

Individual and Communal Perspectives on Suicide in the Hasidic community of Borough Park:  
Risk Factors, Protective Factors and Resources

by

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DISSERTATION

submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy  
in Social Welfare (Ph.D.) in the Wurzweiler School of Social Work

Yeshiva University – Wilf

Campus New York

(05/09/2022)

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## CHAPTER ONE: DISSERTATION OVERVIEW

The study examined the communal and individual perspectives on factors linked to suicide, and resources for prevention of suicide in the Hasidic community of Borough Park. While suicide is a phenomenon that researchers have, and continue to study, the unique characteristics of the Hasidic community of Borough Park in relation to suicide have never been researched. Despite the Hasidic community exhibiting similarities to other insular communities, its distinct religious, cultural, and social norms make comparative analysis of other data difficult. The Hasidic community of Borough Park has distinct features that must be studied independently to be considered accurate and relevant research. It is important to note that any and all language and terminology used to describe the Hasidic community is strictly intended to provide context and understanding of the uniqueness of the community; not to condone, condemn, or judge the community.

The type of study done used a mixed methods methodology as defined by Creswell and Clark (2007), combining a quantitative design as well as a qualitative phenomenological approach as defined by Husserl (Merleau Ponty, 1945, in Sadala, & Adorno, 2002), as well as the application of Moustakas (1994, in Payne, 2016). The data was generated through a Google Survey form (appendix 1a and 1b), exported to Excel, organized into a data set and then statistically analyzed using STATA BE. The qualitative data was gathered from 20 self-selected voluntary participants. Participants were interviewed (appendix 2) and recorded using Zoom or TapeACall, depending on their preference. They were sent an electronic copy of the consent form prior to the meeting, and the interviewer reviewed the consent form and obtained verbal consent to conduct, record, transcribe, and use the information from the interview. The audio recordings were saved as mp4 files and transcribed using the service of Amazon Transcribe (AWS). All the information was downloaded into Word, and then coded according to the

grounded theory method; open coding, axial coding, and selective coding. The audio files were deleted after transcription to maintain the confidentiality of the participants.

The following NASW Codes of Ethics are relevant to the proposed research: 1) Service, 2) Social Justice, 3) Dignity and Worth of the Person, and 4) Importance of Human Relationship. Social workers are the largest occupational group of mental health professionals, and as such the social work profession has a significant role in suicide prevention.

The purpose of this study is to advance the understanding of suicide in the Hasidic community of Borough Park as well as the factors and resources available to effectively deal with suicide. The scope of the study included an exploration of the factors linked to suicide in the Hasidic community, as well as community specific resources for prevention. The relevance of this study to the social work profession is outlined in the primary mission of social work: to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty (National Association of Social Workers [NASW], 2017). The Social workers' primary goal is to help people in need and to address social problems (Service). The findings from this study broaden our understanding of the phenomenon of suicide within an understudied population that may have community specific unknown risk, protective factors and resources.

Moreover, social workers respect the inherent dignity and worth of the person, and findings from this study could create a shift from individual blame to communal responsibility (dignity and worth). The research revolved around understanding of the interconnectedness between the individual and the community in relation to suicide (human relationships). The data gathered seeks to highlight the factors in the community that influence risk as well as protective factors in suicide.

Mixed- methods research has been chosen as the appropriate methodology due to a combination of factors: the lack of quantitative data in the field of suicide research, the sensitive nature of the subject, as well as the uniqueness of the population. Suicide research to date, consists of much exploratory research that relies heavily on qualitative data. Therefore, suicide research lacks a significant amount of data that can be measured, quantified, and replicated. Quantative data is necessary so that it can be used to find patterns and averages, make predictions, test causal relationships, and generalize results to wider populations. Through using mixed-methods, this study contributed and grown the pool of quantitative data on suicide. However, because qualitative data adds the necessary context to the study, especially when researching a unique population such as the Hasidic community of Borough Park, the research included a qualitative design as well. Through combining both methods, this study generated information that can be applied to wider populations, without losing the uniqueness and the storytelling of the individual and the unique community.

The preferred methodology was phenomenology. The community researched has an inherent distrust of the outsider. Forms like the census are normally either discarded or filled out with tremendous trepidation. To truly access the community, and create a safe space for members to share, a phenomenological approach was the most suitable. While the researcher is a member of the community being researched; a distinct role of social anthropologist was taken on by the researcher. With specific and meaningful precaution, the researcher did not rely on personal experience within the community, nor share any personal insight, but allowed the participants to share their stories and perspectives in their own words.

The quantitative data was collected via an anonymous online survey with the option of a hard copy being mailed to respondents. One survey was created in English using Google Forms and an independent translator was hired and privately paid to translate the text from English to

Yiddish (appendices 1a, 1b, and 3). A third-party volunteer read and edited the texts to ensure the accuracy of the translation. Additionally, the researcher, who is fluent in both languages rechecked and further edited the text to ensure the accuracy of the translation.

Solicitations were sent through WhatsApp, Facebook, Facebook messenger, iPhone messages, and email. A brief message (appendix 1c) was sent out with the name of the researcher, a brief description of the research being done, assurance of the anonymity and confidentiality of the survey, and links to the English and Yiddish survey. Participants gave consent by voluntarily clicking on the link, filling out the questionnaire and submitting it. The group of participants for the survey were selected via purposive sampling from the contact list of the researcher. The participants received one message of solicitation that was then followed up two weeks later by a similar solicitation (appendix 1d). Participants were selected because of their affiliation, residence, and self-identification. Those participants were also asked to forward the survey to others and through snowball sampling 150 individuals responded to the survey.

The quantitative data was generated through a google survey form, exported to Excel, organized into a data set and then statistically analyzed using STATA BE. The results included both the descriptive analysis as well as inferential analysis of the data and were organized according to the predictor variables.

The following is the procedure for data collection for the interviews. The survey had two questions at the end that allowed participants to opt in to the follow up interview and provide contact information. 87 participants provided their contact information and consented to being interviewed. Some participants provided email addresses, while others provided phone numbers. The participants were sent an email or WhatsApp message (appendix 2b) that included a letter of consent (appendix 2e) as well as a link to the Calendly app where they were able to choose a time slot for the Zoom or phone meeting. Participants were sent an automated thank you letter

(appendix 2c) along with notification that all their personal information, including their email address would be deleted and no further contact would be made by the researcher. Participants that did not initially respond to the first email, were sent a follow up correspondence (appendix 2d) two weeks later inquire whether they were still interested in being interviewed. The total number of interviews obtained for this research study were 20. The number 20 had been chosen because it met and exceeded the thematic saturation rate desired for qualitative research (Guest, Namey, & Chen, 2020).

Participants were interviewed and recorded using Zoom or TapeACall, depending on their preference. They were sent a copy of the consent form prior to the meeting, and the interviewer reviewed the consent form and obtained verbal consent to conduct, record, transcribe, and use the information from the interview. The audio recordings were saved as mp4 files and transcribed using the service of Amazon Transcribe (AWS). Once the transcriptions were completed the mp4 files were deleted to protect the privacy of the participants. All the information was downloaded into Word, and then coded according to the grounded theory method; open coding, axial coding, and selective coding.

Due to the sensitive nature of the content being discussed in the interview, any participants that during or after the interview expressed the need for more support were given a list of appropriate community resources to reach out to for additional support. (see appendix 3)

### **Summary**

This study explored the community perspectives on factors linked to suicide, as well as resources for prevention of suicide in the Hasidic community of Borough Park. The study gathered information and generated data that indicates a relationship between social and religious factors in regard to suicide. The research also identified a significant gap in the available



resources for suicide prevention, intervention, and postvention. The study is an exploratory mixed methods study that can be used to inform future practice, policy, and research.

## CHAPTER TWO: STUDY PROBLEM

This study directly addressed the societal issue of suicide in context of the general American population, with a specific focus on the Hasidic community of Borough Park. Suicide is defined as “death caused by self-directed injurious behavior with an intent to die as a result of the behavior” (Crosby, Ortega, & Melanson, 2011). This study explored suicide within the Hasidic community, with a specific focus on factors which may predispose this distinctive cohort to unique protections and risks. Background information regarding the phenomenon of suicide, as well an understanding of suicide from a sociological perspective are presented to provide context to the study. Inasmuch as the study focuses on a specific subculture of society, relevant data regarding the socio religious culture of the Hasidic community is included. Lastly, this section conceptualizes the issue of suicide in terms of risk and protective factors and the role social workers play in implementing strategies and providing resources for prevention.

### **Scope and Intensity of the Problem**

According to the CDC Underlying Cause of Death Report from 1999-2019, Suicide is from the top 10 leading causes of death in the United States, and is responsible for 47,511 deaths per population of 323,239,523. Moreover, according to the research done in 2016 by the CDC, suicide rates increased more than 30% in half of states since 1999. There are charts that quantify the number of deaths related to suicide by gender, ethnicity, and race (Curtin & Hedegaard, 2019). However, there are no statistics that represent current suicide rates based on faith and religion that includes statistically significant information about the Jewish population, more specifically, no data exclusive to the Hasidic community of Borough Park and its rate of suicide exists.

Anecdotal data provided by Tzvi Gluck, CEO of Amudim, and published in the Hamodia Newspaper (Caldwell Y., 2018) states that “in 2017, there were 177 overdose deaths and 51 suicides, by children and adults under 35 who grew up in *heimishe* communities across America.” Although the article provides no information on the how the statistics were obtained, it is the only data that exists.

### **Background Information on Suicide**

The following information provides the historical context needed to understand the significance of suicide as a social work concern, as well as a critical assessment of the current social work research on suicide.

Emile Durkheim, famed French sociologist of the late 19<sup>th</sup>, early 20<sup>th</sup> century, and founder of the formal establishment of sociology as a discipline, asserted that suicide was a topic of interest and importance in the field of sociology, and not an issue mutually consigned to the realm of psychology. Durkheim (1951), argued that “since suicide is an individual action affecting the individual only, it must seemingly depend exclusively on individual factors, thus belonging to psychology alone...[however] the action, of climate, temperature etc., on the organism, might indirectly have the same effects.” In his research, Durkheim (1951), concludes that “the relations of suicide to states of social environments are as direct and constant as its relations to facts of biological and physical character were seen to be uncertain and ambiguous.” Durkheim’s conclusions that social causes, not individual temperament may influence the phenomena of suicide are critical to understanding why suicide is a social work concern. Through his research, Durkheim expanded the circle of conversation and care needed to deal with the concern of suicide to include social workers and sociology in addition to the field of psychology. Moreover, according to the Substance Abuse and Mental Health Services

Administration (SAMHSA), “professional social workers are the nation’s largest group of mental health services providers. There are more clinically trained social workers—over 200,000—than psychiatrists, psychologists, and psychiatric nurses combined. Federal law and the National Institutes of Health recognize social work as one of five core mental health professions” (NASW,2017). Since social workers are the largest group of mental health service providers, they account for a significant sector of the professionals dealing with the issue of suicide, and their contributions to the field of research and practice are essential.

Currently, suicide is recognized by the World Health Organization (WHO) as a serious health problem that “effects close to 800,000 people every year” (WHO). According to the WHO, “Suicide is one of the priority conditions in the WHO Mental Health Gap Action Programme (mhGAP) launched in 2008... and in the WHO Mental Health Action Plan 2013–2020, WHO Member States have committed themselves to working towards the global target of reducing the suicide rate in countries by 10% by 2020” (WHO). In the United States, the National Institute for Mental Health (NIMH) offers important information regarding suicide prevention, including crisis hotline numbers, treatment and therapy options, and updated research and news related to suicide.

