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The Role of Religious Leaders in Suicide Prevention:  
A Comparative Analysis of American Christian and Japanese Buddhist Clergy

A Dissertation Presented

by

Tatsushi Hirono

to

The Graduate School

in Partial Fulfillment of the

Requirements

for the Degree of

Doctor of Philosophy

in

Social Welfare

Stony Brook University

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Abstract of the Dissertation

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The purpose of this study is to examine American and Japanese clergy's perception of their role in the prevention of suicide. The aim of this study is to try to clarify what kinds of resources or training clergy need to help them prevent suicide. The research questions are: (1) How do clergy perceive suicide in the USA and Japan?; (2) Do they see suicide differently?; and (3) How do clergy perceive the role of suicide prevention in the USA and Japan? The hypotheses are: (A) Christian clergy think that suicide is a "sin" and not acceptable?; (B) Buddhist clergy are more accepting of suicide than Christian clergy?; and (C) There role differences related to suicide prevention in the Japanese and American religious communities?; and (D) American and Japanese religious leaders have a different view of their obligations related to suicide prevention.

Using Verizon (New York) and NTT (Tokyo) phone books, the investigator sent each group of 400 randomly sampled clergy, anonymous mail surveys to Eastern New York (New York City and Long Island) and Western Tokyo (Three Tama Area and Western Wards). The investigator received 79 replies in the US and 78 replies in Japan, and the return rates in each country were about 20%. The surveys included 20 questions which ask about the clergy's personal beliefs, and the Church's role in suicide prevention. The investigator analyzed the responses both quantitative and qualitative.

The major findings are: many American Christian clergy think that suicide is a sin; however, many clergy also commented that "God's love is available for people who committed suicide." Many Japanese Buddhist clergy think how one dies is not the most important issue but how one has lived was more important.

There is a cultural similarity in both religious communities: God's or Buddha's love is still available to people who committed suicide. There is also a difference: suicide is a "forgivable sin" for American Christian clergy; and suicide is a "free choice" for Japanese Buddhist clergy. Clergy in both countries should advocate for the importance of life and suicide prevention in their communities.

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## *Chapter 1*

### *The Role of the Clergy in the Prevention of Suicide*

#### *Introduction*

In this study, the investigator explores the critical issues of suicidality and the role of clergy in suicide prevention in the USA and Japan. Although many people agree that suicide prevention is an emergent issue, they overlook the role of clergy in suicide prevention. After teaching high school in Japan and teaching Japanese at a college in the USA, the investigator found some similarity among religious people who presented with major suicide issues, as well as some differences, in that suicide is more acceptable in Japan but is treated as taboo or sin in the USA. When the investigator worked as a high school teacher in Japan, he heard the words “self-responsibility” and “self-choice” when Japanese teachers talk about suicide issues. The investigator heard the words “social class,” “domestic problem,” and “social stigma” related to suicide argument when he worked as a social worker in the USA. In this context, Japanese teachers have a tendency to think suicide as a personal choice, while American teachers have a tendency to think suicide is rooted in family and social system failure.

In the field of suicide prevention, many investigators have focused on the role of schools, medical facilities, and other local or state organizations; however, the role of clergy in suicide prevention has had very little attention in the life nature. As the researcher will mention evidences later in the review of the literature, he focuses mainly on clarifying suicide issues in the USA and Japan.

The investigator thinks that clergy think that they can prevent people from committing suicide by means of counseling and preaching. Many who commit suicide are religious and, in many cases, they are suicide survivors in the sense that they have had family members, relatives, or friends who have killed themselves. There are two kinds of definitions of “suicide survivor”: narrow and broad. In narrow definition, “suicide survivor” is limited to family members who lost their other family members by suicide. In a broader definition, “suicide survivor” includes persons who lost family members, relatives, or friends by suicide. In this paper, the investigator uses the broader definition. As survivors, they may have had the opportunity to speak with clergy about the meaning of suicide, including its morality, during funerals or memorial services. Therefore, the role of clergy in the prevention of suicide seems to be a factor that ought to be explored.

If clergy speak negatively about suicide, then suicide survivors might be compromised and vulnerable to suicide. On the contrary, if clergy demonstrate their sympathy and compassion toward the survivors, then the pain of losing loved ones might be alleviated. For instance, whether suicide is a sin is a concern for suicide survivors because many suicide survivors have struggled with the morality and the ethics of suicide. In short, the main role of clergy in suicide prevention may be in the counseling and prevention of “inter-generational suicide” that includes a series of suicide in the same family, relatives and friends. In my paper, “inter-generational suicide” defines broader meaning of “series of suicide” that occur not only in the same family, but also in their relatives and friends.

Furthermore, there might be religious differences between Christian and Buddhist communities around acceptance of suicide. Basically, both Christian and Buddhist tenets strictly prohibit suicide; however, Buddhist culture might be more accepting of suicide than Christian culture. Historically, Buddhist clergy place stress more on what they did during their lives (good or evil behaviors) than in the ways they died. Some Buddhist sects are more accepting of suicide than other sects as a way of explaining resistance and escape from life's burdens. For example, some Buddhist clergy have set themselves on fire in protest of social injustice against their governments.

Although suicide prevention and the role of religious leaders are crucial issues, there is little in the literature that compares "perceived differences" between two religious communities in the USA and Japan. Thus, this is an exploratory study, and the purpose of this study is to examine the perception that American and Japanese clergy have of their role in the prevention of suicide and in the self-definition of suicide.

Throughout the study, the investigator explored four main questions; (1) How do clergy perceive suicide in the USA and Japan?; (2) Do they see suicide differently?; (3) How do clergy perceive their role in suicide prevention in the USA and Japan?; and (4) Is there any difference in perception of suicide between US and Japanese clergy? The investigator also explores: How congregations are affected by religious leaders' perceptions of suicide; and why the people are affected by religious leaders' perceptions. Furthermore, the investigator hypothesized: (A) There are role differences among clergy in suicide prevention between the two religious communities; and (B) There are different

expectations by believers about the obligations of religious leaders in the prevention of suicide between the USA and Japan.

In the literature review that follows, the investigator reviews the statistical facts and the religious or cultural backgrounds of issues relating to suicide in the USA and Japan. The investigator also will examine religious and cultural differences that might affect the clergy's perception of suicide prevention in the USA and Japan<sup>1</sup>. There are very few empirical studies which deal directly with the role of the clergy in the prevention of suicide. Thus, the investigator focused primarily on statistical and religious facts: definitions of the role of clergy as a counselor, cultural differences, and different perceptions of suicide in Buddhist and Christian frameworks.

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<sup>1</sup> The investigator examine religious and cultural differences by a review of secondary literature on these themes.

## *Literature Review*

### *I. Religious and Cultural Features of Suicide*

#### *A. The US and Japanese Statistical Facts on Suicide*

In the USA (Pearson, 2008), the year for the most recent national death statistics, suicide was the ninth leading cause of death in the United States. It accounted for 31,284 deaths, or 1.3 percent of all U.S. deaths (Pearson, 2008). Pearson also describes American suicide rates, age and racial differences:

Suicide rates are typically presented as the number of deaths per 100,000 persons, taking into account the number of people in the population and its age distribution. The age-adjusted suicide rate in the U.S. in 2005 was 11.1 per 100,000, which ranks the U.S. among the countries in the middle in terms of suicide rates among industrialized nations. Suicide rates for black males have been rising, particularly those ages 15 to 24, where rates have nearly doubled since 1986. The age group with the highest rate of suicide; however, is older white males. This pattern is also common in other countries: older males have the highest rate of suicide in nearly every industrialized nation (Pearson, 2008).

In Japan, statistically, the number of completed suicides reached 30,000 in 1998, and the number has been remaining stable at more than 30,000 for 10 years (Japanese Ministry of Welfare and Labor, 1998; 2009). Although the Japanese rate of suicide (23.7 per 100,000) is lower than that of Lithuania (38.6) or Belarus (35.1) or Russia (32.2), it's higher than that of the USA (11.1) (Japanese Ministry of Welfare and Labor, 2007). The Japanese population is about half that of the US; thus the suicide rate is almost twice as high. This suicide trend in Japan started in the 1940's. As Benedict indicated as long ago as 1946:

Although adolescent and elder suicide rates are high in the USA, the overall Japanese suicide rate is almost twice as much as that of the Caucasians in the U.S. More than 95% Japanese are Buddhists and

many investigators indicate that suicide is more acceptable in Buddhist than Christian culture (Benedict, 1946).

Benedict's analysis might be out-of-date in the 21<sup>st</sup> century because now suicide can be analyzed by medical models; however, the fact that the suicide trend is the same as in 1940's may serve to underscore the cultural differences involved.

### *B. Religious Demographics in the USA and Japan*

According to Kosmin, Mayer, and Keysar (2001) at the Graduate Center of the City University of New York, about 76.5% of US citizens are Christian, and more than 95% of Japanese citizens are Buddhist. For Japanese individuals, Buddhism dominates over many other religions, including Judaism, Hinduism, Shinto, and Confucianism. For the purposes of this study, the investigator focused only on American Christian and Japanese Buddhist religious traditions and clergy because those two religious groups are the majority religions in the two countries.

#### *i. Christianity in the USA*

For Christians, the percentage of each denomination follows (Kosmin, Mayer, and Keysar, 2001): 24.5% Catholic, 16.3% Baptist, 6.8% Methodist or Wesleyan, 6.8% Christian (no denomination supplied), 4.6% Lutheran, 2.7% Presbyterian, 2.2 % Protestant (no denomination supplied), 2.1% Pentecostal or Charismatic, 1.7% Episcopalian or Anglican, 1.3% Mormon or Latter-Day Saints, 1.2% Church of Christ, 0.7% Congregational or United Church of Christ, 0.6% Jehovah's Witness, 0.5%

Assemblies of God, 0.5% Church of God, 0.5% Evangelical, 0.3% Seventh-Day Adventist, 0.3% Holiness or Holy, and 0.3% Church of the Nazarene.

In this study, Kosmin, Mayer, and Keysar (2001) point out that “religious switching” is a phenomenon in contemporary America. More than thirty-three million American adults, about 16% of the total U.S. adult population, report that they have changed their religious preference on identification. This “religious switching” is caused by two factors: “baby boomers” and the “great immigration” in the 1990’s (Kosmin, Mayer, and Keysar, 2001). According to Kosmin, Mayer, and Keysar (2001), both “baby boomers” and “great immigration” that are mainly came from non-Christian countries, such as South Korea, China, and India, affected decrease of Christian population.

Since the “great immigration” occurred in the 1990’s, American religious demographics have changed. The new trend shows decreasing Catholic and “mainstream Christian populations” (Protestants, Anglicans, and Orthodoxies), and increasing Evangelical Christian and non-Christian believers (Olson, 2008). In addition to a decreasing number of believers, total Church attendance is also decreasing and for multiple reasons. Following paragraph is an example of one of the reasons.

According to Olson’s “American Church in Crisis” (Olson, 2008), Church attendance increased dramatically after the September 11<sup>th</sup> terrorist attacks. Olson stated:

The November 2003 data show that 45 percent of Catholics and 48 percent of Protestants say they attend church services weekly... 6.5 million absent Catholics returned to weekly Mass attendance in a nine-month period in 2003. The average parish would have grown in attendance by 325 in those nine months. That would be an astounding increase, considering that Catholic parishes average 792 in attendance (Olson, 2008, p.3).

Although Church attendance recovered dramatically after September 11<sup>th</sup>, it dropped off in 2004. In early 2004, the *Boston Globe* reported that, in the Archdiocese of Boston, weekly Mass attendance had dropped 15 percent in the wake of the clergy sexual-abuse crisis. According to Boston archdiocesan figures, Mass attendance in October of 2003 as 304,000, down 15 percent from October 2001. The Archdiocese of Chicago reported a 5.9 percent decline in Mass attendance throughout the country, rather than a strong recovery (Olson, 2008).

Both the number of believers and Church attendance are important for figuring out the role of clergy as suicide gatekeepers. If the number of believers and attendance increases, then there are more opportunities for pastoral counseling. Furthermore, how open the Church is to new immigrants is also important. Conversely, if non-Christian believers who are suicidal can gain easy access to Church, then they might convert to Christianity. In short, the role of clergy may depend upon the openness of Churches and how attractive they make themselves to help-seekers.

## *ii. Buddhism in Japan*

According to the “International Religious Freedom Report: Internet Resource” (The US Department of State, 2007), there are 157 schools of Buddhism:

As of March 2005, under the 1951 Religious Juridical Persons Law, the (Japanese) Government recognized 157 schools of Buddhism. The six major schools of Buddhism are Tendai, Shingon, Jodo, Zen (Soto and Rinzai sects), Nichiren, and Narabukkyo. In addition, there are a number of Buddhist lay organizations, including Soka Gakkai, which reported a membership of eight million (The US Department of States, 2007).

Unfortunately, there are no official statistics about Japanese Buddhist schools or sects by the Japanese government; however, there are official statistics about the number of Temples of Buddhist schools, which was published by the Japanese Agency for Cultural Affairs in 2003. The data is as follows:

- (1) Jodo and Jodo Shin-syu: 30,000
- (2) Zen-shu: 21,000
- (3) Shingon-shu: 15,000
- (4) Nichiren-shu: 14,000
- (5) Tendai-shu: 5,000 (Japanese Agency for Cultural Affairs<sup>2</sup>, 2003).

Since almost all Japanese temples are family run and have small numbers of believers in each temple, the number of temples probably reflects the number of believers in each sect. In addition to Buddhism, many Japanese people believe in Shinto as well.

The US Department of State (2007) referenced Japanese multiple religions:

The country (Japan) has an area of 145,884 square miles and a population of 128 million. The Government does not require religious groups to report their membership, so it was difficult to accurately determine the number of adherents to different religious groups. The Agency for Culture Affairs reported in 2005 that membership claims by religious groups totaled 211 million persons. This number, which is nearly twice Japan's population, reflects many citizen's affiliation with multiple religions. For example, it is very common for Japanese to practice both Buddhist and Shinto rites (The US Department of States, 2007<sup>3</sup>).

Although, statistically, more than 95% of Japanese are Buddhist, Japanese Buddhism is a mixture of Buddhism, Shinto, and Confucianism. The most serious problem related to Japanese religion is that both Shinto and Confucianism are not

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<sup>2</sup> The Japanese Agency for Cultural Affairs does not compile statistics on the number of believers in each sect. In Japan many Japanese are polytheists that believe Buddhism, Shinto, and Confucianism. Shinto, and Confucianism are regarded as a part of Japanese culture rather than religion in Japan.

<sup>3</sup> Internet resources at The US Department of States on: <http://www.state.gov/g/drl/rls/irf/2007/90138.htm>

overseen by the National Department of Religion, but by the Department of Culture and the Department of Education. The investigator regarded as it is the most serious problem because Shinto and Confucianism are controlled by the Department of Education and still taught in Japanese elementary and middle schools as a part of a subject.

Benedict (1966) pointed out these facts 60 years ago: “In the field of religion the Meiji (the Meiji emperor) statesmen made much more bizarre formal arrangements than in government.” They were, however, carrying out the same Japanese motto. This motto is that the state took as its realm a worship that specifically upholds the symbols of national unity and superiority, and in all the rest, it left freedom of worship to the individual. This area of national jurisdiction was “State Shinto” (Benedict 1966). Since it was concerned with proper respect for national symbols (such as saluting the flag as in the United States), “State Shinto” was, Japanese government officers said, “no religion.” Although Shinto was not formally considered a religion, there was a “lese majesty” that premise Japanese should have loyalty to the emperor. If people betray to the emperor, they might have a punishment or sanction including the death penalty because Shinto treated the emperor as the “living God.” Furthermore, this Shinto was combined with Confucianism, and these dogmas were taught as an independent subject (“morals”) at every elementary school and junior high school from 1890 to 1945. Even after World War II (1945), “morals” survived as an independent subject and propounded Shinto and Confucianism including the dictum: “we should respect and obey elders.” The most important implication of this policy is to teach students to maintain a large family system

that regarded as the family network up to the loyal family, of which the emperor is at the pinnacle.

Both in Japan and USA, religion has been diversified after World War II and the amount of non-religious people is increasing. Although there are different factors in two countries: “baby boomers” and “great immigration” in USA and multi religious combinations in Japan, there are some similarities in both countries: increasing non-religious people and decreasing the number of family members in each family. In the next chapter, the investigator explores sociological theories that may apply to both countries’ suicide issues.

## *II. Religious and Cultural Theories of Suicide*

### *A. Introduction*

Theoretically, the investigator has chosen Durkheim’s work as an orienting framework (Durkheim 1897). The investigator will apply Durkheim’s theory because Durkheim has developed a sociological approach to the classification of types of suicide.

In order to conceptualize the content of the surveys that was sent to clerics, the investigator used Durkheim’s four types of suicide: (1) egoistic suicide: due to a weakening and loss of close social ties to groups and collectivities; (2) anomic (normlessness): the result of deregulation of the individual’s desires and passions; (3) altruistic: the result of the individual’s integration into a group being so excessive that the individual commits suicide for the good of the group; and (4) fatalistic: the result of male structural rules that dissolve very rapidly (Durkheim 1897). In fatalistic suicide, male

dominated society make pressures to social success. If they fail in social success, such as lost their jobs or bankruptcy, male have more chance to commit suicide than female dominated society or male-female mixed society (Durkheim, 1897).

Yet the use of Durkheim's theories still leaves some unsolved issues, for example: "Do suicide survivors who have lost their loved ones to suicide feel guilty?" "Is suicide a sin or morally wrong?" "Can honorable suicide be justified if the missions or purposes are morally right?" To extend "Shame and Guilt" theories, the investigator explored the question whether committed suicide is a sin or not a sin in two religious communities.

In addition to Durkheim, Benedict (1946) hypothesized that is the Western Christian tradition is based on a culture of "Guilt," while the Japanese Buddhist tradition is based on a culture of "Shame." The investigator tried to explore these cultural differences in his survey. Furthermore, the theoretical frameworks of Sugiyama (1983) on "Shame and Guilt" and Scheff (2000) on "Shame and Social Bond" were employed.

Few American and Japanese investigators refer to any relationship between spirituality and suicide prevention; however, many mention that American Christian culture is based on the concept of "sin" while Japanese Buddhist culture is based on the concept of "shamefulness" (Stack, 1950; Sugiyama, 1983). In other words, American Christians focus more on an individual morality rather than social or community norms. They believe that they might be judged by God if they commit immoral activities, such as homicide or suicide. On the contrary, Japanese Buddhist might not believe that they will be judged by an almighty God, but they might be judged by the community and their own conscience. Although Scheff (2000) describes the importance of shame that affects the

social bond in Western society, the Scheff's theory's framework is set within the context of Christian culture and those might not fit into Buddhist culture.

There is a different norm that operates in "honorable suicide," such as the Samurai or Japanese warrior culture. For example, "*hara-kiri* (honorable suicide by cutting their stomachs)" is approved only for highly ranked Samurai warriors, such as the commander-in-chief. To take another example, in Japan, honorable suicide, such as a "Kamikaze" attack, might be more acceptable, because Japanese people might have empathy towards those who "sacrifice" for family and country.

#### *B. Durkheim as the Father of Suicidology*

Durkheim (1897) was the first to define the causes of suicide sociologically. Hewett (1980) said, "The classic sociological explanation was given by Emile Durkheim in 1897, although this book, *Suicide: A Study in Sociology*, was not translated into English until 1951."

In the book, *Suicide*, Durkheim created a broader definition of suicide than other scholars. For example, Freud (1900) defined suicide as a psychological phenomenon based on his analysis of patients' past, dreams, depression and psychosis. While Marx (1844) defined suicide as a social phenomenon that might result from "social alienation," Durkheim (1897) defined suicide as follows: "the term suicide is applied to any death which is the direct or indirect result of a positive or negative act accomplished by the victim himself. Differing from other scholars, Durkheim's definition included several

dimensions such as: “sacrificing,” “addictions” (self-harm behaviors), “heroic / honorable military missions,” and “mental illnesses.” For instance, Durkheim said:

If the intention of self-destruction alone is to be considered as suicide, the name suicide could not be given to facts which, despite apparent differences, are fundamentally identical with those always called suicide and which could not be otherwise described without discarding the term, the mother sacrificing herself for her child, etc. (Durkheim, 1897, p.43).

Nowadays, suicide and sacrifice are separated out and many scholars define sacrifice not as a suicide but as a heroic and honorable act, such as a military or rescue mission. According to Gambetta (2005), definition of “suicide mission” is as followed:

Adopting the term “suicide mission” is bound to be controversial. Those involved in “suicide mission’s” universally reject the idea that what they are doing amounts to a suicide. However, our choice of vocabulary, dictated by the lack of a better alternative and a wish to keep the label clear and short, does not imply a moral judgment. We have no difficulty accepting the possibility that the perpetrators do not want to die for personal reasons or because they are mentally unbalanced, but that they choose to sacrifice their lives for the cause they believe in. We consider this matter without prejudice, comparing the “suicide mission” perpetrators not only to peaceful self-immolators but also to war heroes (Gambetta, 2005, p.7).

There are both advantages and disadvantages to the distinction between suicide and sacrifice. Suicide survivors who have lost a family member to suicide might feel soothed by thinking that their loved ones lost their lives through sacrifice, not suicide. However, war heroes who have lost comrades might insist on a clear separation between sacrifice and suicide.

In the scholarly literature of the early 1900’s, there was no clear difference between suicide and sacrifice. Durkheim focused more on the direction of causality between suicide and sacrifice. Suicide is caused by inside pressure triggered by mental

health factors, such as depression and antisocial characteristics. Or, it is caused by outside pressure, such as forcing an individual to accomplish dangerous missions during war.

Durkheim also used the terms “organic-psychic dispositions” and the “nature of the physical environment,” to explain the causations of suicide. He states:

There are two sorts of extra-social causes to which one may, a priori, attribute influence on the suicide-rate; they are organic-psychic dispositions and the nature of the physical environment (Durkheim, 1897, p.57).

Although his standpoint for suicide is based on both internal and external viewpoints, he focused more on the internal factors of suicide:

Suicide itself is either called a disease in itself, a special form of insanity; or it is regarded, not as a distinct species, but simply an event involved in one or several variety of insanity, and not to be found in sane persons (Durkheim, 1897, p.58).

His argument is based on the so called, “disease model,” in suicidology. The weakness of this model is that only mentally diseased people would commit suicide. However, nowadays, it has been discovered that normal people who do not have any mental illness commit suicide. It has been explained by the development of neurobiological science (New York State Office of Mental Health, 2004). In short, suicide might occur from a sudden impulse that is caused by neurological reactions. When Durkheim was alive, insanity was treated as the number one cause of suicide.

Durkheim also introduced four types of suicide factors that were rooted in mental health disorders. In general, specialists had paid little heed to classifying the suicides of

the insane. The four following types, however, probably include the most important varieties (Durkheim, 1897):

- (1) Maniacal Suicide – This is due to hallucinations or delirious conceptions. The patient kills himself in a manic state.
- (2) Melancholy suicide – This is connected with a general state of extreme depression and exaggerated sadness, causing the patient no longer to value the bonds which connect him with people and things around him. Pleasures no longer attract; he sees everything as through a dark cloud. Life seems to him boring or painful.
- (3) Obsessive suicide – in this case, suicide is caused by no motive, real or imaginary, but solely by the fixed idea of death which, without clear reason, has taken complete possession of the patient's mind. He is obsessed by the desire to kill himself, though he perfectly knows he has no reasonable motive for doing so.
- (4) Impulsive or automatic suicide. It is as unmotivated as the preceding; it has no cause either in reality or the patient's imagination (Durkheim, 1897, pp.63-66).

Durkheim mentioned alcoholism as one of the factors of suicide and stated,

“There is a special psychopathic state to which for some time it has been the custom to attribute almost all the ills of our civilization. This is alcoholism” (Durkheim, 1897).

Alcoholism is a serious issue in modern society, but the association between alcoholism and suicide is not clear yet (Durkheim, 1897). It is an unsolved question even now.

Durkheim mentioned an association between race and suicide:

Each race had a characteristic suicide rate of its own. For a race is defined and differentiated from others only by organic psychic characteristics. If then suicide really varied with races, it would be established that it is closely connected with some organic disposition (Durkheim, 1897, p.82).

The uniqueness of his analysis is that he hypothesized an association between the physical characteristics of each race and the differences between suicidal rates.

Durkheim mentioned that there was a physical characteristic and suicide rate differences among the races; however, this might have been ignored in 1890s, because suicide was treated as more of a mental health matter than a physical health issue.

Interestingly, in the 1890s, Durkheim mentioned the possibility of intergenerational-suicide:

It is the tendency to self-destruction which passes directly and wholly from parents to children and which, once transmitted, gives birth wholly automatically to suicide (Durkheim, 1897, p.94).

Durkheim pointed out this intergenerational-suicide issue by using scientific and statistical analysis. He concluded that suicide is contagious. Although the whole structure of human DNA was not clear in this period, he assumed that “some inclination” affected suicide:

In fact, we shall see in one of the following chapters that suicide is very contagious. This contagiousness is especially common among individuals constitutionally very accessible to suggestion in general and especially to ideas of suicide; they are inclined to reproduce not only all that impresses them but, above all, to repeat an act toward which they have already some inclination (Durkheim, 1897, p.96).

His insight reached to trauma and/or PTSD, to those family survivors who witnessed suicide: (Durkheim, 1897).

This twofold condition is found among insane or merely neurasthenic persons whose parents have committed suicide. For their nervous weakness makes them susceptible to hypnosis and simultaneously predisposes them to ready reception of the idea of self-destruction. It is not astonishing, then, that the memory or sight of the tragic end

of their kinfolk becomes, for them, the source of an obsession or irresistible impulse (Durkheim, 1897, pp.96-97).

Durkheim hypothesized that there is a “heritage” of suicide and said:

Not only is this explanation as satisfactory as that of heredity, but it alone can interpret certain facts. In families where repeated suicides occur, they are often performed almost identically. They take place not only at the same age but even in the same way. In one case hanging is preferred, in asphyxiation or falling from a high place. In a case often quoted, the resemblance is yet greater; the same weapon served a whole family at intervals of several years” (Durkheim, 1897, p.97).

Durkheim also mentions “faith” as a factor in “suicide heritages” and said:

Do not these facts show the great contagious influence of suicides, already recorded in their family history, on the minds of survivors? For they must be besieged and persecuted by these memories to be persuaded to repeat the act of their predecessors so faithfully (Durkheim, 1897, p.97).

In sum, Durkheim concluded that psychological factors alone cannot explain all suicide cases, and investigators should not overlook other factors, such as the environment, tradition, and custom. Durkheim said:

Disregarding the individual as such, his motives and his ideas, we shall seek directly the states of the various social environments (religious confessions, family, political society, occupational groups, etc.), in terms of which the variations of suicide occur (Durkheim, 1897, p.151).

In other words, those social factors are sometimes invisible and are easy to overlook. Even if Durkheim wrote the book, *Suicide*, in the 1890s, his insight is accurate and some factors that contribute to suicide still remain unsolved: e.g., race and suicide, and intergenerational patterns of suicide.

Furthermore, according to Durkheim, there are four categories of suicide: (1) egoistic, due to a weakening and loss of close social ties to groups and collectiveness; (2)

altruistic, the result of the individual's integration into the group being so excessive that the individual commits suicide for the good of the group; (3) anomic (normlessness), the result of deregulation of the individual's desires and passions; and (4) fatalistic, the result of male structure.

*i. Egoistic Suicide*

Durkheim names "Egoistic Suicide," that is, a type of suicide resulting from poor or absent social ties, such as family, church, or state. Durkheim used religion to illustrate egoism. For instance, historically, Catholic countries have a lower suicide rate than Protestant countries (Durkheim, 1897; Early, 1992). In Durkheim's book, *Suicide*, he repeatedly mentioned the connection between Christianity and suicide. He focused mainly on the fact that the number of suicides in Catholic countries was far less than that of Protestant countries. Durkheim said:

If one casts a glance at the map of European suicide, it is at once clear that in purely Catholic countries like Spain, Portugal, Italy, suicide is very little developed, while it is at its maximum in Protestant countries, Prussia, Saxony, Denmark. The following averages compiled by Morselli confirm this first conclusion (Durkheim, 1897, p.152).

Table 1.1: Average of Suicide per Million Inhabitants

	Average of Suicide per Million Inhabitants
Protestant states	190
Mixed states (Protestant and Catholic)	96
Catholic states	58
Greek Catholic states	40

To analyze mixed states, Durkheim made comparisons between the French and German Cantons that included both Catholic and Protestant:

Switzerland forms an interesting study from this same point of view. For as both French and German populations exist there, the influence of the confession is observable separately on each race. Now, its influence is the same on both. Catholic cantons show four and five times fewer suicides than Protestant, of whichever nationality (Durkheim, 1897, p.154).

