Yung (1370, Ibid) believes that I completely believe that religious beliefs are very important at least in terms of mental health. Yung believes that religious beliefs reflect unconscious mind. He believes that religious beliefs reflect human soul as a complete view scientifically, because scientific theory only indicates conscious mind. Some of psychologists described important psychological roles of religion to help the people cope with life events: Religion can be effective in creating hope, being near others, excite comfort, self-actualization, feeling comfort, impulse control, approaching God and solving the problems (Newman, Pargament, 1990, cited in Sharifi, Mehrabi Zadeh, Honarmand and Shekarkan, 1384)

Alport believes that two aspects are considered in religion: mature religion and immature religion, the former is related to self-meditation and creates an integrated and organized system in human personality and although the latter does not lead into unification of the personality, it is is with self-satisfaction. So religion can be investigated from two orientations: intrinsic orientation religion that is experiencing religion as an incentive in personal life that is internalized completely in life and the second is extrinsic orientation religion that is the same as immature religion and is consisting of using religion to achieve some of the goals such as social support. A person with intrinsic orientation religion is inclined to be at service of religion not use the religion. But in extrinsic orientation religion, a person use religion to achieve acceptability level in society or family or increasing self-esteem

*Corresponding Author: Mojtaba Aghili.phd. Psychology Department, Payame-Noor University 19395-4697, I.R. OF IRAN.
Email: asemanha@gmail.com

or justifying their deeds. Most people have these two orientations relatively and separating this kind of orientation is not the same as valuing and giving priority to one of them (Ventis, 1995, incited in Ghobari Banab et al, 1386)

Different research results showed that there is a positive and meaningful relationship between religion and different aspects of mental health (De Zutter et al, 2006, Noni, 2005, Francis, Robins, Luis, Kuickly and Viler, 2004, Hagni, Sanders, 2003, Kuing and Larson, 2001, Ghobari Banab et al, 1386, Sharifi et al, 1384, Bahrami Ehsan, 1381, Mokhtari, Allahyari and Rasulzadeh Tabatabai, 1380, Khodayari fard, Ghobari Banab, Shokuhi Yekta, 1379, Ilkhani, 1378, Aghili & Kumar 2008). But some of the researchers didn't report a significant relation between these two structures (O'connor, Kubler & O'connor, 2003, Pain, Bergin, Bilma and Jenkins, 1991)

Suicide is one of the main reasons of death among teenagers at age group of 15-24 and it is one of the aspects of social deviance and the main problem of general health that all the societies including developing and developed ones are facing it. The increase in suicide rate brought increasing concern for modern communities. Suicide thought is thinking about finishing your life without any plan. Suicide thought is very important in suicide continuum as it can lead into plan for suicide, attempt suicide and probably complete suicide (Goldstone, Malok, Whiteback, Morakami, Zayas and Nagayamahal, 2008, Flichman, Bertlot, Belfer and Biotraiz, 2005, Kadivar and Zahedi, 1386). Researchers believe that suicidal behavior (suicide ideations, suicide attempts, completed suicide) is multifaceted structure and different factors can be raised as dangerous factors for suicide thought and suicide attempt. Mental disorders are one of the main factors of suicide and there is significant relation between mental disorders including: Depression, restlessness, distress, drug abuse, *Neuroticism and the lack of some of positive psychological properties including low self-esteem, low assertiveness*, weak social support and using problem solving methods, inefficient coping and suicidal behavior (Goldstone et al, 2008, Eskin, Ertkin, Derboy and Demirans, 2007, Flichman et al, 2005, Chikota and Estilz, 2005, Maccalif, Kurkuran, Kaili & Peri, 2003, Lay, Macbert-Chang, 2001, Briz, Ort, Simon and Burner, 2000, Kadivar and Zahedi, 1386, Nojumi, Malakuti, Bolhori, Posht Mashhadi and Asgharzadeh Amin, 1386, Hosseinayi, Moradi, Pajumand, 1385).