Although suicide is recognized as an area of concern, and resources are available for the individuals in crisis as well as mental health professionals dealing with suicidal clients, there remain significant gaps in social work research and education on suicide. Joe & Niedermeier (2008), conducted an extensive review of the suicide research published in peer-reviewed journals by social work investigators for the period 1980-2006. Their findings reveal “that despite recent increases to the study of suicide by social work researchers, they have contributed limited evidenced based knowledge in the last twenty-six years on the treatment or prevention of suicide or suicide-related behaviours” (Joe & Niedermeier, 2008). Subsequent research done by

Maple, Pearce, Sanford and Cerel (2017), supported the outcomes of the previous study, by Joe and Niedermeier (2008), as well as included additional relevant articles that had been retrieved during both groups of researcher's four-year overlap in research. The findings indicated that "explanatory research remains the primary mode of scientific inquiry in suicide research undertaken by social workers, with fewer descriptive and control articles" (Maple, et al., 2017). Although explanatory research highlights information that provides insight into understanding risk factors linked to suicide, it does not necessarily assist with identification or intervention of at-risk individuals. A similar critique has been leveled by Petrakis and Joubert (2013), in which their research findings indicate that "there is a striking absence of literature articulating and evaluating clinical social work contributions to suicide prevention, despite considerable practice in this important field." The lack of research directly impacts the ability of mental health professionals to engage in evidence-based practice with their clients. Consequently, the lack of research impacts the education available to social workers on suicide." There is a big gap in education about suicide, says Underwood (as cited by Jackson, 2019). Although most social workers will encounter suicidal individuals in their practice, the lack of formal training of suicidology, will hinder their ability to properly assist the client. The lack of sufficient educational material is directly impacted by the lack or diverse research, both methodology and informational, that is available.

Another significant gap in suicide research is the underrepresentation of unique populations and the socio-cultural components that are specific to the community and necessary to the understanding and treatment of suicide. "Research methods, theories, and practice techniques taught in social work education rest on the assumptions and values of the dominant culture, which, unless subjected to critique, will have questionable applicability to non-Euro-American populations" (Jani, Ortiz, & Aranda, 2009, as cited by Ortiz & Jani, 2010). Reed

(2019), documents that “whereas, the incidence of suicide is increasing among African Americans, research within the field of social work has not followed suit”. Using the Critical Race Theory (CRT), Reed’s findings indicate a substantial gap in research and practice specific to the African American population. He recommends the integration of CRT so that “social workers and mental health professional will better understand the ramifications associated with the risk factors and mitigate them with protective factors for African Americans, while incorporating evidence-based practice, prevention, and intervention treatment methods. These interventions should be tailored to the specific needs of African Americans and acknowledge how this culture solves problems in the larger context” (Reed, 2019). Similarly, Maple et al, documented that the research findings also indicated that “the salient areas of suicide among indigenous and rural populations were wholly neglected by social work research, despite continued high rates in suicide in these groups” (Maple, et al.).

Similar to the Indigenous and African American population, the Hasidic community of Borough Park has its unique factors that must be independently observed, and understood in context of the insular community and its relationship to the rest of society. This research is focused on exploring the factors that influence suicide within a very specific community. However, the research is intended to provide insight into patterns; similarities and differences insular communities that revolve around religion share and will be beneficial for further exploration by other groups that mimic similar trends. This research also intends to expand the amount of scholarly research that exists on suicide.

### **Federal, State, and Jewish Policies and Laws Regarding Suicide**

The subsequent paragraphs provide information regarding the general history of American law, as well as the specific and relevant federal and state policies regarding suicide

both historically as well as currently in the United States. Lastly, as the research is concerned with the Hasidic population, a subset of Orthodox Jewry; a brief analysis of suicide and Jewish law is included.

In *State v. Campbell*, T. U. P. Charlton (Ga.) 166 (as cited by Dale, 1882), the following remarks are made: “when the American Colonies were first settled by our ancestors it was held, as well by the settlers, as by the judges and lawyers of England, that they brought hither as a birthright and inheritance so much of the common law as was applicable to their local situation, and change of circumstance.” The early American colonists were individuals fleeing England because of religious persecution. Although they sought refuge and religious freedom, they did not initially break from the legal system presented by the common law in England. “The early colonists did not wholly adopt the common law of England, instead colonists selectively applied only those traditions of English law that were necessary and relevant. Most colonial charters simply provided that the laws should not be ‘contrary to the Laws and Statutes of this our Realm of England’” (Chang, 2018). Concerning, suicide, the early attitudes of American society mirrored that of England. As expressed in the *Commentaries on the Laws of England*, a treatise written in the 18<sup>th</sup> century, Blackstone states (as cited by Larremore, 1904) the legal attitude as follows:

The law of England wisely and religiously considers that no man hath  
a power to destroy life, but by commission from God, the author of it;  
and, as the suicide is guilty of a double offense, one spiritual, in invading  
the prerogative of the Almighty, and rushing into his immediate presence  
uncalled for; the other temporal, against the king, who hath an interest in

the preservation of all his subjects; the law has therefore ranked this among the highest crimes, making it a peculiar species of felony, a felony committed on one's self. . . But now the question follows, what punishment can human laws inflict on one who has withdrawn himself from their reach? They can only act upon what he has left behind him, his reputation and fortune; on the former, by an ignominious burial in the highway, with a stake driven through his body; on the latter by a forfeiture of all his goods and chattels to the king; hoping that his care for either his own reputation or the welfare of his family would be some motive to restrain him from so desperate and wicked an act.

The criminality and consequences of suicide were adopted in some of the thirteen colonies such as Rhode Island and Virginia. Other states did not explicitly adopt the legal aspects of suicide as set forth by common law, however, they accepted the general attitude of suicide being a significant social wrong. There is a shift in regard to suicide “during the Revolutionary era, lenience toward suicide became one way for colonial governments to distinguish themselves from their British counterparts” (Brian, 2016). This sentiment is reiterated in the words of Foley (2016): “by the time of the ratification of the Constitution, most American states had departed from English common law and eliminated punishment for suicide.” Chang (2018), offers an additional explanation for the change in policy towards suicide. “Eventually suicide was eliminated as a crime for lack of an effective punishment. Oddly, attempted suicide remained a crime even when the completed act was no longer a crime” (Chang, 2018). For example, until



the 1970s, a number of states maintained statutes that forbade attempts to commit suicide. “In codified form a typical example is a former Oklahoma law, Okla. Stat. Ann. tit. 21, § 812 (1958) (repealed 1976): Any person who, with intent to take his own life, commits upon himself any act dangerous to human life, or which if committed upon or toward another person and followed by death as a consequence would render the perpetrator chargeable with homicide, is guilty of attempting suicide” (Marcus, n.d.). It is important to differentiate between the decriminalization of suicide and the legalities of assisted suicide. Although suicide and assisted suicide are issues directly related to the constitutionality of “right to die” they currently do not carry the same legislation. Historically, however, “after the ratification of the Constitution and Bill of Rights, there are no reported cases of prosecution for assisted suicide until the appearance of specific statutes that identified assisted suicide as a crime, the first of which appeared in 1828, over forty years after the ratification of the Constitution” (Foley, 2016). The constitutionality of legislating suicide and assisted suicide, is beyond the scope and necessity of this research, however it is important to note that presently there is “a growing minority of states have legalized some forms of suicide or self-killing. In 2018, six states and the District of Columbia had legalized some form of physician-assisted suicide: California, Colorado, District of Columbia, Montana, Oregon, Vermont, and Washington (Chang, 2018). Since the previous research has been published, Maine, New Jersey, and New Mexico have legislated death with dignity statutes (Death with Dignity, n.d.).

In summary, the attitudes and policies regarding suicide has shifted from the inception of the nation to the current standing. The common laws adopted from England, have largely been discarded and new laws that continue to be debated in courts are what determine the legality of suicide and assisted suicide.

In an effort to conceptualize Jewish law on suicide, it is important to identify the contrast between the American and Jewish legal system. “The Jewish tradition... is a duty- based legal system: rights are not the fundamental coin in the realm of Jewish law... In the modern-day America the coin of the realm is rights” (Pollack, 2001). The difference between duties and rights directly correlates to the legal and practical differences to how suicide is dealt with in the Halachically observant Jewish community. “The basis of *Anderson v. St. Francis-St. George* is the right to die, which is recognized in *Cruzan v. Director, Missouri Dept. Of Health*. This right is based on the constitutional right to privacy and the common law right to informed consent” (Pollack, 2001). This understanding of personal rights is in diametric opposition to the Jewish viewpoint that “the human body and human life belong to God, and that no person has the right to destroy God’s property” (Pollack, 2001).

This concept is codified by Maimonides (ben Maimon, & Touger, 1965), in his magnum opus, the *Mishneh Torah*, volume *Nezikim* [Damages], in the laws of *One who Injures a Person or Property* 5:1 as stated “It is forbidden for a person to injure anyone, neither his own self nor another person. Not only a person who causes an injury, but anyone who strikes in strife an upright Jewish person, whether a minor or an adult, whether a man or a woman, violates a negative commandment” (ben Maimon, & Touger, 1965). As a separate prohibition, Maimonides (ben Maimon, & Touger, 1965) codifies suicide as murder. In the same volume *Nezikim*, under the laws of *Murderer and the Preservation of Life* 2:2 “But a person who hires a murderer to kill a colleague...and a person who commits suicide are all considered to be shedders of blood” (ben Maimon, & Touger, 1965). Lastly, Maimonides (ben Maimon, & Touger, 1965) codifies the laws of burial and mourning in regard to one who commits suicide. In the *Mishneh Torah*, volume *Shoftim* [Judges], in the laws of *Mourning* 1:11, the following is stated: “when a person

commits suicide, we do not engage in activity on their behalf at all. We do not mourn for him or eulogize him” (ben Maimon, & Touger, 1965).

Rav Yosef Caro, author of the *Shulchan Arukh*, an authoritative book of Jewish Law, reiterates Maimonides rulings regarding suicide and continues to analyze and clarify the legal definition of “who is [considered] a willful suicide” (Shulchan Arukh, Yoreh De’ah, 345). The legality of committing suicide, as well as laws observed in the aftermath of a suicide were ruled by Maimonides in the 12<sup>th</sup> and 13<sup>th</sup> centuries, codified by Caro in the 15<sup>th</sup> and 16<sup>th</sup> centuries, and maintained in practice by the *Halachically* observant Jewish community.

In 1793, Rabbi Saul Berlin published a book titled the *Besamim Rosh*. Though he claimed the legal responsa was from old manuscripts he found, the authenticity of his claim has been challenged both then and now (Rabinowitz, Butler, Brodt, & Steinmetz, 2005). Nonetheless, an important shift in suicide law as well as social acceptance and understanding can be attributed to its legal rendering on suicide. In response to whether the family members [of one who committed suicide] mourn [for him], the author of the *Besamim Rosh* rules that “one who [has committed suicide] due to the anguish of his soul that he can no longer bare, it is without a doubt, that there is no prohibition” (Besamim Rosh as cited by Gross, n.d.). Some legal authorities, such as the Hatam Sofer, interpreted the claim to mean that he “reportedly rules that one who kills oneself because of multiple sorrows, distresses, worries, or afflictions or from abject poverty is not considered to have illegally committed suicide” (Resnicoff, 1998), and therefore vehemently disagreed with him. However, other authorities, including many contemporary legal decisors, such as Rav Eliezer Melamed (2012), understand the Besamim Rosh in the following context:

If he was not of sound mind that hour [that he committed suicide], it is clear from the halachic decisors that legal status is not like one who willfully committed suicide. And

therefore, if his afflictions were so difficult until [we can] attribute [his actions] on his mind becoming ripped up [insane], it is permissible to be lenient and not consider him one who committed suicide. (Footnote 3, of 8:13)

Though “Jewish law does not, at least a priori, allow a patient to commit suicide in order to escape pain, emotional distress or poverty” (Resnicoff, 1998), the novel interpretation of “willful suicide” has allowed for the funerals and mourning of individuals in the Hasidic community of Borough Park who have died in what the American legal system dubbed “suicide.”

### ***Origins and structure of Hasidic community in New York***

The following information is intended to give the reader a more comprehensive understanding of the Hasidic community of New York, which Borough Park is a subset of. By addressing the origins of the community in New York as well as the significant socio religious factors that influence the community, the study problem will become clearer and more compelling.