Table 1.2: Suicide Rate per Million by Canton and Religion

Religion	Canton		
	French	German	All Nationalities
Catholic	83	87	86.7
Protestant	453	293	326.3

Even though both Catholic and Protestant are Christian, Protestants have far more freedom of individual will than Catholics do. Thus, in suicide cases, Protestant believers have more freedom to choose suicide as one option in their lives. Durkheim said:

Yet they both prohibit suicide with equal emphasis; not only do they penalize it morally with great severity, but both teach that a new life begins beyond the tomb where men are punished for their evil actions, and Protestantism just as well as Catholicism numbers suicide among them. If Protestantism is less unfavorable to the development of suicide, it is not because of a different attitude from that of Catholicism. The only essential difference between Catholicism and Protestantism is that the second permits free inquiry to a far greater degree than the first (Durkheim, 1897, p.157).

In this argument, Durkheim took a judgmental attitude by implying that Catholic society is superior to Protestant society. Then, Durkheim hypothesized that the more dogma believers were forced to follow, the less suicide cases might have occurred:

The greater the number of dogmas and precepts the interpretation of which is not left to individual consciences, the more authorities are required to tell their meaning; moreover, the more numerous these authorities, the more closely they surround and the better they restrain the individual (Durkheim, 1897, p.161).

Although Durkheim's analysis might have been correct in 1890s, now, his logic might be oversimplified concerning education, religion, morality, and suicide. For instance, a relationship between Bible literacy and suicide rate is not clear and is difficult to prove. Nowadays, his theory might be outdated; however, his in-depth analysis of "suicide and lack of social bonds" is still at work in modern society. Durkheim said:

Egoism is not merely a contributing factor in it; it is its generating cause. In this case the bond attaching man to life relaxes because that attaching him to society is itself slack (Durkheim, 1897, p.214).

Now, religion does not work as a social bond; however, suicidal people might need some "spiritual help" to recover social bonds.

## *ii. Altruistic Suicide*

According to Durkheim, altruistic suicide, precipitated by overidentification and integration into some particular group or collective might generate an excessive sense of duty to that entity (Durkheim, 1897). In other words, social integration is too strong and thwarts individual identification. "It is the group that is paramount, with individuals

subordinating their interests to those of the group” (Turner and Beeghley, 1981, p. 354).

Durkheim invented the word, “altruistic suicide” and he defined the word as:

When man has become detached from society, he encounters less resistance to suicide in himself, and he does so likewise when social integration is too strong (Durkheim, 1897, p.217).

Durkheim illustrated a ritual that forced people to sacrifice their bodies under certain conditions, such as an immolation for God and human sacrifice for a drought. He said:

Suicide, accordingly, is surely very common among primitive peoples. But it displays peculiar characteristics. All the facts above reported fall into one of the following three categories: (1) Suicides of men on the threshold of old age or stricken with sickness, (2) Suicides of women on their husbands’ death, (3) Suicides of followers or servants on the death of their chiefs. Now, when a person kills himself, in all these cases, it is not because he assumes the right to do so but, on the contrary, because it is his duty. If he fails in this obligation, he is dishonored and also punished, usually, by religious sanctions (Durkheim, 1897, p.219).

According to his theory, in primitive society, suicide is an inescapable obligation under certain circumstances. If people tried to escape from it, then people were punished by religion. In short, religion is a tool to monitor and control people’s behaviors.

This enforcement, suicide, was accomplished when their kings died or wars broke out. Durkheim mentioned:

This sacrifice then is imposed by society for social ends. If the follower must not survive his chief or the servant his prince, this is because so strict an interdependence between followers and chiefs, officers and king, is involved in the constitution of the society that any thought of separation is out of the question. For society to be able thus to compel some of its members to kill themselves, the individual personality can have little value (Durkheim, 1897, p.220).

The theme “suicide and soldier (Durkheim, 1897)” is both an old and new topic. Even now, in the USA, war veterans from Iraq and Afghanistan have struggled with adjusting back to ordinary lives. For these veterans, the suicide rate is higher than for ordinary people. According to CNN.com in 2008, the Army recorded 133 suicides, the most ever (CNN, June 11<sup>th</sup>, 2009, on <http://www.cnn.com/2009/US/06/11/us.army.suicides/index.html>).

### *iii. Anomic Suicide*

Modern anomie theorists see all kinds of deviance including suicide, as being rooted in social disjunctions found opportunities, for example, in cultural goals and social structured (Merton, 1938). If the social structure were so divided between upper and lower classes so that lower class people had little opportunity to catch up to the upper class people, then they would feel depressed, anomic, and suicidal. This anomie theory also is reflected in social strain theory (Merton, 1938; Cloward and Ohlin 1961).

“Economics and suicide” is also an old as well as a new topic. Many scholars focused on this issue, but Durkheim’s viewpoint is unique and epoch-making. Durkheim focused not only on the lower classes, but also on the upper classes. Then, he introduced his “relative deprivation theories” (Durkheim, 1897). According to Durkheim’s theory, the gap is more important than the actual money they have. In other words, if rich people, who have 10 million dollars, lost 75% of their money, they might become depressed or suicidal. However, if poor people, who have only 1,000 dollars, lost 75% of their money, they can positively think they still have 250 dollars. Durkheim said:

It is a well-known fact that economic crises have an aggravating effect on the suicidal tendency. So far is the increase in poverty from causing the increase in suicide those even fortunate crises, the effect of which is abruptly to enhance a country's prosperity, affect suicide like economic disasters (Durkheim, 1897, p.241).

According to Durkheim, to keep maintaining social bonds is the most crucial issue. Durkheim said:

The third sort of suicide, the existence of which has just been shown, results from man's activity's lacking regulation and his consequent sufferings. By virtue of its origin we shall assign this last variety the name of anomic suicide. Certainly, this and egoistic suicide have kindred ties. In anomic suicide, society's influence is lacking in the basically individual passions, thus leaving them without a check-rein (Durkheim, 1897, p.258).

#### *iv. Fatalistic Suicide*

Fatalistic suicide is the result of "excessive regulation," in which individuals have no future and all desires are choked by oppressive discipline (Durkheim, 1897). In this type of suicide, in the US and Japan, military missions or some hard work conditions, such as financial management workers, might achieve excessive stress because of oppressive discipline.

### *C. Role Theory: Clergy as Suicide Gatekeepers*

#### *i. Definition of Role Theory*

There are mainly two definitions of the concept of "role theory": narrow and broad. In the narrow definition, the role might be limited to an individual job title in an organization or family role, such as father, mother, son, or daughter. In the broad definition, role includes sociological and psychological role differences, such as suicide

gate keepers and mentors in schools. Theoretically, role theory took the broader definition. Role theory, which combines psychological, behavioral, and social theories related to our social and professional “roles,” was used heuristically, to focus on the clergy’s role in suicide prevention. A newly-coined word, suicidology and suicidologist, was first used in a newspaper in Reading (Bergs County, PA), “Reading Eagle” on June 30 in 1968 (Reading Eagle, 1968). According to the article, suicidology is the study of suicide. A suicidologist is an investigator who studies suicidology. In suicidology, teachers, counselors, psychiatrists, and social workers can be tapped as “suicide gatekeepers.” In the current study, the investigator conceptualized the clergy as “suicide gatekeepers.”

In the case of the role of clergy in suicide prevention, their original role is that of counselor as part of their profession - pastoral counseling. In other words, suicide prevention is an extension of pastoral counseling. Although pastoral counseling is a regular job for clergy, some clergy might be confronted with situations of “role confusion and role ambiguity” (Turner, 1996), because their professional functions are limited to religious activities. In other words, non-religious counseling might be beyond their obligation.

Thus, whether counseling is perceived to be a part of that obligation might be dependent on the individual clergy’s decision or their philosophy. If depressed and suicidal believers ask a member of the clergy for pastoral counseling, clergy have an obligation to refer them to other mental health professionals or call 911. However, in dealing directly with their community or congregation, clergy are in a position to

advocate for a suicide prevention policy through their advocacy efforts. Thus, clergy have the potential to be advocates of policy change.

Role theory is defined in social and public contexts. Each individual has social and public roles in addition to family roles such as father, mother, son, and daughter etc. Social and public roles are important because the roles are defined not by individual wishes, but by social norms and public consensus. According to Shaw and Costanzo (1982), the core of role theory is the concept of “public role behavior,” thus the authors emphasize the sociological aspects of “role” as opposed to the psychological aspects. Furthermore, Turner (1996) emphasized the importance of applying role theory to macro issues. He said:

Sociologists are more concerned with the macro issue of how the system of role behaviors helps maintain the social structure itself since the stability of the social structure depends in part on the extent to which individuals enact normative role behaviors (Turner, 1996, p.581).

In the pastoral counseling case, the pastor should provide pastoral counseling based on normative reasons. In other words, if clergy think that suicide prevention is a part of their role obligation, then they might include suicide prevention as a part of their pastoral counseling. Whereas, on the contrary, if the clergy do not see suicide prevention as part of their role obligation, then that clergy member might not include suicide prevention as part of their pastoral counseling. This case might create a role conflict. Role conflict might occur when there is a gap in expectations of role obligations between the clergy and the believers.

Therefore, to explore the role of the clergy in suicide prevention, the investigator will compare clergy's perceptions of role obligations toward suicide prevention in the USA and Japan. Durkheim suggests that only comparative analysis affords explanation of suicide scientifically (Durkheim 1897). According to Durkheim, "a scientific investigation can be achieved only if it deals with comparable facts" (Durkheim, 1897, p.41). By comparing the two countries, Durkheim concluded that Protestant countries' suicide rates are much higher than Catholic countries because of their emphasis on the freedom of individuals. He strongly recommends that a religious society should unite for suicide prevention under their credo or Bible. In other words, believers should be restricted in their behaviors in order to prevent suicide.

*ii. Preventing Inter-generational Suicide*

Another important role of clergy is to prevent intergenerational suicide. The investigator thought that clergy can prevent people from committing intergenerational suicide by means of counseling and preaching because many people who commit suicide are religious persons and, in many cases, they are suicide survivors whose families, relatives or friends killed themselves. Those survivors have an opportunity to speak with clergy about the meaning of suicide, including its morality, during funerals or memorial ceremonies. The definition of intergenerational suicide is: if parents commit suicide, there are high chances for their children to commit suicide.

### *iii. Non-Supportive Family and the Role of Clergy*

Unfortunately, there is no official data for the ratio of intergenerational suicide; however, some researchers mentioned there were associations between “lack of parental supports” and “the high rate of suicide attempts.” De Jong (1992) mentioned that a non-supportive family has a seven times higher risk of suicide attempts than a supportive family. There were significant associations between a non-supportive family and a high risk of suicide attempts (De Jong, 1992). Pastoral counseling might be helpful with a non-supportive family, because there might be hidden mental and financial problems in those non-supportive families. The role of clergy is to listen to their worry and concerns. Even if there is no official data for the ratio of intergenerational suicide, pastoral counseling might change the parent-children relationship, making it more positive and supportive.

### *D. Guilt and Shame Theory: Anthropological Differences: The US Individual Oriented Culture and Japanese Family or Group Oriented Culture*

The most important difference in suicidal ideation between the US and Japan might be in the individual’s feelings of guilt and shame. According to Benedict (1946), in anthropological studies of different cultures, the distinction between those that rely heavily on shame and those that rely heavily on guilt is an important one. True shame cultures rely on external group or community sanctions for good behavior, as compared to true guilt cultures that rely on the internalized conviction of sin. Shame is a response to other people’s reactions (Benedict, 1946, pp. 222-223). Many Japanese unconsciously might judge their behaviors as “shame.” The difference between guilt and shame is that a

feeling of guilt might be rooted ultimately in belief in God or other ultimate truths or natural laws.

In Christian culture, this guilty feeling in principles that give rise to is also unchangeable and the value system is based on individual ethics. On the contrary, the Japanese feeling of shame is based on family, community values, and social norms. Many Japanese people have a tendency to follow community values or norms in order to feel comfortable. However, value systems or norms are changeable and not always correct. Stack (1992) finds that large families are a buffer to prevent suicide, and family “nuclearization,” which is downsizing the number of family members, might lead to an increase in suicidal ideations. Stack concludes that Durkheim’s theory of social integration does not find support in Japan (Stack, 1992). In this context, there might be cultural differences in both countries.

Although Benedict (1946) defined Japanese culture as a “shame culture” and the US culture as a “guilt culture,” those definitions are oversimplified and probably not accurate. For instance, Americans may sometimes feel shame when they commit unethical behaviors, and Japanese may feel guilty when they break the law (Stack, 1992). Although Benedict’s theory may be outdated, parts of her theory may still work. For example, Americans might judge one thing as morally right or wrong by God, but Japanese people think that they are always judged by their neighbors and small communities, such as relatives, schools, and companies (Benedict, 1946). Americans might review their behaviors internally (individually) and then change their behaviors outwardly. On the contrary, Japanese would ask outside people whether their behavior is

right or wrong, then feel “guilty” when they are regarded as having committed wrong behaviors. In other words, in Japanese society, people are always judged by their community.

In *The Social Mechanism of Guilt and Shame: The Japanese Case*, Sugiyama (1969) wrote: “Most critics agree as to the un-tenability of the guilt-shame distinction in terms of internal vs. external sanction, and argue that internalization of norms is necessary for both” (Isenberg 1949; Lynd 1961; Moriguchi 1965; Piers and Singer 1953; Sakuda 1967; Spiro 1961). Sugiyama (1969) also discussed the cultural aspects of “shame and guilt” and said:

While accepting the critics’ contention that no culture can be characterized exclusively in terms of guilt or shame, I want to argue that these terms are conceptually distinguishable, and that there is cultural variation in the usage of them.

Sugiyama wrote about 40 years ago and since then both the US and Japanese societies have changed; however, her concept of “internal vs. external sanction,” is still alive in both countries.

For example, in the US, if a TV broadcaster says “shame on you,” then the direction of an arrow that is direction of “shame” starts from outside to inside. However, if a Japanese TV broadcaster says “shame on you,” then the direction of an arrow goes from inside to outside. In Japan, a TV broadcaster reported that ice at the Arctic is melting very rapidly and polar bears were not able to survive at the Arctic. A reporter said, “Please be ashamed of yourself one by one...from your heart...then please stop your car and try to walk short distances ... that is for your health and for our Earth (TV Asahi “The Earth Survival,” 2008).” On the contrary, in the USA, one of the FOX TV

newscasters reported that a police car was in a no parking zone and put a “Fake Ticket” on the car and said “Shame on you!” In an American case, apparently FOX TV (separate from the police) criticized police officers’ illegal acts and blamed them for their behaviors.

Sugiyama (1969) also used the words, “social,” “reciprocal” and “asymmetric” to explain Japanese “guilt and shame feelings”:

The mechanism I am suggesting is strictly ‘social,’ unlike past studies which have approached this subject primarily with a psychoanalytic or culture-personality frame of reference ... The following analysis is derived from the distinction of two types of social structure in both of which we get involved in every society. One is identified as ‘reciprocal’ and the other as ‘asymmetric.’ I postulate that distinction offers a social mechanism to distinguish shame from guilt. Guilt relates to reciprocity, I argue, while shame involves asymmetry.”

On the contrary, Scheff (2003) explored American feelings of shame by defining shame as a taboo and said, “Shame is the master emotion of everyday life but is usually invisible in modern societies because of taboo.” A review of shame studies suggests a taboo that results in denial and silence. The psychologist Gershen Kaufman has argued that shame is taboo in society (Kaufman and Raphael 1984; Scheff 1984; Scheff 2003).

In English, linguistically, the word “shame,” is stigmatized: “a large part of the cultural defense against shame is linguistic; the English language, particularly, disguises shame” (Scheff 2003). Although shame is a taboo as well as a stigmatized word, the word is the key to understanding the social bond between an individual and the entire society:

This concept, together with a theory and method of emotional /relational process and structure, could lead to understanding the intimate links between self and society... Because people usually

feel ashamed about shame, one risks offense by referring to it... Defining taboo as an institution that evokes shame, because it points to an identifiable process, may be an improvement over other definitions” (Scheff, 2003).

Interestingly, in Japan, “shame and guilt” are not taboos, but they are tools for improving individual abilities. In other words, Japanese people change negative shame or guilt feelings into positive behavioral ones. Sugiyama used two words, “Ego and Alter,” to explain this energy exchange process: negative energy makes a transfer to positive energy. Sugiyama (1969) said:

By reciprocal I mean the rule by which two actors in interaction, Ego and Alter, expect of each other to maintain a balance between mutual rights and duties, social assets and liabilities, debt and payment, give and take. The rule of reciprocity urges the debtor to pay the creditor, the benefit-receiver to make a return to the donor.

Sugiyama (1969) also exemplified Japanese guilt feeling and said:

Guilt emerges, I contend, when such a balance collapses, that is, when Ego has over-exercised his rights vis-à-vis Alter without fulfilling corresponding obligations, when he is in debt over and beyond his capacity for payment, or when he has received a benefit which he has no means to reciprocate or does not deserve... Guilt, then, is accompanied by the sense of social injury unjustifiably inflicted by Ego upon Alter.

In this context, having too much Ego is an unacceptable thing, and good citizens would be expected to make a balance between “Ego and Alter.” According to Elias (1994), in Western culture shame is used as a control tool to manage society. Elias said, “The civilizing process in Europe was built on two contradictory movements: increasing use of shame as an internal control, on the one hand, and increasing repression of shame, on the other” (see also Scheff, 2003). In this context, Elias defined shame is internal and

guilt is external force that control people's moral or ethics. There are two kinds of definitions of shame: narrow and broad. Scheff (2003) said:

To understand the crucial function that shame plays in systems of social control, it is first necessary to define it in a broader way than current usage allows. The narrowest conceptions of shame are found in vernacular English, orthodox psychoanalytic theory, and experimental social psychology.

It is tricky to use the word, "shame," because a "taboo" would use social control.

Scheff (2003) also pointed to the English linguistic characteristic of the word, shame, and said:

Since English has no word for everyday shame, we cannot discuss shame in English without risking offense. In this way, English, uniquely among all languages, blocks off a whole area of personhood from discussion... The comparison with a looking-glass hardly suggests the second element, the imagined judgment, which is quite essential... The thing that moves us to pride or shame is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another's mind.

According to Scheff, "shame" is an antonym of "pride." If Scheff's hypothesis is correct, then we can understand why the word, "shame," is so "taboo." Scheff described this society by using the words, "genuine," "justified," and "pride." Scheff (2003) said:

In Western societies, the meaning of pride and shame is neither simple nor singular. These words hold complex meaning, and are laden with emotion. For example, unless prefaced by an adjective such as "genuine" or "justified," the word "pride" carries a strong connotation of arrogance and selfishness, the kind of pride that "goeth before the fall." We usually assume that the unadorned word "pride" means false or vanity.

Sociologically, shame and guilt can be defined to have broader meanings.

According to Scheff, social definitions of shame in psychoanalysis, sociology, and psychology also define shame broadly. Erikson (1950) fired the opening salvo; he

rejected Freud's assumption that guilt was the primary moral emotion for adults. He argued instead that shame was the more elemental, in that it concerned the whole self, not just one's actions. The Ekman et al. studies, and those of most of the others who followed their lead, have ignored shame. Whatever Ekman's reasoning for excluding shame, the exclusion also suggests the working of the taboo on shame.

Lewis (1971) applied a qualitative method. The patient seemed to be suffering psychological pain but failed to identify it as shame. Lewis called this form "overt, undifferentiated shame." She noted that there was an affinity between shame and anger. She found that anger markers in the patient's speech were always preceded by shame markers. Apparently, one way of hiding shame is to become angry. This finding has implications for our understanding of affects like resentment and guilt, which are discussed below.

Elias's (1978; 1982) analysis of the "civilizing process" shows how shame went underground in modern societies. Because he saw so little evidence of shame in himself and in his male colleagues, Freud dismissed shame as an adult emotion in modern societies (Freud, 1895). He considered guilt the moral emotion of adults, being acutely conscious of it in himself and his male circle (Freud, 1895).

Benedict (1946) proposed that traditional societies were shame cultures and that modern societies are guilt cultures (cf.: Scheff, 2003). The key difference between shame and guilt cultures is in the definition of "shame" and the "social bond." Scheff (2003) defined those terms and said:

I define shame as the large family of emotions that includes many cognates and variants, most notably embarrassment, guilt, humiliation,

and related feelings such as shyness that originate in threats to the social bond. This definition integrates self (emotional reactions) and society (the social bond). In traditional societies, the social bond and individual emotions are more important than contracts. In other words, shame societies emphasize the “social bond,” while guilt societies focus more on “contracts” or “legitimate relationships.” In the above definitions, there are three groups of definitions of “shame”: human developmental, social boundary, and cultural definitions. Although all three types of definitions are important, the concept of shame as a social boundary is probably the most important to analyze the social factors that contribute to suicide.

American and Japanese shame or guilt feelings might affect suicidal ideation because suicide also might be considered “taboo” in USA and be considered “pride / sacrifice” in Japan. Both shame and guilt feelings might have the possibility of increasing or decreasing suicidal ideation, because those feelings work as tokens to exchange inside feelings and outside behaviors. In USA, some people might give up committing suicide because they learn suicide is “guilt” from clergy. In Japan, some people might commit suicide because of they feel “shame” because community blame them. For instance, in war situation, if an army sacrifices to their body to save their colleague lives, it may be treated as heroic acts; however, if they escape the war situation and survive without sacrifice, they might be regarded as a “shameful behavior.” Or, a deserter might feel guilty.

In pastoral or clerical counseling, if the clergy think that suicide is a “taboo,” then people might be afraid to seek counseling because they might be ashamed of themselves. The key for clergy might be not to treat suicide as a “taboo.”

*E. Moral and Ethics of Suicide: “Whether Suicide is a Sin or Not a Sin”*

*i. Christianity and Sin*

*a. The Bible and Sin*

The Christian Bible implies that suicide is both a “sin” and a “shameful” behavior. For instance, the Old Testament treats Abimelech who committed suicide as weak:

54. Then he called hastily unto the young man his armourbearer, and said unto him, Draw thy sword, and slay me, that men say not of me, A women slew him. And his young man thrust him through, and he died.
  55. And when the men of Israel saw that Abimelch was dead, they departed every man unto his place.
  56. Thus God rendered the wickedness of Abimelch, which he did unto his father, in slaying his seventy brethren.
- (Old Testimony, Judges, 9-52,54, Reference: [www. Christians answer.org](http://www.Christiansanswer.org)).

In addition to “Judges,” in the “Ten Commandments” of the Old Testament, there is the sixth commandment that is: “Do not kill.” In narrow definition of the “Ten Commandments,” “Do not kill” regards only as “homicide”; however, in broad definition, “Do not kill” includes both “homicide” and “suicide.” One of the Greek Orthodox book mentions the similarity of “homicide” and “suicide.” According to the Greek Orthodox Archdiocese of America:

The killing of a man is forbidden and is considered one of the three major sins. It is forbidden not only to take the life of a man, but even to think of killing. The faithful Christian also is forbidden from taking his own life. His own life does not belong to him, but to the Creator to whom life returns (Greek Orthodox Archdiocese of America, 1996).

The norm that “His own life does not belong to him, but to the Creator to whom life returns” is much the same in Buddhism. The investigator will mention examples in Buddhism later.

According to Cragg, “That ‘law of Christ’ was against all voluntary self-destruction. The self-instigator of martyrdom was an accomplice in sin” (Cragg, 2005, p.56). However, Cragg mentioned there was an exception for Christian suicide. If believers are fully “selfless,” they will try to help others, in which case suicide might be justified (Cragg, 2005, p.59). Cragg said:

That paradox, whether fully formulated in the mind and soul or only dimly present, is the perennial quandary of all selfhood as a “me-ness” which needs itself to transcend itself, where there is no moral “selfness” that is not “selfed” where alone it can obtain. When that predicament of violent death, “the cause to be served” has an anguished ambivalence. Perhaps there is something near to suicide in the very courage summoned to resolve it. “I am dying beyond my means” was the death-bed witticism of Oscar Wilde. “Dying within them” has been the vocation of the martyr (Cragg, 2005, p.59).

Suicidal people might not have legitimate decision making ability because of their mental illness. If people were controlled by disease and cannot judge any proper decision, they are “me-ness” or “selfness.” Under this condition, their behavior, committing suicide, might be justified and it might not be sin. In short, people who committed suicide can be justified, if they cannot make decisions because of mental illness. There is no simple answer to whether suicide is a sin or not. Some cases might be considered sin, where others cases might not, because some believers’ actions might purely help other people by means of sacrificing their own bodies. Cragg referenced the tragedy of Hamlet as an example, and said “The tragedy of Hamlet, Prince of Denmark,

ends in a grim conspiracy- swords and poison” (Cragg, 2005, p.59). Cragg mentioned that suicide was a part of Roman-Christian tradition, and in following that tradition, Hamlet sacrificed his body to save his friends and his country (Cragg, 2005, p.56). Cragg also mentioned that Shakespeare knew that tradition and used it as a theme for his play. Cragg said, “That noble impulse, Shakespeare knows, can only mean a desertion of the situation” (Cragg, 2005, p.120). Even if some suicide cases might be considered as a sin, God can rescue a soul from going to hell.

#### *b. Forgivable Sin*

In his book, *Survivors of Suicide*, Robinson introduced H. Newton Malony, a professor of psychology and theology formerly associated with Fuller Theological Seminary in Pasadena, California, who states that the main responsibility of the church was to give comfort to the bereaved. Robinson quoted Malony’s words:

Those who have been raised with the ideology that suicide is a “deadly sin” should “put their reliance on a merciful God,” says Malony. “God is simply more in the forgiving business than the judging business. Suicide is born out of great travail. Some have said it is an aggressive, hostile act, but I think it is a troubled soul who wants to get out from under the stress they’re under. God is merciful there, although He doesn’t take the sadness or mystery away, or the perplexity or confusion as to why someone would commit suicide. The Christian faith functions as a comfort, and it is no different in the ways we are confronted with other tragedies of life – the other perplexities and enigmas of life that don’t make a lot of sense. You simply rest back on the sovereignty and mercy of God (Robinson, 2001, p150).

Suicide is a forgivable sin, and God can understand the minds of people who complete suicide and their struggles. Furthermore, whether suicide victims have

legitimate decision making ability or not is another issue. For instance, many suicidal people are already depressed and/or intoxicated when they attempt suicide. In Christian theology, if they do not have a proper decision making ability, suicide is a “forgivable sin” (Robinson, 2001). The difference between a “forgivable” and “unforgivable” sin might be difficult to judge. Robinson stated that: “The person simply has to let go, and that’s tough” (Robinson, 2001, p.151). Robinson also said, “The Christian faith functions are comfort, and it is no different in the ways we are confronted with other tragedies of life. You simply rest back on the sovereignty of God” (Robinson, 2001, p.151). Robinson reminds us there is no “unforgivable sin” in front of God.

Robinson’s view toward suicide is generous; however, another scholar, Cragg (2005, p.56) took a stricter position toward suicide. Cragg referenced suicide by saying, “That ‘law of Christ’ was against all voluntary self-destruction. The self-instigator of martyrdom was an accomplice in sin.” The problem is that the survivors of the completed suicide feel anger, because they were not able to prevent the suicide and their loved ones’ act is treated as sin by the Church. Robinson discusses suicide survivors’ anger and said:

Anger is energy turned outward as opposed to depression, which is anger turned inward. So showing anger is much more healthy than turning inward and blaming the self. We could easily blame ourselves – “I could have done such and such” – but the thing is, the person is going to do it if he or she is going to do it. A person will find a way (Robinson, 2001, p.151).

The most important issue for clergy is that they must not blame or condemn suicide survivors. If clergy blame them, the survivors feel more anger towards themselves and toward the church. Suicide survivors talk to clergy, because survivors

need someone's help. Robinson (2001) also introduced Sister Jane Frances Power, former director of Health and Hospital Department for the Archdiocese of Los Angeles, and said:

It used to think it (suicide) was a deliberate thing, and was therefore sinful. But it has been many years since that attitude was held by the church. The proof of that is that they say a memorial mass for the individual. When I was young they didn't say that mass. They used to think that the person was totally in their right mind when they did it, but we know today that they do it under different circumstances and aren't competent. As far as condemning them and saying of mind is what determines that and that is between the person and God. Sister Power mentioned that people who committed suicide cannot be blamed, because their mental condition is not normal and we cannot judge whether their behaviors are sinful or not. Furthermore, people cannot judge people - only God can judge people. Thus, we, human beings, cannot determine whether suicide is a "sin" or "not a sin." In general, Protestant clergy place more stress more on the relationship between God and the human being. Robinson said, "Some Protestant groups believe suicide is a sin, but not a forgivable one" (Robinson, 2001, p153).

