

# The Relationship of Personality Traits, Religiosity, and Suicidal Ideation among Protestants in Hong Kong

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## Abstract

The number of suicide cases has been rapidly increasing nowadays. In order to identify the risk and protective factors for suicide, much literature supports that personality and religiousness are the key elements associating with suicide. Nevertheless, Protestantism is found to be a high risk religious group for suicide in some Western studies. In Hong Kong, little research has been done to explore the correlation between congregants' characters and suicide particularly in the high risk religious group. The objective of this study is to assess the association between personality traits, religiosity, and suicidal ideation among Protestants in Hong Kong. Participants were 213 Protestants coming from 11 denominations, who were mainly Christian and Missionary Alliance, Salvation Army, Baptists, Lutherans, and so forth. Respondents completed self-report measures of personality, suicidal ideation, and religiosity through paper or online questionnaires. The results showed that psychoticism and neuroticism were positively correlated with suicidal ideation, while the intrinsic orientation was negatively related. Among these three variables, only neuroticism and intrinsic orientation could significantly predict participants' suicidal ideation in a multiple regression analysis. However, intrinsic religiosity did not moderate the relationship between neuroticism and suicidal thoughts. Also, there is no gender difference of suicidal ideation in the high socioeconomic level of Protestantism in the study. In order to maintain individual mental health and well-being, increasing the level of intrinsic religiousness and decreasing believers' neuroticism in lives should be taken into account for developing suicide prevention strategies in religious activities.

## Keywords

Personality traits, suicidal ideation, intrinsic religiosity, neuroticism, Protestants in Hong Kong

## Introduction

Suicide is a worldwide problem. World Health Organization (WHO, 2011) reported that close to one million people died by suicide each year. In other words, a suicide is being committed every 40 seconds somewhere around the world (WHO, 2011). These data only reveal the number of reported suicide cases, but do not reflect the phenomenon of those unsuccessful suicide attempts or substantial suicidal thoughts. The number of attempted suicides is certainly more than the successful ones, and the figures of those who have suicidal ideation are unquestionably even larger and much more than attempted or successful suicides (Wong, Chan, & Beh, 2007).

According to the comprehensive annual reports on suicide from WHO (2011), men's suicide rate is higher than women's; whereas women attempt suicide more frequently than men in Europe and North America. The number of suicides has been increasing in elderly and young people in recent years. Mental disorders, particularly depression and those related to alcohol-use, are major factors for suicide in Western countries. However, in Asian countries, especially in China and India, the number of women committing suicide is higher than that of the men, in which women tend to use more toxic substances, such as agricultural pesticides and inhalation of burning charcoal fumes (Milner & De Leo, 2010; Zhang & Li, 2013).

In understanding suicidality, exploration of risk and protective factors are primary tasks. Many studies discover the importance of predisposing factors to suicidal behaviours. In a study by Brezo, Paris and Turecki (2006) on the correlation between personality traits and suicide attempts, as well as suicidal ideation, the result revealed that hopelessness, neuroticism, and extraversion were the risk factors for most suicide attempts. Other research posed aggression and impulsivity as considerable reasons for suicidality but only on the younger age population (McGirr et al., 2008; Renaud, Berlim, McGirr, Tousignant, & Turecki, 2008). As Brezo et al. (2006) have stated, some personality traits seemed to increase individual vulnerability to suicide and could be considered as good indicators of suicide risk.

One of the best-established conceptualizations of personality is Eysenck's theory of personality which is presented in a dimensional way and is classified as a three-factor theory including neuroticism, extraversion, and psychoticism (Hayes, 1994, pp. 240-241). Generally speaking,

neuroticism is determined by biological basis in terms of autonomic nervous system which relates to body's reaction to stressful or threatening incidents. When autonomic nervous system is activated, neurotic persons present their emotions in ways of moodiness, short-temperedness, and being upset in many circumstances. On the other hand, extraversion relates to one's sociability, impulsiveness, risk-taking, and stimulus-seeking in which the persons possess outgoing and sociable characters (Ferguson, 2001). The third scale is psychoticism. People in this category are inclined to have difficulty dealing with reality accompanied by antisocial, hostile, and manipulative characteristics including impulsivity, irresponsibility, tough-mindedness, inconsideration, recklessness, and anger (Hayes, 1994, p. 243).