**Hasidim in New York.** Researchers vary in opinion regarding the historical time period organized Hasidic life in America took root. “For most observers of the American Jewish scene Hasidic settlement in North America is basically a post-World War II phenomenon” (Robinson, 2008). Although inaccurate, this erroneous assumption made by researchers can be understood in context of the attitude of most Hasidic masters towards the *treifene medinah* [the unkosher land]. As early as 1864, Rav Zadok Ha-Kohen of Lublin, a Halachic authority and a Hasidic *Rebbe* declared that “any man who had ever shared at all in the study of Torah and piety should not under any circumstances dwell there [America]” (Hertzberg, 1984). It is under this assumption that Jerome Mintz (1968), declared “although Hasidic Jews had been part of the earlier waves of immigration to America in the last century, for the most part they had come as individuals, leaving behind their *Rebbe* and the majority of the court” (page 37). Mintz (1968), claims that

the presence of Hasidim and Hasidic masters was sparse to non-existent during the nineteenth century.

Unlike Mintz (1968), who believed there was little to no Hasidic representation in the United States in the nineteenth century, (Biale et al., 2020), asserts that “we lack statistics for Hasidim in this story of mass migration [late nineteenth and early twentieth centuries].” However, Biale et al. (2020), does record that one source found some forty- seven Hasidic leaders having immigrated during the period 1893-1934. Furthermore, in 1901, only three 3 congregations were listed using the name *Anshe Sefarad*, the name of the Hasidic synagogues, while in 1918, about 8 percent of the synagogues in New York were being listed as *Anshe Sefarad* . Robinson (2008), Rabinowicz (1996) and Biale et al. (2020) list extensively the Hasidic *Rebbes* and dynasties that were transplanted during the late nineteenth and early twentieth century. Some examples are: the 1870’s Rabbi Joshua Segal, the Sherpser Rav emigrated from Poland and became the titular chief rabbi of twenty loosely affiliated Hasidic congregations, in 1879 and 1897 the Karlin- Stoliner Hasidim opened up congregations in the Lower East Side, and in 1912 the Ukrainian Twersky family settled in New York. Though many of the Hasidic *Rebbes* vehemently opposed immigration, the challenges of Europe and other factors brought Hasidim and *Rebbes* to the United States where they established courts and congregations.

As previously mentioned, the Holocaust and its aftermath brought a significant influx of the surviving *Rebbes* and their courts to the United States, and New York specifically. See Rabinowicz’s (1996) *Encyclopedia of Hasidism* pages 346-348 under the entry, “New York” for a comprehensive list of *Rebbe*’s and courts established post war.

### **Key socio religious elements of the Hasidic community of Borough Park.**

To understand how the Hasidic community functions, the interrelationship between the Hasidim, the *Rebbe*, and religion. In the following paragraphs, a history of the development of the relationship between the Hasid and his *Rebbe*, as well as its practical ramifications on the social elements of this autonomous society will be addressed.

***The Hasid and his Rebbe.*** In the early history of the Hasidic movement, teachers of Hasidism formulated the theory of the *tsaddik*. Similar to the term Hasidism, the legal term *tsaddik* was appropriated and redefined by the movement, to create a new ontological-cosmological theory. Unlike the legal term defining *tsaddik* as a righteous individual “whose virtues exceed his vices” (Maimonides, 2018), the new definition created a singular personality that was charismatic, prophetic, and characteristically similar to a demigod. Different schools of Hasidic thought argued whether an individual can transform into a *tsaddik*, or the qualitative nature of the soul of the *tsaddik* was inherently different than the average person. The *Rebbe* was a type of *tsaddik* that could transcend and manipulate the world to change for the benefit of his constituents.

Klein (1995), added a dimension to the nature of the *tsaddik*. He describes the functioning of the Ba'al Shem Tov as similar to the way shamans' function in tribal cultures. “A shaman intuitively understands the psyche of the individual he or she is working with and creates situations, sometimes even tricks and illusions, that will help the person resolve any conflict, or mitigate suffering, guilt, or anger” (p.xii). The *tsaddik* with his personality, as well as supernatural abilities is able to intervene and create change for his adherents. Although the movement considers the Ba'al Shem Tov as its founder and leader, the theory and codification only took place in subsequent generations of Hasidut.

In the book Noam Elimelech (Lipman, 1787), Rabbi Elimelech of Lizhensk develops the theory of the *tsaddik*, creating a social and theological basis to the concept. The *tsaddik* is viewed as the ultimate social advocate that is connected to all his adherents on earth, yet possess powers that allow him to create cosmic change. "... The *tsaddik* is the master of judgements. It is in his power to change them at will and channel them to either soften or sweeten the outcome" (Elimelech, & Zwecker, 2008). The power and need of the *tsaddik* become a critical part of the Hasidic movement, and Rabbi Elimelech's doctrine becomes the classical template for the popular and practical theory of *tsaddikim*, with Rabbi Elimelech often referred to as the "*Rebbe* of all the *Rebbs*" (Elimelech, & Zwecker, 2008). His theory was extended to building a relationship beyond the *tsaddik* and his personal Hasidim. In addition to assisting his own adherents, the *tsaddik* must love every Jew and all of God's creations. His love connects all of creation to him and they receive sustenance through him. Therefore, the Hasid seeks constant attachment to the *Rebbe* since "the *Rebbe* is considered a possible foundational *tsaddik*- the source of life affirming good (Elimelech, & Zwecker, 2008). Therefore, the stronger one is connected to him the more life one derives directly through the *tsaddik*" (Reichman, 2005).

The *Rebbe* and Hasid have a reciprocal relationship. The *Rebbe* is obligated to take care of the spiritual and material needs of his followers, while his Hasidim in turn pledge allegiance to the him and belief in his powers. The Hasid does not deviate in any matter, personal or communal, before consulting and gaining consent or blessing from the *Rebbe*. This ethos is one that goes beyond the particular Hasid court and is defining of the movement in general as quoted by Wertheim, trans. Himmelstein (1992):

All the different kinds of Hasidim, both those of the Ukraine and Poland and those of Lithuania and Reisen had this faith in the power of the *tsaddik*, the only difference between them being the actual use to which they put his faith.... whatever the *Rebbe* said was considered as if

it had come from ... the breastplate of the high priest in the Temple, from which one dare not diverge right or left (p. 26).

Whether or not the *tsaddik* has the power attributed to him is irrelevant to the Hasid. Belcove-Shalin (1995), succinctly compares, contrast, and concludes the relationship between the Hasid and the *Rebbe* in the following words:

The Hasidic beliefs and patterns of behavior and their relationship with the *Rebbe* are not individually confronted, confirmed, or defended. Religious beliefs are part of the culture of the group that are deeply rooted in the thoughts and actions of the community. They are constantly acted out as if all the participants fully adhere to the group's religious belief system. Christians, for example, do not prove, confirm, or defend that Christ was immaculately conceived. Jews do not prove, confirm, or defend that Moses stood at Mount Sinai with the two tablets of stone. Muslims do not prove, confirm, or defend that Mohammed ascended to Heaven. It is sufficient that members of these groups behave as if those events took place. Hasidic Jews do not prove, confirm, or defend that their *Rebbe* is a Godly man. They in fact behave towards him as if he is. (p. 273-274)

***The Hasid, his Rebbe, religion, and culture.*** The interconnectedness between the Hasid and the Rebbe, directly impacts the socio religious culture of the community. The leadership dictates the religious, social, and cultural norms for the community. Often, it is difficult to differentiate religious, social, and cultural motives as they are intertwined and carry similar weight.

An example of the abovementioned: Palm stockings. Although there is no Jewish law dictating the color stockings women should wear, if at all, Rav Joel Teitelbaum, leader of the Satmar Hasidim post-war, created the brand Palm with the partnership of Brach's Knitting Supply. The stockings are a specific color and denier, and sport a seam running along the back of



the stockings. “With no children of his own, the thousands of women and girls who wear the Satmar brand are protected by his promise that stemmed from a far-reaching vision” (palm tights, n.d.) Though Nadler (2013), creates a compelling case for the behavior of the Rebbe having its origins in OCD, the women of the Satmar community today continues to adhere to the rulings of wearing Palm tights. Similarly, other Hasidic communities have a specific dress code for the women that makes them easily distinguishable.

In addition to women having a specific standard of dress, the men in the Hasidic community can be identified by their attire. Although there are details that differ, allowing the discerning eye to properly identify which sub-sect the individual claims allegiance to, the general attitude toward the sanctity and significance of the clothing are broadly shared. Although the “*Hasidic garb*” was originally “all non-Jewish in origin...by the time Hasidim began spreading, though, these clothes were no longer used by the non-Jews and thus they remained the legacy of the Jews alone.” (Wertheim, trans. Himmelstein, 1992). Changes, such as switching the side buttons are sewn onto a shirt, adding collars to men’s garments, and wearing “any clothing in the new fashion including shoes” (Wertheim, trans. Himmelstein, 1992) were considered breaches in the cultural and religious sanctions of the Hasidic community. Although some of the early fights regarding clothing have shifted, the strong emphasis on how clothing must reflect the attitudes and sociocultural of the Hasidic community has remained unchanged.

Another illustration of the blurring of boundaries is, sexuality. Although there are biblical laws governing sexuality, Brown (2013) analyzes the additional sexual ordinances imposed by the leaders of the Gur, Slonim, and Toledot Aharon Hasidic communities and explores the theological roots of sexual abstinence in Hasidut. He offers insight into the shift from *kedushah* [holiness, in context sexual holiness], being a concept originally “developed as a pietistic ideal for the virtuous few, encouraging married men to limit to the minimum the frequency and modes

of sexual intercourse with their wives” (Brown, 2013) to its mandatory standardization as a way of life within the Hasidic groups of Gur, Slonim and Toledot Aharon. Similarly, Heilman (1992), in his book *Defenders of the Faith*, interviews and documents the Toledot Aharon’s perspective on sexuality; its regulations and practical observance within the community.

Another striking characteristic of the Hasidic community is the absolute separation of sexes. From a tender age, boys and girls attend separate parochial schools, camps, and social events; they pray in different parts of the communal synagogue, with women and girls upstairs or behind a curtain, hidden from men and boys for whom they pose a potential distraction. Girls can shop in any New York store for skirts, blouses, or dresses as long as they are appropriately modest and do not mix linen and wool, a biblical prohibition. Boys, however, wear distinctive black pants and white dress shirts. From age three on, boys have long side-locks (*payes*), wear black velvet yarmulkes, and, eventually, sport beards and hats appropriate to their Hasidic sect.... separate socialization prepares them for the gender segregation that increasingly characterizes adult Hasidic life in Boro Park (Fader, 2009).

Though segregation of the sexes is absolute, gender binaries are more obscure. The voice and face of the community is predominantly male, however, “they [women] insert their voices in various ways and give expression to their intelligence and creativity in diverse artistic venues within the construct of their society” (Waldman, 2020). A byproduct of the separations of sexes is the development of parallel powerful and influential female leadership. Whether they are school principals, lecturers, editors, writers, composers, artists, or other, the opportunities for leadership from within the community’s construct are significant (Waldman, 2020). Similarly, Fader (2009) indicates that although gender separation is based on the different roles men and women are expected to play within the community, “in the intimate space of the family,

however, gender segregation is more muted” (Fader, 2009). Whereas in the public sphere men are expected to study while the women mediate between the secular world and the community; at home, both take an active role in caregiving. Within the confines of the home, both parents, as well as the Hasidic boys, teenagers, can be observed “expertly holding and playing with infants” (Fader,2009).

Both the sexual separation, as well as the gender boundaries practiced by the Hasidic community, though not necessarily biblically sourced, are created by the edicts of the rabbis and strictly enforced by the community leaders such as the *Vaad Hatznius/Mishmeres Hatznius* (modesty committee). Haredi community leaders such as Rabbi David Niederman, President of the United Jewish Organization of Williamsburg, have vehemently denied existence of the *Vaad Hatznius*. “When asked whether the group has the blessing of the Satmar Rebbe, Niederman replied: “I don’t know (what) the Va’ad Hatznius is all about” (Schaechter, 2012). However, Ari Mandel, the founder of *Zaakah*, was stunned by similar claims made by Feuerwerger while under oath since “any 4-year-old in that community, a Shabbos *goy*[*non-Jew*] in that community, knows what the Vaad HaTznuis is. Every Hasidic community has [one]” (Winston, 2012). Heilman (as cited by Sullivan, 2007), describes the *Vaad’s* relationship with the community as, “a little bit like the cops, who are on the side of the good guys, but don’t always get looked upon as paragons of virtue.”. In the same article, the author Sullivan (2007) asserts that “Vaad Hatznius acts as the sanctioned arm of the grand rabbi, Aaron Teitelbaum in Kiryas Joel, or his brother Zalman, in Williamsburg, Brooklyn. Such groups are a common feature of orthodox Hasidic life, regulating all forms of modesty including public displays of affection, clothing and even Internet use.” However, Katz (Schaechter, 2012), maintains that the *Vaad* is “an informal group of people who act on their own, and whose actions the Rebbe doesn’t officially condone. Yet, it is important to note that even if the *Vaad* operates independently, Katz does not indicate

that the Rebbes publicly protest the often-violent actions of the *Vaad*. Whether the *Vaad* is under the jurisdiction of the Rebbe, or not, the rules of sexuality and gender are governed by a complex collaboration of rabbis, leaders; rogue and established, as well as the communal norms.