Although a considerable amount of researches investigated the relationship between religious orientation and psychological health, there are little researches regarding the relationship between religious orientations and suicide thought. In different cultures, there is a significant relation between religious beliefs and suicide and help request (Goldstone et al, 2008), Skin (2004) found that suicide thought in teenagers under the education of Secular in comparison with the teenagers with religious education is significantly more. Jang and Shenghowa (1996) reported that there is negative and significant relationship between religion and suicide thought. The researches about the gender differences in suicide thought have different results. A considerable number of researches indicated the difference between two genders in the amount of suicide thought and the other researches show the similarity of two genders about suicide thought (Simon and Morfi, 1985, Rud, 1990, Jang and Shenghowa, 1996, Eskin et al, 2007, Diman, 1999, Nojumi et al, 1386, Mohammadi far, Golzari, Delavar and Yasrebi, 1384)

The current research evaluates the relationship between religious orientation and suicide thought. The main hypothesis was that religious orientation (intrinsic and extrinsic) has negative and significant relationship with suicide thought, also considering the investigations in this regard (eg, Eskin et al, 2007) this hypothesis was raised that girls in comparison with boys have higher suicide thought.

RESEARCH METHOD

Statistical population of this research are all the students of Babul University that 150 people (85 girls and 65 boys) were selected by simple random sampling and replied a set of questionnaires. Research design is of correlation design types and for the analysis of the data statistical indices and methods including average, standard deviation, t-test and Pierson correlation coefficient were used.

Religious assessment questionnaire is a self-report test consisting of 30 close questions. In this questionnaire, 13 questions are including extrinsic religion and 17 questions are related to intrinsic religion. This test is made based on the Islamic experts views (Tabatabai, 1363, Majlis, 1364) at first as 50 questions and then they were based on correlation coefficients, each question with the total score of the test, 30 deleted items and 30 suitable items were selected. Alpha coefficients of the report are proposed for general religious orientation, intrinsic and extrinsic orientations as 0.78, 0.70 and 0.78, respectively. (Ghobari Banab et al, 1386)

This is a pencil-paper test consisting of 38 items in which the subject by selecting one of the choices Never=0, sometimes=1 and often=2 respond the questions. This scale is consisting of 5 subscales: feeling guilty and self-destruction, hopelessness and inferiority, solitude, the lack of relationship, laziness and depression. Validity of this test was evaluated with simultaneous execution with Beck Depression test and the correlation between the total score of suicide thought scale with the total score of Beck depression test was $r=0.23$. Internal compatibility of this

test by Cronbach's α (alpha) for all the scales and subscales were 0.93, 0.82, 0.84, 0.80, 0.73 and 0.72 which are suitable. (Mohammadifar et al, 1384)

RESULTS

For the analysis of the data at first Pierson correlation was computed between research variables as religious orientation and suicide thought. The results of correlation coefficient are presented in table 1.

Table 1- Pierson correlation coefficients between religious orientation questionnaire and suicide thought scale

	feeling guilty and self- destruction	hopelessness and inferiority	Solitude and lack of relationship	laziness	Depression	total score of suicide thought
intrinsic religion	-0.42	-0.39	-0.56	-0.44	-0.46	-0.57
extrinsic religion	-0.33	-0.34	-0.45	-0.36	-0.32	-0.45
total score of religious orientation	-0.41	-0.39	-0.55	-0.43	-0.44	-0.56

*All the coefficients are significant at $P < 0.01$ level.

As it is shown in table 1, All the correlation coefficients are significant at $P < 0.01$ level. It means that there is negative correlation between religious correlation and suicide thought. As it is clear the highest correlation between research variables in two groups are including the relationship between intrinsic religious orientation and solitude ($r = -0.56$) and the least correlation is between extrinsic religious orientation and depression ($r = -0.32$). According to the results, the first hypothesis of the research is proved.

To evaluate the difference between the amounts of suicide thought in girl and boy students, t-test statistical method of independent groups were used. The sample groups were compared based on the score they obtained in suicide thought scale to define whether there is significant difference between two groups in terms of the amount of suicide thought or not. In table 2, t- test of the independent groups are shown for the evaluation of the second prediction of the research.