The concept of whether suicide is a "sin" or "not a sin" differs among Christian sects or denominations. The relationship between God and a human being is also variable according to religious groups. Although there are divergent Biblical interpretations of the "sin" of suicide, generally speaking, some Christian groups, especially some Protestants, treat suicide as a "forgivable sin." The most important thing is that clergy should not blame nor condemn suicide survivors. It might be the only way to prevent "intergenerational" suicide.

*ii. Moral Features in the USA*

*a. "Immorality of Suicide"*

Many scholars have studied the association between religion and suicide; however, they focus mainly on how to care for suicide survivors who have lost family members. There are a few studies that discuss the clergy's role as suicide counselors or gatekeepers. Furthermore, very few investigators mention the "immorality of suicide." Klass (1999, p.121) discusses the "immorality of suicide" and says, "In their parents' solace-giving experiences, the children become immoral, in the sense that the inner representation of the child remains a real, living presence in the parent's inner and social worlds." Klass also mentions parents' (survivors') feelings and says, "When your parent dies, you lose your past. When your child dies, you lose your future" (Klass, 1999, p.122). The most controversial point here is that Klass starts the argument from the premise that "suicide is immoral." Although Klass might take this position, most parents do not want to think of their children as "immoral." Furthermore, if the clergy take this "immoral" position, parents might stop talking to them.

Hosier (2005) adopts a different position from Klass. She poses some "taboo" questions to her readers who have lost their children to suicide, "Is suicide unforgivable?"; "If a Christian takes his or her own life, is he or she condemned?"; "Did he or she go to heaven?"; "Whatever in the question takes, the idea – usually left unsaid – is whether or not the suicide victim can be forgiven and is with the Lord." Hosier (2005) also introduces Smedes (2000) opinion toward Romans (8:38 – 39):

I believe that, as Christians, we should worry less about whether Christians who have killed themselves go to heaven, and worry

more about how we can help people like them find hope and joy in living. Our most urgent problem is not the morality of suicide but the spiritual and mental despair that drag people down into it.

Both Smedes and Hosier do not answer questions such as, “Is suicide unforgivable?” or “If a Christian takes his or her own life, is he or she condemned?” Yet, they try to advocate for not condemning suicide survivors, because they might be struggling with both inner feelings of “guiltiness” and outer feelings of “shamefulness.”

In the USA and Japan, these questions of Hosier’s remain unsolved, without clear-cut answers. If scholars keep avoiding investigating such questions, suicide survivors might suffer increased feelings of guilt along their relatives who have committed suicide, which might lead them to acts of “inter-generational suicide.”

#### *b. Stigma of Suicide*

Hewett (1980) mentioned that prejudgments and myths about suicide might lead to ignorance in suicide prevention. According to Hewett, there are nine types of myths about Suicide in the US:

- (1) People who talk about killing themselves but never do
- (2) Suicide usually happens without warning, “on the spur of the moment”
- (3) All persons who attempt suicide are fully intent on dying
- (4) If a person is suicidal once, he or she will continue to struggle with suicidal impulses forever
- (5) Only a psychotic, “crazy” person can actually go through with suicide
- (6) Suicide is inherited, or runs in the family
- (7) Suicide is the rich man’s disease; or, suicide is the poor woman’s “way out”
- (8) Every “true” suicide leaves a suicide note, and
- (9) You should never talk about suicide to a depressed person; you could give him or her ideas (Hewett, 1980).

Hewett answered each question and advocated against judging the intentions of people who contemplate suicide.

The first myth is: “people who talk about killing themselves never do.” Hewett (1980) said:

Fully 80 percent of all completed suicides do in fact speak of their intentions beforehand. Sometimes they threaten or hint of suicide until those around them grow weary of the persistent ‘promises.’ Or, they confide in one or two close friends, or perhaps their physicians or ministers.

People who talk about suicide have a high chance of completing suicide. Thus, suicide gatekeepers should not overlook signs of suicide. For ministers, especially, they have to counsel their believers about their worries and concerns.

The second myth is: “suicide usually happens without warning, on the spur of the moment.” Hewett (1980) said:

This misconception is closely tied with the first, in the attempt to portray suicide as but another type of sudden death. It is commonly bandied about in informal discussions, and often used to give consolation to the grieving family – the “you had no way of knowing” approach.

It might be true that suicidal people usually show some warning; however, it is not easy to cope with those warnings. The important role of clergy here is that they need to cooperate with family members, and mental health professionals. In short, their role is to refer suicidal people to mental health professions. Some suicidal people might find it easier to talk to clergy than to talk to mental health professionals.

The third myth is: “all persons who attempt suicide are fully intent on dying.” Hewett said, “Suicide attempts and suicidal ‘gestures’ outnumber completed suicides by

as much as ten to one. This illustrates the suicidal person's mixed motives and emotions. Many suicidal persons are undecided about whether to choose life or death" (Hewett, 1980). In pastoral counseling, suicidal people might be given "hope" or "encouragement" to choose life. Although ordinary counseling by mental health professions works well, pastoral counseling might work as a complement.

The fourth myth is: "if a person is suicidal once, he or she will continue to struggle with suicidal impulses forever." Hewett (1980) said, "Thousands of formerly suicidal individuals happily proclaim this cliché to be false. They claim that the period of highest risk is brief in duration." If Hewett's hypothesis were true, then the role of clergy might be to give people "hope" during the highest risk periods. For instance, people who lost a spouse or family member might feel a tremendous sorrow and/or guilt during grief periods. When they have lost all hope, clergy might help them by referring to the Bible or by offering a warm heart.

The fifth myth is: "only a psychotic, 'crazy' person can actually go through with suicide." Hewett said:

The foremost experts on suicide are vehement in their denial of this fable. Although your family member may have felt extremely unhappy and anxious, to be sure, the act of suicide wasn't necessarily irrational or the product of an unbalanced mind. Many suicides are completed by persons whose minds are at the height of their capability but which are imprisoned within helpless, failing bodies (Hewett, 1980).

Modern suicidologists report that suicide may be caused by multiple factors, such as mental health, financial, human relations, and a combination of other social factors. The key for clergy here is to introduce resources for people who have lost hope. This process might be similar to providing a church's space for homeless people as a shelter.

Without a shelter, homeless people cannot survive. Some suicidal people who are facing bankruptcy might need community supports such as a shelter and food. Without those supports, socially segregated people might be depressed and become suicidal.

The sixth myth is: “suicide is inherited, or runs in the family” and Hewett (1980) said:

Contention cannot be supported by the facts. Although there are many psychological and social reasons why one suicide in a family can lead to another, no evidence exists in support of a genetic predisposition toward suicide or any sort of biological programming toward self-destruction.

Although suicidal genetic factors do not exist, some genetic factors for depression might exist (Hewett,1980).

The seventh myth is: “suicide is the rich man’s disease; or, suicide is the poor woman’s way out” and Hewett (1980) said, “Suicide occurs on all levels of society and can be encountered in every neighborhood... It can happen to anyone, anywhere.” In short, there exists neither discrimination nor segregation for suicide, because many suicide cases are caused by financial difficulties, gambling addiction, and substance abuse. The key role for clergy is to give “encouragement” to people to stop at-risk behaviors.

The eighth myth is: “every ‘true’ suicide leaves a suicide note” and Hewett (1980) said, “Only about 15 percent of those who complete suicides leave notes, in stark contrast to the stereotypical suicides of television and motion pictures.” Even if there is no suicide note left, there might be a diary or a letter left behind that confirms the signs of suicide. The role of clergy in their circumstances might be to share happy or positive

memories of the person who has committed suicide, and to encourage survivors not to feel guilty.

The ninth myth is: “You should never talk about suicide to a depressed person; you could give him or her ideas.” Hewett (1980) said, “If a person is truly severely depressed, the thought of suicide won’t need to come from outside – it has probably already risen from within, either to be quickly banished or grimly pondered. You don’t give a suicidal person lethal ideas by talking about the subject.” During Mass or among the congregation, clergy might preach in non-judgmental ways about suicide. For instance, they can talk to suicide survivors and say, “Do not blame yourself”; or “Do not feel guilty.” Those positive but non judgmental comments might help to prevent inter-generational suicide.

### *iii. Buddhism and Sin*

#### *a. People Cannot Judge Other People*

Although Benedict mentioned that suicide is more acceptable in Buddhism than Christianity, the founder of Buddhism, Buddha, prohibits any kinds of homicide and suicide by his “Five Precepts (*pancasila*)” that are known as the Buddhist version of the “Ten Commandments of Christianity” (Keown, 2005). The “Five Percepts” are as follows:

1. I undertake the precept to refrain from harming living creatures.
2. I undertake the precept to refrain from taking what was not given.
3. I undertake the precept to refrain from sexual immorality.
4. I undertake the precept to refrain from speaking falsely.
5. I undertake the precept to refrain from taking intoxicants.

In addition to “Five Percepts,” the third “Pārajikā” prohibits killing others. It says, “do not kill other human beings” (“The Third Pārajikā,” Gethin, 1998).

Theoretically, suicide is prohibited in Buddhism; however, some scholars point out that Buddhists are more accepting of suicide than Christians. One of the most popular Japanese Buddhist sutras, Shinran’s “Tanninsho,” implies that suicide is not a “sin” because Buddha can bring an individual who commits suicide to the “Pure Land (Heaven)” and promise reincarnation as a human. Shinran was one of the most famous high ranked Buddhist monks and a reformer in the 1200s. He preached that both good and evil individuals could go to the “Pure Land (Heaven)” and could be reborn as humans. For example, Kasahara (2001) mentioned Shinran’s sutra and the “Pure Land (Heaven)”:

In the case of Shinran, his doctrine known as *akunin shoki*, meaning that it is the “evil person” who has the right disposition for attending rebirth in the Pure Land. According to Shinran, the evil person burdened with lusts and passions is the clearest manifestation of humankind’s real nature, and humankind’s lusts and passions are so deeply rooted that they are unconquerable. Naturally, then, such virtues as honesty, compassion, and gentleness cannot be regarded as essential criteria for rebirth (Kasahara, 2001, pp. 159-160).

Ordinary people cannot judge sin, since only Buddha can judge sin. Buddha is so generous that even evil individuals who have committed suicide can enter the Pure Land (heaven) and can be reborn as humans. Although Shinran’s sutra is very popular in Japan today, suicide was not acceptable before Sinran’s sutra had become prevalent (Kasahara, 2001).

*b. The Next Life*

According to Robinson's "After Suicide," suicide can become a tool for the next life. In other words, many Buddhists believe in life after life and see suicide as a second chance for reincarnation and rebirth. Robinson states:

A friend, whose husband deserted her when she was 45, went into a deep depression for several years. Many of us feared she might try to take her own life. One time, she acknowledged that, "I was seriously considering it a few months ago, but an acquaintance of mine told me that if I committed suicide, I'd have to come back in the next life and live this one all over until I came to terms with it. The idea of having to live this life over again is worse than going on with it now" (Robinson, 2001, p155).

In Buddhist tradition, originally suicide was strictly prohibited (Tomatsu and Watts, 2008). However, in China and Japan, one of the Buddhist sects, "Pure Land Buddhism" believes "Heaven (Pure Land)," accepts suicide more than other sects. In Pure Land Buddhism, everyone has a chance to go to "Heaven (Pure Land)" regardless of how they die (Tomatsu and Watts, 2008). People who committed suicide or felonies have a chance to go heaven, if they pray or train after life.

In Japanese Buddhism, Hounen (1133 – 1212) and Shinran (1173 – 1262) advocated that "His own life does not belong to him, but to the Amidabha to whom life returns" (Ohashi, 1975). They also created Japan's largest Buddhist sects: "Jyodo (Pure Land) –syu (Sect)" and "Jyoudo (Pure Land) –Shin (True) –syu (Sect)." The point is that both Christian and Buddhist norms imply that the "human body is a part of Buddha's body" and "committing suicide is a sin because of the convert non-fulfillment. Those "Pure Land believers" have more chance to commit suicide than other sects, because they focus more on going to heaven than on ways of dying. Tomatsu and Watts said, "We can

find such examples in historical records both in China and Japan of Pure Land believers committing suicide not so much out of depression with their present lives but more out of a desire for spiritual fulfillment in the next” (Tomatsu and Watts, 2008). In “Pure Land Buddhism,” there are two worlds: “this world” and “the next.” If your life in “this world” is so harsh, such as living through war and poverty, you have an option to choose suicide in order to open the gate for “the next” life and reincarnation. In short, no one can blame people who commit suicide for dreaming of a brighter next life.

*c. Self-sacrifice*

Historically, Buddhism is more accepting of suicide than Christianity. Robinson explained the reason by referring to the *Encyclopedia of Religion*:

Buddhism in its various forms affirms that, while suicide as self-sacrifice may be appropriate for the person who is an *arhat* (a saint of one of the highest ranks), one who has attained enlightenment, it is still very much the exception to the rule” (Robinson, 2001; Eliada, 2005).

Although one of the highest ranked saints had a right to commit suicide as self-sacrifice, it was an exception. Robinson said, “One of Buddha’s disciples, Godhika, is said to have achieved advanced levels of enlightenment to the point that when he committed suicide, Buddha blessed the action, while at the same time cautioning his other disciples against suicide” (Robinson, 2001, p.156). In Christian tradition, even the highest ranked saints are prohibited from committing suicide because of moral or ethical reasons.

*d. Karma*

In Buddhism, whether people choose life or death depends on their “karma” (Robinson, 2001, p.156). According to the *Merriam Webster’s Collegiate Dictionary* (2003, p.681), the definition of “karma” is: “the force generated by a person’s actions held in Hinduism and Buddhism to perpetuate transmigration and in its ethical consequences to determine the nature of the person’s next existence.” In other words, people’s lives can be defined by their previous lives. Although “karma” is similar to Christian “sin” and “punishment,” the most significant difference is that “karma” is more focused on “reincarnation” and “the life after life” than the here and now.

The philosophy of “karma” affects people’s beliefs about suicide. In Buddhist thinking, suicide is caused by a person’s “karma.” If a family member commits suicide, people might think that the person who commits suicide has a bad “karma” that they inherited from a previous life. For instance, people might think a person who suicide might have made other people commit suicide by collecting a debt or a tribute from the poor. In short, if people did bad behavior, they have to pay it for in their next lives. In this context, this belief, “karma,” is based on the philosophy of Buddhist reincarnation.

Suicide might be caused by a bad “karma”; however, a good “karma” might make people happy. For example, if people endure financial difficulty but keep helping others under harsh conditions, those people might be promised success in the next life.

Robinson explained “karma” and said, “If the person has done something really morally good, he is sure to be born again in a good state. That is one thing. The other thing is, Buddhists are not equipped to feel bad about death” (Robinson, 2001, p.156). In short,

life is eternal and death is not an end but a start of new life. The word, “karma” is equivocal: good karma might lead to success in life and bad karma could kill people.

*e. Religious Suicide*

To achieve a good “karma,” some Buddhist clergy commit suicide to protest wars, misgovernment, and social inequality. Although Mahatma Gandhi did not commit suicide, his non-violent approach to prevention affected many clergy. According to Keown (2005, p.101), one Vietnamese Buddhist monk committed suicide to protest the Vietnam War in 1963. Keown said:

On 11 June 1963, the 73-year-old Vietnamese monk Thick Quang Duc burned himself alive on a main street in Saigon, making headlines around the world. Sitting calmly in the lotus posture, the elderly monk ordered two of his followers to douse him with petrol and then calmly set himself alight.

In Christian culture, people cannot understand this monk’s self-sacrifice. They might think that it is barbarous behavior. Keown quoted the reaction of an American journalist, David Halberstam, who witnessed this self-sacrifice and said:

Flames were coming from a human being: his body was slowly withering and shriveling up, his head blackening and charring. In the air was the smell of burning flesh ... Behind me I could hear the sobbing of the Vietnamese who were now gathering, I was too shocked to cry, too confused to take notes or ask questions, too bewildered to even think (Keown, 2005, p.101).

This American journalist was not able to understand the reason for self-burning. The journalist might have comprehended the purpose of his protest. However, he might not have grasped why the Buddhist monk chose suicide to express protest. In general, Christian clergy would not choose suicide as a form of protest because suicide might be

regarded as a sin. They might choose to take part in a demonstration march or make a speech to express their opinion instead of committing suicide. In Buddhist culture, many clergy might disagree with the concept of suicide as a means of protest. According to Keown (2005, p.102):

Not all Buddhists were as enthusiastic about these suicides as Thich Quang Duc. While some interpreted them as heroic acts of self-sacrifice in accordance with the bodhisattva ideal, others saw them as misguided and contrary to Buddhist teachings. They seemed to some to involve both violence and the squandering of a “precious human rebirth.

In China and Japan, although most Buddhist sects oppose self-sacrifice as a tool of protest, some Buddhist sects are more accepting of self-sacrifice than other sects. There are intrinsic differences in the way suicide is described: “altruistic suicide,” “religious suicide,” “self-death,” “voluntary death,” and “self-sacrifice.” In this case, there is a consensus about religious suicide in Buddhism. For instance, in Thich Quang’s self-burning case, “altruistic” and “religious” suicide can be justified because the purpose of the suicide is not selfish and is seen as an attempt to stop the war by sacrificing one’s body. Keown said:

Given the nuances that distinguish the different kinds of self-inflicted death, some commentators prefer to avoid pejorative terms like “suicide” and speak instead of “voluntary death.” Perhaps a separate category of “altruistic suicide” is needed within this to encompass the examples cited above, and also one of “religious suicide” for cases like that of Thich Quang Duc (Keown, 2005, p.103)

*f. Indirect Suicide*

The word “suicide” is so stigmatized, that not only Buddhists, but also other religious leaders. should avoid using the term. For instance, Christian clergy prefer to use the term “self-sacrifice” in describing a suicidal mission during wartime. Hewett used the words, “direct suicide” and “indirect suicide,” to explain the difference between “selfish (sinful) suicide” and “self-sacrifice by helping others.” Hewett (1980, p.90) said:

Modern Catholic theology distinguishes between “direct” and “indirect” suicide. Direct suicide is desirable self-murder and is always a mortal sin. Indirect suicide results when death is not desired but rather allowed that a greater good might occur.

For example, the soldier who falls on a live grenade to save his comrades completes “indirect” suicide, which is considered both lawful and worthy of praise by the church.

The keywords here are: “sin,” “lawful,” “worthy,” “direct,” and “indirect.” In Christian culture, many clergy might agree with the idea of “direct” and “indirect” suicide because it is not easy to judge whether an act is a “sin” or “not a sin.” Some Buddhist sects do not want to make a distinction between “direct” and “indirect” suicide because they would think that every life is worthy and every individual has a right to commit suicide.

*g. Group Suicide*

Historically, many Buddhist clergy commit suicide in response to their chief priests’ deaths. Blum (2008, p.137) analyzes why so many clergy commit suicide after the leader of their organization dies. In 1525, when the religious leader, Jitsunyo, the

head of the Buddhist sect, “Jodo Shinshu (True Pure Land),” died by committing suicide, other branch clergy also committed suicide during Jitsunyo’s funeral. Blum described what transpired:

The final procession of monks climbed Mt. Ryozen while chanting, on the fifteenth day of the second month. A group participated from the Shojyoin at Shokokuji Temple, along with priest Gesshu of Kenninji Temple, a group from Tojin, and a group of common monks as well. Expressing their lament at the “*ojo* (death and passing to the Pure Land)” of Jitsunyo, those people who cut open their bellies and died were ten in number. Afterward we received word that in addition there were ten others who later did the same (Shinshu Zensho, 1977; Blum, 2008, p.138)

Blum reported that medieval Japanese Buddhism rationalized group suicide, because there was no clear boundary between the individual and the religious community. If their religious leaders commit suicide, then some believers have a right to follow them by committing suicide. It might be a right to choose and not be forced to follow. Blum (2008, p.141) said:

Nonetheless, East Asia has generally been the more accepting of this practice (group suicide). To better understand this climate of acceptability, I would like to identify for purposes of this discussion four areas within the Indian and Sino-Japanese sociocultural spheres where room is made for the acceptance of suicide without taint of sin: (1) suicide as altruistic sacrifice; (2) suicide as resignation to one’s fate – often as an expression of lamentation; (3) suicide as religious offering; and (4) suicide as a means to gain honor.

First, suicide can become an altruistic sacrifice in cases of war and rescue missions. As mentioned earlier, in war, one person might save others by sacrificing his or her body as a decoy or a lure to attract enemy troops. Second, many Buddhist sects prohibit committing suicide because they think only Buddha can decide our fate and human beings cannot change their fate. For their points of views, fate includes every

aspect of human lives: birth, marriage, having kids, accidents, diseases, and death. Robinson (2001) pointed out that life has three characteristics: arising, existing, and dying. These stages are controlled by “fate.” Third, in medieval Japan, some sects believed that they could go to the “Pure Land (Heaven)” if they followed their religious leaders by committing suicide. Although monks might have free will to decide whether they would follow their leaders’ deaths, there might have been a tacit understanding that they should commit group suicide. Fourth, suicide could gain them honor if they commit suicide for social change. In light of Thick Quang’s self-burning case, many clergy think that suicide can gain honor.

#### *iv. Moral Features in Japan*

##### *a. Family and Group Oriented Culture*

The value system of guilt and shame is not based on religion, but on customs and cultures, that is, family and group-oriented culture. For instance, during the last stage of World War II, it was an honor for a Japanese soldier to be asked to die by means of suicide bombing, but it was shameful to be a prisoner of war (POW). Thus, many Japanese soldiers committed suicide rather than become POWs. Likewise, many individuals have family members who are depressed, live in a small town, and are afraid to be labeled as “crazy” if it were known that they were seeing a psychiatrist. Thus, they have a tendency not to seek outside help because asking for help is “shameful.”

*b. Kamikaze (Suicide Attack) as a Symbol*

Both US and Japanese senior officers labeled suicide attacks as folly tactics. Their success rate was about 27% and Japan lost more than 2,500 pilots; yet, many modern young Americans and Japanese admire such spirituality and sacrifice (*Asahi Newspaper* 1966, p.117). For example, if you search the word, “Kamikaze,” on the web, you would find more than 30 kinds of consumer items for the young including supplement drinks, music, video tapes, animations, and martial arts goods.

This practical side of symbolism can be explained by sociological theories. Bourdieu says, “Sociology moved from the study of social structures and normative systems to that of ‘practice,’ expanding the functionalist definition of culture as norms, values, and attitudes to culture as the constitutive symbolic dimension of all social processes” (Bourdieu 1984; Ortner 1984; Crane 1994; Olick & Robbins, 1998). The question is, “Who can benefit from these images?” Farberman (1991) says:

Symbolism, language and meaning were in jeopardy of being captured by the corporate economy which was embedding them in a relatively new kind of micro-electronic framework whose principal broadcast medium, television advertisements, used them in ways that were vastly different from how they were conceptualized and used in the more familiar manner exemplified.

Furthermore, the French philosopher, Baudrillard (1998) says:

It (the media) is no longer an original, specific presence at all, standing in symbolic opposition to culture, but a simulation a ‘consommé’ of the signs of nature set back in circulation – in short, nature recycled.

The images of Kamikaze attacks are beneficial for large companies. For example, one of the largest Japanese pharmaceutical companies uses a Kamikaze airplane name, “*Shiden Kai*,” as a hair growth stimulant.

Not only large companies, but also the Japanese government has been using the images of Kamikaze Attacks. The main difference between Kamikaze Attacks and other suicide bombings might be that Kamikaze Attacks were performed mainly by the regular army and others were mainly by guerillas. Thus, this symbolic death, Kamikaze, is always used by the Japanese government for propaganda.

For many Japanese, both conservative and liberal, the Kamikaze Attack (formerly called “*Sinpu*”: Divine Wind) is still regarded as a “virtue” in contemporary Japan. Even if people criticize Japanese policies of suicide bombing in World War II, they do not try to degrade the nobility of Kamikaze pilots’ spirit and sacrifice to their country. In Japan, for both pros and cons, the Kamikaze Attack lives in the collective memory, and as such, it is still alive as part of the culture, as much as sacrificing lives to companies, or committing suicide for families. It is alive in the symbols of Kamikaze: the flowers of Cherry Blossoms (Ohnuki, 2002). This collective memory sometimes is rationalized in terms of social norms: “*Bushido* (Samurai Spirit)” and “*Shuyo* (Self-discipline)” (Benedict, 1966).

Although many Japanese believe that Kamikaze pilots were recruited as volunteers, some young pilots (in their early 20’s), such as Mr. Sasaki and Hayashi, implied that they were forced to kill themselves and mentioned the importance of “individual freedom and will” in their suicide notes before completing their missions (Ohnuki, 2006). Schuman & Scott put emphasis on the difference between individual memory and political memory. They state:

Striking response differences, they argue, demonstrate that general differences in memory are strong, that adolescence and early adulthood

are indeed the primary periods for ‘generational imprinting in the sense of political memories,’ and that later memories can best be understood in terms of earlier experiences” (Schuman & Scott 1989, Olick & Robbins 1998).

The difference between individual and political memory is that the former is based on individual identity and will, and the latter is formed by social pressure, norms, education, and the media. Olick and Robbins (1998, p.122) emphasized the difference between “social identity” and “personal identity.” At the end stage of the war in Japan, there was no “individual freedom,” “individual will,” or “personal identity” (Kaneko, 2005).

*v. Kamikaze’s Suicide Note Analysis*

*a. Mr. Sasaki’s Case*

Mr. Sasaki was drafted as a student soldier from the Imperial University of Tokyo in December 1943 and volunteered to be a “*Tokkotai*” (Kamikaze suicide mission) pilot on February 20, 1945. He died as a navy ensign on a “*Tokkotai*” mission on April 14, 1945 at the age of twenty-two years and nine months (Ohnuki, 2006). Sasaki officially participated in suicide missions voluntarily; however, he disclosed that he was forced to participate in the mission by his supervision’s command. According to the official Kamikaze documents, every Kamikaze pilot participated in the mission voluntarily, but Kaneko reported that there were no voluntary Kamikaze missions: all missions were involuntary (Kaneko, 2005). In short, there was a tacit agreement among Kamikaze pilots: if their supervision’s asked them to do something, the pilot must just say, “Yes” (Kaneko, 2005). Mr. Sasaki envied other student soldiers who were science or

accounting majors and had succeeded in avoiding the draft. However, before participating in the hopeless mission, he referred to his fate by using the word: “inevitability.” Interestingly, it was in German that he preferred to express his interior thoughts:

I prefer to think that “inevitability” is more important than “necessity.” One must always strive for *strib und werde!* (“die and become” or growth through death). I am truly grateful for being alive. We cannot detach ourselves from the present condition. It is in *Welt sein* (the presence in the universe) of Heidegger. The most important thing is the freedom of will, freedom of spirit, amidst the chaos at present. Blind obedience without free will is not an answer to our chaos. Chaos is not so simple as to be resolved by *Führer* (Leader) (Ohnuki 2006).

Even if many Japanese fanatically supported the Japanese government and its army, Mr. Sasaki criticized the government and its troops because he believed in “freedom of spirit.” However, the most serious problem was that he did not have any freedom of speech and he was forced to be killed as a suicide bomber. Not only Mr. Sasaki, but also other Japanese student soldiers might have struggled with Japanese nationalism and individual freedom. According to Olick and Robbins (1998), collective memory might help form social memory and nationalism. If the government uses personal notes, memos, or letters for raising a fighting spirit, these documents might be modified into heroic epics. In this process, pure Kamikaze pilots’ wills are used not as an individual memory, but as a social memory, cutting out individual criticisms against the government. Smith mentions: “Theorists of nationalism have pointed out that nationalism movements almost always centrally involve youth movements” (Smith 1986, Anderson 1991, Olick & Robbins 1998). Throughout the process of forming social

memory, individual wills are often ignored and people give more weight to the collective will. Freud had argued that the individual's unconscious acts as a repository for all past experiences (Olick & Robbins, 1998, p. 109). In short, collective memory is formed by a nation's past experiences. Furthermore, Halbwachs developed his concept of collective memory not only beyond philosophy but against psychology, through the very idea that social memory appropriates psychological terminology (Olick & Robbins, 1998, p. 109).

Halbwachs also rejects Freudian and other purely psychological accounts. He argues that it is impossible for individuals to remember in any coherent and persistent fashion outside of their group contexts (Olick & Robbins, 1998, p. 109). For instance, Fentress & Wickham describe "a concept of collective consciousness curiously disconnected from the actual thought processes of any particular person," which risks rendering "the individual a sort of automaton, passively obeying the interiorized collective will" (Fentress & Wickham 1992, Olick & Robbins 1998).