Another element that distinguishes the Hasidic community from its neighboring communities is their educational institutions. Heilman (2006), articulates how education is viewed in the Haredi world, which subsequently offers insight into why it is so strictly controlled.

Narrowly defined, education is a process whose aims are to provide skills and information. But it is much more than that; it is also a tool of socialization, a means by which a culture sustains and renews itself. As such, education may be thought of as a form of enculturation, which at one extreme appears simply as instruction but at the other may blur with indoctrination and socialization. . . . . the longer and the more comprehensive the control over education, the more important a tool it becomes in the determination of the outcome of the contest. (p.79)

The Hasidic education system is separated by gender, by sect, and by society. There are parallel institutions for boys and girls beginning with nursery, spanning high school, and including any higher education options. Most Hasidic courts have schools specific to their community, with some crossover of clientele from other similar Hasidic communities. The schools are under the guidance of the Rabbinical leadership and often bear the name of the current or previous leader, or the Hasidic Sect such as: Bais Brocho D'Karlin Stolin, Beis Yitzchok Yeshiva, Bnos Tzion 48 and 45, Belz, Pupa, and more.

In addition to the separation based on gender and sect; the schools are designed to keep the community distant and detached from the general public. As Alexander Friedman (as cited by Heilman, 1992), “secretary of the Polish branch of Agudat Israel put it in 1935, ‘spiritual

isolation will protect our sons and daughters from the sickness of heresy, license, and secularity.”

The Hasidic as well as Haredi institutions monitor and modify the curriculum both in religious and general studies to ensure the message and methodology match those of the community. Much legal attention has been given to the autonomy of the Hasidic/Haredi private schools and the alterations and adaptations of the curriculum to match the community's ideology. Perry-Hazan (2015), in her paper titled *Curricular choices of ultra-Orthodox Jewish communities: translating international human rights law into education policy* examines the regulation of Haredi Education in Israel, England, New York, and Belgium, four of the largest Haredi communities in the world, in context of acceptability v. adaptability. “The acceptability feature of the right to education emphasizes the essential capacity of the right to education to empower a person to imagine and realise plans that would enable him or her to live a good and meaningful life... The adaptability feature of the right to education shapes the linkages between the right to education, human dignity, and personal identity” (Perry-Hazan, 2015).

The Hasidic and Haredi communities have created private schools that exercise the right of adaptation and reconstruct the curriculum to match the ideals of the community. However, YAFFED (Young Advocates For Fair Education), “founded in 2012 by recent graduates of various Hasidic and ultra-Orthodox yeshivas that did not provide a basic general education” (“founded in,” 2012) argues that the schools are in violation of the state mandated educational standards and “it is the government's responsibility to enforce the law and ensure every child receives the education to which they are entitled” (“it is the,” 2012). To date, the complex legalities surrounding the Hasidic and Haredi educational institutions have not been fully determined and court proceedings are still in progress. Nonetheless, the Hasidic community's educational institutions reinforce the deeply connected relationship between socio religious

elements of this particular society. In addition to the separation of sexes within the educational institutions of the Hasidic community; the schools are designed to create and maintain a barrier to the outside world.

Another distinctive characteristic of the Hasidic community is language. Although this paper will primarily focus on the sanctification of the language as it pertains to Hasidim, for a more comprehensive scholarly account of the Yiddish language, see Max Weinreich (1959) *A History of the Yiddish Language*. The Hasidic community has adopted Yiddish as its dominant language and imbues spiritual and practical significance into the vernacular. Yiddish is a language created and spoken by much of Ashkenazi Jewry prior to the Holocaust (Rabinowicz, 1996). It is a conglomeration of languages and some argue that “Yiddish is the Robin Hood of languages. It steals from the linguistically rich to give to the fledgling poor” (Rosten & Bush, 2001) Yiddish is a vernacular comprised of multiple languages including Hebrew, Aramaic, German, Slavic, that combine to create, vitalize, and sustain a culture. Therefore “people who are fluent in Yiddish, are also fluent in Jewish culture: cultural knowledge, cultural literacy, is essential because Yiddish is the language of a self-defined culture group, not a geographic location” (Wex, 2005).

In the Hasidic world, Yiddish was not merely a literary language. “Yiddish is spoken by the *tsaddik* with sanctity; in this tongue, he conveys his teachings and holy words. Therefore, for Hasidim, Yiddish did not become merely a literary language but was transformed into a holy language as well” (Reiser, 2020). Schlesinger (1864, as cited by Reiser, 2020), emphatically believed that Yiddish was holy because it served as a barrier, shielding the Jews from the changing surroundings. The language was intended to shield the Jew from the general public, as well as the Hasid from the Maskil [enlightened one], and later on the Zionist. The Admor of Munkács, renowned warrior against modernization, secularization, and the Zionist movement

also emphasized the holiness of the. He wrote (as cited by Reiser, 2020), in 1922, “our fathers and rabbis used Yiddish, they brought this language within the bounds of holiness.... We too shall learn from the ways of the zaddikim, our rabbis, to cleave to them and the meaning of their words in every respect, including the Jewish spoken jargon language.” This sentiment continues to influence the Hasidic community, as Rabbi Shmuel Halevy Vosner, the most prominent hasidic halakhic decisor in the State of Israel in the last 100 years, explicitly stated that, “in addition to the importance of preserving the linguistic tradition of our ‘rabbis and fathers,’ it is necessary to speak Yiddish because it separates its speakers from ‘today’s spirit of the street’” (Vosner, as cited by Reiser, 2020). Yiddish is not simply another vernacular that the Hasidic community has preference to, it is language chosen by the holy *tsaddikim* to influence and uphold the cultural, social, and religious values of the community.

Food, an area seemingly more benign than dress code, sexuality, education and language, is also a complicated mix of socio religious culture. There are two different elements regarding food that are both governed by law and leadership legislation: what is eaten, and when it is eaten. The Hasidim, similar to other law observing Jews abide by the kosher dietary laws. However, for Hasidim and Haredim, strictly kosher foods require specific kosher certifications of the product for the food to be deemed kosher enough. This phenomenon has led to the birth and growth of heimish brands such as J&J Dairy, Mehadrin, Paskez, Klein’s, Satmar Meat and more that replace the generic “OU” certified products, with *heimish* certifications. In addition to the food brands being tailored to the needs of the community, food itself is considered holy and ritualized. For example:

Hasidim gave new meaning to the special *Shabbos* dishes. The Hasidim even found reason for each item. They instituted a fixed order in which the dishes were served and the number of dishes served, not allowing themselves to diverge from this an iota. If any

youngster decided he did not like a particular dish and refused to eat it, they immediately suspected him of heresy, as if he questioned the sanctity of *Shabbos* itself. (Wertheim, trans. Himelstein (1992))

Some prayer books, like the *Beis Aharon vYisroel Hashalem*, of the Stolin-Karlin dynasty have an annotated list in its appendix, delineating the specific foods that should be eaten on Shabbat and Holidays, as well as the order in which they should be served (Shochet, 1990). For a broader understanding regarding the connection between food, Shabbat, and the Rebbe see Nadler (2005) *Holy Kugel: The Sanctification of Ashkenazic Ethnic Foods in Hasidism*. The line between mundane and holy is often invisible to the outsider because even food, the seemingly mundane, carries great religious significance and is therefore governed by religious sociocultural norms.

The Hasidic community is a vibrant subculture that contains many elements of an autonomous society. Although “it is in fact not an unchanged and unchanging remnant of pre-modern, traditional Jewish society, but as much a child of modernity and change as any of its ‘modern rivals’” (Silver, as cited by Deutsch, 2009), it attempts to create a marked distinction between itself and others. Finkelman (2011), highlights the “cultural ironies about this group that stand out. First, Haredi Judaism is both isolationist and acculturated...second, Haredi Judaism is both voluntary and authoritarian.” The Haredi leadership filters the influx of ideas, beliefs, and modernizations to permit that which they believe can be assimilated into the community without changing its traditional face. It then relies on group cohesion and peer pressure to enforce and maintain the rules set forth.

This model has been greatly challenged with the introduction of technology. For example, “one of the biggest threats posed by Internet-equipped cell phones is that they encourage individuation among users, while circumventing communal surveillance, one of the



chief ways that Haredim maintain cohesion” (Deutsch, 2009). With the introduction of the internet, the leadership can no longer monitor and moderate the influences within their community. Therefore, the internet, and social platforms represent an existential danger to the Haredi community. “Social media, in particular, disrupted God’s protective design for ultra-Orthodox interiority: private reflection and individual struggle with oneself...where shame for certain thoughts or desires led to self-censorship” (Fader, 2017). Social media served as a medium to connect community members with common doubts and concerns regarding the Haredi system. Instead of an individual feeling shame and regret for overstepping the invisible community boundaries, they would be bolstered and emboldened by the friendships and like-minded individuals. The challenges of technology, modernization, acculturation and identity are currently being mitigated by the leadership of the community. For a deeper analysis of the issue, see Fader (2020), *Hidden Heretics*.

In summary, the ability to analyze the Hasidic community is contingent on the capacity to understand the interconnectedness between the Hasid, his Rebbe, religion, and culture. The socio-religious culture of the community is the fabric that binds the tight-knight community together. Though the Hasidic movement spans centuries as well as geographic locations, it remains a vibrant and unique culture. A revolution that originated during the mid-18<sup>th</sup> century in the town of Mezhibizh, is today an international movement that boasts independent communities worldwide. Despite the curiosity and conversation surrounding the Hasidic community, the need to understand how the community operates from within, is integral to wanting researcher. This introduction is intended to fill the gap of knowledge so that the proceeding research on suicide within the Hasidic community of Borough Park can be understood in greater context.

## **SECTION THREE: LITERATURE REVIEW**

This chapter reviews the empirical and conceptual literature relevant that contributes to understanding the sociocultural structure of the Hasidic community, as well as the phenomena of suicide, with specific focus on the risk and protective factors. The data is classified based on specific themes and evaluated categorically. Part I provides a review of empirical and conceptual literature regarding the social and cultural elements that are unique to the Hasidic community; PART II focuses exclusively on suicide, as it relates to risk factors and protective factors within the Hasidic community.

The review is intended to highlight the general gap in available research concerning the internal sociocultural standards that impact the Hasidic community of Borough Park, specifically, in relation to suicide. To minimize the risk of historical shifts influencing the data on suicide, this review exclusively analyzes research articles that have been published within the last twenty years, including the current calendar year, that do not focus on Hasidism prior to the turn of the 21<sup>st</sup> Century. Although this research centers on Hasidic Jews living in Borough Park, empirical research about the community, regardless of location, is included here for context, due to the limited information available. However, location is noted as a potential limitation to the generalizability of findings.

### **Background**

#### **Socio religious Culture of the Hasidic Community**

The following information is provided to create context as well as understanding of the community being researched. Although suicide is a human condition that crosses all socioeconomic, gender, religion, age, and cultural lines, this study explored its manifestations in

the Hasidic community of Borough Park. Understanding the phenomenon of suicide within a specific culture requires familiarity with the culture being studied so that the nuances reported can be interpreted appropriately. Through providing a specific framework of the socio religious culture in the Hasidic community, the proposed study is expected to provide a platform for comparative analysis of suicide factors amongst other communities similar and dissimilar to the Hasidic community.