Table 2- The results of t-test of the independent groups to compare two groups of girls and boys in suicide thought scale

groups	average	standard deviation	average difference	difference criterion error	freedom degree	t	significance level
girl	21.61	10.55	1.765	1.642	148	1.075	0.284
boy	19.84	9.14					

As it is shown in table 2, the scores average of suicide thought variable in girls and boys group are near. Considering the obtained t, we can say that there is no significant difference between suicide thought of two groups. According to these results, the second hypothesis is rejected.

DISCUSSION AND CONCLUSION

This research is dedicated to evaluate the relationship between religious orientation and suicide thought in a sample of students. The results of the research showed that there is negative correlation between religious orientation and suicide thought; it means that by the increasing amount of religious orientation, the suicide thought is decreased and vice versa by decreasing amount of religious orientation, suicide thought is increased. In the next stage, the results of the research showed that there is no significant difference between girls and boys in terms of suicide thought.

As it was said in the introduction, it seems that religion and religious beliefs have important role on the inclination of the people to suicide. The results of the current research is compatible the results of the previous researchers (Eskin, 2004, Jang and Sheng hova, 1996). It means that low religious beliefs can lead into suicide thought in students.

About the role of gender on the amount of suicide thought, the results of the current research are compatible with the results of Rud (1990) and Mohammadi Far et al (1384) and are incompatible with the results of Simon and Morfi (1985), Jang and Sheng Hova (1996), Eskin et al (2007), Di man (1999) and Nojumi et al (1386).

It can be said that one of the reducing factors of life stress is religious beliefs; a person who knows the Holy Quran as a leader and guider, knows it as a supervisor in all his life. This person accepts the problems and is waiting for its events (Balad, verse 4) and considers the problems as test and defines will. Encountering stressful factors, this person is hoping to solve the problem and have a bright future. He considers some of the adversities as the result of

his sings and tries to change himself (Shora, verse 30). The Holy Quran by encouraging and empowering social and family relations, knows Muslims responsible about the vulnerable people such as the old, children, orphans, captives and the helpless and orders them to support these people. The holy Quran by giving practical models such as Hazrate Ebrahim (pbuh), Hazrate Ayob (pbuh) and our prophet (pbuh) and other prophets and infallibles, ask Muslims to follow them and resort to them in difficulties (Anbia, Verse 83, 85). Also, the Holy Quran recommends constructive solutions and recommendations to cope with mental pressures including: Prayer (Baghari,7), Trust (Nahl, 45, 153), repentance and prayer (Ra'd, 4, 28), prayer and worship (Furqan, 70, 71) and the Holy Quran invites people to comfort (Ebrahim, 45;Toube,103 and Fath,4), participation in religious festivals and generally practical obligation to religious orders. In case of difficulties and mental stresses of beliefs, deeds and rituals and also the religious institutions all create security and assurance to save the person. The Holy Quran in many verses and infallibles) in many Ahadis invite people to be patient when facing difficulty. Because of there are valuable benefits in patience for self-culture and increasing the human ability in facing difficulties (Baqare 45; Al-Emran 186-200, Balad 4, Mohammad 31, Aaraf 37). The Holy Quran know difficulties as unavoidable part of human being life (Balad, 4) and believes that difficulties and adversities are divine test (Baqar 155, 156, Al-Emran, 186, Hadid, 22, 23) and refers to some examples of Holy messengers life including Yunes and Zakaria (Anbia 91) and their resistance against difficulties (Anfal,46; Al-Emran, 186). By investigating the Islamic trainings about the interpersonal relationships and social affairs and considering some recommendations about personal, family and social mental health and some strategies to cope with mental pressures, some suggestions can be presented to avoid and cure mental diseases. Education and developing religious beliefs are effective factors.

It seems that people with religious beliefs and trust on the sublime power of God better can cope with bitter events of life. Religious beliefs recommend a person to patience and accepting God will and grant with believers strength against difficulties (Ramezani Farani and Bolhori, 1374, cited in Sharifi et al, 1384, Ghobari Banab et al, 1386). Increasing religious beliefs of students should be considered as the main goals of authorizes in the society and they should make their most efforts in this regard. It seems that by propagation and structured and planned education we can increase the religious beliefs and religious knowledge among young and active people (university students) to avoid the increasing social problems such as suicide and other social problems.