A number of studies have utilized these factors to assess the relationship between personality and suicidality (Brezo et al., 2006; Johnson, Lall, Bongar, & Nordlund, 1999). In China, Li and Lei's (2010) study revealed that psychoticism, neuroticism, and extraversion were significantly different in regard to suicide in the population without mental illness. People in the sample with suicide attempts were characterized by unstable and introverted personality. Further, in Bowen, Baetz, Leuschen and Kalynchuk's (2011) study, neuroticism was positively linked to mood instability, which could predict depression and suicidal thoughts. It was also evident that neuroticism and psychoticism were positively correlated with suicidal ideation whereas extraversion was negatively related to suicidal ideation (Farmer, 2000; Irfani, 1978).

Besides personality, empirical evidence indicates that religiosity can serve as a protecting factor against suicide, where religious beliefs and rituals can act as buffers to comfort people's distress (Sisask et al., 2010). Also, religious communities directly provide social support that can lessen the risk of suicidal ideation and suicide attempts (Robins & Fiske, 2009).

In 1897, sociologist Emile Durkheim (as cited in Gearing & Lizardi, 2009) highlighted that religion was a deterring factor against suicide because religiosity enhanced social integration and normative submission. Regular church attendees were also found to be four times less likely to commit suicide than those never attended church (Martin, 1984). It is believed that religion provides mental consolation to many people (Fang, Lu,

Liu, & Sun, 2011). Those nurtured and edified in religious atmospheres may exhibit a number of positive adjustment and resilience factors. Much research has supported the view that religion is associated with lower level of aggression and hostility (Gearing & Lizardi, 2009). More than this, religiosity can promote mental health, individual well-being, and positive personality traits (Unterrainer, Lewis, & Fink, 2014). For those with a mental illness, Unterrainer et al.'s (2014) study revealed that church affiliation was a significant element in the process of recovering from emotional problems and a protective factor against addictive and suicidal behaviour.

Concerning the significance of religiousness, Allport, an American psychologist, was instrumental in developing two phrases, intrinsic religiosity and extrinsic religiosity (Francis, 2007). People with intrinsic orientation emphasize how to live religiously and orient their lives wholly by the full doctrine of the church. It can be signified as internal beliefs attributing to religious significance and values in life (Walker & Bishop, 2005). On the other hand, extrinsic religiosity aims to some external needs, such as social cohesion and relief from pain (Walker & Bishop, 2005). Believers with extrinsic orientation tend to use their religion as a means for some benefits. They go to church seeking for happiness, peaceful life, comfort, social recognition, and status (Allport, 1966; Hills et al., 2004). In sum, intrinsic orientation relates to internal motivation where religion is an end itself. Extrinsic orientation is an external religious life in which religion is a means for other ends.

Some studies have suggested that strong religious faith has a salutary effect on mental health because it is negatively related to psychopathology (Caribé et al., 2012; Hackney & Sanders, 2003). Therefore, less religious faith coincided with greater suicidal ideation. Numerous studies support that religiosity is a protective factor against suicide (Sisask et al., 2010). Hackney and Sanders' (2003) meta-analysis concluded that religiosity contributed a positive effect to individual psychological adjustment. Participants considering themselves as religious people possessed a protective factor to fatal suicidal behaviour. It is evident that suicide rates in religious countries are comparatively lower than non-religious countries (Dervic et al., 2004; Gearing & Lizardi, 2009).

However, among various religious groups, Protestants are likely to have a comparatively

higher suicide rate than Jews, Roman Catholics, Hindus, and Muslims (Gearing & Lizardi, 2009; Loewenthal, MacLeod, Cook, Lee, & Goldblatt, 2003). Durkheim's explanation (as cited in Stack & Wasserman, 1992, p. 457) was that Catholicism and Judaism could integrate their members into a single religious community. Their churches, providing explicit theologies, reinforced strong attitudes against suicide. Also, church attendance and social support network may contribute to Catholics having lower suicide rates than is the case for many Protestants (Siegrist, 1996; Stack & Wasserman, 1992; Torgler & Schaltegger, 2014). On the other hand, some Protestant denominations encourage individualistic thought regarding doctrinal matters and have fewer beliefs sharing and religious ritual practices in daily lives than is the case for the older and more traditional Christian faith communities (Stack & Wasserman, 1992). With less religious integration and lower degree of authoritative dogmas, some Protestants might be at an increased suicide risk (Gearing & Lizardi, 2009).