### ***Hasidism***

Hasidism is an eighteenth-century movement that originated in Podolia, a region in Eastern Europe, and spread with enormous vitality into Congress Poland, Galicia, Hungary, Romania, Ukraine and Belarus over the next two centuries, gaining thousands of adherents. The movement attributes its inception, ideology, and institutionalization to Rabbi Israel ben Eliezer, known as the Ba'al Shem Tov, or by the acronym *Besht*. Bodek (1863), records in explicit detail the role and relationship of the Ba'al Shem Tov and Hasidism:

The rabbi, our teacher, Rabbi Israel Ba'al Shem Tov, of blessed memory, father of the Hasidim and chief of those holy *tsaddikim* whose light of Torah and righteousness has continued to shine up to the present day, and all the *tsaddikim* there have been since the time of the Besht, of blessed memory, have but drawn from the well of his Torah instruction. And even though his disciples have gone their various ways, nevertheless they all drink their fill from his unfailing source alone; all are his disciples and the disciples of his disciples who cast their light on the world to teach the people the ways of the Lord, to love Him and fear Him with heart and soul. (p. 5)

However, some historians and scholars such as Rosman & Rosman (2013), argue that the “Besht’s relationship with Hasidism is analogous to Jesus’ relationship to Christianity. Neither consciously founded a new religious movement. The ideals they exemplified in their teachings

and by their behavior were adopted, developed, and made into institutions by later figures” (Rosman & Rosman, 2013). It is discrepancies in timelines and historical events that challenge the narrative of the Hasidim and its early researchers, such as Simon Dubnow, in regard to their depiction of Rabbi Israel ben Eliezer. Whether the Ba’al Shem Tov was the organizational pioneer, or his subsequent students such as Rabbi Dov Ber of Mezritsh, Rabbi Pinhas of Korets, Rabbi Ya’akov Yosef of Polnoye, or Rabbi Yehiel Mikhl of Zlotshev, Hasidism became a movement that influenced, and continues to influence directly and indirectly much of Ashkenazic Jewish Orthodoxy.

The name Hasidism- piety, though not a new term or concept in Judaism, was appropriated and redefined by the movement. Although, Hasidism was never a monolithic movement and developed variations in thought and structure as it matured, there are broadly shared ethos that influence Hasidic practices and theology. The “Holy Epistle” is an important document edited and published in 1781, which describes different aspects of the Hasidic ethos such as *devekut* (communion with God), belief and reliance on the *tsaddik* (emblematic leader and holy man), joy in service in place of ascetic withdrawal, and elevation of thoughts and actions by attaching spiritual significance to them. Most importantly, Hasidic theology emphasized divine immanence, a belief that God is present in the entire world. “From its beginnings, Hasidism was far more than an intellectual movement. It was also a set of bodily practices, including prayer, storytelling, singing, dancing, and eating, all performed within the frame of the reciprocal relationship between *Rebbe* and Hasid” (Biale et al., 2020). Hasidism is a movement that not only engages all facets of the individual’s personal life but also emphasizes commitment to the *tsaddik* (*Rebbe*) as well as the community. This interdependent relationship and intense bond between individuals, leadership and community, created an environment in which “no one felt left out” (Wiesel, 2013).

The organizational structure of the movement combined two distinct, if not opposing modes of operation: a broad non-centralized organization with a multiplicity of leaders; and loosely affiliated sects in which individual groups operate within a highly centralized and structured hierarchy. The shift in organizational structure can be traced to operational changes between the second and third generation of Hasidism. Following the death of the Ba'al Shem Tov, his main successor, according to Hasidic tradition, Rabbi Dov Ber of Mezritsh, known as "The Maggid", as well as other disciples like Rabbi Pinhas of Korets, Rabbi Ya'akov Yosef of Polnoye, or Rabbi Yehiel Mikhl of Zlotshev spread the movement to different regions and cultivated their own unique brand of Hasidism. Not only did the Ba'al Shem Tov's disciples branch out and create their own groups of Hasidim, but disciples of the Maggid also transitioned into positions of leadership without the strife and tension of subsequent Hasidic courts. The third generation of Hasidism suffered much fierce rivalry and splitting, often between disciples of the *tsaddik* and the 'natural' dynastic heir to the leadership. Natural leadership qualities and merit of character were challenged by hereditary rights and genetically inherited supranatural holiness. The hereditary principle extended itself to the Hasidim as well, with affiliation to particular sects being passed down generationally and being viewed as established family tradition. Rapoport-Albert (1996) speculates that "it is not impossible that the dynastic pattern on which the Hasidic courts were modeled at this stage, as well as the hereditary pattern of affiliation to particular courts, was the feudal pattern of relationships on the Polish-Russian estates". Unfortunately, the fragmentation and often raging internal wars have not ceased since the nineteenth century as evident in the current ongoing cases of Congregation Yetev Lev D'satmar Of Kiryas Joel, Inc., et al., Respondents-Appellants, v. Congregation Yetev Lev D'satmar, Inc., by Berl Friedman, President, Appellant-Respondent, Congregation Yetev Lev D'Satmar, Inc., et al., Respondents, et al., Defendants. 26 Adar N.B. Corp., et al., Respondents, 15-4811, Landau et al v. Rheinold et al,

Agudas Chasidei Chabad of United States, Plaintiff-Appellee v. Barry GOURARY, Defendant-Appellant, Hanna Gourary, Intervenor-Defendant-Appellant, and many others similar in nature. The shift from a decentralized organization to a highly dynastic system and all of its ramifications on contemporary Hasidism requires more analysis than the scope of this paper allows.

If Hasidism was on the rise in the nineteenth and beginning of the twentieth century, the second half of the century brought destruction and obliteration of immeasurable magnitude. The heartland of Hasidism, Poland, western Soviet Union, Slovakia, and Hungary, was where the Nazis perpetrated the worst human atrocities, wiping out millions of Jews. There were Hasidic courts whose leaders had either managed to escape before or during the war, while other *Rebbes*, such as Rabbi Kalonymos Kalman Shapiro, Rav Yochanan Perlow, *Rebbe* of Stolin-Karlin, and others insisted on remaining with their Hasidim throughout the horrors of the Holocaust. Rabbi Kalonymous Kalman Shapiro is reported to have said “a *Rebbe* who is not willing to descend into hell in order to rescue his followers is not a *Rebbe*” (Orlan, 1975). Thus, many of the Hasidic courts that had survived the eighteenth and nineteenth century external and internal struggles were decimated during the war.

The aftermath of the Holocaust left Hasidism shattered and dispersed. The people had been massacred and the infrastructure of the movement had been radically shaken up. The survivors and leaders were faced with the herculean task of rebuilding. After World War II was over, the refugee *Rebbes* migrated to countries like Israel, the United States of America, and others, and immediately took to the task of rebuilding and revitalizing the remnants that were left after the destruction. It is important to note that *Rebbes* from Eastern Europe were constructing a framework of meaning for those who had lost everything. “Thus, in trying to understand the attraction of Hasidism after the war and to account for its seemingly miraculous rebirth, it is

essential to see it in the context of survivorship” (Biale et al., 2020). Hasidism after the Holocaust offered an alternative to modernity for newcomers, and a familiarity and nostalgia to survivors.

Hasidism pivoted from a few thousand survivors to roughly three-quarters of a million adherents over the last decades, and continues to grow at an exceedingly high rate. Contributing factors such as the national religious fundamentalism of the 1970’s, high birth rate within the community, outsiders joining the community, and others may account for the fast-paced growth of the Hasidic community.

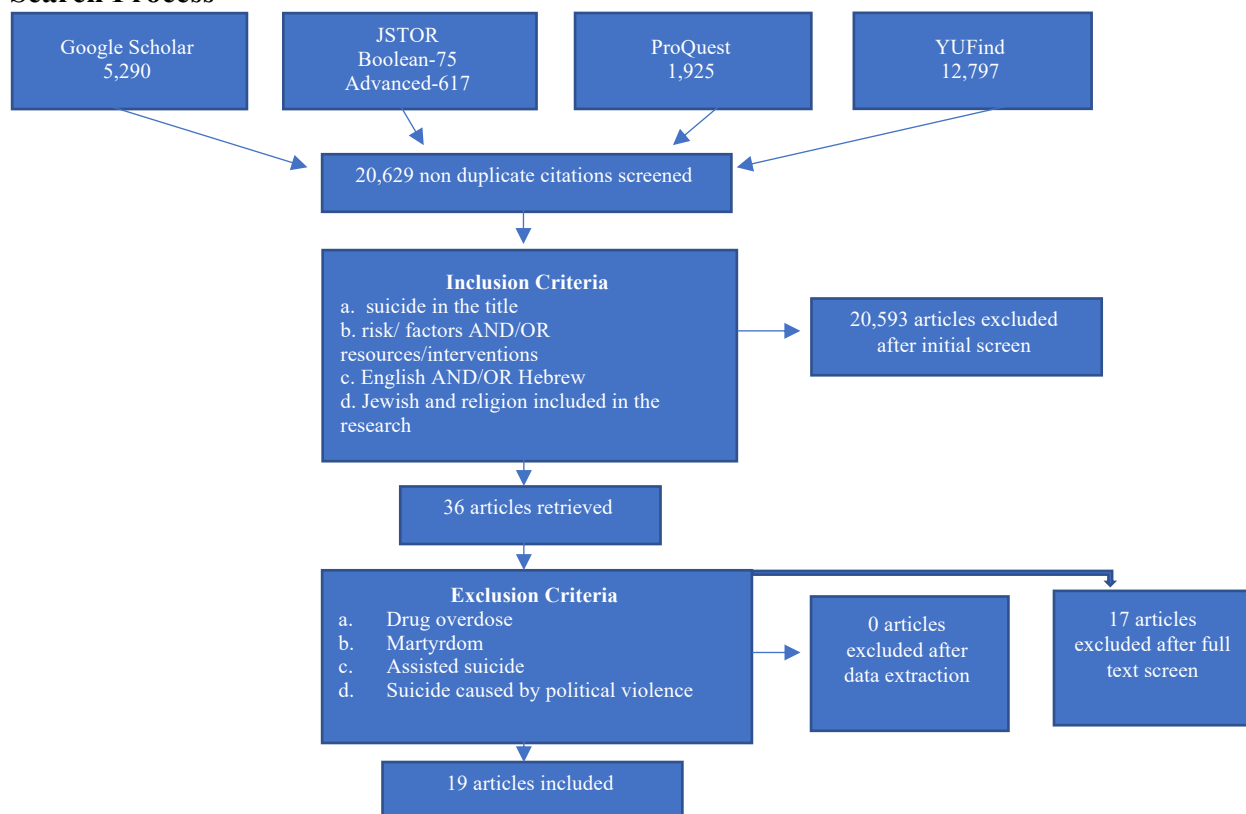
Just as Hasidism in the eighteenth and nineteenth centuries shared common features and ethos beyond the distinct character of the courts, the rapidly growing Hasidic communities of today have developed a worldwide identity with common characteristics that create a global Hasidic society and culture. However, the cultural differences between various courts continues and sharp distinctions can be drawn between communities’ ideological beliefs, customs, and culture. Variances can be found in the demographics, economics, relationship with the outside world, as well as internal issues such as sexuality, dress code, language and more. It is in this context that this paper focuses specifically on the Hasidic community of Borough Park.

Although it would be more accurate to choose one specific Hasidic sect in Borough Park for the study, the following two reasons justify the generalization: firstly, given the Hasidic community’s discomfort with discussing sensitive internal issues such as suicide, the participant pool must be made larger for sufficient data collection, secondly, the paper focuses on socio-religious elements that may influence suicide in the Hasidic community, and the location is a variable that may or may not be significant, but nevertheless must be examined.

### ***Search Methods***

The systematic review of empirical and conceptual literature relating to suicide in the Hasidic community has been included to provide both context and compelling reasons for the intended research. The search terms "suicide" AND "risk factors" AND "resources" AND "interventions" AND "Jewish" were used in the databases ProQuest, and Social Sciences Full Text, as well as in the discovery service YUFind (see Figure 1). Only studies or reports of data collection published in scholarly journals and available in full-text in English, Hebrew, or Yiddish were included. The 20,629 studies found in this search included 1,925 studies from ProQuest, 5,290 from Google Scholar, 692 from JSTOR, and 12,797 from YUFind. An initial assessment of suitability for inclusion was conducted by reading the abstracts. If the words "Chasid" or "Hasid", "suicide", and "risk" appeared in the abstract, or the content was ambiguous in relation to addressing the Hasidic community, the entire study was reviewed for inclusion. There were initially 36 articles of interest, but after applying the exclusion criteria noted in Figure 1, only 19 were acceptable based on the inclusion criteria, while 17 were rejected based on the exclusion criteria.