Acknowledgment

My special thank goes to Dr. Bagher Ghobari, my great teacher, who gave the main author religious assessment.

REFERENCES

- Aghili M, Kumar GV. Relationship between religious attitudes and happiness among professional employees. *Journal of Indian Academy of applied psychology* 2008;34(Special issue): 66-69.
- Patriarch, R.. (1378). Examine the relationship between suicide and commitment to prayer. PhD thesis, Medical, Tehran, Shahid Beheshti University of Medical Sciences.
- Bahrami Ehsan, conductor. (1381). Relationship between religious orientation, anxiety and self-esteem. *Journal of Psychology*, six years, 347-336
- Hsynayy, A.; Moradi, AR; Pzhvmnd, Abdolkarim. (1385). Psychological factors in suicide Iranian students. *Psychological Studies Quarterly*, Volume 2 ,49-33.
- Khodayari person, Mohammad; dust Bonab, B; brilliant unique, M. (1379) Preparing students religious attitude scale. *Journal of Psychology*, fourth year, 66-49.
- Jmshydzadh, Farrokh countenance. (1381). Investigate some characteristics Mvardkhvdkshy trend and attempted suicide in Ilam province during 80 -1373. Thesis Master Clinical Psychology. Welfare and Rehabilitation Sciences.
- James, William. (1356). Religion and psychotherapy. Translated by Mehdi Ghaemi, Tehran, Daralfkr Publications.
- Kadivar, Parvin and Zahedi, F.. (1386). Styles crisis and suicide in female students. *Journal of Social Welfare*, Year VI, 131-111.
- Sharifi, Tayebeh; Mehrabi born artist, Mahnaz; Shkrkn, Hussein. (1384). Attitude and tolerance of religious and public health in the Islamic Azad University of Ahvaz. *Thoughts and behavior*, Year XI, 99-89.
- Bonab dust, B; Gholamali Lavasani, M.; Jalili, Farrokh it. (1386). Relationship religious orientation and mental health of mothers of exceptional children. *Journal of Psychology*, in the eleventh, 134-122.