In Mr. Sasaki's case, his individual will, exemplified by comments such as, "I am truly grateful for being alive," was ignored. He also tried to sublimate his ego to social norms. This process is beneficial in forming national identity. For example, Cressy (1989) traces a new kind of memory in England in the seventeenth century, a memory that gave expression to a mythic and patriotic sense of national identity (Olick & Robbins 1998). In short, the difference between collective memory and social memory is that the former is formed by peoples' reaction to historical events, and the latter is formed by the totality of unconscious memories (Hunt, 1984, Ferguson 1994, Olick & Robbins 1998). In other words, collective memory is a powerful tool in forming nationalism because

memory provides “symbolic markers,” and the memory forces people “to think the nation” (Hunt, 1984, Ferguson 1994, Anderson, 1991, Olick & Robbins 1998).

A nation-state, without nationalism, might lose centripetal force and become decentralized. The connection between nationalism and social memory appears to have been especially important (Olick & Robbins 1998, p.116). Wars are especially helpful for forming nationalism because people who died in wars are treated as heroes, and they might be used as tools for recruitment and advertisement for the army. Schwartz argues that collective memory “is not an alternative to history (or historical memory) but is rather shaped by it as well as by commemorative symbolism and ritual” (Olick & Robbins 1998, p.112). This symbolism is formed by common experience in the battlefield. Mosse, in a study of “The Myth of the War Experience,” notes that the burial of the dead and commemoration became the tasks of specially formed national commissions during the War (Mosse 1990, Olick & Robbins 1998). Smith also refers to the association between collective memory and nationalism:

Ethnic nationalism has become a ‘surrogate’ religion which aims to overcome the sense of futility engendered by the removal of any vision of an existence after death, by linking individuals to persisting communities whose generations form indissoluble links in a chain of memories and identities (Smith 1986, Olick & Robbins 1998).

In Sasaki’s case also, he wrote, “one must always strive for *strib und werde!* (“die and become” or growth through death). He struggled with making his own identity from social identity and tried to make his own will. Many thinkers thus advocated the construction of a new “civil religion.” Successful leaders sought to imbue educational institutions with nationalist content, to expand public ceremony, and to mass produce

public monuments (Olick & Robbins 1998, pp.117-118). Adorno had many years earlier pointed out the association between the words “museum” and “mausoleum” (Adorno 1967, Young 1992, Olick & Robbins 1998). There exist more than 5 monuments related to Kamikaze Attacks in Japan and the Philippines, and those monuments treat the pilots as war heroes and simply ignore the pilots’ true voices.

*b. Mr. Hayashi’s Case*

At the macro level, nationalism might transform religion; however, at the micro level, nationalism might separate from religion. Another Kamikaze pilot, Mr. Hayashi, who was Christian and killed as a Kamikaze pilot in Okinawa, described his spirituality by quoting a passage of the Bible.

For a day in the courts is better than a thousand elsewhere.  
I would rather be a doorkeeper in the house of my God than dwell in the  
tents of wickedness. For the Lord God is a sun and shield; he bestows  
favor and honor (Ohnuki 2006).

In Smith’s words, “ethnic nationalism has become a ‘surrogate’ religion which aims to overcome the sense of futility engendered by the removal of any vision of an existence after death, by linking individuals to persisting communities whose generations form indissoluble links in a chain of memories and identities” (Smith 1986, Olick & Robbins 1998, pp.116-117). Paradoxically, the effect of war was felt more brutally than ever before. As a result, “The memory of the war was refashioned into a sacred experience which provided the nation with a new depth of religious feeling, putting at its disposal ever-present saints and martyrs, places of worship, and a heritage to emulate” (Olick & Robbins 1998, p.119).

In short, there are contradictions: “individual spirituality (religion) and nationalism (as a new religion)” and “official suicide notes” (admiration for the Emperor) and unofficial diaries and letters (admiration for God). Burke therefore refers to history as social memory, using the term as “a convenient piece of shorthand which sums up the rather complex process of selection and interpretation” (Burke 1989, Olick & Robbins, 1998). At that time, when Japan was losing the War in 1945, a faint heart was regarded as weak, naïve, and shameful. However, Kamikaze pilots express feeling fear of dying and pain. Mr. Hayashi wrote:

It is easy to talk about death in the abstract, as the ancient philosophers discussed. But, it is real death I fear, and I don't know if I can overcome the fear. I am drawn to the notion of the battlefield death, but it is an escape for me. Although death is given to me, I will hold onto life. It is better not to think of death, but to think of life precisely because death is given to me. I shall live! I will try to find an eternal life (Ohnuki 2006).

In general, death and life are seen in contradiction, however, in Hayashi's mind, those two factors are connected to each other by the word “eternal life.” Throughout World War II, especially as experienced by Kamikaze attacks, Japanese people learned that death and life are not in contradiction. Kamikaze attacks play the role of substituting religion for collective memory.

*vi. Samurai Spirit as a Symbol: Byakko Tie (White Tiger Corps)*

In modern Japan, there are both pros and cons related to Kamikaze Attacks. The attack is a collective memory, and it is still alive as part of the culture, as in employees sacrificing their lives for their companies and in committing suicide for their families. This collective memory sometimes is rationalized as a traditional Japanese warrior spirit:

“Bushido (Samurai Spirit)” and “Shuyo (Self-discipline)” (Benedict, 1966). The memory of “Bushido” also is symbolized in the “Cherry Blossom (symbol of ‘perish in battle’)” which has a short-life span and dies beautifully.

In short, in Japan, how to die is equally important as how to live. For example, Kaneko mentions that Kamikaze attacks were born in the image of the “*Byakko Tie* (White Tiger Corps),” that were formed by youths aged 16 to 17, who committed suicide when *Aizu-han* (a branch of Tokugawa’s Shogun government) was defeated by the Meiji Emperor’s armies in the *Boshin* Civil War in 1863 (Turnbull 2003).

The logic of the “Samurai Spirit” is unique and might be difficult for other countries and cultures, especially in the West, to understand. For the “Samurai Spirit,” to be captured as a prisoner of war is shameful, and committing suicide is much superior to the shame associated with capture. This “Samurai Spirit” might fit in to Durkheim’s third category. In other words, social integration is very strong and thwarts individual identification. Turner, Beeghley and Powers (1981) say, “It is the group that is paramount, with individuals subordinating their interests to those of the group.”

#### *vii. Japanese Aesthetics and Suicide*

In conclusion, suicide and the symbolism of the Cherry Blossom were linked with “Japanese beauty,” because sacrificing the samurai’s bodies to their kings or emperors were considered forms of beauty. “Japanese beauty,” such as the symbolism of the Cherry Blossom, might have been rationalized inside Japan; however, the concept of beauty imperiled other countries, such as the attack on Pearl Harbor, The Japanese-

Chinese war, and the trade friction (imbalance) between the US and Japan. From the American point of view, Japanese beauty might be reflected as Japanese ugliness that ignores individual freedom and forces sacrifice to the Japanese Emperor.

How does the collective historical memory of late 19<sup>th</sup> Century Japan affect today's Japanese aesthetics? To answer this question, the investigator suspects that the Japanese Meiji Restoration (1867), which includes a series of civil wars and movements to restore Japanese imperial monarchy, led Japanese thinking to become more conservative and group-oriented than before. The restoration affected both the Japanese educational and belief systems that include religion and spirituality. Concepts of beauty (inside) and ugliness (outside) might be rooted in the Japanese Civil War during the Meiji Period. Even if the investigator over-emphasizes how Japanese thinking is group-oriented and rejects individualism, he cannot find an answer as to why the modern Japanese suicide rate is twice that of the US. It may well be that suicidal attacks reflect Japanese collective memories and Japanese history and may often or answer to the high Japanese suicide rate.

## *Statement of the Problem*

### *A. Research Questions and Hypotheses*

Throughout the investigator's experience as social worker and teacher at colleges and high schools, the investigator found that religious leaders may affect people's perceptions of suicide in the USA and Japan. If clergy think that people who commit suicide have sinned and gone to hell, then believers also will think the same way. The investigator also found that there were perceived difference about suicide between the USA and Japan. Those differences might be rooted in religious and cultural perceptions. Many investigators have ignored these differences, but it might be a key for suicide prevention.

Since there is no study that compares how Christian and Buddhist clergy perform the role of suicide gatekeepers, this study may provide same weight and explanations. Although is no earlier literature that is directly related to this study, there are many articles that compare US and Japanese culture, religion, and explaining what is "sin," the investigator also will try to explore hypotheses delivered from earlier relevant literatures.

Durkheim mentions that only comparison affords explanation of suicide scientifically (Durkheim, 1897), thus the investigator focuses mainly on comparison of religious leaders' roles and perceptions in suicide preventions in two countries. To compare two religious communities, the investigator advances three research questions and four hypotheses. The research questions are:

- (1) How do clergy perceive suicide in the USA and Japan?
- (2) Do they see suicide differently?
- (3) How do clergy perceive the role of suicide prevention in the USA and Japan?

In seeking to answer these questions, there are two basic hypotheses:

- (A) Christian clergy think that suicide is a “sin” and not acceptable
- (B) Buddhist clergy are more accepting of suicide than Christian clergy

Furthermore, there two hypotheses that derive from the literatures:

- (C) There are role differences related to suicide prevention in the Japanese and American religious communities
- (D) American and Japanese religious leaders have a different view of obligation related to suicide prevention?

In addition to research questions and hypotheses, the investigator also intends to understand:

- (I) How are lay people affected by religious leaders’ perception of suicide?
- (II) Why are lay people affected by religious leaders’ perceptions?

First, the investigator explores, “How do clergy perceive suicide in the USA and Japan?” As mentioned earlier, there might be cultural and religious differences in the perception of suicide in both religious communities. To analyze clergy’s perception toward suicide is important, because their perception might affect their believers’ perception. This perception also might differ by clergy’s individual principles and creeds in addition to their sects or schools of religions.

Second, to discern clergy’s perception, the investigator tries to understand, “Do they see suicide differently?” This question focuses mainly on the individual’s beliefs about suicide. The investigator believes that the first question, “perception” of suicide, is based more on formal religious creed, and the second question, “seeing” of suicide, is more on individual opinion. By combining these two questions, the investigator explores clergy’s theoretical and individual thoughts about suicide.

Third, throughout the role difference question, “How do clergy perceive the role of suicide prevention in the USA and Japan?,” the investigator tries to describe the perception of “role differences” in the two religious communities. For instances, there might be role differences in two religious communities: such as preachers, teachers, counselors, and mediators. In addition to those role differences, there also might be role confusions and/or conflicts: “preachers vs. counselors.” Or, it might be role ambiguity: “clergy counseling vs. mediator for mental professionals.” Those role differences, confusions, conflicts, and ambiguities might lead clergy to different perception about suicide prevention: duties, obligations, additional jobs, and no-obligations. Some clergy might think that suicide prevention may be a part of their obligation or a part of their religious activities. Other clergy might think that there is no obligation outside of their religious activities.

Fourth, in the literature review, many investigators pointed out two hypotheses: Christian clergy think that suicide is a ‘sin’ and not acceptable, and; Buddhist clergy are more accepting of suicide than Christian clergy. The investigator includes these two questions in his the survey.

Although the investigator tries to explore clergy’s perceptual differences, he also will try to discover whether the clergy sense of “sin” is rooted in scripture or in personal belief. Even if clergy cannot judge whether suicide is a “sin” or not, by asking questions about an association between spirituality and suicide might give clerics a chance to review their own standpoints toward suicide and the possible role of clergy in suicide prevention through pastoral counseling.

Linguistically, the investigator also should make a distinction between “sin” and the “immorality” of suicide. “Sin” is a strong word and connotes judgment from God. “Immorality” is also a strong word but it implies that people do not want to follow social norms. When people use the word “immorality,” it connotes judgment from social communities, such as neighbors, towns, cities, states, and countries. In short, “sin” is more “absolute” than “immorality.” On the contrary, “immorality” is more “relative” than “sin.” Morality might be easily affected by cultural differences. For instance, a Japanese Kamikaze attack (suicide attack) might be more acceptable in Japanese culture, because Japanese social norms during the World War II forced aviators to do Kamikaze attacks. In short, “sin” is based on absolute religious value; while, morality is based on social norms that may change with times.

In Japan, some Buddhist sects, such as “True Pure Land” sects, clergy think that ordinary people cannot judge sin, since only Buddha can judge sin. They also think Buddha is so generous that even evil individuals who have committed suicide can be permitted to enter the “Pure Land (Heaven)” and can be reborn as a human. This thought reflects the idea that suicide is “forgivable.” This idea was advanced by one of the highest Japanese Buddhist monks, St. Shinran (1173- 1262). Although this Shinran’s sutra is very popular in Japan today, suicide was not acceptable before Sinran’s sutra became prevalent (Kasahara, 2001). The hypothesis, “Buddhist clergy are more accepting of suicide than Christian clergy,” is based on literature related to Japanese culture, religion, and history. Nevertheless, there may well be variation among Buddhist sects or schools.

Although this literature implies that suicide is an acceptable element in Japanese culture, there is no clear-cut answer as to why. To explore this area, the investigator asked clergy whether their opinions are based on their religious dogmas or personal beliefs. The purpose of these questions is to gain insight into the possibility of policy changes; Japanese policy makers and public servants have a tendency to see religious leaders as the ultimate resort in solving suicide problems.

In the political arena, if the investigator can demonstrate that clergy can be suicide gate keepers, then policymakers in both countries might find it easy to budget for clergy-related suicide prevention programs. Although clergy, by themselves, may prove to be mediators in suicide preventions, they may also be able to cooperate with other professionals, such as psychiatrists, nurses, counselors, social workers, teachers, and perhaps even clergy. Counseling with clergy might have another function: prevention of intergenerational suicide because suicide survivors might have the chance to talk to clergy about the meaning of the death of their loved ones.

### *B. Summary*

Since this study is exploratory study, the researcher cannot use many theories that treated to cultural differences related to clerical counseling in the US and Japan. Although there are few studies that directly related to the theme of this study, there are many indirectly related studies: Durkheim's study, guilt and shame studies, and cultural and theological comparison between the US and Japan.

In the next chapter, the researcher will discuss methods that try to prove theoretical differences in the literature review section. The researcher will explain the procedure of survey and the reason why he employed the methods.

## *Chapter 2*

### *Using both Quantitative and Qualitative Methods*

#### *I. Introduction*

In this chapter, the investigator will explore the methods that he employed. At the beginning, the investigator will explain why he decided to combine both quantitative and qualitative research methods. Then, he will discuss sample, sampling procedure, sample profile, survey, and social indicators that affect suicidal ideation.

#### *II. Combining both Quantitative and Qualitative Research Methods*

To explore the role of clergy as suicide gatekeepers, the investigator sent questionnaires to US and Japanese clergy. The questionnaire included fixed-choice, closed-ended questions for quantitative analysis and open-ended questions for qualitative analysis. For analyzing quantitative data, SPSS was employed; for analyzing the quantitative data, MaxQda was used.

In the first phase, the investigator quantitatively analyzed closed-ended questions by using statistical methods: Chi-square and t-test, and made a comparison of two religious communities. Chi-square is useful for analyzing the difference between two nominal-level variables (Weinback and Grinnell, 2004, p261). In my research instrument, there are many questions that ask for wither a “yes” or a “no” answers. Chi-square is helpful for analyzing the difference between the USA and Japan. In addition to Chi-square, the investigator used t-tests to analyze the scores of possible suicidal factors. Weinback and Grinnell state, “T-test is a group of parametric tests that use the t

distribution to examine the issue of influences by comparing the means” (2004, p. 275). Although using two quantitative methods that are Chi-square and t-test is better than using one method, the investigator would like to analyze the meaning of suicide in more depth. Thus, the investigator analyzed open-ended questions by using qualitative analysis in the second-phase.

The second phase is qualitative analysis. The investigator analyzed open-ended questions by seeking keywords and themes. In this process, computer software, MaxQda was helpful because it can count keywords, and made those keywords priorities.

By combining those two methods, the investigator depicted what clerics thought about suicide and the attitude toward their role in suicide prevention. Without combining these two methods, the investigator cannot analyze data about the clergy. There are both advantages and disadvantages to quantitative and qualitative research methods.

According to Rubin and Babbie (2005, p.287):

Surveys are particularly useful in describing the characteristics of a large population. A carefully selected probability sample in combination with a standardized questionnaire offers the possibility of making refined descriptive assertions about a student body, a city, a nation, or other large population.

Rubin and Babbie (2005) also pointed out the weakness of survey research:

“Surveys often appear superficial in their coverage of complex topics” (p.287). Rubin and Babbie (2005) described both the strength and the weakness of qualitative analysis and said, “The chief strength of this method lies in the depth of understanding it may permit” (p.287):

Suppose you were to characterize your best friend’s political orientations based on everything you know about him or her.

Clearly your assessment of that person's politics is not superficial. The measurement you arrived at would appear to have considerable validity. One of the chief goals of science is generalization. Generalization is a problem for field research.

In short, qualitative research has the advantage of in-depth analysis and the disadvantage of "subjectivity" and the "difficulty of generalization." In the first phase, the investigator analyzed results by using statistical methods by means of t-tests and Chi-square with SPSS computer software. Then, in the second phase, the investigator analyzed ten open-ended questions qualitatively by using the qualitative computer software, MaxQda. By using this software, the investigator was able to analyze qualitative data more objectively and more in depth than traditional qualitative analysis, using a pen, highlighter, and piece of paper. MaxQda can count keywords, weight them on each key word, and compare them. The investigator analyzed each question one at a time. This approach has the advantage of analyzing data objectively and exploring backgrounds in depth. The purpose of this qualitative analysis is finding keywords and themes.

### *III. Sample*

The investigator created lists of 1,000 Christian churches and 1,000 Buddhist temples. A total of approximately 2,000 churches and temples in New York and Tokyo comprise the sampling frames in the Eastern suburbs of New York City which include Queens (NYC), Nassau, and Suffolk counties (Long Island, NY state), and in the Western suburbs of Tokyo which included the Three Tama Area, Nerima, Setagaya, and Toshima

wards. The Churches and temples were selected respectively from Verizon (NY) and NTT (Tokyo) phone books. A 40% random sample, 400 Churches and Temples in each country, was generated of all churches and temples using SPSS.

The reasons for selecting these geographical locations were: (1) similar population size (about 3.5 million); (2) part of the most populated states in New York state and Tokyo prefecture, (3) within commuting distance of the largest cities in both countries (10 – 40 miles from downtown in New York and Tokyo). It was hypothesized that these similarities might lead to similar behavioral patterns and problems. For example, a dense population might lead to social conflicts and competition because of the high price for real estate and lack of job positions to support a dense population. Or, there might be the same problems of traffic jams and long commuter distances.

#### *IV. Sampling Procedure*

In sampling procedures, investigator followed these three steps: (1) practicing a pilot test for three clerics in each country by interviewing them on the same questions on the survey, (2) by sending first and second wave surveys, the investigator reminds clerics to send the survey, and (3) getting rid of seasonal biases in survey.

On October 10th, 2008, the investigator carried out a pretest in Queens, New York, the USA by interviewing three Christian clerics. The investigator asked the same questions as in the mail survey and checked to see whether the questions and answers were easy to understand. On November 28th, 2008, the investigator also did a pretest in the West Tokyo area, Tokyo, Japan and interviewed three Buddhist clerics. Throughout

these pilot studies, the investigator fixed English /grammatical mistakes and corrected parts in the questionnaire that appeared confusing to the respondents. The investigator also learned that some closed ended questions could be asked as open-ended questions.

From April 5th to 17th, 2009, questionnaires were sent to 400 American Churches and 400 Japanese temples. This is a mail survey that includes a returning self-stamped envelope without requiring any personal information: returning address and organization's names. In the first wave of surveys, the return rate in the US was 6% (24 replies out of 400), and that in Japan was 5.5% (22 replies out of 400). This return rate was disappointingly very low in each country. The investigator wondered whether there were two possible obstacles for clerics to answer the survey questions: the theme, "suicide," is a sensitive and taboo issue, and early April might be a busier month than other months because schools have a spring break in each country. According to these two reasons, the investigator decided to send second wave to American Churches and to Japanese Temples.

From June 4th to 16th, 2009, questionnaires were sent to the same 400 American Churches and 400 Japanese Temples as second wave surveys. In the second wave of surveys, the return rate in the US was 13.8% (55 replies out of 400) and that in Japan is 14% (56 replies out of 400). This time, the response rate was higher than the first wave. The investigator assumed that the follow-up letter prodded clerics to participate in the surveys, and that the seasonal events in June might be less pressing than in April.

The investigator received a total of 157 returns out of 800 mailed surveys (for a response rate of 19.6%) that included 79 out of 400 Christian Churches and 78 out of 400 Buddhist Temples.

*V. Approval from the Stony Brook University Committee on Research Involving Human Subject (IRB)*

The investigator got approval of the research from the Stony Brook University Committee on Research Involving Human Subject (IRB) on August 15<sup>th</sup> in 2008. In the IRB applications, there are two types of applications: (1) full application and (2) exemption. Researchers who study bio-medical or conduct face-to-face interviews are required to complete full applications that request both consent forms, and information on the possible harm or loss of survey participants' health. The investigator applied for exemption because the survey is anonymous and there is no possible harm or health loss. The IRB requested anonymous and confidential personal information. Thus, the investigator used a return, stamped envelope and asked the clerics not to write down their address and personal information.

*VI. Sample Profile*

The demographic characteristics of the sample are as follows: 92.3% male (USA: 86.1% male; Japan 96.2% male), 44.8% Caucasian, 49.9% Japanese, 6.7% African American, 3.0% Asian and Pacific Islanders, .7% Latino. The total average age is 56.8 years, and the range is 31-88 (median 59.0, mode 60.0, SD = 10.9), The US clergy's

average age was 56.7 (median 56.5, mode 52.0, SD = 9.3), and the Japanese clergy's average age was 57.1 (median 62.0, mode 60.0, SD = 12.9).

Table 2.1: Empirical Profile of Sample (N = 157)

Country	America (n = 79)		Japan (n = 78)	
Sex	f	%	f	%
Male	68	43.3	76	48.4
Female	10	6.4	1	0.6
Not Mentioned	1	0.6	1	0.6
Race / Ethnicity				
Caucasian	60	38.2		
Japanese			77	49.0
African American	9	5.7		
Asian / Pacific Islanders	4	2.5		
Latino	1	0.6		
Age				
Mean	56.7		57.1	
Median	56.5		62.0	
Mode	52.5		60.0	
S.D.	9.3		12.9	
Marital Status				
Married	55	35.0	67	42.7
Single	17	10.8	6	3.8
Divorced	5	3.2	1	0.6
Years of Formal Education				
Mean	19.8		18.2	
Median	20.0		17.5	
Mode	16.0		16.0	
S.D.	3.0		2.9	
Annual Income				
Median	\$50,000-\$59,999		\$50,000-\$59,999	
Mode	Over \$70,000		Over \$70,000	
Job Titles				
Pastor	50	31.8		
Senior Pastor	7	4.5		
Reverend	3	1.9		
Minister	3	1.9		
Clergy	3	1.9		
<i>Jyushoku</i> (Chief Priest)			61	38.9
<i>Souryo</i> (Priest)			6	3.8
<i>Fuku Jyushoku</i> 3 (Assistant Chief Priest)			3	1.9
Years in Position				
Mean	20.1		20.1	
Median	19.0		19.0	
Mode	N/A*		N/A*	
S.D.	12.4		12.3	

\*Multiple modes exist.

The number of clergy in the USA sample is 79 and that of Japan is 78. The US constitutes 50.1% of the total sample and Japan 49.9%. In the US, there are 68 males (86.1%) and 10 females (12.7%) in Japan, there are 76 males (97.4%) and 1 female (1.3%).

Age demographics are similar in the two countries: the average age in the USA is 56.7 and in Japan is 57.1. The median and mode in the US are 56.5 and 52.0, and those in Japan are 57.1 and 62.1. The difference in the standard deviation (S.D.) between the two countries is relatively small: S.D. in the USA is 9.3 and that in Japan is 12.9.

In the US sample, races / ethnicities are mainly divided into Caucasian 75.9%, African American 11.4%, and Asian and Pacific Islanders 5.1%. In the Japanese sample, Japanese Buddhist clergy are dominated by Japanese (98.7%), and it is far less diverse than that of the USA. According to the Suffolk (NY State) County's government website (<http://www.co.suffolk.ny.us/>), in the 2000 Census data, Suffolk County's racial demographic characteristic is: Caucasian 84.6%, Latino 10.5%, African American 6.9%, Asian 2.4%, and Native American 0.3%. This demographic characteristic is very similar in Nassau County. Compared with the clergy in general, the Latino clergy's number is relatively small. Although there are more diverse races / ethnicities, there might be less diverse clergy in this area (Greater NYC area). In short, clergy's racial demographic characteristics might be less diverse than that of the believers. In marital status, all 12 Roman Catholic priest answered "single" for marital status. The number of "married" US clergy is 55.

In the USA, the largest sect that responded to the survey was Roman Catholic and the total number was 12 (16.4%). The second largest numbers that responded were: Baptist 6 (8.2%), Lutheran 6 (8.2%), and Episcopal 6 (8.2%). The third and the fourth largest were: Evangelical Lutheran 3 (4.1%), Church of God 3 (4.1%), and Reformed Church in America 2 (2.7%).

In Japan, the responses were in responder, from Shingon-shu 19 (24.4%). The second largest returning rate is Sodou-shu (Zen Buddhist) 14 (17.9%). The third and fourth high returning rates are: Jodo-shu (Pure-Land sect) 10 (12.8%) and Jodo Shin-shu (True Pure-Land sect) 4 (5.1%). Although the number of Jodo-shu 10 (12.8%) is larger than that of Jodo-shin-shu 4 (5.1%), there are two branch sects: Jodo-shin-shu Honganji-ha 7 (9.0%) and Jodo-shin-shu Otani-ha 2 (2.6). The combination of Jodo-shin-shu numbers is larger than the number of Jodo-shu. Those Jodo-shin-shu sects originally derive from a high priest named Shinran-shonin (St. Shinran). Historically, in 1580, the Headquarters were forced to be divided into two sects by Shogun Oda Nobunaga, because Jodo-shin-shu fought against Shogun Nobunaga and lost the war (Kasahara, 2001).

## *VII. Survey*

There are 16 questions that include both close-ended and open-ended inquiries. The investigator introduced the questionnaire carefully in the result and appendix sections. There are three characteristics of the questionnaire: (1) taking two steps (asking Yes or NO questions first, and then asking “why” questions); (2) exploring differences in

cultural and religious clerical thinking related to suicide prevention in the US and Japan, and (3) exploring the role differences of clerics in suicide prevention in the two countries.

Each question is as follows:

Question 1. What do you think are the most important factors that contribute to suicide? Please rank “1 (Lowest)” to “10 (Highest). For Example: [1] Economic Issues, [2] Others: ( ), [3] Aging Issues...[10]Racism

Question 2. Do you think that you have an obligation to help people who are thinking about suicide? Please check one (“Yes” or “No”).

Question 3. Do you think that religion can prevent suicide? Please check one (“Yes” or “No”).

Question 4. Do you think that committing suicide is a “sin”? Please check one (“Yes” or “No”).

Question 5. Do you think that counseling with pastors can prevent someone from committing suicide? Please check one (“Yes” or “No”).

Question 6. In the past 3 months, have you counseled (talked) with individuals who reported thinking about committing suicide? Please check one (“Yes” or “No”).

Question 7. In the past 3 years, are you aware of any attempted suicides among your congregation or their relatives? Please check one (“Yes” or “No”).

Question 8. In the past 3 years, are you aware of completed suicides among your congregation or their relatives? Please check one (“Yes” or “No”).

Question 9. Does your church have any resources about preventing suicide (such as educational pamphlets, brochures, or leaflets)? Please check one (“Yes” or “No”).

Question 10. In the past 3 months, have you ever mentioned suicide during Mass (services)? Please check one (“Yes” or “No”).

Question 11. Are there any penalties for your church’s members who committed suicide? For example: Different funeral services, or in entombment different grave sites, or penalty imposed on family members. Please check one (“Yes” or “No”).

Question 12. Would you be willing to counsel people who are not members of your Church? Please check one (“Yes” or “No”).

Question 13. If you mention suicide during Mass (services), what do you say? Please describe.

Question 14. What do you say to families who have lost a family member to suicide? Please describe.

Question 15. Do you think that “honorable suicide,” as part of a military mission, or a Japanese Kamikaze mission, or a rescue mission, can be justified from the religious stand point? Please elaborate (Why or Why Not).