**Figure 1****Search Process**

## *Search Results*

### **Suicide and Religion**

Emile Durkheim, (1951) in his monumental work, *Suicide a Study in Sociology* describes:

The aptitude of Jews for suicide is always less than that of Protestants; in a very general way it is also, though to a lesser degree, lower than that of the Catholics.... If therefore the rate for Judaism is so low, in spite of this aggravating circumstance, it may be assumed that other things being equal, their religion has the few suicides of all. These facts established, what is their explanation? (p.155-156)

In his analysis, Durkheim, postulates that the “beneficent influence of religion is therefore not due to the special nature of religious conceptions....it is not that it preaches the respect for his own person to him with arguments sui generis; but because it is a society.” (p.170) The strength of the religion does not lie merely in dogma; rather its ability to unite individuals under a specific sociological umbrella that offers protection against suicide.

Although Durkheim may have accurately described the Jewish community that was; the current American Jewish community does not mirror the all- inclusive social construct depicted. Steinberg, (1973) points out that much of what is studied regarding Jews would categorically be historical, not sociological. The American Jewish community is made of many different variations of Jews. “The unsurprising result of several decades of adjustment and modification is that Judaism is losing the attributes that once made it a distinctive cultural entity. Its outline is becoming increasingly less noticeable against the background of the secular society.” (p.7)

The abovementioned phenomenon is the basis of the research done by Pescosolido, & Georgianna (1989). Because society is constantly evolving, central theoretical concepts must be

re-evaluated for current validity and relevance. These researchers re-examine the relationship between religious affiliation and suicide through the lens of network theory.

Although the research does include Judaism, the authors (Pescosolido et al. 1989) confirm that “theoretically, the unavailability of detailed Jewish data represents a concern. We would expect that Orthodox Judaism (like evangelical Protestant-ism) would exert an effect on network ties and suicide rates different from the effect of Reform or Conservative groups. However, since orthodox groups represent a minority, this data limitation is unlikely to significantly affect our overall findings.” While the first concern is accurate, the second assumption isn’t. Although the limitation may not significantly affect their research paper, it will definitely impact the usefulness to those further researching Judaism and suicide.

Despite the paper’s limitations, the research reinforces “that religion continues to influence the suicide rate... Judaism continues to be protective but is neither large nor consistent across county groups.... (and) equally important theoretically, not all religions exert a protective influence. The reinforcement of what was already known, coupled with two new insights, makes the work of Pescosolido, & Georgianna (1989), relevant to the current paper.

Similar to the aforesaid, Tettey (2014), acknowledges that “in Jewish religion, there are the Reform, Conservative, Orthodox, and Others” (p.34) However, in the actual research, there is no distinction made. Despite the under-representation, the author’s work is significant in the methodological gap it seeks to fill “by employing longitudinal data to analyze the relationship between religiosity and suicidal behavior and the relationship between other known suicide risk factors and suicidal behavior among youth (Tettey, 2014, p.14).

The findings did support the negative correlation between religiosity measures and suicidal ideation. It should be noted though, that the multiple other variables being measured detracted

from any significant, specific contribution in research on religion and suicide. Additionally, the study was specific to observing adolescents; thereby excluding the adult population the author of this current paper is interested in including.

In addition to different denominations; there are also differences in the interpretation of Jewish Law. Resnicoff, S. (1988) In his comprehensive article *Jewish Law Perspectives on Suicide and Physician- Assisted Dying* records that “most Jewish law authorities state that a person who takes his own life is a murderer and is punishable at the hands of heaven”. The law seemingly does not differentiate between whether one kills another human being and is thus dubbed a murderer, to one who kills themselves willfully, and is equally condemned as a murderer. Yet there are is another authority that “reportedly rules that one who kills oneself because of multiple sorrows, distresses, worries, or afflictions or of abject poverty is not considered to have illegally committed suicide.” (p.305) There are other authorities that agree with the latter opinion, and express the need to understand that not all suicide is the same.

While the author does not discuss the ramifications of the legal discourse on the social norms and culture of the Jewish community, Resnicoff, offers valuable information on the legal analysis of suicide. His analysis is incomplete in its gap of information from classical to contemporary scholarship, however it offers insight into understanding the Hasidic community, and its intertwined relationship between the legal text, the religion, and the culture surrounding suicide.

As noted by Aran (2013), “the ultra-Orthodox lifestyle consists of a continuum of rituals, i.e., there is almost nothing in the ultra-Orthodox world that is neutral or trivial, and their behavior is loaded, predetermined, and monitored...Orthodox Judaism, and primarily ultra-Orthodox Judaism, is a Judaism of *halakhah* (Jewish Law). His analysis of religiosity as a concrete

definable term, as well as a social construct sheds light on the complicated and interconnected relationship between religion and society. While Aran's (2013) study contributes to understanding the ultra-orthodox Jewish community and the function of super-religiosity, it does not explicitly address the Hasidic community of Borough Park, nor discuss suicide in the context of religion and society.

### **Risk Factors**

Whereas religion tends to have a negative impact on suicide attempts (Sternthal, Williams, Musick, & Buck, 2010) highlight; "individuals who experience high levels of congregational criticism, engage in negative coping, pray, possess strong social attendance beliefs, or report high levels of salience were at risk of one or more adverse mental health outcomes. (p.352)

Although the abovementioned study does not address suicide at all, Mann (2002), reports that more than 90% of suicide victims have a diagnosable psychiatric illness... with the most common psychiatric issues (being)... mood disorders. It would be important to further explore what definable adverse mental health effects religion has, and whether the psychiatric issues presented in those attempting suicide showed significant correlation to the variable religion.

Moreover, there are "traits that appear to be most useful in predicting history of (suicide) attempts are aggression, anxiety, neuroticism, extroversion, impulsivity, hostility, and psychoticism". (Brezo, & Turecki, p.199, 2006) Again, more research would be needed to identify these traits and how they manifest within a religious context; and more importantly the relationship between them.

In summary, Lawrence, Oquendo, & Stanley, (2016) accurately indicate that "before assuming religious affiliation is protective, one must consider the culture-specific implications of affiliating with a particular religion. In some places the affiliation might connect the person with

community resources, while elsewhere the affiliation could isolate the person.” (p.8). It is integral for the researcher to explore the content, the context, and the application before declaring a variable’s effects.

Liu (2011), In her review *Religion and Suicidality* records in the findings that “correlative studies often presume some sort of directional influence wherein certain religions cause certain suicidal behaviors. Yet the limitation of the inability to manipulate the variables in these studies suggests that results are often difficult to interpret.” Understanding how to interpret data is equally if not more important than understanding how to accurately collect data. Without proper measures the data may be skewed and misrepresented. To determine either risk factors or protective factors, key terms must be explained, and proper data collection and analysis must be synthesized.

### **Protective Factors**

In 2012, a study done by Witztum, & Stein, reported that the lowest annual suicide rate in Israel as assessed for 2007-2009 was amongst the inhabitants of the Jewish settlements in the Western Bank (note: the author of this paper takes issue with the word “settlements and Western Bank, and its implied meaning). “These findings likely reflect the sizable proportion of observant religious Jews living in the settlements, as well as the cohesion and sense of mission and entitlement found in this population, despite, or perhaps even because, of the constant threat it is exposed to (p.734).

While the Jewish community living in the Judea and Shomron is dissimilar to the Hasidic community of Borough Park, it is interesting to note the relationship between the observant Jew and feelings linked with cohesion, mission, and entitlement; factors influencing the rate of

suicide. Although the research does not offer much definition in either of the factors highlighted, it does indicate a positive correlation between religion and lower rates of suicide.

In 2014, the first cross-sectional study examining the association between religiosity and self-injurious thoughts and behaviors in a sample of Jewish adolescents was conducted by Amit, Krivoy, Mansbach-Kleinfeld, Zalman, Ponizovsky, Hoshen, ...& Shoval, (2014) The researchers sampled 620 household of Jewish Adolescents, aged 14-17, of which 373 (60.2%) defined themselves as religious and 247 (39.8%) as nonreligious. (p.511) The study demonstrated that degree of religiosity is a protective factor against self- injurious thought and behaviors in a nationally representative sample of Jewish adolescents.

“Religiosity may exert its effect directly, by suggesting an alternative “way out” of distress or by the religious objection to suicide .... or via an indirect mechanism, such as by increased social support by religious community and establishments ... religiousness and spirituality are associated with a warm interpersonal style, gratitude, compassion and emphasis on positive relationships with others, leading to beneficial interpersonal outcomes (i.e., higher social support, less loneliness and conflicts) that may enhance emotional coping and adjustment (p.512)

The research is limited in its definition of religion. It does not provide ample information regarding the religious nuances that differentiate the religious community, nor does it extend its research to the religious population outside of Israel. Additionally, it offers no differentiation between intrinsic and extrinsic measures; measures significant to understanding the Hasidic community and the degree religion serves as a protective factor. Despite the limitations, this work is monumental. It is the first study to investigate the association between religion and self-injurious thoughts and behaviors in a Jewish adolescent cohort.

Similar studies were conducted by Wilchek-Aviad, & Malka (2016). Although the study attempted to examine the impact of meaning of life and suicide, as well as the connection between; level of religiosity, meaning in life, and suicidal tendencies; results exclusively indicated that “a negative correlation was found between the level of meaning in life and suicidal tendency, and a negative correlation was also found between the level of meaning in life and the subcategories of the suicidal variable (depression, anxiety and sadness, guilt and anger).” (p.489) Level of religiosity did not play a significant role in the results.

While the population is dissimilar to the Hasidic community, the implications are relevant. Since the levels of religiosity did not contribute significantly to suicidal tendencies, it is an important conversation starter. How is religion defined, what element/s within religion is considered a protective factor, and what happens when religion becomes institutionalized and loses meaning to mindless ritual?

Additionally, Gearing, & Lizardi (2009), found that “moral and religious objections to suicide have a unique association with suicidal behavior. The life-saving beliefs associated with religious commitment may protect against suicide.” While the research is inconclusive and recommends further research, it would be interesting to explore what impact moral and religious values have on an individual that feels the morals and religious values of his/her community were used to hurt them personally. Understanding the protective factors and risk factors as connected dots on a continuum rather than disparate entities may help future research understand how to access resources already present; albeit maybe shrouded.

Bjorck, & Lazar, 2011, did fascinating research on *Religious, support, motives for having large families, and psychological functioning among religious Jewish mothers*. The convenience sample was more closely related to the Hasidic community, as it was mainly a group of religious



women with large families from Central Israel. The demographics, the specific criteria as well as the geographic location indicate the community to be the greater umbrella denomination the Hasidic world fits under.

The researchers operationally defined religious support as coming from three sources: God, religious leaders, and fellow religious believer. “Unexpectedly, however, the current canonical analyses revealed that only support from religious leaders remained a significant predictor of functioning when controlling for both maternal motivations and social support. In contrast, support from G-d and the religious community both became nonsignificant” (p.188). While the researches postulate different reasons for this, it is highly important to understand the significance of the religious leader.

Despite the study not being related to suicide at all; the role of religious leader is critical in understanding the dynamics of the community; God, religious leaders, and fellow religious people are all components of religion. However, the power of the leadership must be analyzed, critiqued carefully, and then used appropriately as a protective tool. In fact, in a study done by Bullock, Nadeau, & Renaud (2012), results indicated that “religious community members may have key roles for some youths’ trajectories, as a bridge as well as an adjunct to mental health services. (p.189)

### **Summary of Current Literature**

This section summarizes the current literature available on the social and religious factors of suicide in context of the Jewish community as well identifies the gaps in literature.