In Hong Kong, most of the suicide studies were found to be related to lethal means (Law & Leung, 2012; Law, Yip, & Caine, 2011; Wong, Caine, Lee, Beautrais, & Yip, 2014), risk factors (Chan, Pang, & Chiu, 2007; Wong et al., 2008; Wong, Stewart, Ho, & Lam, 2007), and depression (Lee, Wong, Chow, & McBride-Chang, 2006; Sun, Xu, Chan, Lam, & Schooling, 2012). Little research could be found regarding the association of suicide with personality and religiosity. The aim of the present study is to address the gap in this area in which the relationship of personality traits, religiosity, and suicide ideation among Protestants in Hong Kong is found. A prediction is proposed to explore how strong the main variables can predict suicidal ideation. The explicit hypotheses for the current study are as follows:

**Hypothesis I:** Women will show greater levels of suicidal ideation and neuroticism, and lower levels of intrinsic and extrinsic religiosity than men.

**Hypothesis II:** Suicidal ideation is positively associated with neuroticism and psychoticism, but negatively associated with extraversion in personality and intrinsic religiosity.

**Hypothesis III:** The interaction of neuroticism and intrinsic religiosity will predict suicidal ideation.

## Method

### Procedure

Participants of this study were the Protestants in Hong Kong aged 18 or above. Two hundred twenty-one people replied; 109 responded online, and 112 from paper questionnaires. Among those 112 questionnaires, eight copies were excluded due to incompleteness of items. Finally, 96% (N = 213) were examined in the study. The online questionnaire was posted in the website of Bethel Bible Seminary (BBS). Any visitors to the website could see the invitation for the questionnaire. If they were interested in this topic, they could click the relevant box and go to the questionnaire pages. Besides, some paper questionnaires were put in the Bethel Pastoral Counseling Center of BBS. Participants could be the clients, counsellors, volunteers, audience of workshops, or people passing-by coming from various denominations.

### Participants

There were totally 79 men (37.1%) and 134 women (62.9%) completing the questionnaires. More women participated in the study than men. The mean age of men was 40.8 years (SD = 11.61). For the women, their mean age was 41.2 years (SD = 11.62). However, there was no statistical significance on the difference of their mean

ages,  $t(211) = .23$ ,  $p = .82$ . Overall, the mean level of suicidal ideation in the study ( $M = 13.74$ ,  $SD = 6.46$ ) fell a bit below the normative college samples in Hills and Francis' study in 2005 ( $M = 15.25$ ,  $SD = 7.49$ ).

The age of the participants was quite evenly distributed, whereas their education mainly fell into the category of university level. More than half of them reported to be married. Also, around 60% of the participants had no children. Regarding their religious life, more than one-third were Protestants for over 20 years, and almost all were baptized. Their frequency of church attendance ranged from once to thrice per week.

The participants came from diverse occupations (**Table 1**). The majority related to the professions of helping others including missionary or preacher (10.8%), social worker (8.5%), and teacher (8.5%). Meanwhile, 8.9% were students.

Three mainstream denominations, Christian and Missionary Alliance (22.5%), Salvation Army (22.5%), and Baptists (20.2%), occupied more than half of the total percentage. The rest were Lutherans (8%), Church of Christ (6.6%), Evangelical Free Church (5.6%), Methodist (3.3%), Assemblies of God (2.8%) and so forth.

### Instruments

#### Short form of EPQ-R (Revised Eysenck

**Personality Questionnaire)**. Eysenck Personality Questionnaire was originated from the Eysenck's theory of personality of neuroticism, extraversion, and psychoticism scale, in addition to a lie-scale. The lie scale is used to detect individual socially desirable responses (Hills & Francis, 2005). A number of studies have utilized EPQ to assess the relationship between personality and suicidality where the findings only related to neuroticism, extraversion, or psychoticism scales rather than lie scale (Brezo et al., 2006; Irfani, 1978; Johnson et al., 1999). Therefore, the present study only focused on the basic three main dimensions of Eysenck's personality theory. After being adapted, EPQ-R would be recorded with 36 items for yes or no response with equal weight for three dimensions. The reliabilities of neuroticism, extraversion, and psychoticism scale in this study were .89, .62, and .29 respectively.