Question 16. Demographic Data (Please answer each item):

1. Gender: [  ] Female (woman) [  ] Male (man)
2. Birth Year: Year: ( )
3. Race / Ethnicity: [  ] White, [  ] African American, [  ] Latino  
[  ] Native American, [  ] Asian and Pacific Islanders  
[  ] Others ( )
4. Marital Status: [  ] Married, [  ] Single, [  ] Divorced, [  ] Widow
5. Religion: Please include your Church’s denomination:
6. Years of Formal Education: [ ] years
7. Job Title: ( )
8. Years in Position: [ ] years
9. Could you check your approximate of gross (pre –tax) annual income?  
\*Please check one.  
[  ] Under \$20,000 [  ] \$20,000 – \$29,999 [  ] \$30,000 – \$39,999  
[  ] \$40,000 – \$49,999 [  ] \$50,000 – \$59,999  
[  ] \$60,000 – \$69,999 [  ] Over \$70,000
10. Have you ever taken any “suicide prevention training” ?  
Yes [  ], No [  ] If YES, please describe what type of trainings  
and how many days did you take?  
Types of Training: ( ), Total Days: [ ] days
11. How many people are in your congregation? [ ] people

The purposes of question one is to explore clerics’ personal beliefs about that they think which factors contribute to suicide. The investigator asks which are the most important factors that contribute to suicide and also asks them rank them from “1 (Lowest)” to “10 (Highest).” For example, a cleric might answer: [1] Economic Issues, [2] Others: (Depression), [3] Aging Issues...[10] Racism. Through questions two, three, and five, the researcher seeks to understand that clerics’ role definitions regarding to

suicide prevention. If clerics thought that suicide prevention is a part of their obligation, they might identify themselves as “suicide gatekeepers,” i.e., as key persons who can prevent their believers from suicide. By asking question four, the investigator explores the clerics’ individual philosophy related to suicide and sin. If they answered “Yes” that suicide is a sin, then the researcher asks them to write “why” do you think so as an open-ended question. On the contrary, if they answer “No,” then the researcher asks them to explain “why suicide is not a sin.”

Through question six to eight, the investigator intends to grasp how many believers and their relatives attempt or commit suicide. Since the number of suicides is sensitive issue, the investigator focuses more on cultural differences than the exact numbers. Question six seeks to discover the numerical differences in counseling efforts in the two religious communities. There are no qualitative questions here; respondents are requested to answer: “Yes” or “No” to the question, “In the past 3 months, how many individuals have you talked with?” and “On average, how many minutes did you work with each person?”

In question seven, if clerics answered “Yes,” they were asked, “In the past 3 years, how many attempted suicides? Please check one: 1, 2, 3, and 4 or more.” The purpose of this question is twofold: (1) analysis of the numerical differences between the two religious communities, and (2) determining the numbers of people who attempted suicide. The investigator assumes these reports are only approximate. For instance, in the case of attempted suicide, neurobiological behavior might be involved as accidents or other injuries, such as severe cutting. Furthermore, these numbers might reflect religious

and/or cultural differences in the two countries. If suicide is too “taboo” to talk about to clergy, then the number of attempted suicide cases that are reported to clergy might be smaller than actually occur. If suicide is not a “taboo” topic and clergy are open to talking about it, the number of attempted suicide cases that are reported might increase. There is always a difference between true prevalence and reported incidents especially when the phenomenon is a stigmatized or “taboo” topic.

Question nine is basically the same question as seven; however, in question eight, the respondent is asked about not “attempted” suicide, but about “completed” suicide. The purpose of this question is the same as question seven: (1) to analyze the numerical differences between the two religious communities, and (2) to gain some approximate data on the numerical of individuals who are knowing clergy to actual commit suicide. Moreover, clergy may well be in the best position to know the reason of the cause of death.

The investigator assumes that many suicide cases were treated as accidents. If clergy, however knew the “truth,” then they might be more encouraged to undertake the role of a “gate keeper” in order to prevent intergenerational suicide.

Questions nine to twelve explore the resources and punishments in the two religious communities. Among these questions, question twelve focuses especially on recourses for members outside of the Church. The purposes of these questions are to compare the clerical differences in awareness of suicide prevention.

Questions thirteen and fourteen are open-ended questions that try to get at clerics' cultural differences related to suicide prevention in the US and Japan. Question fourteen especially focuses on clerical supports for believers who lost their loved ones to suicide.

Question fifteen tries to understand how cultural differences are related to the awareness of "honorable suicide" that includes suicidal military and rescue missions. By this question, the investigator expects to ascertain cultural differences related to "honorable suicide" in the two religious communities.

Question sixteen is a demographic question that includes gender, age, race / ethnicity, marital status, religion, education, denomination, job title, years in position, annual income, training experiences, and the number of congregation. Through these questions, the investigator might discover demographical differences in the two countries' clerical communities. The researcher also wants to know about the experiential differences in the training clerics have in the two communities.

#### *VIII. Social Indicators: Variables of Suicide Factors*

In question one, the investigator asks the most important factors that contribute to suicide and also asks them to rank them from "1 (lowest)" to "10 (highest)." Suicide factors are as follows: economic issues, aging issues, adolescent issues, mental health issues, substance abuse issues, racism, gender issues, family issues, and lack of spirituality. The investigator selected those variables of suicide factors based on the following three articles. He also analyzed data by comparing the means (t-test) using SPSS software.

Kposowa (2001) mentioned that unemployment might affect suicide rates and said, “Unemployment is strongly related to suicide.” He also pointed to gender differences and said, “Unemployed men were a little over twice as likely to commit suicide as their employed counterparts.”

Bhatia, Khan, Mediratta, and Sharma (1987) studied high risk suicide factors in the USA and India, and made a comparison. They found that there are seven suicide factors in the USA, which are: (1) major depression, (2) schizophrenia, (3) alcoholism, (4) recent losses, (5) retirement, (6) limited social support system, and (7) aging issues. In India, there are nine suicide factors: (1) humiliation, (2) economic loss, (3) poverty, (4) examination failure, (5) relationship disappointments, (6) disputes with spouse and in-laws, (7) property disputes, (8) loss of a loved one, and (9) chronic medical illnesses. According to Bhatia *et. al.* there are some differences in suicide factors between the two countries. In the USA, mental health, substance abuse, recent loses, and aging issues are major suicide factors. In India, humiliation, economic, social, and relational factors are more important than mental health and aging.

Bukstein and *et. al.* (2007) found that adolescents who had substance abuse problems were more likely to commit suicide. They also recommended that substance-abusing youth should be carefully watched for their mental health status and suicidal behaviors. The purpose of this study tried to clarify why the adolescent suicide rate is higher than other age groups.

By combining those suicide factors and referencing religious books, the investigator selected nine suicide factors that are economic issues, aging issues, adolescent

issues, mental health issues, substance abuse issues, racism, gender issues, family issues, and lack of spirituality as variables.

### *IX. Summary*

In the method chapter, the investigator explained that he employed both quantitative and qualitative methods to analyze both closed and open ended questions. The investigator was interested not only in analyzing the numerical data, but the investigator also analyzed open-ended answers by seeking their themes.

The most serious issue in the procedure of collecting data is how to increase the low returning rate in each country. The investigator sent second-wave surveys to increase the return rate. The topic “suicide prevention” is sensitive and stigmatized as well. Thus, receiving second-wave (follow-up) letters had positive results since it provided respondents with more time to think about stigmatized topics.

In the next two chapters, the investigator will introduce the results of both the closed and open ended questions.

**Chapter 3**  
***Clergy’s Views on Preventions, Obligation, Sin, Counseling, and Resources:  
Results of the Quantitative Analysis***

*I. Introduction*

In this chapter, the investigator will introduce results related to clergy’s views on suicide preventions, obligation of suicide prevention, whether suicide is sin, counseling, and resources for suicide prevention.

*II. Result of the Quantitative Analysis*

In the USA, about 42% clergy have participated in suicide prevention programs, while; in Japan, only 9% of clergy have had suicide prevention training. Given that the Japanese suicide rate is twice as high as the USA, the lack of suicide prevention training might affect to the increased number of suicides in Japan.

**Table 3.1** *Suicide Prevention Program Participant Experiences*

Country Suicide Prevention (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	33	41.8	7	9.0
No	43	54.4	69	88.5
N/A	3	3.8	2	2.5

According to Table 3.2, all US clergy think that suicide prevention is their obligation. In Japan, however, only 71.8% of clergy think that suicide prevention is their obligation. In this context, there might be cultural/religious differences for definition of the word, “obligation.” Some clergy pointed out that there is no “obligation” in Buddhist culture. In Christian culture, believers have an obligation or contract with God; however,

in Buddhist culture, there is no concept of obligation with God / Buddha, and there is obligation to follow Buddha’s teaching. Thus, if Buddha does not mention suicide in the sutras, then clergy do not have an obligation. Actually, there is no negative comment regarding suicide in Buddhist sutras. In fact, some sutras make positive comments regarding suicide (Kasahara, 2001).

**Table 3.2** *Obligation to Help Suicidal Individuals*

Country Obligation to Help (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	79	100.0	56	71.8
No	0	0.0	15	19.2
N/A	0	0.0	7	8.9

More US clergy (84.8%) think that religion can play a role in suicide prevention compared to Japanese clergy (69.2%). In addition, more Japanese clergy think that they are “not sure (11.5%)” whether religion can prevent suicide or not.

**Table 3.3** *Religion for Suicide Prevention*

Country Religion for Suicide Prevention (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	67	84.8	54	69.2
No	12	15.2	15	19.3
N/A	0	0.0	9	11.5

More US clergy think of “suicide as sin” than not and some clergy mentioned the definition of “sin.”

**Table 3.4** *Committing Suicide as a Sin*

Country Do you think committing suicide is a sin? (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	53	67	39	48.7
No	26	33	38	48.7
N/A	0	0.0	1	1.3

As shown in Table 3.5, more than twice as many US clergy (21 clergy) as Japanese clergy (9 clergy) have provided counseling in the past three months. There might be two reasons for this (1) US Churches are more open to the public than Japanese temples, and (2) Christian culture is more familiar with pastoral / clergy counseling.

**Table 3.5** *Counseling by Clergy in the Past 3 Months?*

Country Counseling in 3 Months (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	21	26.6	9	11.5
No	57	72.2	66	84.6
N/A	1	1.2	3	3.9

As shown in Table 3.6, fewer US clergy answered, “Yes,” than Japanese clergy and the US total number of attempted suicide case (the total number = 68) is more than that of Japan (the total number = 44).

**Table 3.6** *Number of Parishioners Who Have Heard Suicide Attempt in the Past 3 Years*

Country Suicide Attempt in Past 3 Years (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	40	50.6	31	39.7
No	39	49.4	47	60.3

Table 3.7 shows that the number of Japanese clergy (47) who answered “Yes” for completed suicide in three years, and the total number of Japanese who completed suicide (79) are larger than that of the USA: 26 answered “Yes” and the total 41 completed suicide case.

**Table 3.7** *Number of Parishioners Who Have Heard Completed Suicide in the Past 3 Years*

Country Completed Suicide in 3 Years (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	26	32.9	47	60.3
No	53	67.1	27	34.6
N/A	0	0.0	4	5.1

According to Table 3.8, 16.7% of Japanese clergy had resources for suicide prevention, but the majority of 80.8% did not. This might reflect the fact that suicide is more of a social than an individual issue. In this context, social or political differences may influence mental health policy. In Japan, mental health issues are more individual issues than social or political issues. Thus, people have a tendency to think that depression and suicide are a result of individual failure for which social/political systems

have no responsibility. Although US social norms tend to treat mental problems as stigma, the Christian community, nevertheless; may be more open to discuss mental health issues than the Buddhist community.

**Table 3.8** *Resources for Suicide Prevention?*

Country Resources for Suicide Prevention (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	34	43.0	13	16.7
No	45	57.0	63	80.8
N/A	0	0.0	2	2.5

Table 3.9 indicates that there are similarities in the two countries: the number of people who answered “Yes” is 27 in the USA and 22 in Japan and “No” is 52 in the USA and 56 in Japan. In both countries, many clergy provided very similar reasons for why they were not able to talk about suicide: lack of time and that the topic (suicide) is not good for their congregations. Although those reasons might be true, some clergy might try not to touch such “taboo” topics because suicide is a very sensitive issue.

**Table 3.9** *Have You Mentioned Suicide in Congregations in the Past 3 months?*

Country <i>Have you mentioned suicide?</i> (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	27	34.2	22	28.2
No	52	65.8	56	71.8

In Table 3.10, about 95% of US clergy are willing to counsel people who are outside of their congregation. About 82% of Japanese clergy also are willing to counsel outside people; however, 10 clergy answered, “NO,” and 4 clergy answered, “Not Sure.” In this context, there are cultural differences related to the concept of “religious community.” Some clergy answered that the reason why they wanted to the counsel outside people, “The World is my parish” or “It is my duty.” On the contrary, about 15 Japanese clergy answered, “No” or “Not Sure.”

In short, the definition of “religious community” is different in US and Japan. Japanese religious communities might be smaller than those in the US. This difference also might affect the degree of openness of churches and temples. The key is how open they are to outside people who are depressed and need religious help. This also is a policy issue because many clergy reported that there is a lack of financial support for helping outside people.

**Table 3.10** *Would You be Willing to Counsel Outside of Your Congregation?*

Country Willing to counsel outside of your congregation? (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	75	94.9	64	82.1
No	4	5.1	10	12.8
N/A	0	0.0	4	5.1

Question 15 asks: “Do you think that ‘honorable suicide,’ as part of a military mission, or a Japanese Kamikaze mission, or a rescue mission, can be justified from the religious standpoint? Please elaborate (Why or Why Not).” As you can see table 5-11,

the US clergy answered “Yes (n=14, 17.7%)” and “No (n=65, 82.3%, including answers: “Yes and No” and “Not Sure”). The Japanese clergy answered “Yes (n=3, .5.5%)” and “No (n=52, 94.5%) including the following answers: “Yes and No” and “Not Sure.” The result is different from the investigator’s hypothesis, “Buddhist clergy are more accepting of honorable suicide than Christian clergy,” since more Buddhist clergy answered, “No,” than Christians did. Thus, the investigator’s hypothesis was rejected.

**Table 3.11** *Do You Think Honorable Suicide Can Religiously be Justified?*

Country Willing to counsel outside of your congregation? (N = 157)	USA (n = 79)		Japan (n = 78)	
	f	%	f	%
Yes	14	17.7	3	3.8
No	65 <sup>a</sup>	82.3	75 <sup>b</sup>	96.2

Note: a). “No” includes 2 “Yes and No” and 3 “Not Sure” answers.

b). “No” includes 3 “Yes and No” and 3 “Not Sure” answers.

## *II. Summary*

Throughout the Chapter 3, the investigator that there are cultural differences between in the US and Japan related to clergy's views and obligation on suicide prevention, Sin related to suicide, counseling attitudes, and resources of suicide prevention. Although quantitative results can grasp a general views of suicide preventions and differences / similarity in the US and Japan, quantitative results might be too shallow to know the reason that are rooted in these cultural differences. In the next chapter, the investigator will introduce open-ended answerers for in depth understanding of background reasons of cultural understanding.

**Chapter 4**  
***Analyzing “Why” and “Where” Cultural / Religious Differences Came From:  
Results of the Qualitative Questions***

*I. Introduction*

In this chapter, the investigator introduces results of the qualitative questions. The reason why the investigator employed both qualitative and quantitative analysis is there are both advantages and disadvantages in two methods. In quantitative methods, the researcher can know cultural differences by number. Thus, he can analyze data more objectively. However, the most serious disadvantage of quantitative way is that the investigator cannot understand reasons why clergy thinks so. In qualitative methods, there might have a risk of subjectivities and personal biases; however, there also is an advantage to analyzing clerics’ words and thoughts in depth through more individualized responses.

*II. Results of the Qualitative Questions*

*Question 1: “What do you think are the most important factors that contribute to suicide?”*

The investigator asked clergy about their opinion related to suicide factors. Based on the literature, ten factors were listed. These include: economics, aging, developmental, mental health, substance abuse, racism, gender, family, and lack of spirituality. Space was provided for clergy to write-in other feature. Then, clergy were expected to rank the factors from 1 to 10 (the least to the most important).

Clergy also were asked another open-ended question that encouraged them to describe “other” suicide factors. The investigator found that there are two key words common in both countries: “human relationships” and “hopelessness.”

Two American clerics mentioned that “human relations” might contribute to suicide. One used the term, “relationship issue” and the other spoke of, “pressure of assignments.” Japanese clerics described suicide factors more precisely; “death from overwork”; “human relations”; “human relationships at work”; and “too much pressure in their job environment.” Although there are some linguistic differences, both countries’ clergy share the same concern, “human relations,” as a factor that contributed to suicide.

Two American and two Japanese clerics noted that “hopelessness” was also an important factor. It was interesting that many clergy in both countries said that “hope” was the key to preventing suicide. Many clergy focused on how suicidal individuals make a shift from “hopeless” to “hopeful” through religious faith.

Two American clergy, mentioned “Cult Related Influence” or “Demonic Influence.” In Japan, one cleric mentioned, “Lack of knowledge of reincarnation.” The similarity of those answers points to traditional religious “punishment.” In this context, there is an assumption that these who believe in God / Buddha cannot commit suicide. For suicide survivors, this religious assumption may be hurtful. These words may well carry a judgmental connotation for the survivors based on the premise that suicide is morally wrong.

In short, suicide is probably caused not by a single factor, but by many factors, including: mental and physical health as well as financial and work related issues.

“Hope” is a key, but if clergy have judgmental attitudes, then suicide survivors may be hurt twice: losing a loved one, and labeling loved one’s behavior as morally wrong.

*Question 2: Do you think that you have an obligation to help people who are thinking about suicide?*

In this question, the intention is to explore clergy’s sense of duty for suicide prevention.

To the above question, clergy were asked to: Please check one (“Yes” or “No”).” If clergy answered “Yes,” then they were asked to rank “1 (Lowest)” to “4 (Highest)” among these possible reasons: ethical duty, personal belief, God’s will, and others (asked clergy to describe). If clergy answered “No,” then they were asked, “Why do you think so? Please explain why you do not have an obligation.”

The assumption is that there are cultural and religious differences between the two countries. The reason for this assumption is based on cultural differences, namely those of “shame and guilt” (Stack, 1950; Sugiyama, 1983; Scheff, 2000). Thus, in the US, Christian clergy might feel that participation in suicide prevention is an obligation or duty, because they have a sense of contract with God. On the contrary, in Japan, fewer clergy might have a contract with God, but many clergy would have a sense of obligation to the community.

There are similarities and differences in both religious communities. Five American and four Japanese clergy said that suicide prevention is an obligation because of “professional,” “work ethic,” and “moral reasons.” Two American clergy said that they were duty-bound to treat depression and hopelessness. While, American clergy

focus on “hope,” Japanese clergy focus more on philosophical themes. They said, “I think that ‘*En* (human relations)’ is the most important thing,” “To be awakened to the Buddhist truth,” “meaning of life,” and the “gift of life.”

In short, in both countries, clergy share the same “professional” or “moral” value; however, American clergy think suicide prevention is a duty, while; Japanese clergy focus more on the “meaning of life” and the “gift of life.”

No American clergy answered “No” for the suicide obligation question; whereas, more than 15 Japanese clergy thought that suicide prevention was not their obligation. Among these 15, they mainly offer three types of reasons: (1) religion cannot save lives (it has limitations), (2) clergy’s counseling ability is limited (refer to medical professions), and (3) clergy should respect an individual’s choice.

First, two clergy indicated that religion has limited power in the prevention of suicide. For examples, clergy said, “We cannot ‘save’ a life by religion” but I can do something as a citizen; however, that is not my obligation because it might not fit into religion / spiritual issues.

Second, three clergy pointed out that clergy’s counseling ability and training experience is limited. They said, “I wish I could “help” them, but my counseling ability and what I can do is limited”; “I want to talk to people who attempted suicide, but my counseling ability is limited and I cannot solve their problems. I want to refer them to mental health professionals”; “I have no ability to ‘teach’ them”; and; “Education is the responsibility of parents in the home.”

Third, two others said that clergy should respect a person's choice: "If an actual act of suicide does not affect other people, I respect their choices"; and "My obligation is not to change their minds from death to life." There is the common belief that death and life can be delivered only by Buddha.

*Question 3: Do you think that religion can prevent suicide?*

The clerics were then asked: "Do you think that religion can prevent suicide? Please check one ("Yes" or "No")." If they answered, "Yes," they were asked, "Why do you think so? Please rank 1 to 4: Spirituality increases life energy, People might know it is against God's will, People might know they will go to 'hell,' others (please describe). If they answered, "No," then they were asked, "Why do you think so? Please explain why." The purpose of this question and these scores is to answer the clergy's readiness to undertake some role in suicide prevention.

Five American clergy mentioned that religion alone cannot prevent suicide. For examples, three said, "Religion cannot prevent suicide."; "Having a personal relationship with God can prevent suicide."; and; "Religion alone cannot take away the mental disorders that often lead to suicide." Two placed greater weight on "Relationship with God" and said, "Relationship with God can help us deal with the various issues but cannot prevent suicide"; and Religion itself cannot prevent suicide, but "Faith in God" can prevent suicide. In short, clergy think that, "religion" is not good enough for suicide prevention; however, an individual's strong "faith" or "relationship with god" might help to prevent suicide.

In response to the same question, “Why religion cannot prevent suicide?”; two Japanese clergy pointed out that “social” and “mental health” factors cannot be solved by religion. They said, “Suicide is rooted in complicated social factors that religion cannot solve.”; and “Religion or spirituality alone cannot prevent suicide. They must talk to mental health professionals or friends.” These responses might point to a role for clergy “mediator” or “catalyst.” That is, to refer parishioners to another profession, such as social work or psychiatry. Although this approach might be fruitful, the most serious drawback is that some depressed or suicidal people visit Churches / Temples seeking for spiritual guidance. If clergy refer them to mental health professions before they provide spiritual counseling that might increase suicidal ideation. In this context, there may be a tacit consensus that suicide is more acceptable in Buddhism than in Christianity. Two clergy mentioned, “Religion sometimes reinforces their struggles.”; and “Even religious people might commit suicide, if they want to do so.” In short, some Japanese clerics think that religion might reinforce suicidal ideation. Furthermore, two clerics said, “Suicide might be justified by Buddha. Religion / Spirituality might increase suicide ideation.”; and; “How they pass away is not a problem; however, how they pray is important whether they can go to heaven or not.” For Buddhists, how to die is not a problem, but how they live was important. Only Buddha can judge whether they go to Heaven or Hell.

Politically, one Japanese cleric said, “In Japan, religion cannot prevent suicide, because religious organizations do not have financial resources for suicide prevention.” Financial shortage is the same problem in both countries. However, the problem in Japan

is that many ordinary Japanese citizens simply do not connect suicide prevention with religion.

*Question 4: Do you think that committing suicide is a “sin”?*

To respond to this, a question will indicate how religious differences affect the concept of suicide as a “sin” in Christian and Buddhist clergies. If clergy answered “Yes” to this question, then the clergy expected to answer, “Why do you think so? Please rank ‘1’ to ‘5’ among those possible answers: against God’s will, morally wrong, lack of spirituality, disgrace to your family and community, and others (please describe). If clergy answered “No,” then they were asked, “Why do you think so? Please explain why committing suicide is not a ‘sin’.”

For the American clergy, there were four types of answerer as to why committing suicide was not a sin. Because, suicide is: (1) choice, (2) personal and community tragedy, (3) mental health issue, and (4) judged only by God.

First, “choice” is a key word and two clerics said, “Sin involves deliberate choice; but suicide is a last resort not a free choice.”; and “To sin one must be able to rationally make a choice.” Similarities in those answers are “suicide is a last resort, and there is no other choice (option), if people have little support or people ... are mentally ill.”

Second, sin is not an individual issue, but a social issue. Clergy said, “Suicide is a personal and community tragedy, and sin is not a useful concept to deal with it.” and “Sin is a moral issue, but suicide is an individual and community issue.” In short, the concept

of “sin” is rooted in “God-human relationship”; however, suicide is social and community issue. Thus, suicide itself cannot be a sin, but “a cry for help.”

Third, in mental health issues, if individuals do not have the ability to perform activities of daily life because of mental illness, suicide should not be a sin, because they do not have the legitimate competence to perform the activities of daily life. Three clergy said, “Mental health issues trump the capability of sinning”; “Sin is a deliberate choice; people who commits suicide are not making a responsible choice” and “People who commit suicide are genetically and emotionally distorted so that they are not freely choosing to sin.”

In addition to mental health issues, three clergy provided a religious definition of “sin.” One cleric said, “Sin is breaking your relationship with God. While life is God’s gift ending your life is not necessarily a sin. Its root cause is despair or loss of hope. In fact, suicide might represent a broken relationship with God.” Two clerics said, “Only God determines what sin is - We cannot judge” and “God’s love is greater than anything we can do to ourselves or others.” The similarity in among these clergy is that “people cannot judge whether sin or not. Only God determines what sin is.” However, two clerics pointed out that God’s love reaches to all.

For Japanese clergy, there are three types of answers: (1) inevitable social factors lead to suicide, (2) morally or ethically, suicide is not sin, and (3) religiously, it is unavoidable fate. Although there are different types of answers, more than 30 Japanese Buddhist clergy mentioned the same theme that “life is a gift from Buddha, and we do not have a right to end it.” Furthermore, some Japanese clerics referred to the people

who end the gift of life as “arrogant.” Those clergy described persons who committed suicide as sinful, because they escaped from the duty of life.

First, five Japanese clergy mentioned that suicide is caused by multiple social factors, so it cannot be judged as sin. They said, “They are victims of political, economic and medical systems. Even if the decision should be wrong, we cannot blame them as sinners”; “No one wants to kill themselves if they have another option. For some people, suicide might be the only option and the best choice”; “We have to understand there was no option but to commit suicide, because their struggle is caused by social structure and they cannot escape from it”; “It is sinful for survivors; however, there might be no other options and I cannot say ‘sin’”; and “I cannot take judgmental attitude, because it is not clear what the mental conditions are when they commit suicide.” Those Japanese clergy commonly think that suicide cannot be judged by religion because it is caused by other social factors.

Second, five Japanese clergy reported judgmental opinions: suicidal behavior is bad, but it is not sin. They said, “Suicide itself is not a sin; however, the processes / causes that lead to suicide might be sinful”; “Even some bad behaviors that lead them to suicide might not be sinful. Each case might be different, so we cannot judge whether it is sin or not”; “Suicide is a bad thing we must not do; however, it is not a sin”; “We cannot judge other people’s decisions” and “It is a bad behavior that cannot solve problems; however, it is not a sin.” Although the clerics all took judgmental position, many said that “suicide is bad behavior, but it is not sin.”

Third, three clergy alluded to a religious definition of suicide and sin. They said, “In Japanese Buddhist culture, we use *Innen* (fate / destiny) instead of sin. Suicide is a part of *Innen* ( fate / destiny).”; “Each person has his/her own ‘*En* (fate)’ and it is fate and it is not sin.” The similarity of those positions is that since suicide is unavoidable, family members should accept the religious meanings of suicide. Although their attitude is fateful, they also are sympathetic to suicide survivors, such as family members or relatives. One cleric said, “They might not have any other options. The role of religion is to help those social victims of society. It is not to blame them.”

Furthermore, in question 4, if clergy answered “Yes,” then they were asked, “Why do you think so? Please rank ‘1’ to ‘5’ among these possible answers: (a) against God’s will, (b) morally wrong, (c) lack of spirituality, (d) disgrace to your family and community, and (e) others (please describe). In addition to those factors for “sin,” the investigator asked about other reasons. Eight American and two Japanese clergy indicated that suicide is a sin for theological reasons. American clergy said, “God is pro life”; “It denigrates the gift of life”; “It is an action void of God’s love in its intention or presence”; “It misses the mark of a life lived under God’s Grace”; “Sin is separation from God.”; “Bible: Thou shalt not kill (Exodus 20:13)”; “Sin in Relationship to God”; and “Our bodies belong to God.” Japanese clergy also said, “Escape from the duty of life” and “Life is a gift from Buddha and we do not have a right to quit it.” Those clergy mentioned that human beings cannot judge which behavior is sin; however, only God/Buddha can define what sin is. Judgment about sin belongs to God and it is a relationship between God/Buddha and the human being.

Two American and three Japanese clerics pointed out that, suicide is a sin because it hurts the survivor family. Two American clergy said, “It causes others pain” and “It hurts family.” Three Japanese clergy said, “Heavy burden for survived families”; “Giving their family sorrow”; and “Giving so many people trouble.” These clergy suggested that thinking of family members can be a tool for suicide prevention. In other words, they assume that if suicidal people think about their family members before committing suicide, they might refrain from committing suicide.