### **Summary of Current Information**

Religion in the broadest sense plays a role in suicide. While it may not prevent one from suicidal ideation, it can certainly help lessen the risk of actual suicide. However, religion may

also contribute indirectly to the risk factors involved in suicide. Because it is a very strong social network, it can influence members to experience a range of adverse mental health, if the individual is targeted. This emotional response needs further investigation on how it directly impacts suicide. Conversely, religion, specifically religious members and leaders can serve as protective factors for individuals attempting suicide. However, it is important to note that often those in the position to lead, are unaware of the realities surrounding them. In a quantitative study done by Jones (2004), his findings “indicated that a sample of parents of Orthodox Jewish adolescents were found to have a low amount of knowledge about adolescents’ suicide, perceived that adolescent suicide occurs less among Jewish adolescents than adolescents in the national population, believed that Jewish affiliation protects against adolescent suicide, and that the more the parents believed Jewish affiliation protected against adolescent suicide the less they perceived suicide occurred.” Although the study had limitations like non statistically representative sample, non- experimental, loaded positive questions and more, the implication of lack of knowledge is alarming.

### **Summary of Gaps in the Literature**

While we know a significant amount about suicide; we know almost nothing about suicide within the Hasidic community of greater Borough Park. The Hasidic community is close knit and weary of outsiders and outside influences. To date there are no statistics on how many suicides have been accounted for annually in the Hasidic community of greater Borough Park. There is also little data on what group of individuals are most vulnerable to commit suicide within the community. There is no research on the risk factors or protective factors influencing suicide in the community. There are no comprehensive lists of resources available to individuals suffering from suicidal ideation. There is no research done comparing the community to patterns

in insular groups and the commonality they all share. Moreover, there is little to no acknowledgement that the suicide of phenomenon exists within the community.

Unfortunately, however, human struggle does not discriminate; nor does it offer preferential treatment. The only way to rid society of its problems is through acknowledgement, conversation, and reeducation. Therefore, the proposed study is an attempt to answer the following:

“What are the community perspectives on factors linked to suicide and resources for prevention of suicide in the Hasidic community of Borough Park?”

**Table 1***Article Summary and Literature Synthesis*

TITLE	AUTHOR(S)	TYPE OF STUDY	SAMPLE	FINDINGS	LIMITATIONS
The Anatomy of Jewish Identification: A Historical and Theoretical View	Steinberg, S.	Exploratory Research		Jewish Identification has several underlying dimensions that vary in kind and degree and need to be differentiated in order to replace the one-dimensional Jew with a more accurate description.	Does not offer insight into the interaction between the various levels of identification.
On Religiosity and Super-religiosity (I): Measures of Radical Religion	Aran, G.	Case study		Religion in general and religious extremism in particular, is not so much a matter of belief or experience but rather performance of the self and the group.	Does not delineate the measures of religiosity for the particular group being researched.
On Religiosity and Super-religiosity (II): The Case of Jewish Ultra-orthodoxy	Aran, G.	Case study		Methodic description and analysis of the Haredim (Ultra- Orthodox) sect in Israel, a community with many similarities to the Hasidic community of N.Y.	Research is specific to the Israeli Haredi (ultra- orthodox) community/men; excluding the Hasidic community of New York.
Exploring the Role of Religiosity on Suicidal Ideation: A Study Among a Population-Based Sample of Adolescents in the United States	Tettey, G.E.	Longitudinal Study	Wave I N=20,745 Wave II N=14,738 Wave III N=15,197	Study showed a relationship between religious affiliation and suicidal ideation.	Religious affiliation and broad categorization of religiosity measures vs. multi-dimensional and differentiated measures. Representative sample does not represent any of the Hasidic community of N.Y.
Durkheim, Suicide, and Religion: Toward a Network Theory of Suicide	Pescosolido, B. Georgianna, S.		N=404 *county-group as the unit of aggregation	Evaluating religion and suicide from a network perspective finds that network structures create the potential to provide members with integrative and regulative benefit	Does not have access to detailed Jewish data. (specifically voiced as a concern by authors.) Includes charts and measurements (church, spouse) that exclude Jews. Outlier point most often represents Judaism
Jewish Law Perspectives on Suicide and Physician-Assisted Dying	Resnicoff, S.	Research Article		Legalities of suicide in Jewish Law	No insight into the phenomenon of suicide within the Jewish community
Religion and Suicidality: A Review	Liu, L.M.	Literature Review	N=135	Correlative studies often presume some sort of directional influence wherein certain religions cause certain suicidal behaviors. Yet the limitation of the inability to manipulate the variables in	

				these studies suggests that results are often difficult to interpret.	
Religion and Suicide	Gearing, R.E. Lizardi, D.	Literature Review	N=71	Religion is a protective factor: moral and religious objections to suicide have a unique association with suicidal behavior	Does not offer definitions or measures for terms proscribed to be protective factors
Depression, Anxiety, and Religious Life: A Search for Mediators	Sternthal, M.J. Williams, D.R. Musick, M.A. Buck, A.C.	Quantitative: Empirical Research	N=3,103	Range of positive and negative religion dimensions and health outcomes	Population primarily Christian, largely Catholic respondents who live in the greater Chicago area. Use of cross-sectional data prevents establishing the direction of effect between religion and mental healthy
Religiosity is a protective factor against self-injurious thoughts and behaviors in Jewish adolescents: Findings from a nationally representative survey.	Amit, B.H. Krivoy, A. Mansbach-Kleinfeld, I Zalsman, G. Ponizovsky, A.M. Hoshen, M. Farbstein, I. Apter, A. Weizman, A. Shoval, G.	Cross-sectional Study	n=620	Degree of religiosity is a protective factor against self-injurious thoughts and behaviors.	Assessment of self-injurious thoughts and behaviors and interview may result in under-reporting, possibly more in the religious community. Definition of religiosity as defined by parent not adolescent as well as no differentiation between intrinsic and extrinsic
Religious Support, Motives for Having Large Families, and Psychological Functioning Among Religious Jewish Mothers	Bjorck, J. Lazar, A.	Quantitative research	N=79	Religious support from religious leaders, community, and G-d—as well as faith-focused maternal motivation—were all positively related to adaptive psychological functioning. In contrast, self-focused maternal motivation was negatively related to adaptive functioning.	One limitation concerns the measure of maternal motivation, which was developed with a focus on only two types: faith-focused and self-focused. An additional limitation of this study was its cross-sectional, correlational design, which prevents firm causal conclusions. Indeed
Religiosity, Meaning in Life and Suicidal Tendency Among Jews	Wilchek-Aviad, Y. Malka, M.	Quantitative Research	N=450	Significant and negative correlation was found between a sense of meaning in life and suicidal tendencies, beyond gender or level of religiosity	Study is limited in its ability to profoundly examine meaning in life's role as a mediating variable, since participants in the present study are dichotomously divided—religious versus secular
Religion and Suicide Risk	Lawrence, R. Oquendo, M. Stanley, B.	Systematic review	N=89 (articles)	Many studies indicate religious affiliation is protective against suicide attempts and suicide, but not suicidal ideation.	Existing studies have limitations. Religious variables often lack detail, which makes it difficult to identify the most active components of the relationship between religion and suicide risk.

Suicide in Judaism with a Special Emphasis on Modern Israel	Witztum, E. Stein, D.			The study purports to show that lesser religious affiliation is associated with both greater tolerance of suicide and greater suicidal ideation	Insubstantial evidence for the claim made in findings.
Spirituality and Religion in Youth Suicide Attempters' Trajectories of Mental Health Service Utilization: The Year before a Suicide Attempt.	Bullock, M. Nadeau, L. Renaud, J.	Mixed Methods	N=15	Spirituality/religion can have a role in these youths' service trajectories. How this confers protection or challenges needs to be clarified	The study is based on accounts from youths' perspectives only. Parents', service providers', and members of religious communities' views would provide a more comprehensive picture; and, this clinical sample cannot be generalized to a community sample.
Suicide: A study in sociology	Durkheim, E.	Monograph		Seminal work on suicide from a sociological perspective. Does include research on religion including Judaism. Addresses risk and protective factors.	Does not offer specific information on the Hasidic community of N.Y.
A current perspective on suicide and attempted suicide	Mann, J.J.	Review		Hypothesized stress–diathesis model evaluating the neurobiological, psychiatric, and behavioral risk factors of suicide	Inconclusive
Personality traits as correlates of suicidal ideation, suicide attempts, and suicide completions: a systematic review	Brezo, J. Paris, J. Turecki, G.	Systematic review		Hopelessness, neuroticism, and extroversion hold the most promise in relation to risk screening for suicide.	Aggression, impulsivity, anger, irritability, hostility, and anxiety must be researched further.
Jewish Adolescent Suicide; Jewish Parents' of Orthodox Jewish Adolescents Knowledge About Adolescent Suicide and its Relationship to their Perceptions and Religious Beliefs.	Jones, E.A.	Quantitative	Parents N=116 High School Teachers N=481 General Practitioners N=404	Parents of Orthodox Jewish adolescents were found to have a low amount of knowledge about adolescents' suicide, perceived that adolescent suicide occurs less among Jewish adolescents, believed that Jewish affiliation protects against adolescent suicide. The more the parents believed Jewish affiliation protected against adolescent suicide the less they perceived suicide occurred among Jewish adolescents.	This study was non-experimental, and therefore, causality cannot be inferred between variables. This study was also exploratory in nature, as there has been little research specifically in the area of adolescent suicide among Jewish adolescents

## SECTION FOUR: THEORETICAL FRAMEWORK

This section explores theory: theory-before-research, research-before-theory, General Systems Theory, and Structural Functional Theory.

### Theory

In the glossary of *Empowerment series: Research methods for social work* (Rubin, & Babbie, 2016), theory is defined as “a systematic set of interrelated statements intended to explain some aspect of social life or enrich our sense of how people conduct and find meaning in their daily lives”. (p.629) Unlike natural sciences where certain patterns occur with such regularity that they can be considered law, social sciences deal with social elements; fluid, ever changing phenomenon. Yet despite its flexible boundaries, it doesn't operate in a state of chaos or a completely incomprehensible fashion. “Rather, social life operates within fairly regular patterns, and when carefully examined, these patterns make considerable sense.” (Berg, 2009) These observable patterns are collected, analyzed and then categorized to create the statements that build a theory. The theory can then be used as a framework, grounds for testing and hypothesizing, or a statement to be challenged. Either way, theory provides vital information to the researcher.

### Theory-Before-Research vs. Research-Before-Theory

While all researchers agree that theory is a vital component of research; researches are split as to when theory should be introduced. Frankfort- Nachmias & Nachmias (Berg, 2009), argue that “ideas and theory must come before empirical research.” (Frankfort- Nachmias & Nachmias, in Berg, 2009) The *theory- before- research model* pushes for the formation of idea, that can subsequently be tested; and then be proven or disproven. Without theory first, one may dangerously shoot the arrow and then paint the bull's eye around it. This method requires clear

enunciation of the intended goals before any ground work is done. By contrast, *research-before-theory* proponents argue that research must be done before theory can be developed. Data collection and analysis are necessary prerequisites to theory building. As stated by Merton and Merton (1968, p.157)

It is my central thesis that empirical research goes far beyond the passive role of verifying and testing theory; it does more than confirm or refute hypotheses. Research plays an active role: it performs at least four major functions, which help shape the development of theory. It initiates, it reformulates, it deflects, and it clarifies theory.

In truth, theory and research are intertwined; one gives meaning, the other challenges it; one postulates ideas, the other gives birth to new ideas, with significant consideration to the old ideas. Rather than taking a stance in either direction, Berg (2009) offers a third alternative; *spiraling*. “In the proposed approach, you begin with an idea, gather theoretical information, reconsider and refine your idea, begin to examine possible designs, reexamine theoretical assumptions, and refine these theoretical assumptions...” (p.26) Instead of researching in a linear fashion; spiraling offers begins with theory, however is constantly revisiting theory and evaluating its relevancy based on the new integrated information. And although it does start with theory-before- research; spiraling offers similar benefit to research-before- theory. This is the approach used in this Research Proposal: theory-before-research, with a spiraling factor that allows reexamination and refinement throughout the entire process.

### **General Systems Theory and Structural Functional Theory**

Theory helps the researcher create a framework. While there are many different social theories; the researcher must find the lens that most broadly and comprehensively encompasses the work. This proposal uses Systems Theory to guide its greater understanding of the Hasidic community in Borough Park and suicide. And also integrates Structural Functional Theory as a



means to identify what functions operate within the system and how they affect the rate of suicide. The following sections outline each theory and how they inform the proposed study.

