

Religiosity, Spirituality, Meaning-Making, and Suicidality in Psychiatric Patients and Suicide Attempters: an Overview and Meta-analysis

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'I have stopped praying because I feel nothing'
'I use a meditation app to find rest'

'Suicide is not allowed in my faith'
'I believe something good will come out of all this'

Why?

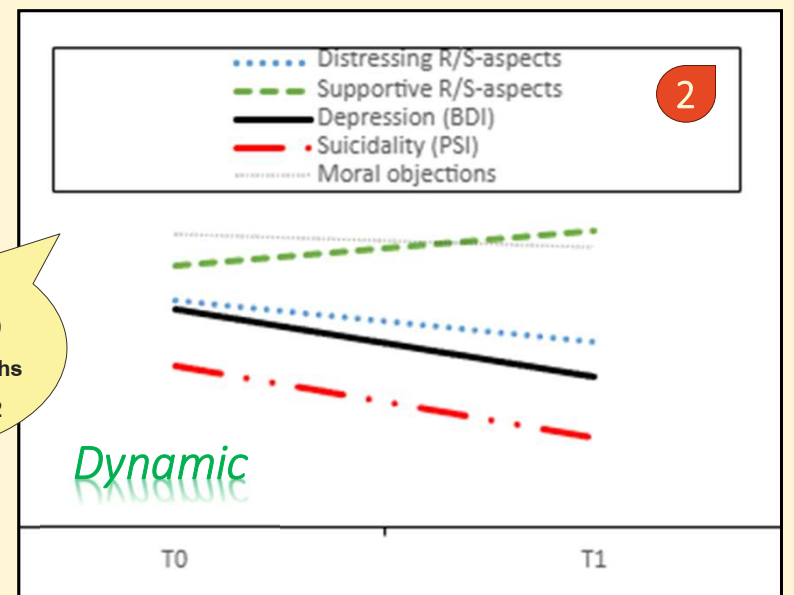
- ❑ RSM often plays a protective role against suicidality and suicide, but not always
- ❑ Research in psychiatric populations mainly included only one RSM dimension in a cross-sectional design
- ❑ Reviews on the topic have been largely descriptive, and no meta-analyses focused on psychiatric patients
- ❑ No ESM-studies included RSM in dynamic evaluation of suicidality

What?

- 1 a systematic pre-registered review of all studies worldwide, including meta-analysis
- 2 a prospective questionnaire study
- 3 an experience sampling study

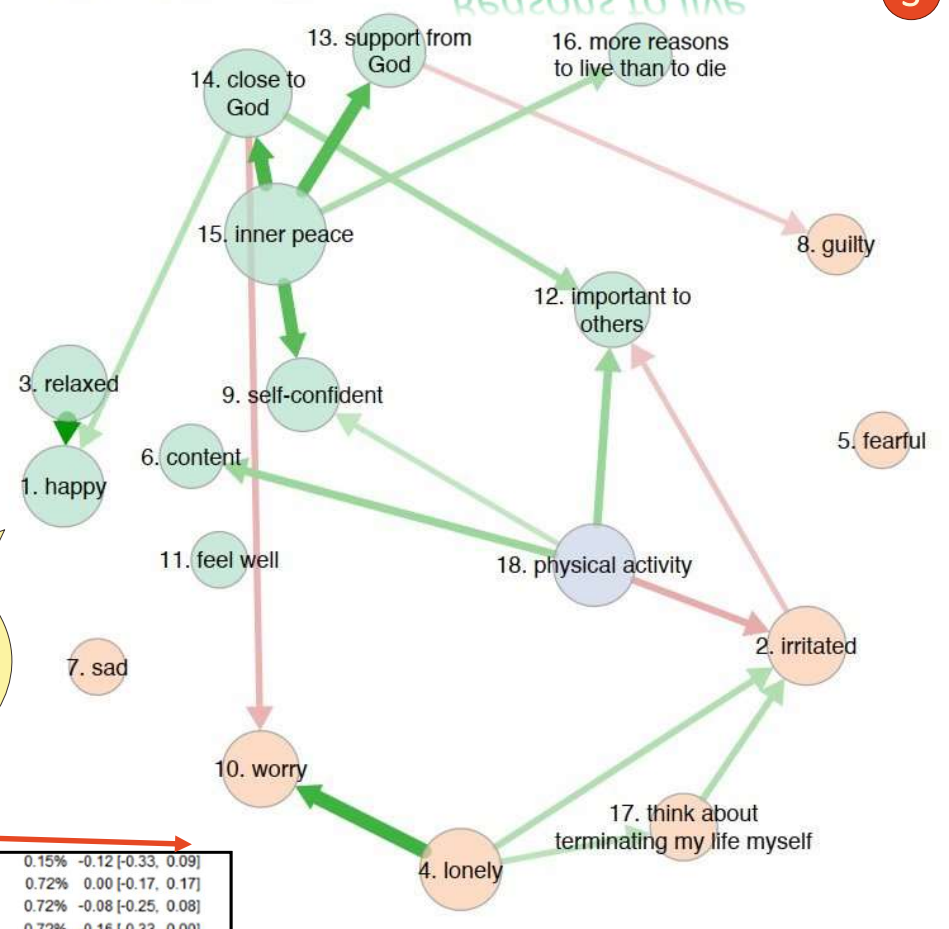
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- o Brink, B. van den, et al (2024). Experience sampling of suicidality, religiosity and spirituality in depression: Network analyses using dynamic time warping. *Journal of Affective Disorders*, 360, 354–363. doi: 10.1016/j.jad.2024.05.139 **3**
- o **Full PhD thesis / Book:** Brink, B. van den Brink (2024). Religion, Spirituality, and Suicidality: Modelling the Dynamics. Shaker. ISBN: 978-3-8440-9636-1



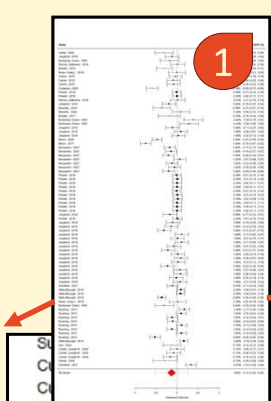
Directed network

Reasons to live



ESM-network

N participants = 28
N days = 6
M assessments pp = 42



Meta-analysis

N participants = 4.022
N studies = 21
N effect sizes = 80
Overall ES = - 0.13

Protective

Take-home

Religiosity, spirituality, and meaning in life: often overlooked but clinically significant factors in the assessment of suicidality.

Including RSM enables:

- ✓ identification of symptom-inducing RSM-struggles
- ✓ strengthening of protective factors
- ✓ a more personalized approach
- ✓ a stronger therapeutic relationship
- ✓ a basis for a recovery-oriented approach



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