#### Short form of NIRO (New Indices of Religious Orientation)

The short form of New Indices of Religious Orientation (NIRO) was refined by Francis (2007) which maintained sufficient alpha coefficients in excess of .70, including extrinsic = .81, intrinsic = .89. To the present questionnaire,

**Table 1**

Respondents' Occupations

Occupations	<i>f</i>	%
Accountant	11	5.2
Banking Staff	5	2.3
Church worker (non-clerical staff)	5	2.3
Civil Servant	11	5.2
Clerk	13	6.1
Disciplined Staff	5	2.3
Doctor/Nurse	5	2.3
Housewife	12	5.6
Lawyer	1	0.5
Missionary / Preacher	23	10.8
Retired	13	6.1
Social worker	18	8.5
Student	19	8.9
Teacher	18	8.5
Unemployed	9	4.2
Others	45	21.1



it contained a total 12 items for intrinsic and extrinsic orientations (Francis, 2007, p. 594). The scale was endorsed on 5-point Likert scale ranging from strongly agree, agree, not certain, disagree to strongly disagree. The reliabilities of intrinsic and extrinsic scale in this study were .71, .69 respectively.

**The scale of suicidal ideation.** The scale of suicidal ideation consisted of nine items used by Hills and Francis in their study in 2005. It is a self-report measure of the severity of suicidal ideation with 5-point Likert scale ranging from strongly agree, agree, not certain, disagree to strongly disagree. In the study, the suicidal ideation related to a time bar of 12 months only, which could clearly indicate participants' current state of suicidal ideation. The reliability of suicidal ideation in this study was .92.

Totally, there were 57 items in the questionnaire measuring the variables of personality, religiosity, and suicidal ideation,

### Ethical Considerations

Before filling in the questionnaires, participants were informed of the purpose of this study with a cover letter in which they were assured that their responses and data would be kept in confidence. They were reminded that if their negative emotions were aroused during or after filling the questionnaire, they could choose to cease participation without returning the questionnaire. They were also advised to seek help if necessary. A list of suicide prevention hotlines and organizations were posted in the introduction of the questionnaire for their reference. After making the consent, they could continue to proceed with the questionnaire. The protocol was approved by the Institutional Review Board (IRB) of Alliant International University in USA.

### Translation and Back-translation

The English version of the questionnaire was initially translated into Chinese by a secondary teacher who graduated with a master degree of Arts in Hong Kong. The second part, back-translation was conducted by a senior civil servant working for the Hong Kong government for over 30 years holding two master degrees including Social Sciences and Christian Study in a university and a seminary in Hong Kong respectively. Both of them are conversant with English and Chinese. The meaning of the final text was kept to be as close as possible to the original one.

## Data Analyses

This research was designed to test the correlation between personality and religiosity on suicidal ideation among the Protestants in Hong Kong. For the basic analyses, personality traits and religious orientations were set to be the independent variables, and suicidal ideation as the dependent variable. For the study, t-test was conducted to compare the men and women on the variables of personality, religiosity, and suicidal ideation. Also, Pearson correlations were used to test bivariate relationships among the variables of personality, religiosity, and suicidal ideation. Linear regression analysis was also performed to assess the prediction of suicidal ideation with the personality and religiosity variables. Finally, hierarchical multiple regression was conducted to examine if there was an interaction between neuroticism and intrinsic religiosity in predicting suicidal ideation.

## Results

### Preliminary Analyses

In the study, the skewness statistic was 1.68 and the standard error was .17. The results of the chi-square test indicated that men and women were significantly different on the educational levels,  $\chi^2(4, N=213) = 16.07, p = .003$ . However, it was found that there was no significant difference on gender towards personality, religiosity, and suicidal ideation.

### Correlations between Personality, Religiosity, and Suicidal Ideation

The inter-correlations among the dimensions of the personality, religiosity, and suicidal ideation are summarized in **Table 2**. As hypothesized, suicidal ideation was positively associated with psychoticism,  $r(212) = .14, p < .05$ , and neuroticism,  $r(212) = .49, p < .05$  respectively. No

**Table 2**

Intercorrelations Among Main Measures (N=213)

Measure	1	2	3	4	5
1. Suicide Ideation	—				
2. Psychoticism	.14*	—			
3. Extraversion	-.08	.07	—		
4. Neuroticism	.49*	.34*	-.31*	—	
5. Intrinsic religiosity	-.23*	.05	.14*	-.22*	—
6. Extrinsic religiosity	-.02	.17*	.16*	.01	.26*

Note. \* $p < .05$

correlation was found between suicidal ideation and extraversion. As expected, intrinsic religiosity was negatively associated with suicidal ideation,  $r(212) = -.23, p < .05$ .

Besides, neuroticism was positively correlated with psychoticism,  $r(212) = .34, p < .05$ , but negatively correlated with extraversion,  $r(212) = -.31, p < .05$  and intrinsic religiosity  $r(212) = -.22, p < .05$ .