In short, whether suicide is a sin is a controversial question. Some clerics may think suicide is a sin, while other might think that suicide is not a sin, because; Christian clerics think that it is not a sin, but a personal and community tragedy; and Buddhist clerics think that suicide is an individual choice. Furthermore, both Buddhist and Christian clerics agree with the idea that; suicide is not sin because mental health leads them to suicide, and they might be judged not by human beings, but only by God / Buddha.

*Question 5: Do you think that counseling with pastors can prevent someone from committing suicide?*

The purpose of this question is to discern clergy’s individual view towards suicide prevention and the role of clergy. The responses to this question also based on the hypothesis as to whether if clergy answered “Yes” or “No,” then the investigator asked: “Why do you think so? Please explain.” Although more American clerics answered

“Yes” for this question, many American and Japanese clergy mentioned lack of suicide Prevention training experiences. Especially, American Christian clergy are afraid

to counsel suicidal persons, because of lack of training for suicide prevention. They said, “I don’t have the training for suicide prevention”; “I would speak to them and refer them to a healthcare provider” and “I have too many persons to counsel.”

Eleven American clergy mentioned “hope” and seven Japanese clergy pointed to the “meaning of life.” American clergy said, “Talking about hope; Pastors provide hope; People can think positively”; “We can offer spiritual resources to help people have hope”; “Pastoral counseling can add comfort, truth, hope, friendships and other qualities to a person’s life to help them avoid suicide”; “The Gospel of Jesus Christ gives hope that does not disappoint.”; and; “Counseling can help to raise consciousness about hope in Christ Jesus.”

“Hope” is a key for pastoral counseling and for suicide prevention. Not only “Hope,” but some clergy also used other positive words: “self-worth,” “faith,” “value,” “meaning of life,” and “purpose of life.” They said, “They can learn their life has value; increasing a sense of self-worth”; “They can be made to understand the purpose and value of human life”; “It will clarify the client’s self worth, it gives Hope, Faith, and Meaning to Life”; and; “People need Help, Hope and self worth.” Only one American clergy used the term, “meaning of life”; however, seven Japanese clergy used the same word. They said, “I can say, ‘Every life has meaning’”; “I would like to talk about how precious life is and how every life is a part of the entire world”; “I will talk about how meaningful and precious life is”; “I can talk about the meaning of life”; “They can learn about the importance of life”; “I have confidence that they can appreciate the importance of life”; and “Teach the meaning of life and how to live.” The difference between the

two religious communities is that the American Christian community is focused more on “counseling” than the Japanese Buddhist community, while the Japanese Buddhist community focuses more on “teaching” or “preaching” than “counseling.”

In question five, if clergy answered “No,” then the investigator asked, “Why don’t you think so? Most American clergy answered, “Yes,” and only two clergy mentioned reasons for “why not”: “Some terminal cancer patients might be suicidal, and we cannot give them hope”; and “Not only to prevent, but can help people to see the value of life and hope grounded in God’s love prevent seems very absolute. ‘Help prevent’ is more to the point.”

Those two opinions focus mainly on linguistic definition of “prevention” and limitation of clergy’s role. More than 15 Japanese clergy answered “No” and 13 Japanese clergy explained the reason “why not.” In those reasons, two Japanese clergy pointed out that counseling with clergy might enhance the risk of increase suicidal ideation, “Dark side: Counseling might increase their despair”; and “People might increase depression if counseling is not successful.” Four Japanese clergy mentioned “lack of counseling skills”: “We do not have skills to counsel them”; “Many religious leaders cannot discuss the meaning of life”; “If priests have the ability to do so, priests can reduce their burden; however, if priests try only to use dogma, then it does not work”; and “Very few priests have the ability to prevent suicide.” In Japan, this “lack of counseling training opportunities” is due to the lack of funding and the lack of educational opportunities, and ultimately the absence of political support.

In sum, American clerics mentioned “hope” and Japanese clerics pointed to the “meaning of life.” Although these two meanings are different, there are similarities: sympathetic attitudes, and positive resource. In especially Japanese clerics, financial shortages are more crucial than American clerics. Even such harsh circumstances, Japanese clerics try to become themselves as positive resources.

*Question 6: In the past 3 months, have you counseled (talked) with individuals who reported thinking about committing suicide?*

Questions from six to seven seek to discover the numerical differences in counseling efforts in the two religious communities. There are no qualitative questions here; requested to answer: “Yes” or “No,” “In the past 3 months, how many individuals have you talked with?” and “On average, how many minutes did you work with each person?”

Although there are no qualitative questions in the questions seven and eight, the investigator would like to introduce these two questions:

*Question 7: In the past 3 years, are you aware of any attempted suicides among your congregation or their relatives?*

*Question 8: In the past 3 years, are you aware of any completed suicides among your congregation or their relatives?*

*Question 9. Does your church have any resources about preventing suicide (such as educational pamphlets, brochures, or leaflets)?*

Question 9 explores the kinds of resources that Christian Churches or Buddhist Temples have. In addition, the aim is to identify what those resources are based on, that

is written materials, individual beliefs, or congregational beliefs. To explore the basis of their beliefs, the next question asked if they answered “Yes”: “Was the material’s information based on? Please rank ‘1 (Lowest)’ to ‘5 (Highest)’: Bible, congregation’s beliefs, social norms, personal beliefs, and other (please describe). Whether there are resources may be related to their religion’s organizational attitudes. For instance, if their religious superiors treat suicide as an important issue, then they might have prepared written documents, and pamphlets. On the contrary, if the religious or community organizations are not interested in suicide prevention, then, they might focus more on other issues, such as abortion or gay marriage.

The responses reflected religious and cultural differences in the two countries. Christian clergy defined a resource of suicide prevention as clerics themselves, while Buddhist clerics referred prevention resources as Buddhist books and sutras.

*Question 10. In the past 3 months, have you ever mentioned suicide during Mass (services)?*

If clergy answered, “Yes,” then they were asked, “In the past 3 months, how many times did you mention it? Please check one: 1 time, 2 or 3 times, 4 or 5 times, 6 or more times” and “How much time did you spend in Mass (services)? Please check one: 10 or fewer minutes, 11 to 15 minutes, 16 to 20 minutes, 21 to 29 minutes, and 30 or more minutes.” If clergy answered, “No,” then they were asked, “Why” and “Please explain why you did not mention.” This question aims to discover the clergy’s effort to raise awareness about suicide risks.

*Question 11. Are there any penalties for your church's members who committed suicide? (For example: Different funeral services, or in entombment different grave sites, or penalty imposed on family members.)*

If clergy answered, "Yes," then, they were asked, "What kinds of penalties does your church have?" and "What's the basis for these penalties? Please rank 1 (Lowest) to 5 (Highest): Bible, Congregation's beliefs, social norms, personal beliefs, others (please describe)." Through these questions, the aim is to learn how much stigma there is against in the religious communities. Historically, there were penalty against people who committed suicide; however, principally, there are no penalties against people who have committed suicide in the USA and Japan (McBrien, 1994).

*Question 12. Would you be willing to counsel people who are not members of your Church?*

Question 12 tries to elicit each clergy's attitude toward the social community beyond their religious communities. Suicide policy cannot be changed without advocating the "importance of life" beyond their religious community. Furthermore, if clergy are open to non-believers, both clergy and institutions (Churches or Temples) could work as shelters for suicidal individuals. However, one risk might be that some individuals might have increased suicidal ideations as a result of counseling with clergy, because, if clergy and counselees are not known each other, clerics might ask sensitive questions which may trigger traumas.

There are three important concerns in both countries: (1) the option of clergy making referrals to other mental health professions, (2) the need for a relationship

between individual and clergy before counseling, and (3) the lack of training in the art of counseling. In addition to these three reasons, three Japanese clerics pointed out “lack of time.”

First, an American clergy said, “I would speak to them and refer them to a health care provider.” Another American cleric said, “Psychiatrists are more appropriate to talk with because it might increase suicide risk talking to a pastoral counselor.”

Second, relational issues are also important. An American cleric said, “You need relational aspects to be effective - if not, counseling will not have fruit” and a Japanese cleric said, “If they are in our religious community, I can listen to their worries and concerns. However, I cannot counsel outside peoples’ worries and their concerns.” In short, unless a cleric and a suicidal individual know each other well, counseling will not bear fruit.

Third, lack of training or educational opportunity is a crucial issue in both countries. An American cleric said, “I don’t have the training for suicide prevention” and a Japanese cleric mentioned, “If they ask to work with me, I will do so; however, I am not ready to do so because I have never taken any appropriate courses or do not have any certificates for counseling.” In addition to these reasons, three Japanese clerics pointed out lack of time for counseling. They said, “I do not have any time to counsel believers because I am the president of my organization”; “I do not have enough capacity to do so”; and “I wish I could, but I am too busy to do so and my capacity is limited.”

In Japan, both lack of educational opportunity and lack of time are most probable due to political decisions that do not allocate adequate funding for pastoral counseling.

*Question 13. If you mention suicide during Mass (services), what do you say?  
(Please describe.)*

The purpose of their question is to identify the differences between written documents and what clergy actually say. In religious documents, suicide is described as “sin” in the Christian Bible and as “acceptable” in Buddhist Sutras; however, interpretations might be varied and affected by individual experiences.

Individual clergy may well interpret written documents differently as a result of their experiences, sects, and beliefs.

In the American clergy’s responses, there are four types of answers, based on: (1) sympathy, (2) Bible / God, (3) providing cases / examples, and (4) giving judgmental answers.

First, 11 clergy showed “sympathy” when they mention suicide during Mass or services. Five out of eleven clergy pointed out that suicide was caused by desperate conditions: “poor,” “suffering,” “hopeless,” “great pain without hope,” and “desperate loneliness.” Clergy showed great sympathy toward those desperate people, understanding that there might have been no choice except for suicide. They said, “Some suicides are well-planned. Others not: sometimes an impulse occurs. They are poor and suffering people”; “I shared a story about suicide and discussed how hopeless people become”; “To consider suicide, a person must be in great pain without hope. Our faith can bring hope and love to the hurting”; “As an example of desperate loneliness and the need to provide aid for their situation and to get help for self or another”; and “That is an act of desperation coming from a place of great pain and we pray for the peace of those who are driven to this.” In addition, three clergy used the word, “help,” to convey their

sympathy toward people who committed suicide. They said, “All life is precious; help is available”; “That though many influences in life can drive us to this point, life is worth living and there is help to get through”; and “Help is available. I’m available. Please talk with someone who can bring hope into your life.” In sum, these clergy took the position that it is immaterial whether suicide is a sin or not. The most important thing is a “sympathetic attitude” towards people who committed suicide and their family survivors.

Second, 15 clergy mentioned the “Bible” or “God.” These clergy referred to the Bible or to God’s words. They said, “I attempt to offer Biblical scripture, illustrating choosing life over death”; “I tell them it is a violation of the word of God”; “Consider the promise of abandoned life; the love of God for each one; the availability of God; hope in the face of hopelessness; God reaching us”; “I lost a good friend; years of darkness; God is merciful”; “I have said that suicide is very sad, a cry that survivors suffer over that God understands what compels the person - even when we don’t, God forgives”; “Try to help illuminate the context surrounding a specific suicide - try to illustrate the external degree of hopelessness one must feel etc.(i.e., Judas’s suicide in the Bible); try to point out the love and validation by God and Christ, and other ways to deal with it”; “It is a sin, but it is not unforgivable. Christians look to God for his grace and forgiveness, and God has promised to forgive all our sins”; “I say that the devil wants people to kill themselves. It is not God’s will. I point sinners toward Christ”; “That there is a better way of dealing with life’s tough issues. Hope is in Christ”; “No matter how difficult it is, the Lord will help you overcome difficulties you are faced with”; “We talk about hopelessness people feel and that there is hope in Jesus Christ”; “Spoke of God knowing our state of mind. No

one else does. God's forgiveness and grace"; and "That is not our right - God disapproves of it. - Our body is not our own. It's God's. We are to honor God within." In short, even if suicide is a "sin," God forgives their "sin." God is merciful and represents hope.

Third, three clergy provided cases or examples. They said, "I gave an example of Matthew Murray last year, the suicide killer-how disappointment in life can lead to depression, bitterness and acts we later regret like suicide"; "I talked about how Mark Antony and Cleopatra committed suicide"; and; "I have shared my own experience."

Fourth, seven clergy made judgmental comments. They said, "Suicide is not the answer to your problems. It hurts the people you leave behind"; "That not talking about what we are going through can lead to desperate acts"; "It is wrong. God gives life and only he can take it legally"; "We all have an obligation to be the best person we can be. Some people can't be. This takes fortitude"; "Life is a precious gift to be treasured. We need not let life's issues rob us of life"; "Cuts off forever new possibilities; hurts others; weakness"; and; "Delete the suicide in your choices."

In the Japanese clergy's answers, there also are the same three types of responses as American clergy: (1) sympathy, (2) Buddha / Religious words, and (3) judgmental answers. In addition to those three factors, four Japanese clergy recommended a referral to other mental health professionals.

First, although three clergy showed "sympathy" toward people who committed suicide, the number is far smaller than that in America, 11. They said, "Please talk to us, we can help you"; "I will talk about the importance of our lives; we also cannot fit into a twisted society; Modern society has many problems and do not blame yourselves because

it is not your fault”; and; “If you think about suicide, please come to me and talk to me; everyone has problems; don’t be afraid to talk to someone.” Those sympathetic comments are very similar to American clergy’s answers, but the most significant difference is that they focus more on “talking to someone.” In short, Japanese clergy focus more on behaviors than “inside / psychological status.” On the contrary, American clergy focus more on “inside / psychological status” than behaviors.

Second, 10 clergy referred to written dogmas and Buddha’s words. They said, “Life is a gift from Buddha, thus every life is precious. Even a bug’s life is precious”; “One life is a part of the Universe. One life is a gift from your parents and grandparents. You have no right to decide whether you will be dead or alive”; “Life is a gift from Buddha so you have no right to decide to continue or discontinue. Only Buddha can do it”; “From the Buddhist’s point of view that is called “En,” suicide is the same as homicide”; “Suicide is not a forgivable sin as a Buddha follower. We should understand human beings cannot choose to be dead or alive. Only Buddha can choose whether we can be alive or dead”; “Every human being is determined by “En (fate/destiny).” We are born by chance. This chance is very rare and precious. Even an apricot’s flower has a life and it is beautiful because it stands still against the North wind”; “If they get a life, they have to fulfill their lives. They also have to support each other. Life is a gift from Buddha; It is wasteful if you abandon the gift; our lives will end someday without exception; Slow down your lives”; and “Life is a gift from Buddha and your life is Buddha’s life; you do not have a right to quit this gifted life; every life has a burden but do not escape from it.”

Third, in the same vein as American clergy, seven Japanese clergy took judgmental positions towards suicide. They said, “Every life has some meaning. To throw away life is to abandon their lives and that leads to deep sorrow for their families and friends”; “A person might make a bad decision, if they have a bad ‘*En* (fate).’ In many cases, mental illness leads to suicide”; “Think about your families’ and friends’ feelings after your committing suicide”; “Committing suicide cannot solve your issues. It makes your family very unhappy”; “A person who commits suicide abandons our lives”; “Do not make trouble; who will take care of the aftermath”; and; “Suicide cannot solve any problems.”

Fourth, four clergy mentioned that they recommend making referrals to mental health professionals. They said, “We cannot judge whether suicide is a sin or not; modern society itself has contradictions: rich and poor, superior and inferior jobs etc.; I will keep in touch with them; I will refer them to mental health professions if they need counseling”; “If someone is depressed, please force them to see a psychiatrist”; “I will introduce them to social support organizations. Speak about mental health issues, social welfare, bullying and abuse”; and “I will talk about self-responsibility; changing viewpoints; try to find resources for change.”

*Question 14. What do you say to families who have lost a family member to suicide?*

Question 14 explores the clergy’s attitudes towards family members who have lost relatives to suicide. This question, “What do you say to families who have lost a family member to suicide?” is probably the most important question of all, because if

clergy say negative things to family members, these family members might become disappointed in religion and religious community as well. For suicide prevention and changing suicide prevention policies, it is a key question.

In both the USA and Japan, there are mainly three types of answers given: (1) sympathetic, (2) religious, (3) mental health-related comments. In addition to these three types, one American cleric mentioned the importance of “free choice,” and four Japanese clerics took a “judgmental” position.

First, 27 American and 11 Japanese clerics made sympathetic comments towards the family’s of those who had committed suicide. Typical American answers: “I try to comfort them with scripture and prayer. I offer further counseling. I also remind them that they cannot change what has happened”; “Gauge response based on individual and the family; stress forgiveness for rash actions; try to alleviate guilt of survivors; see if groups for the family would help”; “Sorry for your loss and then work toward dealing with their feelings - guilt, anger, and blame.”; “Help them cope with grief and loss”; “Comfort, encouragement, at this time; deal with the guilt that a family member may have because (they ignored) the signs”; “I provide comfort to the family and try to help with any guilt they might personally have over it”; and “Offer condolences and support; recommend grief counseling, speak of my denomination's understanding of suicide.” In short, they encouraged them “not to blame yourself”; “do not feel guilt”; and “clergy provide comfort.”

The purpose of those sympathetic attitudes is to make the burden of suicide survivors lighter. Without these efforts on the part of the clergy, suicide survivors might

blame themselves and feel guilty. Typical Japanese sympathetic answers are similar to those of Americans. They said, “The person who committed suicide might have been tired out from his/her life. They went back to heaven, so you don’t blame yourself. Don’t also feel guilty”; “I will try to listen first before saying something”; “I will share the survivors’ guilt feelings that they could have prevented it. I will talk together about ‘positive memories’ of the person who committed suicide and bid the person farewell together”; “That’s not your fault and don’t blame yourself. I will introduce social support networks. Buddha will not abandon the person who committed suicide. I will affirm lives that were lost by suicide. I encourage their parents who lost their loved ones to live as many years as they can, instead of their loved ones’ lives.”

In Japan, 11 Buddhist clergy provided sympathetic comments towards suicide family survivors. They said, “Try to unite your family to prevent inter-generational suicide. I will talk joyfully of life”; and “I will talk of peace of mind and the meaning of life. They are not guilty; they are in heaven now.” Although there is a certain similarity in these two countries in sharing the survivors’ guilt feelings, there is also a difference, in talking about the meaning of life or keeping positive memories. In this respect, religious and cultural differences are manifested. American clergy focus on guilt feelings, while Japanese clergy focus on the meaning of life. In other words, for Japanese clergy, how to die is not so important, but, what they did before committing suicide is. In short, “talking about the positive side of life” is a key concept for Japanese clergy.

Second, religion is the key to support suicide survivors. In the US, 35 American clergy pointed to the importance of God and religious salvation for suicide survivors.

Their typical answers are: “I would attempt to remove their self-guilt and assure God’s eternal love and forgiveness for all. The torment is over and God has now welcomed their beloved into eternal life”; “Suicide is a sin but one forgivable by God. God understands the pain, and he understands the pain the family is in”; “The person is forgiven by God, that includes suicide. Also, often it is impossible for a family to prevent it”; “Often they feel guilt for not being able to stop it. Tremendous guilt. Remind them of God’s grace and mercy”; “Deal with their sense of guilt - not their fault that they couldn’t prevent it. God’s forgiveness, and healing of the spirit of the deceased”; “I try to point them to Jesus who knows the heart-wrenching grief of tragic loss. That it is not God’s will and that God’s love is stronger than human weakness and in that we can look for hope. God believes us, understands us, and forgives us. That I don’t believe God would fail to accept a person who commits suicide because God knows the ‘why.’ That I believe God loves that person no matter what circumstances”; “Mostly I just listen to their point of view and be present. I also let them quiet their feelings, but encourage them to not blame themselves. Sorry for your loss and then work toward dealing with their feelings - guilt, anger, and blame.”; “Pastorally explore their feelings, the ambivalence of grief or love or anger”; “I do not recall ever having to talk to family members who lost a loved one that way”; “Help them cope with grief and loss”; “Comfort them not to have guilty feelings”; “Don’t blame yourself”; “We know that this is a very difficult time for you and the family. Try not to blame yourself”; “So sorry. May comfort be found in good memories”; “Their loved one is no longer in pain. Do not blame yourself”; “Just to be with them after the tragic event”; “Comfort, encouragement,

at this time; deal with the guilt that a family member may have because (they ignored) the signs.”; “I provide comfort to the family and try to help with any guilt they might personally have over it”; and “Offer condolences and support; recommend grief counseling, speak of my denomination’s understanding of suicide.” In sum, many American clergy think that the person is forgiven by God. They focus on “dealing with their sense of guilt,” “not to blame yourself,” and the fact that “God’s eternal love and forgiveness is for all.”

In Japan, nine Japanese clergy brought up Buddha and religious salvation for suicide survivors. They said, “I will tell Buddhist stories to comfort them”; “Talk about comfort, prayer, and salvation”; “Read sutras together and listen to stories about people who passed away”; “They are all in Heaven now; Now, Buddha can take care of them. It is a chance to know the teachings of Buddhism in depth”; “Buddha will embrace every person regardless of the ways they died; fate (“*En*” in Japanese) might lead to death and they cannot be changed by human beings; human beings cannot understand nor change Buddha’s decisions”; “They are in Heaven now; Do not worry; Buddha takes care of them. I will listen to how they lived; I will pray for them; I will justify their lives regardless of their ways of dying”; and; “I will just pray for them.” There are mainly three types of religious salvations: (1) praying for people who committed suicide, (2) reading Buddhist sutras, and (3) explaining the Buddhist concept of fate (“*En*”).

Both countries’ clergy discuss religious salvation; however, American clergy put more weight on salvation by God, while Japanese clergy’s emphasis is more on Buddhist sutras and the concept of fate (“*En*”).

Third, in terms of mental health issues, three American clergy pointed to psychiatric issues as a cause for suicide. They said, “Those suffering from a mental illness are not responsible”; “Remembering them; not their fault. Your loved one could not manage because of his/her mental illness”; and “Encourage people to talk with mental health professionals.” In short, those clergy focus more on mental health issues or diseases that might lead to suicide.

One Japanese clergy also mentioned that “suicide is a disease and do not blame yourself.” Japanese clergy focused more on “multiple” reasons than one cause, such as “mental health.” They said, “Do not take judgmental attitudes. There might have been multiple causes. You have to review the entire life of your loved one. Do not focus only on one cause of death”; “They might have committed suicide because they were too kind to everyone. All human beings have both a bright and dark side”; and “They are now free from ‘pain.’ Please pray with full ‘appreciation.’” Although there are some differences, many clergy in both countries took sympathetic attitudes towards family members who lost their loved ones to suicide.

In addition to those three factors, one American and four Japanese clergy took a judgmental position. An American clergy said, “Talk about causes (if they want to); be present and let them express.” While four Japanese clergy said, “I will talk about the reason why they chose suicide and I will justify the reason with their family members”; “Suicide is not a forgivable sin as a Buddha follower”; “A person who commits suicide abandons our lives”; and “Abandon and give up hope for your loved one.”

*Question 15. Do you think that “honorable suicide,” as part of a military mission, or a Japanese Kamikaze mission, or a rescue mission, can be justified from the religious stand point? \* Please elaborate (Why or Why Not).*

The purpose of this question is to prove my hypothesis: “Buddhist clergy are more accepting of suicide than Christian clergy.” Furthermore, both the Christian Bible and Buddhist Sutras mentioned many “honorable and heroic” suicides. The most serious issues might be the “definition” of honorable suicide. For example, suicidal rescue mission to save their family members might be not a “suicide” but “heroic act.” Like Japanese Samurai’s “*Harakiri*” or “*Kamikaze*” might have been justified in these periods; however, these are “sins” in modern Japan. In short, values are changing year by year, and even day by day.

There were three types of answers: (1) “No,” (2) “Yes,” (3) “Yes,” but only if the action saves a life.

First, 29 American and 17 Japanese clergy answered “No” and explained the reason for their denial of the concept of “honorable suicide.”

American clergy explained: “No - the taking of a life - even yourself is not ours to decide!”; “No. It’s still a sin, but God’s forgiveness is still available”; “No. Jesus stated ‘that I have come to give you life’”; “I don’t believe it can be justified. Certainly, in a military situation a person might not lose total free will to do it or not”; “No - No suicide is honorable”; “I do not think it can be justified. Human life is a gift from God”; “No - We do not believe in violence against others or oneself”; “Absolutely Not - Life is gifted by God”; “No. An individual who cannot grant life has no authority to take one, even his own”; “No. A deliberate decision to end one’s life in this way is sadness”; “Religion can

never extol suicide”; “No way. Humans are never to sacrifice their lives for any purpose of worldly goals”; “No. The gift of life is too essential for it to be purposely put at risk when there are other means of response.”; “No. Because all life is precious and all people are important to God”; “No - I believe in conscientious objection.”; “No. I just don’t understand the motivation, so I can’t justify it”; “No - our lives belong to God, not us and we have no right to take what is God’s. Only in laying down one’s life for others as Christ did is justified”; “Taking one’s life is against the will of God”; “Such acts are contrary to moral law - and are grave offences against God - and his people - personally I believe they are cowards”; “No. Life is sacred – one’s own or another’s”; “All unnatural death - even that deemed ‘necessary’ through war, police work, etc. is a product of our sin and the sin of the world in which we live”; “There is no honor in killing”; “No. Life is for God to grant and to take”; “No - God is the giver of life and he is the taker of it”; “No. We pray for their life.”; “No! Military service is a different thing altogether in my opinion”; “No. Most of them are nonsense,”; and “No institution or government has the right to expect others to willingly commit suicide. Suicide is never honorable.”

Many Japanese clergy explained why they answered in the negative for honorable suicide and said, “Life is a gift from Buddha, so you must not abandon it. From a Buddhist’s point of view, you also must not kill others. We can kill animals only when we have to eat them for our survival”; “No! It is illogical”; “There is no way to be justified.”; “ It cannot be justified especially for using Kamikaze as a tool of a nation’s propaganda”; “Life is only one for each; no one has right to get rid of it for others or nations”; “It is not justified religiously”; “I deny it because it is so ‘egoistic’”; “I strongly

reject honorable suicide”; “I strongly reject honorable suicide because the word ‘honorable suicide’ is rooted in wrong education (propaganda) by the Japanese government”; “There is no honorable suicide in the world.”; “I strongly reject honorable suicide because it cannot solve anything”; “Life is the most important and there is no substitute”; “I cannot justify “honorable suicide,” especially not for our country”; “A life should be fulfilled”; “Religion is teaching how to live not how to die”; and “Denial! Human life should be respected more than anything else; to prevent such fanatic acts.”

Second, 7 American and 3 Japanese clergy answered “Yes,” and 2 American clergy explained “sacrifice” was a part of a military mission, and one Japanese cleric pointed out that we had a right to decide to choose death or life by ourselves. American clergy said, “Most definitely - It is called sacrifice”; “Probably, yes. My experience in 30 years of military service is of young soldiers suffering from PTSD and mental failure because of demands of war on the soldier”; “Yes. The Gospel’s foundation is built upon the voluntary sacrifice of Christ’s life to rescue us”; “A spontaneous decision to save lives is more in line with my belief system”; “Yes - Jesus said, “The greatest love you can have for your friends is to give your life for them (John 15:13)”; “Yes - reflects Christ and the cross”; “Yes. Sometimes brave individuals will lose their lives saving others. e.g., a soldier in battle.” While Japanese clergy said, “I cannot deny honorable suicide”; “We have a right to decide to choose death or life by ourselves”; “I will affirm honorable suicide.” Although 10 clergy answered “Yes” to honorable suicide, the number is relatively small and more clergy said, “Yes, but only in cases of saving others.”

Third, 25 American and one Japanese clergy answered “Yes but only if the action saves a life.” American clergy said, “I feel it is honorable to willingly die so that others will live. Jesus Christ has done that. I don’t however think that is technically ‘suicide’”; “Yes. If you die trying to save lives”; “If it involves saving lives - Yes. If it involves taking lives - No”; “Risks come up in military service but wise commanders risk the lives of those under command carefully - But, pure suicide is hard to justify as a normal tactic”; “Perhaps for a rescue mission, if the goal is to save lives. If the goal is to destroy life, it is not honorable”; “I believe that to lay down one’s life for God and his mission is honorable, but this is not the same as a suicide bomber”; “No in most cases. If done as part of a mission to save others - then it would be acceptable, but not to avoid disgrace”; “I think that someone giving his/her life in an effort to save life (rescue mission) may be justified”; “Forgiveness to me ‘trumps’ honorable suicide as a reason”; “If it means hurting or killing others - Suicide cannot be justified. I believe our God is a loving God and any destruction is against God’s will”; “The sacrifice of self to save others is often referred to in Christian thought as the most honorable expression of love - c.f. Jesus giving his life in place of mine. Too, giving one’s life for a cause has often been considered extreme honor, even prophecy.”; “Yes. Sacrifice is everywhere in the Christian tradition”; “Yes for an individual to freely choose to offer him/herself. Not for a cultural expectation”; “There is a great difference between suicide to deliberately kill others, and a person giving up their life to save the lives of others. Killing is wrong”; “The only ‘honorable suicide’ - would be intentionally trying to help someone - a mother protecting her child”; “It can be justified if it means throwing oneself on a hand grenade

to save others- not if it enables developing a bomb that is dropped on oneself”;

“Honorable suicide is based on certain perceptions which God and the Church oppose; death in a rescue mission is held high”; “If one is doing this to save the lives of others”;

“Jewish/Christian tradition doesn’t prohibit ‘killing’ - what's wrong is ‘murder’ from the Ten Commandments”; “Yes under very special circumstances - to save others. Not as a national philosophy (e.g. Kamikaze mission)”; “Yes - but the thought behind it should be to save someone”; “Heroic events for the welfare of the mission”; “Only for protecting our family – Yes”; and “It could be in a military situation where it is necessary to protect your own countrymen.” In short, the key to understanding those answers is the distinction between the definition of honorable suicide and as ‘suicide’ and ‘sacrifice.’”