- Mohammadi Far, MA, cemetery, Mahmoud, Delaware, and Yasrebi Ali, Ali. (1384). Construction and Standardization of suicidal thoughts scale among university students in Tehran and its comparison with the results of prisoners in Tehran. Unpublished MA thesis, psychology, Allameh Tabatabai University.
- Mokhtari, A.; Allahyari, AA and Tabatabai Rasulzade, Cassim. (1380). Relationship with the religious orientation of stress. *Journal of Psychology*, V ,67-56 years.
- Astronomical, M.; kingdom, Seyed Kazem; Bvalhry, J.; behind Mashhad, Marjan; Asgharzadeh trustees, Safieh. (1386). Factors predicting suicide in the general population of the city of Karaj. *Journal of Psychiatry and Clinical Psychology*, thirteen years ,226-219.
- Jung, Carl Gustav. (1370). *Psychology and Religion*. Cleric Fouad Translation, Tehran: pocket books stock company.
- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, 432–443
- Al Ansari ,A., Hamadeh ,R., Ali ,M., & El Offi, A.(2007).Suicide in Bahrain in the Last Decade. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*,28, 11-15.
- Barrios, L., Everett, S., Simon, T., & Brener, N.(2000).Suicide ideation among US college students. *Journal of American College Health*,48, 23-28.
- Bernal,M., , Haro, M., Bernert,S., Brugha,T., de Graaf,R ., Bruffaerts,R., Lépine,G., de Girolamo,G., Vilagut,G., Gasquet,I.,Torres,J., Kovess,V., Heider,D., Neeleman,J., Kessler,R.,& Alonso,J.(2007).Risk factors for suicidality in Europe: Results from the ESEMED study. *Journal of Affective Disorders*, 101 , 27–34.
- Brener,D., Hassan ,S., & Barrios ,C.(1999). Suicide ideation among college students in the United States. *Journal of Consulting an Clinical Psychology*, 6,1004-1008.
- Chang,E.(2002).Predicting suicide ideation in an adolescent population:Examining the role of social problem solving as a moderator and a mediator. *Personalityand Individual Differences* ,32 ,1279–1291.
- Chioqueta, A. ,& Stiles, T.(2005). Personality traits and the development of depression, hopelessness, and suicide ideation. *Personality & Individual Differences*,38 ,1283-1291.
- Cohen ,A., Pierce,J.,Chambers,J., Meade,R., Gorvine,B.,& Koenig,H.(2005). Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants . *Journal of Research in Personality* , 39, 307-324.
- De Man, A., & Leduc, C. (1993).Correlates of suicidal ideation in French-Canadian adolescents: Personal variables, stress and social support. *Adolescence*,28, 112-117.
- De Man, A. F., Labreche-Gauthier, L., & Leduc, C. P. (1993). Parent-child relationships and suicidal ideation in French-Canadian adolescents. *The Journal of Genetic Psychology*, 154, 17-23.
- De Man, A. F. (1999). Correlates of suicide ideation in high school students: The importance of depression. *Journal of General Psychology*, 160, 105–114.
- Dezutter,J., Soenens,B., & Hutsebaut,D.(2006).Religiosity and mental health: A further exploration of the relative importance of religious behaviors vs. religious attitudes. *Personality and Individual Differences*, 40 ,807–818.
- Eskin, Mehmet. (2004).The effects of religious versus secular education on suicide ideation and suicidal attitudes in adolescents in Turkey. *Social Psychiatry & Psychiatric Epidemiology*,39, 536-542.
- Eskin,M., Ertekin,K., Dereboy,C., & Demirkiranc, F.(2007). Risk factors for and protective factors against adolescent suicidal behavior in Turkey. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*,28, 131-139.
- Eshun, S.(2000). Role of gender and rumination in suicide ideation. *Cross-Cultural Research*,34,250-264.
- Francis, L. J., Robbins, M., Lewis, C. A., Quigley, C. F., & Wheeler, C. (2004). Religiosity and general health among undergraduate students: A response to O_Connor, Cobb, and O_Connor (2003). *Personality and Individual Differences*, 37, 485–494.
- Francis ,L., & Wilcox ,C.(1996).Religion and gender orientation . *Personality and Individual Differences* ,20,119-121.
- Fleischmann,A., Bertolote,J., Belfer,M.,& Beautrais,A.(2005).Completed suicide and psychiatric diagnoses in young people: A critical examination of the evidence. *American Journal of Orthopsychiatry* , 75, 676–683.
- Garrouette,E., Goldberg,J., Beals,J., Herrell,R.,& Manson,S.(2003).Spirituality and attempted suicide among American Indians. *Social Science & Medicine*,56, 1571-1579.
- Goldston, D., Molock, S., Whitbeck, L., Murakami, L., Zayas, L., & Nagayama Hall, G.(2008).Cultural Considerations in Adolescent Suicide :Prevention and Psychosocial Treatment. *American Psychologist*,63, 14–31.
- Gutierrez, P., Osman, A., Kopper, B., Barrios, F., & Bagge, C. (2000). Suicide risk assessment in a college student population. *Journal of Counseling Psychology*, 47, 403– 413.