### Prediction of Suicidal Ideation from Personality and Religiosity

The results of regression analyses are summarized in **Table 3** to investigate how personality and religiosity predict suicidal ideation. A significant model emerged  $F(5, 207) = 14.723, p < .05, 95\% \text{ CI}$ . The Adjusted R square value was .245. This means the model accounts for 24.5% of variance in suicidal ideation. Neuroticism is a significant independent variable positively predicting suicidal ideation ( $\text{std } \beta = 0.5, p < .05$ ), whereas the intrinsic religiosity negatively predicted the suicidal ideation ( $\text{std } \beta = -0.14, p < .05$ ). However, psychoticism no longer predicted suicidal thoughts when neuroticism and intrinsic

religiosity were taken into account. The findings supported that neuroticism and intrinsic religiosity could predict the suicidal ideation.

### Interaction of the Neuroticism and Intrinsic Religiosity in Predicting Suicidal Ideation

As neuroticism and intrinsic religiosity showed significant effects on suicidal ideation, the possibility of the interaction of neuroticism and intrinsic religiosity (i.e., Neuroticism x Intrinsic Religiosity) as an additional factor to predict suicidal ideation was examined. For testing interactive effect, a hierarchical multiple regression (HMR) analysis was performed (see **Table 4**).

In Block 1, neuroticism and intrinsic religiosity were put first to control for the direct effects of neuroticism and intrinsic religiosity on suicidal ideation. In Block 2, another variable, neuroticism x intrinsic religiosity, was added in to see if it could make an additional contribution to the prediction on suicidal ideation. The findings revealed that neuroticism and intrinsic religiosity explained 26% for the prediction of the suicidal ideation ( $p < .05$ ). Nevertheless, the interaction of neuroticism and intrinsic religiosity did not

**Table 3**

Predicting Suicidal Ideation with Personality and Religiosity

		Unstandardized Coefficients		Standardized Coefficients	
		$\beta$	Std. Error	Beta	t
Personality	Psychoticism	-.13	.27	-.03	-.48
	Extraversion	.26	.18	.09	1.45
	Neuroticism	.98	.14	.50	7.15*
Religiosity	Intrinsic factors	-.32	.15	-.14	-2.12*
	Extrinsic factors	.01	.11	.00	.06

Note. \* $p < .05$

**Table 4**

Results of the Hierarchical Multiple Regression Analysis

		$\beta$	Beta	t	R Square Change
Block 1	1				.26
	Neuroticism	.98	.50	7.15*	
	Intrinsic Religiosity	-.32	-.14	-2.12*	
Block 2	2				.00
	Neuroticism	.29	.15	.27	
	Intrinsic Religiosity	-.41	-.17	-1.78	
	Neuroticism x Intrinsic Religiosity	.03		.31	.56

Note. \* $p < .05$

explain any additional variance of suicidal ideation,  $F(1, 209) = .31, p = .58$ . In other words, analyses revealed that no significant interaction is found between neuroticism and intrinsic orientation on suicidal ideation.

## Discussion

As mentioned above, much research has suggested that personality and religiosity are the critical factors of suicidal behaviours. The present findings support most of the hypotheses that there is a certain degree of relationship between personality, religiosity and suicidal ideation among the Protestants in Hong Kong.

As regards the aspect of personality, neuroticism and psychoticism are positively correlated with suicidal ideation. However, extraversion is found to have no association with suicidal thoughts while it is positively correlated with intrinsic and extrinsic religiosity. The results are consistent with other research (Caribé et al., 2012; Jahn, Poindexter, Graham, & Cukrowicz, 2012; Walker & Bishop, 2005). Actually, extraversion is negatively associated with suicide attempts, not suicidal thoughts (Lolas et al., 1991; Pallis & Jenkins, 1977). This indicates that suicide is a complicated process in which different elements have relationship with suicide in different stages. (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). During the suicide process, some people having suicidal ideation may progressively move their thoughts into plans. Some of them would take further action and try to commit suicide. This study again provides further evidence that neuroticism and psychoticism are significantly associated with suicidal ideation but extraversion has no association with suicide at the initial stage.