In other words, “sacrifice” can be justified, but “suicide” cannot.

Furthermore, two Japanese clergy explained that, if they decided to commit suicide by their will, their choices were justified. Two Japanese clergy said, “If they decide to do so by themselves, I admire their decision; however, if they are forced to do so by someone, I cannot agree with ‘honorable suicide’”; “In my opinion, there is no honorable suicide because everyone commits suicide by their will.” The most serious problem is that it is difficult to judge whether each honorable suicide is an act of individual will or not.

## *II. Summary*

Throughout fifteen questions, the investigator finds that clerics think that; (1) There are two key words common in both countries: “human relationships” and “hopelessness”; (2) American clergy think suicide prevention is a duty, while Japanese clergy focus more on the “meaning of life” and the “gift of life”; (3) financial shortage is the same problem in both countries; however, the problem in Japan is that many ordinary Japanese citizens simply do not connect suicide prevention with religion; (4) suicide is not sin because mental health leads individuals to suicide; (5) Christian clerics mentioned “hope” and Japanese clerics pointed to the “meaning of life”; (6) Christian clergy defined a resource of suicide prevention as clerics themselves, while Buddhist clerics referred to prevention resources such as Buddhist books and sutras; and (7) Japanese clerics mentioned that the lack of training in the art of counseling.

In the next chapter, the investigator will analyze the results both quantitatively and qualitatively.

## *Chapter 5*

### *Discussion by Analyzing Closed-ended Questions*

#### *I. Introduction*

In this chapter, the investigator will review the bivariate relationships revealed by six closed ended questions. Those relationships will be tested using the non-parametric Chi-square. The investigator focuses mainly on the data that has significant relationships between American and Japanese clerics. In six questions, there are significant differences in two countries. These questions are as follows: “Do you (clerics) think suicide is a sin?”; “Do you think to help suicidal people is your obligation? ”; “Do you think counseling with pastors can prevent someone from committing suicide?”; “Which social factors do you think lead to people suicide?”; “Have you done counseling with suicidal believers in the past three months?” and “Have you ever taken any suicide prevention training?” These differences might reflect cultural / individual differences as well as religious / theological differences.

#### *II. Sin or not sin?*

In one of the investigator’s hypotheses, the Independent Variable (IV) is type of clergy (American Christian or Japanese Buddhist) and the Dependent Variable (DV) is “Suicide is sin or not (Yes or NO).”

Table 5.1 shows that a religious difference exists twelve percent more of the US Christian clerics answered “Yes” for suicide as a sin than that of Japanese clerics.

Statistically, there is a significant relationship between US Christian and Japanese Buddhist clergy, because the p-value (.006) is the smaller than .05.

**Table 5.1** US Christian vs. Japanese Buddhist Clergies: Is suicide a sin?

Characteristics	US Christian Clergies (n = 79)		Japanese Buddhist Clergies (n = 78)		Chi-square $X^2$
		%		%	
Do you think suicide is sin?					
Yes	53	67.0	43	55.1	0.006*
No	26	33.0	35 <sup>a</sup>	44.9	

Notes: a) Number of “No (N = 35)” includes “Not Sure (3).”

b) \* indicates Chi-square ( $X^2$ ) = 7.8, df = 1, p = .006, This is statistically significant.

### III. *Obligation to Help or Not?*

The question, “Do you think that you have an obligation to help people who are thinking about suicide?” was intended to explore clerics’ individual stances of suicide prevention.

As shown in Table 5.2, there is a significant relationship between type of clergy (Christian and Buddhist) and thinking of suicide prevention as an obligation. There is a significant relationship; however, about 80% Japanese clerics think that they have an obligation. There is a similarity between two countries. Although the results might be rooted in religious/spiritual differences, in qualitative questions, some Buddhist clergy stated they lacked both time and finances for suicide preventions. In other words, they

wish to help people who are depressed, but they do not have the proper time and resources.

**Table 5.2** US Christian vs. Japanese Buddhist Clergies: Obligation to help?

Characteristics	US Christian Clergies (n = 79)	%	Japanese Buddhist Clergies (n = 78)	%	Chi-square $X^2$
Do you think that you have an obligation to help people who are thinking about suicide?					
Yes	79	100.0	62	79.5	0.00 <sup>b</sup> ***
No	0	0.0	16 <sup>a</sup>	20.5	

Notes: a) Number of “No (N = 16)” includes “Not Sure (1)” and “Both Yes and No (2).”

b) \*\*\* indicates Chi-square ( $X^2$ ) = 81.3, df = 1, p < .005

#### *IV. Can counseling with clergy prevent suicide?*

When the investigator asked, “Do you think that counseling with pastors can prevent someone from committing suicide?” the results are significantly different between the US and Japan. Positive attitudes of believing religious/spiritual power can aid in suicide prevention are much clearer for Christian clergy than Buddhist clergy. However, the attitudes towards suicide prevention cannot be oversimplified, such as positive and passive attitudes, because there might be hidden organizational and/or financial pressures in the Japanese Buddhist community. To capture those hidden

factors, the investigator included open-ended questions and inquiries about social structural factors that will be examined later in Chapter 6.

**Table 5.3** US Christian vs. Japanese Buddhist Clergies: Can Counseling with Pastors Prevent Suicide?

Characteristics	US Christian Clergies (n = 79)		Japanese Buddhist Clergies (n = 78)		Chi-square $X^2$
		%		%	
Do you think that counseling with pastors can prevent someone from committing suicide?					
Yes	76	96	50	64	0.00 <sup>b</sup> ***
No	3 <sup>a</sup>	4	28 <sup>c</sup>	36	

Notes: a) Number of “No (N = 3)” includes “Both Yes and No (1).”

b) \*\*\* indicates Chi-square ( $X^2$ ) = 341.6, df = 1, p < .005

c) Number of “No (N = 28)” includes “Both Yes and No (6),” “No Answer (5),” “Not Sure (2).”

#### V. Social Factors of Suicide

The first question asks, “What do you think are the most important factors that contribute to suicide? Please rank ‘1’ (Lowest) to ‘10’ (Highest)”. The question focuses on the religious leaders’ awareness of social issues that are the root causes of suicide. To make a comparison between the US and Japanese clergy, the investigator used a “t-test” for analyzing data.

Table 5.4 shows a significant difference in means of Social Factors of Suicide between the responses of American and Japanese clergy on economic, aging, substance abuse, gender issues, and lack of spiritualities.

First, concerning economic issues, Japanese clerics had a tendency to think economic factors contribute more to suicide than clerics in the US. The mean of the American and Japanese clergy is: USA = 4.90 (SD = 3.16) and Japan = 7.55 (SD = 3.34). T-score is -5.11 and p-value is .000. This result indicates that Japanese clerics think that the economic issue in Japan is a more crucial factor that contributes to suicide than in the US. Economic difficulties might be the same in both countries, although the physiological and psychological impacts might be heavier in Japan than in the US. In this context, there might be social welfare and systemic problems, such as unemployment insurance and age discrimination especially when people try to find a job.

Second, more Japanese clerics thought that aging issues contributed to suicide than American clerics. The mean of the American and Japanese clergy is: USA = 4.22 (SD = 2.81) and Japan = 5.24 (SD = 3.03). T-score is -2.21 and p-value is .029. According to the Statistic Bureau of Japan (2005), the percentage of the elder population (people 65 years old and older) is 20.1% in Japan and that in the US is 12.4%. Although the aging issue is the same problem in both countries, political and social support systems are different in each country. In the US, older adults can find a job more easily than in Japan, because the legal retirement age is 60 years old in Japan and 65 years in the US (The Statistic Bureau of Japan, 2005).

Third, concerning substance abuse, more American clerics thought that substance abuse might contribute to suicide than Japanese clerics. The mean of the American and Japanese clergy is: USA = 6.77 (SD = 1.90) and Japan = 5.89 (SD = 1.75). T-score is 2.73 and p-value is .007. In short, substance abuse issue is more serious in the US than in Japan.

Fourth, with regard to the gender issue, more American clerics thought gender might contribute to suicide than Japanese clerics. The mean of the American and Japanese clergy is: USA = 2.97 (SD = 2.46) and Japan = 1.81 (SD = 1.49). T-score is 3.60 and p-value is 0.00. In this context, there were two possible reasons why more American clerics thought gender was a suicide factor: (1) there were more American female (n =10) clerics that answered the question than Japanese female clerics (n=1), and (2) Japanese clerics might overlook gender issues as a reflection of systematic discrimination against women. Female clerics might be more sensitive to gender discrimination, because some occupations are dominated by men. Moreover, the Japanese Buddhist cleric is dominated by men.

Fifth, with regard to spirituality, more American clerics thought that lack of spirituality might contribute to suicide than Japanese clerics. The mean of the American and Japanese clergy is: USA = 4.51 (SD = 3.50) and Japan = 3.37 (SD = 3.19). T-score is 2.12 and p-value is 0.35. As mentioned in the literature review section, Buddhist clerics have a tendency to respect individual free will and choice with regard to suicide. In addition, more American clerics think that suicide prevention is their obligation and that religion can prevent suicide as compared to Japanese clerics.

**Table 5.4** *Means of Social Factors of Suicide (t-test)*

Country	Mean		t	Sig.(p-value)
	USA (n=79) $\bar{X}_1$	Japan (n=78) $\bar{X}_2$		
Economic Issues	$\bar{X}_1 = 4.90$	$\bar{X}_2 = 7.55$	-5.11	.000**
Aging Issues	$\bar{X}_1 = 4.22$	$\bar{X}_2 = 5.24$	-2.21	.029*
Adolescent Issues	$\bar{X}_1 = 4.96$	$\bar{X}_2 = 4.82$	0.29	.773
Mental Health Issues	$\bar{X}_1 = 7.59$	$\bar{X}_2 = 7.31$	0.52	.607
Substance Abuse Issues	$\bar{X}_1 = 6.77$	$\bar{X}_2 = 5.89$	2.73	.007*
Racism Issues	$\bar{X}_1 = 2.35$	$\bar{X}_2 = 2.09$	0.86	.391
Gender Issues	$\bar{X}_1 = 2.97$	$\bar{X}_2 = 1.81$	3.60	.000**
Family Issues	$\bar{X}_1 = 5.71$	$\bar{X}_2 = 5.67$	0.84	.934
Lack of spirituality	$\bar{X}_1 = 4.51$	$\bar{X}_2 = 3.37$	2.12	.035*

Notes: a) \* indicates  $p < .05$  \*\* indicates  $p < .005$

## VI. Counseling

Question six asks: “In the past 3 months, have you counseled (talked) individuals who reported thinking about committing suicide?” There is a significant difference between the two countries.

The portion of clerics who answered “Yes” for question six is relatively small; however, as seen in Table 5.5, there is a significant difference between religious types of clergy (Christian and Buddhist) and counseling experiences. Although the results might

be rooted in religious/spiritual differences, some Buddhist clergy stated that they lacked funding for suicide prevention. In short, 100% American Christian and 80% Japanese Buddhist clerics wish to help people who are depressed, but they do not have adequate resources.

**Table 5.5** *US Christian vs Japanese: Counseling with Pastors in Past Three Months?*

Characteristics	US Christian Clergy (n = 79)	%	Japanese Buddhist Clergy (n = 78)	%	Chi-square $X^2$
In the past 3 months, have you counseled (talked) individuals who reported thinking about committing suicide?					
Yes	21	27	9	11	0.041 <sup>b</sup> **
No	58 <sup>a</sup>	73	69 <sup>c</sup>	89	

Notes: a) Number of “No (N = 58)” includes “Not Sure (1).”

b) \*\*indicates  $p < .05$  ( $X^2 = 59.9$ ,  $df = 1$ ,  $p = .041$ )

c) Number of “No (N = 49)” include “Not Sure (2).”

### VII. Training Experiences

The question, “Have you ever taken any “suicide prevention training?” led to the following results:

**Table 5.6** US Christian vs Japanese Buddhist Clergy: Suicide Prevention Training Experiences?

Characteristics	US Christian Clergies (n = 79)		Japanese Buddhist Clergies (n = 78)		Chi-square $X^2$
		%		%	
Have you ever taken any “suicide prevention training?”					
Yes	33	42	9 <sup>b</sup>	11	0.00 <sup>c</sup> ***
No	46 <sup>a</sup>	58	69	89	

Notes: a) Number of “No (N = 46)” includes “Not Mentioned (3).”

b) Number of “No (N = 6)” includes “Not Mentioned (2).”

c) \*\*\* indicates  $X^2 < .001$  ( $X^2 = 113.7$ ,  $df = 1$ ,  $p = .000$ )

As reported in Table 5.6, there is a significant association between country / religious differences (Christian and Buddhist) and suicide training experiences. Although the results might be based on religious/spiritual differences, some Buddhist clergy stated that they lacked both time and funds for training. In other words, they wish to help people who are suicidal, but they do not have the necessary time and resources.

### *VIII. Summary*

Throughout these significant differences, the investigator found that more American clerics than Japanese clerics think that suicide is a sin; clerics have an obligation to help suicidal believers; and counseling pastors can prevent someone from committing suicide. More Japanese clerics answered “Yes” for lack of suicide prevention training experiences. Furthermore, more American clerics marked high points for substance abuse, gender, lack of spirituality as suicide factors, while Japanese clerics stressed on economic and aging issues as suicide factors. Before conducting this study, the investigator thought that these differences were based on religious and cultural difference; however, after analyzing quantitative data, the investigator found that these differences were rooted in more individual philosophy than theological dogmas.

In the next chapter, the investigator will analyze open-ended questions qualitatively, because sometimes suicide prevention efforts accomplished by individual voluntary will that is based on own beliefs and independent from religious frameworks. Combination of quantitative and qualitative analysis might complement their research weaknesses each other.

## *Chapter 6*

### *Discussion by Analyzing Open-ended Questions*

#### *I. Introduction*

In this chapter, the investigator qualitatively analyzed open-ended questions. At the beginning, the investigator counted keywords in two countries by using computer software, MaxQda. Then, he tried to find themes and analyzed similarity and differences of keywords and themes in two countries.

#### *II. Analyzing open-ended questions*

The investigator also asked about ten open-ended questions, and analyzed them by using computer software for qualitative (text) data, “Maxqda 2007.” In the first question, “What do you think are the most important factors that contribute to suicide?,” the investigator listed nine factors for multiple choices; however, some clergy wrote down others. The American clergy gave examples of other suicide factors: (1) mental health / health issues; (2) relationship issues; and (3) cult related issues. There are some typical answers given by US clergy: depression, hopelessness, loneliness, terminal illnesses, work-related and intimacy issues, and demonic influences. Among the Japanese clergy’s answers for other suicide factors, there are also the same three suicide factors: (1) mental health / health issues; (2) relationship issues; and (3) cult related issues. In addition, among the Japanese clergy’s answers, there are two more factors: (4) lack of religion / spirituality; and (5) economic issues.

The typical Japanese Buddhist answers are related to “reincarnation” and “class slippage.” The Buddhist definition of class slippage differs from the Christian one (Crossan, 1999). In Buddhism, life is always “uncertain” and class would slip without reasons or punishment. According to Chodron (2002, p.5), in Buddhist teaching, life is “uncertain” and people should accept “uncertainty.” He said, “We can never avoid uncertainty. This not-knowing is part of adventure. It’s also what makes us afraid” (Chodron, 2002, p.5). Japanese clerics said, “lack of knowledge of reincarnation;” and “class slippage, difficult to maintain status quo.” In other words, in Japanese clergy’s answers, “reincarnation” and “class slippage” are the key suicide factors.

In question 2, “Do you think that you have an obligation to help people who are thinking about suicide?,” clergy in both countries provided reasons why they said “Yes.” American clergy wrote in “professional obligation” as the main reason, such as “professional task” and “job as clergy.” The Japanese clergy also wrote “professional obligation,” and they also cited “religious obligation” as a reason. For example, they stated: “understanding the meaning of life,” and “duty fulfilling the gift of life.” In Buddhist culture, there is a norm that believers should ponder the meaning of life and they must fulfill the “gift of life” that was given to them by Buddha. The idea “gift of life” is the same as Christian theology; however, Buddhist clerics focus more on thinking about the meaning of life than punishment, if people betray the rule.

In question 3, “Do you think that religion can prevent suicide?,” no American clergy answered “No,” but 16 Japanese clergy answered, “No.” There are mainly three types of answers: (1) We cannot “save” a life by religion; (2) That's not my “obligation”;

and (3) I respect their choices. For instance, they answered, “My obligation is not to change their minds from death to life;” “I can do something as a citizen, however, that is not my obligation because it might not fit into religious / spiritual issues” and “If an actual act of suicide does not affect other people, I respect their choices.”

In question 4, “Do you think that committing suicide is a ‘sin’?,” there are three typical responses from the Americans: “Religion gives hope;” “Community and prayer can prevent suicide;” and “Religion gives purpose to life.” For examples, they said, “Faith provides hope and validation;” “By offering hope and helping to find purpose in living;” “The religious community is compassionate”; and “It gives us positive truth.” There are three key words in the answers of the American clergy: (1) hope, (2) community help, and (3) purpose in life. In the Japanese answers, there are also three typical answers: “thinking about the meaning of life,” “thinking about reincarnation,” and “a betrayal of your beliefs.” For instance, they said, “Understanding suicide cannot solve any problems. It makes you think about the meaning of life and human relations” “Understanding ‘eternal life’ and thinking about the meaning of life. You can go to heaven, if you follow the Buddha;” and “Abandoning life is wasteful.” In short, there are also three key themes in the Japanese answers: (1) thinking about the meaning of life, (2) thinking about reincarnation, and (3) betrayal of your beliefs. American clergy focus more on “hope” and “community.” On the contrary, Japanese clergy encourage thinking “about the meaning of life (e.g., as a gift from Buddha)” and “reincarnation (e.g., reincarnation as another animal if you commit suicide).”

In question 5, “Do you think that counseling with pastors can prevent someone from committing suicide?,” there are some similarities and differences in the “No” responses, such as: “Religion alone cannot take away the mental disorders and other factors that often lead to suicide” (USA and Japan); “Desperate people will take desperate actions in spite of religious tradition” (USA), and “Religion or spirituality alone cannot prevent suicide. They must talk to mental health professionals” (Japan). Although there are some similarities, there are also differences: “Religion itself cannot prevent suicide, but ‘Faith in God’ can prevent suicide” (USA); and “How they pass away (e.g., suicide or homicide) is not a problem, however, how they pray is important in deciding whether they can go to heaven or not” (Japan). In addition to these religious differences, some Japanese clergy pointed to a lack of financial resources: “In Japan, religion cannot prevent suicide, because religious organizations do not have the financial resources for suicide prevention” (Japan). According to the Buddhist Channel (2010), in Japan, many of the country’s 75,000 temples are in financial trouble, because of cutting of Japanese government’s financial support, and decreasing Buddhist populations in the younger generations (20’s and 30’s). In this context, there are three Japanese Buddhist temple’s problems: focusing only on funeral and memorial businesses, ignoring younger generations’ concerns, and closing doors for outside people who are not member of temples. These issues might be connected to each other. One solution might be providing counseling services for those in their 20’s and 30’s, because they face unemployment and financial issues. These counseling efforts might bring down the high suicide rate in Japan.

In question 12, “Would you be willing to counsel people who are not members of your Church?,” there are similarities among the clergy who answered “Yes.” “God cares about all people” (USA); “We will be saving lives” (USA); “Every life has meaning” (Japan) and “Their concerns are the same as our concerns” (Japan). In other words, for American clergy, the relationship with God is important, while for the Japanese clergy, the world is one big “family” and it is natural for them to take care of each other.

In question 13, “If you mention suicide during Mass (services), what do you say?,” there were two types of answers for each country. In the USA, Christian clergy said, “All life is precious; help is available;” and “It is a sin, but it is not unforgivable.” In Japan, Buddhist clergy said, “Every human being is determined by ‘*En* (fate/destiny)’ ” and “Think about reincarnation.”

In question 14, “What do you say to families who have lost a family member to suicide?,” there are some linguistic differences between the USA and Japan; however, the answers are very similar in both countries: (1) “Do not blame yourself” (USA) and “Do not take judgmental attitudes” (Japan); (2) “God’s love reaches all” (USA); and “Going to Heaven” (Japan). In short, clergy in both countries focus more on (1) “non-judgmental attitudes” towards families who lost their loved ones to suicide and (2) “God’s / Buddha’s love is still available and they can go heaven.” Those “non-judgmental” and “sympathetic” attitudes might be helpful in preventing inter-generational suicide.

### *III. "Hope" is the Key Word in the US Christian Clergy*

Hope is one of the key words that American Christian clergy mentioned many times. A total of 32 out of 79 clergy mentioned hope. More than 30 Japanese Buddhist clerics mentioned the same theme that is "life is a gift from Buddha, and we do not have a right to quit it." In addition, some

Japanese Buddhist clerics said, "Buddhist believers have a right to choose suicide." These Buddhist answers look contradicted; however, as the investigator mentioned in literature review sections, Buddhist tenets are different by sects. Although there are some religious differences between two countries, both American and Japanese clerics have a sympathetic attitude toward suicide survivors who lost loved one by suicide.

In question one, the investigator asked about a possible suicide factor in an open-ended question. Some clergy answered that "hopelessness" is one suicide factor. Hopelessness and depression are usually used at the same time; however, depression is a medical term and hopelessness might be more subjective than depression. Although hopelessness might be one of the factors that might lead to depression, hopelessness is an individual feeling or mood that can be overcome by hope that is given by God / Buddha. Depression might be one of a diagnosed disease that cannot be cured without proper medical treatments. In short, the role of a religious leader might not be as a medical or psychological clinician, but as a spiritual healer that gives people hope to live.

Question two is an open-ended question that asked why the clergy think that suicide prevention is their obligation. Some clergy answered, "To offer hope." In other

words, clergy think that hope can be a tool for suicide prevention and they think that it is their obligation to offer hope.

This trend is also recognized in question 4 that asked about suicide prevention factors. Answers are as followed: “Religion gives hope”; Faith provides hope and validation”; “By offering hope and helping to find purpose in living”; “Brings Hope” There is the same theme in those answers: “Religion gives hope that help people to find purpose in living.” Suicidal individuals might be hopeless, but clergy think that they can survive if they are given hope by clergy, because hope gives a purpose to life.

In question 7, if clergy answered “No” to a question asking whether they think committing suicide is a sin or not, then the investigator asked why committing suicide is not a sin. Typical answers are: “Sin is often despairing, refusing to hope, and remaining shut off in spiritual darkness”; “Sin is breaking your relationship with God. While life is God’s gift ending your life is not necessarily a sin. Its root cause is despair or loss of hope.” Whether suicide is sin or not sin is a sensitive issue, because it might hurt family members who have lost their loved ones as a result of suicide. Sin is also related to morality and ethics. If clergy think that suicide is morally wrong or unethical, these thoughts might be rooted in the sense of sin and/or congregational or personal beliefs. Although a moral or ethical issue in committing suicide is controversial, the reasons why clergy want to counsel suicidal people are more clear and straight forward. There are typical answers: “Talking about hope; Pastors provide hope; People can think positively”; “We can offer spiritual resources to help people have hope”; “It may help people find hope and purpose; however, ultimately it will depend on the person”; “Pastoral

counseling can add comfort, truth, hope, friendships and other qualities to a person's life to help them avoid suicide”; “No situation in life is beyond hope”; “Knowing that you have hope makes a big difference”; “God’s words and his love give hope”; “It will clarify the client's self-worth, it gives Hope, Faith, and Meaning to Life”; “People need Help, Hope and self worth”; “The Gospel of Jesus Christ gives hope that does not disappoint”; “Pastors can offer hope for life's problems and meaning for life.”

### *III. Common Belief: “Life is a gift from Buddha” for Japanese Buddhist Clergy*

Although the expression or words might be varied, more than 30 Japanese Buddhist clergy mentioned the same theme that “life is a gift from Buddha, and we do not have a right to quit it.” Some clergy referred to the people who quit the gift of life as “arrogant.” Other clergy described them as sinful, because they escaped from the duty of life. Or, they treated suicide as a sin, because it is a denial of their future. There is a golden rule in Japanese Buddhist culture that is, we human beings have no right to choose death or life and only Buddha or “*En / Innen* (fate)” can decide the future. Buddha’s choice and fate might crush Christian values and there are contradictions. From an Eastern or Buddhist points of views, there are no contradictions, because individual self is connected to Buddha’s will or “*En / Innen* (fate)” and no one can escape from the fate that Buddha already programmed before human beings were born.

#### *IV. Common Belief: Buddhist Believers Have a Right to Choose Suicide*

Another feature that many Buddhist clergy pointed out was, “Buddhist believers have a right to choose suicide as an option, because Buddhist culture accepts suicide as an option.” This theme looks like a contradiction; however, as mentioned earlier, suicide is an option if it does not hurt others. For examples, some clergy said, “They have responsibility for themselves / their responsibility” and “If an actual act of suicide does not affect other people, I respect their choices.”

#### *V. Common Feature: Lack of Training and Confidence in Suicide Prevention*

Among Japanese clerics, the most common feature might be lack of training and confidence in suicide prevention. For example, many clergy mentioned that they were too busy to counsel people and they had no experience: “I wish I could "help" them, but my counseling ability and what I can do is limited.” ; “I want to talk to people who attempted suicide, but my counseling ability is limited and I cannot solve their problems.”; “ I want to refer them to mental health professionals.”: “I have no ability to "teach" them.”; “My obligation is not to change their minds from death to life.” There is a gap between their will to help people and their acknowledged lack of training experiences, time, and funding.

## *VI. Common Feature: Reincarnation, Going to Heaven / Hell, and En (Fate)*

There are three additional keys to understanding Japanese Buddhist clergy's response to suicide: reincarnation, Going to Heaven / Hell, and *En / Innen* (Fate). These keywords are related to each other, because they indicate both rewards and punishment by Buddha.

First, reincarnation could be a chance to undo their current lives. This second chance might be a reward and huge incentive for some Buddhist believers, because if they believe in Buddha and also accumulate good deeds, they have a good chance to be rewarded in their next lives. However, this reward might be a punishment, if they accumulate bad deeds. In Japanese Buddhist culture, reincarnation includes the possibility of becoming in the next an animal, bug, and even a snake in a second life. For instance, a fisherman who took too many fish might become a fish in the next reincarnation in order to know the feeling of fish. Some clergy mentioned that suicide might be caused by lack of knowledge of reincarnation. In short, if they knew the consequence of suicide, such as being reincarnated in to a fish, they might give up committing suicide.

Second, whether people who commit suicide go to heaven or hell is crucial in some Japanese Buddhist sects: Jyodo-shu or Jyodo-shin-shy. Originally, "jyodo" means heaven in Japanese and whether they can go to heaven or not is the most important thing for these sects. To go to heaven, the believers should focus only on "pray by saying *Namuamidabutsu* (following Buddha)" (Kasahara, 2001). For question five; "Why Religion Cannot Prevent Suicide?"; some Jyodo-shin-shy clergy who are more acceptable

of suicide than other sects answered, “How they pass away is not a problem; however, how they pray is important whether they can go to heaven or not.” In other words, for these sects, suicide is not a sin; it is an acceptable option. In addition, if people commit suicide (or homicide), but if they regret their behaviors and pray to go to heaven, then Buddha can help them and they can go to heaven. In question fourteen; “What will you say to family members whose loved one committed suicide?; some “jyodo-shin-shy” clergy answered, “The person who committed suicide might have been tired out from his/her life. They went back to heaven, so you don't blame yourself. Don't also feel guilty.” However, some other sects, especially Japanese Zen Buddhist clergy have a tendency to think committing suicide is rooted in *En / Innen* (Fate).