- Gutierrez, P., Rodriguez, P., & Garcia, P. (2001). Suicide risk factors for young adults: Testing a model across ethnicities. *Death Studies*, 25, 319–340.
- Hackney, C & Sanders,G.(2003).Religiosity and mental health: A meta-analysis of recent studies.*Journal for the Scientific Study of Religion*, 42, 43-56.
- Huguelet,P., Mohr,S., Jung,V., Gillieron,C., Brandt,P., & Borrás,L.(2007).Effect of religion on suicide attempts in outpatients with schizophrenia or schizo-affective disorders compared with inpatients with non-psychotic disorders.*European Psychiatry*, 22,188-194.
- Ineichen, B. (1998). The influence of religion on the suicide rate: Islam and Hinduism compared. *Mental Health, Religion & Culture*,1, 31–36.
- Kennedy, M., Parhar, K, Samra, J., & Gorzalka, B. (2005). Suicide ideation in different generations of immigrants. *Canadian Journal of Psychiatry*,50, 353–356.
- Koing,H .,&Larson.(2001).Religiosity and mental health : Evidence for association. *International Review of Psychiatry*,13,67-77.
- Lai,K .,& McBride-Chang,C.(2001).Suicidal ideation, parenting style, and family climate among Hong Kong adolescents. *International Journal of of Psycholog*,36,81-87.
- McAuliffe ,C., Corcoran, P., Keeley ,H., & Perry,I.(2003). Risk of Suicide Ideation Associated with Problem-Solving Ability and Attitudes Toward Suicidal Behavior in University Students. *Crisis: The Journal of Crisis Intervention and Suicide Prevention* ,24,160-167.
- Molock, S., Puri, R., Matlin, S., & Barksdale, C. (2006). Relationship between religious coping and suicidal behaviors among African American adolescents. *Journal of Black Psychology*, 32, 366–389.
- Muehlenkamp,J .,Gutierrez,P., Osman,A., & Barrios , F.(2005).Validation of the Positive and Negative Suicide Ideation (PANSI) Inventory in a diverse sample of young adults.*Journal of Clinical Psychology*,61,431-445.
- Nooney,J.(2005).Religion,steress, and mental health in adolescence. *Review of Religious Research*.46, 341-354.
- O’Connor,D., Cobb,J.,& O’Connor,R.(2003).Religiosity, stress and psychological distress: no evidence for an association among undergraduate students. *Personality and Individual Differences*, 34 ,211-217.
- O’Carroll, P., Berman, A., Maris, R., Moscicki, E., Tanney, B., &Silverman, M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior*, 26, 237–252.
- Osman, A., Barrios, F., Gutierrez, P., Wrangham, J., Kopper, B., Truelove, R., & Linden,S. (2002). The Positive and Negative Suicide Ideation (PANSI) Inventory: Psychometric evaluation with adolescent psychiatric inpatient samples. *Journal of Personality Assessment*,79, 512–530.
- Payne,I ., Bergin,A.,Bielema,K.,& Jenkins,P.(1991).Review of religion and mental health : prevention and the enhancement of psychosocial functioning.*Prevention in Human Services*,9,11-40.
- Rihmer, Z., BelsoĀ,N .,& Kiss,K.(2002).Strategies for suicide prevention. *Current Opinion in Psychiatry* , 15,83-87.
- Rudd, M.D. (1990). An integrative model of suicidal ideation. *Suicide and Life-Threatening Behavior*, 20, 16-30.
- Schotte, D. E., & Clum, G. A. (1982). Suicide ideation in a college population: A test of a model. *Journal of Consulting and Clinical Psychology*, 50, 690–696.
- Socco, P., de Girolamo, G., Vilagut, G., & Alonso, J.(2008). Prevalence of suicide ideation, plans, and attempts and related risk factors in Italy:Results from the European Study on the Epidemiology of Mental Disorders-World Mental Health study. *Comprehensive Psychiatry*,49, 13–21.
- Simons, R.L., & Murphy, P.I. (1985). Sex differences in the causes of adolescent suicide ideation. *Journal of Youth and Adolescence*, 14, 423-434.
- Swahn,M.,& Bossarte,R.(2007).Gender, Early Alcohol Use, and Suicide Ideation and Attempts:Findings from the 2005 Youth Risk Behavior Survey. *Journal of Adolescent Health* ,41, 175–181.
- Stack, S. (1992). Religion, depression, and suicide." In J. Schumacher (ed.). *Religion and Mental Health*.pp. 87-97. New York: Oxford University Press.
- Stack, S.(1983). The effect ofthe decline in institutionalized religion on Suicide. *Journal for the Scientific Study of Religion*, 22, 239-252.
- Wellman, R.J., & Wellman, M.M. (1988). Correlates of suicide ideation in a college population. *Social Psychiatry and Psychiatric Epidemiology*, 23, 90-95.
- Wild,L., Flisher,A.,& Lombard,C.(2004).Suicidal ideation and attempts in adolescents: associations with depression and six domains of self-esteem. *Journal of Adolescence*, 27 , 611–624.
- Zhang, J., & Shenghua,J.(1996). Determinants of suicide ideation : A comparison of Chinese and American college students. *Adolescence*,31, 210-217.