Neuroticism not only has an association with suicidal ideation but also serves as a predictor of suicidal thoughts. It has been consistently found to be a robust factor which highly relates to suicidal ideation and stress-related disorders (Brezo et al., 2006; Lolas et al., 1991; Wong et al., 2008). There is no doubt that high level of neuroticism increases vulnerability in coping stress (Mohiyeddini, Bauer, & Semple, 2015). Since neuroticism influences one's mental health, this study further supports that it remains first and foremost an alarm to identify people's suicidal potential at the initial stage of suicide process. In other words, observing an individual's instability in mood may help identify the possibility of suicide risk. This can strengthen the preventive work for suicide as early as possible.

Many studies revealed that religion has much impact on psychological well-being (Bender, 2000; Walker & Bishop, 2005). How a person perceiving a meaning and value of life closely relates to their attitudes of suicide, stability of mood, daily activities, and church involvement. Religion influences individual life purpose and life satisfaction, and promotes one's mental health (Taliaferro et al., 2009). Concerning the impact of religion, intrinsic orientation, as expected, is a crucial factor negatively relating to suicidal ideation. It is also related to neuroticism, extraversion, and extrinsic religiosity in the study. Undoubtedly, intrinsic religiousness acts as a predictor to suicidal thoughts since it relates to the internalization of faith in religion (Pérez & Rex Smith, 2015). Congregants who are intrinsically comforted by their religious faith tend to have greater religious surrender and better well-being when dealing with the stress in lives (Pérez & Rex Smith, 2015). In view of this, it is essential for the chaplains and ministers to emphasize the scriptural practice since intrinsic orientation can strengthen people's well-being (Pérez & Rex Smith, 2015).

Meanwhile, it is noteworthy to discuss the issue of life and death in religious activities. How to die is an important religious theme. If the congregations have positive attitudes towards death resulting from the integration of scriptural teaching and faith practice, their level of neuroticism is believed to be lower and the quality of mental health will be better. Given that intrinsic religiosity serves as a source of comfort or a coping mechanism to people's distress, maximizing the essence of intrinsic religiosity can promote congregations' resilience against negative thoughts (Gearing & Lizardi, 2009).

There were still some limitations in the study. The respondents in the study came from the Protestants who were mostly baptized (96%). Nearly three quarters of the participants (74.2%) received university education or higher. Less than 10% have experienced separation, divorce, or loss of a spouse. The stability in religious belief, stable financial status, and having marital relationship probably contribute to have healthy well-being in the sample (Fong & Yip, 2003; Wong et al., 2008). The low level of suicidal thoughts in the findings may result from the high socioeconomic status (SES) of the participants. Similar to the study of Pan, Stewart and Chang (2013), it was found that there was an association between the disadvantaged SES and suicide. Furthermore, regarding the statistics of attempted

and completed suicides, women and men reacted differently to suicidal behaviours (Weiyuan, 2009; WHO, 2011). Contrary to the first hypothesis, the finding of the present study is not in line with the statistics probably due to the homogenous SES background.

In summation, much research supports that intrinsic religiousness is closely related to better mental health and well-being. To advance the findings of this study, future investigations may focus on the relationship between intrinsic religiousness and religious coping styles. Although the former variable is found to be a predictor of suicidal ideation, some religious coping methods like pleading for God and intercession are associated with less well-being whereas active religious surrender is associated with high well-being (Pérez & Rex Smith, 2015). How intrinsic religiousness acts as a crucial mediator of suicidal ideation, suicide attempts, and suicide completion is worthwhile to be further investigated.

Concerning this sensitive topic, suicide is a taboo in expression particularly in Chinese culture (Wong et al., 2008). Individuals may not honestly disclose their internal feelings and thinking of their negative thoughts. In addition, strict sanctions of suicide often lead to suppression in Protestantism (Gearing et al., 2009). Different denominations embrace different attitudes in their doctrines resulting to different degree of disclosure amongst their congregants. Some use compassionate attitudes towards the congregants who declare having suicidal thoughts or actions, but some exercise condemnation (Leavey, Rondon, & McBride, 2011). Little research in Hong Kong has explored the association between suicidal ideation and the clergies' attitudes among different denominations. It is valuable to explore further in this area.

Last but not least, socioeconomic status is often associated with suicide. It is therefore an interesting subject to investigate the relationship between sociodemographic variables and suicidal thoughts among Protestants. Albeit an individual act, suicide is influenced by an array of social, familial, and personal factors (Law et al., 2011). Acquiring more essential information about the predisposing factors of suicidal ideation, and assessing the protective and risk factors of suicide among the Protestants in Hong Kong is conducive in developing a comprehensive protocol of suicide prevention.

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