Third, some clergy mentioned that even suicide is a *En / Innen* (Fate) that is programmed by Buddha before they were born and those programs cannot be changed by human beings. In question fourteen; What will you say to family members whose loved one committed suicide?; some clergy stress “En (fate)” and said; Buddha will embrace every person regardless of the way they died; “En (Fate)” might lead to death and that cannot be changed by human beings; human beings cannot understand nor change. Some other clergy answered question seven; “Why Committing Suicide is Not Sin?”; and said, “In Japanese Buddhist culture, we use *Innen* (fate / destiny) instead of sin. Suicide is a part of *Innen* ( fate / destiny); “Each person has his/her own *En* (fate)”; and “It is fate and it is not sin.” In other words, suicide is a fate, and it cannot be changed by human beings.

In short, life is a gift from Buddha; however, some lives might be short and others might be long. In question thirteen, “If you mention suicide during Mass (services), what

do you say?; some clergy answered, “Life is a gift from Buddha, thus every life is precious. Even a bug’s life is precious.” Other clergy answered question thirteen and said, “Life is a gift from Buddha so you have no right to decide to continue or discontinue. Only Buddha can do it.” In conclusion, even inside the Buddhist community, there is no universal consensus on suicide; however, there is some similarity for dealing with suicide and it is: “Life is a gift from Buddha.” This theme is similar to the Christian theme that is: “Life is a gift from God / Jesus.”

### *VII. Summary*

There are some similarities and differences in thinking ways of both countries’ clerics. The most similar answers are: “life is a gift from God / Buddha, and we do not have a right to quit it.” The common belief is based on the Bible, dogma and sutras. However, some Buddhist clerics are more acceptable for suicide and said, “Buddhist believers have a right to choose suicide.” Even clerics who mentioned “individual choice of suicide,” they have a sympathetic attitude toward suicide survivors who lost loved one by suicide. In spite of these differences, both clerics pointed out lack of time and financial resources for suicide prevention.

In the next, conclusion, chapter, the investigator will propose program and political solutions and will call for future research that we need.

## *Chapter 7*

### *Conclusion: Social Work Program and Policy Implications, and Limitation of this Research*

#### *I. Introduction*

In this chapter, the investigator will summarize the data on suicide prevention programs and policy implications. He will also point out the limitation of this research and call for further research. In suicide prevention programs, the awareness for clergy to take on a suicide prevention role is different in the two countries studied; however, “non-judgmental” and “sympathetic” attitudes may also be helpful in preventing suicide. In terms of policy implications, there are some obstacles to creating suicide prevention programs: (1) a lack of financial resources, (2) a lack of time and (3) a lack of training opportunities. Limitations of this study are: small sample size, low returning rate, and sample biases. The researcher also will make suggestions for further research.

#### *II. Social Work Program Implications*

The role of the clergy is the missing link in the prevention of suicide, especially intergenerational suicide, and raises a red flag for social workers. Although collaboration between clergy and social workers is essential for suicide prevention, many social workers are overlooking the role of clergy in suicide prevention. Social workers and other mental health professionals need to be aware of these findings and reach out to provide psycho-education, support and collaboration with clergy to prevent inter-generational suicide.

Both in the USA and Japan, suicide is a crucial social issue and both countries need more suicide prevention programs. The Japanese suicide rate is almost twice as high as that of the US; however, suicide rates for American young black males aged 15 to 24 have nearly doubled since 1986. In addition to young African Americans, older white males have the highest rate of suicide (Pearson, 2008). Although the two countries have similar problems, there are cultural and religious differences. The investigator initially thought that clerical counseling might be a key to suicide prevention. The problem is that there are different norms with regard to suicide prevention programs in each country. Even if there are cultural differences in the two countries, collaboration between clergy and social workers is still extremely important.

With regard to cultural differences, there is a statistically significant difference between American Christian and Japanese Buddhist cultures as to whether suicide is a sin or not. Within this sample, there appears to be religious differences: 16% more of the US Christian clergy said suicide is a sin, as compared to Japanese clergy.

Whether suicide is a sin or not is a sensitive issue, because it might be adversely important to family members who have lost a loved one to suicide. In addition, sin is also related to morality and ethics. Thus, family survivors might feel guilty if clergy have negative comments to make regarding suicide. Collaboration between clergy and social workers should focus more on how to reduce this guilty feeling.

American Christian clergy have a tendency to think that suicide is a sin; however, many clergy also commented that “God’s love is available for people who committed suicide.” Japanese Buddhist clergy had a tendency to think how one dies is not as

important as how one has lived. Furthermore, many Japanese Buddhist clergy stated that Buddha's love still reached people who committed suicide, and that they were in Heaven, too.

There is a cultural similarity in both religious communities: God's or Buddha's love is still available to people who have committed suicide. There is also a difference: suicide is a "forgivable sin" for many American Christian clergy and suicide is a "free choice" for many Japanese Buddhist clergy. Furthermore, there is another implication that emerges from this study: the importance for suicide survivors who have lost family members to suicide to talk to clergy. Clergy may well be the likely individuals who can prevent intergenerational suicide. Thus, clergy in both countries should advocate for the importance of life and suicide prevention in their communities. The role of social workers is the key in encouraging clergy to advocate for the important of life.

Although suicide is theologically prohibited, Christian clergy are more disposed to suicide prevention programs. This receptivity might be based on the concept of Christian mercy. More Christian clergy think that suicide prevention is a religious obligation. Statistically, there is a significant difference between religious differences (Christian and Buddhist) and thinking of suicide prevention as an obligation. Although clergy would think that there is an obligation, they should cooperate with mental health professionals, such as psychiatrists, psychologists and social workers.

The readiness and openness of clergy to play a role in suicide prevention is different in each country. When asked, "Do you think that counseling with pastors can prevent someone from committing suicide?" the results are significantly different in the

US and Japan. More American clergy think that pastoral counseling can prevent someone from committing suicide. Believing that religious/spiritual power can aid in suicide prevention is much stronger for Christian clergy than Buddhist clergy.

American clergy also have a tendency to think that gender is more critical than Japanese clergy. Gender differences might reflect the differences of gender ratios among clergy in both countries. In this survey, only one female Japanese cleric (1.3%) joined the survey. On the contrary, ten female American clergy (12.7%) replied to the questionnaire, even though 10 out of 79 clergy is a small number.

The open-ended questions clearly show that there are cultural and religious differences with regard to the awareness of the clergy's role in suicide prevention. "Hope" is one of the key words that American Christian clergy mentioned many times. A total of 32 out of 79 US clergy mentioned "hope." When asked about possible suicide factors, some clergy responded that "hopelessness" is one suicide factor. The role of a religious leader might not be as a medical or psychological clinician, but as a spiritual healer who gives people "hope" to live. In addition to the role of healer, Christian clergy self identify their role as a mediator or agent who makes referrals for individuals to medical professionals. Some clergy also answered, "To offer hope." Those clergy might think that "hope" can be a tool for suicide prevention and they think that it is their obligation to offer "hope." They believe, "Religion gives hope that help people to find a purpose in living."

15 Japanese Buddhist clergy mentioned the same theme: "life is a gift from Buddha, and we do not have a right to end it." Some clergy referred to individuals who

quit the gift of life as “arrogant.” Other clergy described them as “sinful,” because they escaped from the duty of life. Or, they treated suicide as a “sin,” because it is a denial of their future. There is a golden rule in Japanese Buddhist culture that is, we, human beings, have no right to choose death or life and only Buddha or “*En / Innen* (fate)” can decide the future.

Another feature that 24 Buddhist clergy pointed out was, “Buddhist believers have a right to choose suicide as an option, because Buddhist culture accepts suicide as an option.” This theme looks like a contradiction; however, as mentioned earlier, suicide is an option if they do not hurt others. For example, some clergy said, “They have the responsibility for themselves/ their responsibility”; and “If an actual act of suicide does not affect other people, I respect their choices.”

In addition to these, there are two important religious differences between the two religious communities: (A) Christian clergy have a tendency to think that suicide is a sin, but admit that God’s love is available for people who committed suicide, and (B) Many Buddhist clergy believe that how one dies is not the crucial issue, but rather how they lived and what they did before they died.

According to the open-ended answers, the key to the success of suicide prevention programs through pastoral counseling might be: (1) try not to impose judgmental attitudes, and (2) try to provide “hope” to “hopeless” people. “Non-judgmental” and “sympathetic” attitudes may also be helpful in preventing inter-generational suicide. Clergy should be educated specifically to take non-judgmental and sympathetic attitudes

towards the families of suicide survivors. The role of social workers is to provide materials and training opportunities for clergy.

### *III. Policy Implications*

Policy changes in order to support suicide prevention are necessary in both countries. Financial and educational supports are needed in both religious communities for suicide prevention. Although religious leaders in both communities have a strong desire to help people, there are some obstacles to creating suicide prevention programs as reported by some of the clergy: (1) a lack of financial resources, (2) a lack of time and (3) a lack of training opportunities.

In addition to these three obstacles, governments should encourage mental health professionals and clergy to open the dialogue and collaboration over suicide prevention. Furthermore the National Association of Social Workers (NASW) and other American mental health associations (Mental Health Association especially which targets the stigma around mental illness) must liaison with churches, and Japanese mental health professionals must collaborate with Buddhist clergy. Since the two countries have the same problems, collaborations between the two countries by mental health professionals are also needed.

First, to solve the financial issues in both religious communities, religious leaders should advocate that the “suicide issue” is not “taboo” and require financial aid through local, state, and federal grants. It is true that in this financially tough time, it is not easy

to secure financial resources; however, it is also true that the numbers of people who commit suicide are also heavily impacted by financial conditions.

Second, the lack of time can be solved by sharing jobs and information with local mental health professionals. Although some Christian Churches and Buddhist Temples have their own counseling centers, so far, only about 30 Christian Churches and Buddhist Temples are working with local mental health professionals.

Third, the lack of training is a more serious issue in Japan than in the US. However, there are many kinds of online courses offering training for spiritual or pastoral counseling. A possible policy change might be to find financial mechanisms by means of local, state, or federal government which can provide supports for pastoral counseling through tax deduction, vouchers, or grants. Religious communities might also connect to outside resources, and refer people to community mental health organizations or other public resources.

Fourth, for suicide prevention programs to be successful, ordinary citizens must support religious leaders financially. Clerics need both grants and tax-cuts for maintaining suicide prevention programs, because clerics can prevent suicide in the frontline as suicide gatekeepers. Costs for pastoral suicide prevention programs might be smaller than the costs of community mental health programs; however, pastoral counseling might be more effective than other community mental health programs.

Fifth, governments should encourage mental health professionals and clergy to open the dialogue and collaboration around suicide prevention. Governments in the two countries have a tendency not to speak about the meaning of suicide in public discussion.

To insure budgets for suicide prevention, governments and clergy should openly discuss suicide and its background issues, such as poverty, racial and gender discrimination, and mental health issues. Without this open argument, suicide might be stigmatized and suicide survivors who lost loved ones by suicide might be also stigmatized. To help governments, the National Association of Social Workers (NASW) and other American mental health associations must liaison with churches and Japanese mental health professionals must collaborate with Buddhist clergy.

Sixth, the two countries have the same problems related to suicide; collaborations between the two countries by mental health professionals are also needed. There are three possible collaborations: (1) creation of manuals on suicide prevention in English and Japanese by mental health professions and translate them into both languages, (2) creation of suicide prevention materials for families to be distributed at the churches and temples, and (3) Mass social marketing program addressing newspapers, TV and radio to disseminate information to reduce stigma of suicide and encourage communication and open dialogue between clergy and mental health professionals and public.

#### *IV. Limitation of this Research and Suggestion for Further Research*

This study is exploratory for at least two reasons: there is little or no prior research and funding is very limited. The sample size for each country is small due to minimal funds. Possible sample biases exist since it is limited to the suburbs of New York City and Western Special Districts of Tokyo. Also, only one Japanese and ten American women responded to the survey.

In addition to the limitations related to the sample size, limited numbers of survey participants (about 16% in Japan and 24% in the US), answered all qualitative (open-ended) questions. Some participants answered only briefly and others provided long answers. Mail surveys have a limitation in space and time. Many of the themes which surfaced in the qualitative section were based on a relatively small number. Compared to in-depth interviews, mail surveys cannot explore issues at a deeper level which might have allowed for more meaning to emerge. In short, surveys are only snapshots of a moment in time.

Also the response rate is low; in the first wave of surveys, the return rate was about 6% (24 replies out of 400), in the second wave, the return rate was about 14% (56 replies out of 400). One possible reason for the low returning rate is that the research topic, suicide, treats a sensitive and controversial issue.

The investigator calls for further research into the role of clergy in suicide prevention. Studies should include large and random drawn samples. A study might be designed for in-depth interviewing or large sampled cross-cultural/cross-national surveys.

In variables, investigators should focus more on country and religious sects as Independent Variables (IV), because the categories of Christian and Buddhist are so vague. For examples, Catholics and Protestants, or Zen Buddhists and Reformed-Buddhists might have different opinions on suicide preventions. Dependent Variables (DV) should be different obligations and address whether “suicide is a sin or not.”

In addition to Buddhist sects, although religious demographic and suicide prevention program statistics exist, there are few studies that treat religious and cultural

differences in suicide prevention. Thus, other Independent Variables (IV) of the research might be cultural differences, such as Churches (Temples) in a big city and a small city, or African American Christian Churches and Caucasian Christian Churches, or Korean Buddhist Temples and Japanese Buddhist Temples.

#### *V. Conclusion*

Throughout this study, the investigator found that American Christian clergy had a tendency to think that suicide is a sin; however, many clergy also commented that “God’s love is available for people who committed suicide.” Japanese Buddhist clergy had a tendency to think how one dies is not the most important issue, but how one has lived was more important.

Furthermore, many Japanese Buddhist clergy stated that Buddha’s love still reached people who committed suicide, and that they were in Heaven now.

There is a cultural similarity in both religious communities: God’s or Buddha’s love is still available to people who committed suicide. There is also a difference: suicide is a “forgivable sin” for many American Christian clergy; and suicide is a “free choice” for many Japanese Buddhist clergy. Furthermore, there is one fact that emerges from this study, and that is the importance for suicide survivors who have lost family members to suicide to talk to clergy.

In short, clergy may well be the most likely individuals who can prevent intergenerational suicide. Thus, clergy in both countries should advocate for the importance of life and suicide prevention in their communities. To accomplish their

suicide prevention programs, ordinary citizens and local / federal governments should support clergy by offering financial supports and tax-cuts. Costs for pastoral counseling might be smaller than the cost for community mental health. Further large sampled or in-depth study is needed to know more about suicide prevention by pastoral counseling.

To help governments' suicide prevention programs, the National Association of Social Workers (NASW) and other American mental health associations must liaison with Churches, and Japanese mental health professionals must collaborate with Buddhist clergy. Collaboration between the two countries is also needed. The clergy and governments can collaborate by (1) a creation of manuals on suicide prevention, (2) a creation of suicide prevention materials for families, and (3) Mass social marketing program to reduce the stigma of suicide.

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*Suicide Prevention Survey for Religious Leaders*

State University of New York at Stony Brook, School of Social Welfare

**Q1. What do you think are the most important factors that contribute to suicide?**

\* Please rank “1 (Lowest)” to “10 (Highest).”

\* For Example: [1] Economic Issues, [2] Others: ( ), [3] Aging Issues...[10] Racism

<input type="checkbox"/> Economic Issues	<input type="checkbox"/> Aging issues	<input type="checkbox"/> Adolescent issues
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Substance abuse Issues	<input type="checkbox"/> Racism
<input type="checkbox"/> Gender issues	<input type="checkbox"/> Family issues	<input type="checkbox"/> Lack of spirituality
<input type="checkbox"/> Others: ( )		

**Q2. Do you think that you have an obligation to help people who are thinking about suicide?**

\* Please check one (“Yes” or “No”)

Yes

No

<p><b>(Q2a) IF YES</b>  <b>Why do you think so? Please rank “1 (Lowest)” to “4 (Highest).”</b>  <input type="checkbox"/> Ethical duty <input type="checkbox"/> Personal belief  <input type="checkbox"/> God’s will <input type="checkbox"/> Others: ( )</p>	<p><b>(Q2b) IF NO</b>  <b>Why do you think so? Please explain why you do not have an obligation.</b></p>
--	--

**Q3. Do you think that religion can prevent suicide?**

\* Please check one (“Yes” or “No”)

Yes

No

<p><b>(Q3a) IF YES</b>  <b>Why do you think so? Please rank “1” to “4.”</b>  <input type="checkbox"/> Spirituality increases life energy  <input type="checkbox"/> People might know it is against God’s will  <input type="checkbox"/> People might know they will go to “hell”  <input type="checkbox"/> Others: ( )</p>	<p><b>(Q3b) IF NO</b>  <b>Why do you think so? Please explain why religion cannot prevent suicide.</b></p>
--	--

**Q4. Do you think that committing suicide is a “sin”?**

\* Please check one (“Yes” or “No”)

Yes

No

<p><b>(Q4a) IF YES</b>  <b>Why do you think so? Please rank “1” to “5.”</b>  <input type="checkbox"/> Against God’s will <input type="checkbox"/> Morally wrong  <input type="checkbox"/> Lack of spirituality  <input type="checkbox"/> Disgrace to your family and community  <input type="checkbox"/> Others: ( )</p>	<p><b>(Q4b) IF NO</b>  <b>Why do you think so? Please explain why committing suicide is not “sin.”</b></p>
--	--

**Q5. Do you think that counseling with pastors can prevent someone from committing suicide?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q5a) IF YES**

**Why do you think so? Please explain.**

**(Q5b) IF NO**

**Why do you think so? Please explain.**

**Q6. In the past 3 months, have you counseled (talked) with individuals who reported thinking about committing suicide?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q6a) IF YES**

**(A) In the past 3 months, how many individuals have you talked with? \*Please check one.**

1 person

2 or 3 persons

4 or 5 persons

6 or more persons

**(B) On average, how many minutes did you work with each person? \*Please check one.**

10 minutes or less

11 to 15 minutes

16 to 20 minutes

21 to 29 minutes

30 or more minutes

**Q7. In the past 3 years, are you aware of any attempted suicides among your congregation or their relatives?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q7a) IF YES**

**In the past 3 years, how many attempted suicides? \*Please check one.**

1

2

3

4 or more

**Q8. In the past 3 years, are you aware of completed suicides among your congregation or their relatives?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q8a) IF YES**

**In the past 3 years, how many completed suicide? \*Please check one.**

1

2

3

4 or more

**Q9. Does your church have any resources about preventing suicide (such as educational pamphlets, brochures, or leaflets)?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q9a) IF YES**

**(A) What kinds of resources do you have? \*Please explain.**

( )

**(B) Was the material’s information based on? Please rank “1 (Lowest)” to “5 (Highest).”**

Bible

Congregation’s beliefs

Social norms

Personal beliefs

Others: ( )

**Q10. In the past 3 months, have you ever mentioned suicide during Mass (services)?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q10a) IF YES**

**(A) In the past 3 months, how many times did you mention it?**

\*Please check one.

1 time

2 or 3 times

4 or 5 times

6 or more times

**(B) How much time did you spend in Mass (services)?**

10 or fewer minutes

11 to 15 minutes

16 to 20 minutes

21 to 29 minutes

30 or more minutes

**(Q10b) IF NO**

**\*Please explain why you did not mention suicide?**

**Q11. Are there any penalties for your church’s members who committed suicide?**

For example: Different funeral services, or in entombment different grave sites, or penalty imposed on family members. \*Please check one (“Yes” or “No”)

Yes

No

**(Q11a) IF YES**

**(A) What kinds of penalties does your church have? ( )**

**(B) What’s the basis for these penalties? Please rank “1 (Lowest)” to “5 (Highest).”**

**Or, rank “1” to “4,” if you don’t need to use “others.”**

Bible

Congregation’s beliefs

Social norms

Personal beliefs

Others: ( )

**Q12. Would you be willing to counsel people are not member of your Church?**

\* Please check one (“Yes” or “No”)

Yes

No

**(Q12a) IF YES**

**Why do you think so? \*Please explain.**

**(Q12b) IF NO**

**Why do you think so? \*Please explain.**



Appendix 1.2: Questionnaire in Japanese

信仰と自殺予防に関する意識調査（仏教・キリスト教：日米比較）

Q1. どの要素が自殺の主な原因になっていると思いますか？

\* 重要と思われる原因に1（最高）から10（最低）まで順番に番号をご記入ください。

\* 例: [1] 経済的要因, [2] その他: (具体的に: ), [3] 高齢化問題...[10]人種・人権問題

<input type="checkbox"/> 経済的要因	<input type="checkbox"/> 高齢化問題	<input type="checkbox"/> 青年期・進路問題
<input type="checkbox"/> 精神衛生・病気	<input type="checkbox"/> 飲酒や薬の依存	<input type="checkbox"/> 人種・人権問題
<input type="checkbox"/> 男女差別	<input type="checkbox"/> 家庭の問題	<input type="checkbox"/> 宗教心の欠如
<input type="checkbox"/> その他: (具体的に: )		

Q2. 自殺を考えている人たちを救うことは、あなたの責務（仕事）だと思いますか？

\* 「はい」もしくは「いいえ」どちらか一方に○をお付けください。

<input type="checkbox"/> はい	<input type="checkbox"/> いいえ
<p>(Q2a) もし「はい」ならば *なぜ、そう思いますか *適当な理由に1（最高）から4（最低）まで番号をご記入ください。 [ ] 人道的理由 [ ] 個人的信仰心 [ ] お釈迦様の意思 [ ] その他（具体的に: )</p>	<p>(Q2b) もし「いいえ」ならば *なぜ、そう思いますか *なぜ責務（仕事）と思わないか ご説明ください。</p>

Q3. 信仰心により自殺は防げると、あなたは考えますか？

<input type="checkbox"/> はい	<input type="checkbox"/> いいえ
<p>(Q3a) もし「はい」ならば *適当な理由に1（最高）から4（最低）まで番号をご記入ください。 [ ] 信仰心が生きる希望を与える。 [ ] お釈迦様の意思に反することがわかる。 [ ] (自殺後) 地獄に落ちることがわかる。 [ ] その他（具体的に: )</p>	<p>(Q3b) もし「いいえ」ならば *なぜ信仰心では自殺を防げないかを ご説明ください。</p>

Q4. 自殺は「罪深い行為」とあなたは思いますか？

<input type="checkbox"/> はい	<input type="checkbox"/> いいえ
<p>(Q4a) もし「はい」ならば *適当な理由に1（最高）から5（最低）まで番号をご記入ください。 [ ] お釈迦様の意思に背く [ ] 不道德 [ ] 宗教心の欠如 [ ] その他 ( ) [ ] 家族・身内の恥</p>	<p>(Q4b) もし「いいえ」ならば *なぜ自殺が「罪深い行為」ではないか かをご説明ください。</p>

Q5. ご僧侶・ご聖職者に相談することで自殺は防げるとお考えですか？

はい

いいえ

(Q5a) もし「はい」ならば

\*なぜそうお考えですか？ご説明ください。  
\*なぜそうお考えですか？ご説明ください。

(Q5b) もし「いいえ」ならば

Q6. 過去3ヶ月間に、自殺願望（自殺を考えている）個人の相談を受けたことがありますか？

はい

いいえ

(Q6a) もし「はい」ならば

(A) 過去3ヶ月間に何人の相談を受けましたか？ \*該当する人数をお選びください。

1人       2人もしくは3人       4人もしくは5人       6人以上

(B) 平均して、だいたい何分くらい話をしましたか？ \*

該当する時間をお選びください。

10分以下       11分から15分間       16分から20分間

21分から29分間       30分間かそれ以上

Q7. 過去3年間に信者・檀家・その関係者で自殺未遂をしたという話を聞きましたか？

はい

いいえ

(Q7a) もし「はい」ならば

(A) 過去3年間に何人の自殺未遂の話を聞きましたか？

\*該当する人数をお選びください。

1人       2人       3人       4人以上

Q8. 過去3年間に信者・檀家・その関係者で自殺で死亡したという話を聞きましたか？

はい

いいえ

(Q8a) もし「はい」ならば

(A) 過去3年間に何人の自殺で死亡した話を聞きましたか？ \*該当する人数をお選びください。

1人       2人       3人       4人以上

Q9. あなたの寺院・本部・組織では自殺予防に関する配布資料がありますか？  
(例：パンフレット、教育資料・教材、マニュアル等)？

はい  いいえ

(Q9a) もし「はい」ならば

どのような配布資料をお持ちですか？\*ご説明ください。

配布資料はどの文献・信条に基づいていますか？最も重要と思われる文献・信条に1  
(最も重要) から5 (重要でない) まで順番に番号をご記入ください。

経典・教義・書物  信者・檀家の信条  
 社会的常識・一般常識  僧侶・聖職者個人の信条  
 その他

Q10. 過去3ヶ月間に、信者との集会・会合、檀家の方との法話等で自殺について話したことがありますか？

はい  いいえ

(Q10a) もし「はい」ならば

(A) 過去3ヶ月間に何回、自殺の話をしましたか？\*該当する回数をお選びください。

1回  2回もしくは3回  4回もしくは5回  
 6回以上

(B) 平均して、だいたい何分くらい話をしましたか？\*

該当する時間をお選びください。

10分以下  11分から15分間  16分から20分間  
 21分から29分間  30分間かそれ以上

(Q10b) もし「いいえ」ならば

\*過去3ヶ月間で、なぜ自殺の話をしなかったのかをご説明ください。

Q11. 信者・檀家もしくはその関係者が自殺で死亡された場合、死亡された方もしくはその関係者に対して罰則あるいは宗教的な制裁はありますか？(例：葬儀の場所、埋葬方式、埋葬場所を他の死因と別にする。遺族に対する制限を設ける等)。

はい  いいえ

(Q11a) もし「はい」ならば

(A) どのような罰則・制裁・制限ですか？\*ご説明ください。

(B) 罰則・制裁・制限はどの文献・信条に基づいていますか？

最も重要と思われる文献・信条に1 (最も重要) から5 (重要でない) まで順番に番号をご記入ください。

経典・教義・書物  信者・檀家の信条  
 社会的常識・一般常識  僧侶・聖職者個人の信条  
 その他

Q12. 信者・檀家以外の方で自殺・うつなどの悩みを抱えている方の相談にのりたいと思いますか？

[ ]はい

[ ]いいえ

(Q12a) もし「はい」ならば  
\*なぜ相談に応じたいと思いますか？  
\*ご説明ください。

(Q12b) もし「いいえ」ならば  
\*なぜ相談に応じたくないですか？  
\*ご説明ください。

Q13. もしあなたが信者との集会・会合、檀家の方との法話等で自殺について話す場合、どんな話をしますか？ご説明ください。

Q14. もしあなたが自殺で家族を亡くされた方と話す場合、どんな話をしますか？

Q15. 名誉の自殺（例えば家族・国の為の自殺、特攻等）は宗教的に肯定されますか？  
\*肯定、否定、あるいはその両者の理由をご説明ください。

Q16. 以下の該当する項目に○をお付けください:

- 性別: [ ]女性 [ ]男性
  - 誕生日: 西暦: ( ) 年
  - 人種: [ ]日本人, [ ]日本人以外のアジア人, [ ]その他 (具体的に: )
  - 既婚・未婚: [ ]既婚, [ ]未婚・独身, [ ]離婚経験有り, [ ]未亡人
  - 宗派・信条: ご自分の宗派・教団等をご記入ください。( )
  - 教育経験年数: 幼稚園以降の教育経験年数をご記入ください。  
(例: 幼稚園1年+小学校6年+中学校3年+高校3年+大学4年=17年)  
教育経験年数: [ ]年
  - 肩書き・役職名: ( )
  - 現在の肩書き (役職) についてからの在職期間: [ ]年
  - おおよその課税前の年収に○をお付けください。  
[ ]200万円以下 [ ]¥2,000,000 から ¥2,999,999 [ ]¥3,000,000 から ¥3,999,999  
[ ]¥3,000,000 から ¥3,999,999 [ ]¥4,000,000 から ¥4,999,999  
[ ]¥5,000,000 から ¥5,999,999 [ ]¥6,000,000 から ¥6,999,999 [ ]700万円以上
  - 今までに自殺予防のトレーニング・講習を受講したことがありますか？  
はい [ ], いいえ [ ]  
↳ もし「はい」ならば、どんなトレーニング・講習で、何日間受講しましたか？  
講習内容: ( ), 延べ日数: [ ]日
  - あなたの寺院・組織が主催する集会・法話・講演会等には平均何人くらいの参加者がいますか？ 平均 [ ]人
- このアンケートに関してご意見・ご感想があれば、ご記入ください。  
\*\*\*\*\* ご協力ありがとうございました \*\*\*\*\*