### **General Systems Theory**

Von Bertalanffy (1967), an Austrian- born biologist is considered the founder of General Systems theory. He explains “General Systems Theory is intended to elaborate properties, principles, and laws that are characteristic of “systems” in general, irrespective of their particular kind.... a “system” is defined as a complex of elements in interaction. This theory provides an ability to see the dots, not as isolated incidents, but rather deeply interconnected events only separated by the invisible line not yet been drawn. Systems theory integrates “interpersonal interventions involving individuals with interventions that also engage with families, communities and other social agencies” (Payne, 2014). In systems theory, the individual is part of a great web of systems. In order to effect change, all systems must be accounted for, and the strengths harnessed to create effective change for the individual. According to Greene and Lee (2011), system theory helps solve problems without dealing with the linear cause and effect explanations.

When dealing with a tight knit community such as the Hasidic community of Borough Park, it would be irresponsible not to take into account the multiple systems simultaneously interacting. While a suicide may be the end of life for one individual; it is result of a web of social, religious, communal interactions. Because the individual, the individual’s family and friends, and the community are so deeply enmeshed; it is the researcher’s prerogative to use a theoretical framework that will broaden the picture to encompass all the nuance; that is why General Systems Theory has been chosen.

### **Structural Functionalism**

“Although structural functionalism finds its roots much earlier than systems does theory, as researchers use it today, it is based on systems theory.” (Fisher, 2011) Whereas general systems theory focuses on understanding the interrelated aspect of elements, structural functionalism provides meaning to the existence of the elements. Emile Durkheim (1983), French sociologist, and primary researcher on suicide, introduced the term “mechanical/organic solidarity”. Both mechanical and organic solidarity, although vastly different, are types of social solidarity needed to maintain the inner equilibrium of a society. In a society like the Hasidic community of Borough Park; details matter. Which shoe goes on first, what type of glasses can be worn, what kind of books are read are all details with significant value. Studying the system without understanding the structural functions would be insufficient. “Whereas the systems view often refers to the “nondescript conversion process” (Susser, in Fisher 2011), the functionalist approach deals explicitly with the steps involved from articulating requirements to fulfilling political outputs.”

Therefore, this paper combines General Systems Theory with Structural Functional Theory as its theoretical framework.

## SECTION FIVE: RESEARCH QUESTION

This section defines the research questions and delineates the hypotheses that were tested.

The research questions are the following:

- 1- *What are the community perspectives on risk and protective factors linked to suicide in the Hasidic community of Borough Park?*
- 2- *What are the community perceptions on the resources available for suicide prevention and postvention in the Hasidic community of Borough Park?*

The research questions were answered using a mixed-methods approach. The quantitative elements of the study are outlined in the following sub-questions and accompanying hypotheses:

Q1. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant characteristics?

Q1a. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant age?

H1a. Older participants are more likely to disagree or strongly disagree that sexual abuse exists in the Hasidic community of Borough Park.

H2a. Older participants are more likely to disagree or strongly disagree that suicide is prevalent in the community

H3a. Older participants are more likely to disagree or strongly disagree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.

Q1b. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant sex?

H1b. Male participants will be more likely to agree or strongly agree that religion increases the risk of suicide.

Q1c. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant affiliation?

H1c. Male participants will report fewer social interactions as positive experiences.

H2c. Formerly Hasidic participants are more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park.

H3c. Formerly Hasidic participants are more likely to agree or strongly agree that suicide is prevalent in the community.

H4c. Formerly Hasidic participants are more likely to agree or strongly agree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.

Q1d. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant relationship to individuals who have committed suicide?

H1d. Family and friends of individuals who committed suicide are more likely to select less or none of the above social interactions as positive experiences.

H2d. Family and friends of individuals who committed suicide are more likely to agree or strongly agree that suicide is prevalent in the community

H3d. Family and friends of individuals who committed suicide are more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park

H4d. Family and friends of individuals who commit suicide are more likely to agree or strongly agree that individuals who commit suicide suffer from some form of mental illness.

Q2. How do perceptions of protective factors for suicide in the Hasidic community of Borough Park vary according to participant characteristics?

Q2a. How do perceptions of protective factors for suicide in the Hasidic community of Borough Park vary according to participant age?

H1a. Older participants are more likely to agree or strongly agree that religion helps prevent suicide.

Q2b. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant affiliation?

H1b. Currently Hasidic participants are more likely to select more social interactions as positive experiences.

H2b. Currently Hasidic participants are more likely to agree or strongly agree that religion prevents suicide.

Q2c. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant residency?

H1c. Current residents of Borough Park will be more likely to agree or strongly agree that there are sufficient resources within the community to prevent and respond to suicide.

H2c. Current residents of Borough Park are more likely to select more social interactions as positive experiences.

H3c. Current residents of Borough Park are more likely to agree or strongly agree that religion prevents suicide.

Q2d. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to participant profession?

H1d. Askanim and community leaders are more likely to select more social interactions as positive experiences.

Q3. How do perceptions of resources for suicide in the Hasidic community of Borough Park vary according to participant characteristics?

Q3a. How do perceptions of resources for suicide in the Hasidic community of Borough Park vary according to participant age?

H1a. Older participants will be more likely to agree or strongly agree that the Hasidic community of Borough Park has a sufficient number of resources for suicide prevention, suicide, and suicide postvention.

Q3b. How do perceptions of risk factors for suicide in the Hasidic community of Borough Park vary according to sex?

H1b. If someone confided that they were thinking of committing suicide, female participants will be more likely to reach out to a friend or family member.

## CHAPTER SIX: RESEARCH METHODOLOGY

The Methodology section details the overarching research design, as well as the step-by-step process used to collect and analyze data.

### **Research Design**

The mixed-methods study incorporated a quantitative cross-sectional design to explore the variations in perspectives on factors related to suicide within the Hasidic community of Borough Park using the predictors age, sex, affiliation, residence, and self-identification. A qualitative phenomenological investigation was included to gain a phenomenological perspective of suicide within the Hasidic community of Borough Park.

### **Research Perspective**

Choice of research perspective is dependent on the end goal of the research. If the research goal is to amount facts, figures and statistics; a quantitative approach would be suitable. However, if an understanding of individuals, culture, and the phenomena behind the numbers are to be extracted; a qualitative approach would be necessary. “Qualitative research, thus, refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and description of thinks.” (Berg, B.L., 2009, p.3)

When researching Suicide in the Hasidic community of Borough Park, numbers currently do not exist. The community frequently disguises suicide in terminology; asphyxiation, heart attack, or undetermined and therefore makes accuracy in numbers difficult. Moreover, the researcher is directly interested in exploring the phenomena of suicide within the Hasidic community of Borough Park. The individual and communal experience. The nuance of a story of a loved one that jumped to their death, the complex fiber of the communal norms, leadership styles and

authority, risk factors, protective behaviors, and more. This type of research can only be accomplished through qualitative research.

## **Type and Subtype of Research**

### **a. Type of Research**

Mixed- methods research involves both collecting and analyzing quantitative and qualitative data. “Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone” (Creswell and Clark, 2007). Both types of data are collected, both types of data are analyzed, and then the data can either be merged, connected or embedded to yield results. The mixed- methods approach allows the researcher to combine quantitative and qualitative data to offer rich and diverse results.

Edmund Gustav Albrecht Husserl, German philosopher of the 19<sup>th</sup>-20<sup>th</sup> Century, is credited with being the founder of contemporary phenomenology. “Phenomenology emerged at the end of the 19th century to solve simultaneously a crisis in philosophy, a crisis in the human sciences and a pure and simple crisis in the sciences, when positivism was unable to answer the questions being asked of human sciences.” (Merleau Ponty, M. 1945, in Sadala, M.L., & Adorno, R. de C. F., 2002) Not sterile positivism, nor indefensible subjectivism were providing adequate answers for the ideological crises the world faced.

“Phenomenology proposes that a phenomenon be described instead of being explained or having its causal relations searched for, and it focuses on the very things as they manifest themselves”. (Sadala, M.L., et al., 2002, p.283) Husserl saw this approach as “a return to the lived world, the world of experience, which as he sees it is the starting point of all science.” (Sadala, M.L, et al., 2002) Husserl pushed for *epoche*; a suspension of judgment so that



unadulterated information and real-life experience can be gathered and analyzed. Moreover, Husserl highlighted the “*intentionality of consciousness*...consciousness is always directed toward an object. Reality of an object, then, is inextricably related to one’s consciousness of it... The reality of an object is only perceived within the meaning of the experience of an individual.” (Payne, M., 2014, p.109) Learning to listen and observe, while bracketing one’s own preconceived notions is a difficult task. One the researchers of this article will undertake to stay true to the Phenomenological Methodology.

### **b. Subtype of Research**

Phenomenological research is primarily divided into hermeneutical and transcendental / psychological phenomenology.

### **Hermeneutical Phenomenology**

Hermeneutical phenomenology according to van Manen (1990, in Payne, 2014) “describes research as oriented toward lived experience (phenomenology) and interpreting the “texts” of life (hermeneutics; p. 4) .... Phenomenology is not only a description but it is also an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences.” Hermeneutical phenomenology recognizes the enmeshment of the researcher and the research, and intentionally makes use of this. Through the use of interviews and various forms of texts the researcher attempts to understand the phenomena before it has been theorized. While this is a nearly impossible task, it is eloquently summarized by van Manen (2016):

In looking back at the landscape of phenomenological thought, we discern a series of mountains and mountain ranges from which certain views are afforded to those who are willing to make the effort scaling the sometimes challenging and treacherous ascents and descents. Phenomenology does not let itself be seductively reduced to a methodical schema or an

interpretive set of procedures. Indeed, relying on procedural schemas, simplified inquiry models, or a series of descriptive-interpretive steps will unwittingly undermine the inclination for the practitioner of phenomenology to deepen himself or herself in the relevant literature that true research scholarship requires, and thus acquire a more authentic grasp of the project of phenomenological thinking and inquiry (p.22).

### **Empirical/Transcendental/Psychological Phenomenology**

Unlike Hermeneutical Phenomenology, Empirical/Transcendental/Psychological Phenomenology concerns itself less with the interpretations of the researcher, and focuses primarily on the description of the experiences of participants. Harnessing Husserl's *epoche and/or bracketing*, investigators set aside their own experiences as much as possible, and bracket their limitations when necessary. Based on the above, Moustakas (1994, in Payne, 2016), espouses that "transcendental means "in which everything is perceived freshly, as if for the first time" (p.34). And although both types of phenomenological research attempt to understand a phenomenon in its original form; the latter heavily filters out the interpretation of the researcher. While this degree of fairness is difficult; Moustakas provides a structure that guides the researcher in attempting to reach the greatest impartiality. This structure will be integrated in all subsequent sections of the Methodology Section.

Because the researcher is returning to her native community, Transcendental Phenomenology is imperative. It is imperative that the narrative of the participants do not get overshadowed by the native that has also been immersed in the culture and phenomena. In studying the phenomena of suicide within the Hasidic community of Borough Park, the researcher will be focused on creating *textural (what participants experienced)* and *structural (how they experience it in terms*

*of context) description* based on the accounts of the participants. And to reduce, the likelihood of bias, the researcher will rely heavily on *epoche and/or bracketing*.

### **Context for the Study**

In the words of Tevye, main character of *Fiddler on the Roof* (Jewison, N. 1971, Act 1), “Because of our traditions, we’ve kept our balance for many, many years. Here in Anatevka, we have traditions for everything. How to sleep. How to eat. How to work. How to wear clothes...”

While it has been many years since the Jew has lived in the classic “*Shtetl*” (Jewish village), there are numerous enclaves in Borough Park that house specifically and predominantly Hasidic communities. This study focused on the Hasidic community of Borough Park for two reasons:

- a. One strong indicator of the demographics of a community is language. “In the early years of the twenty-first century, it became evident that in sharp contrast to the Lithuanian-based standard pronunciation of twentieth-century Yiddish culture, and the academic revival of the last century’s final decades, the Yiddish of the future has begun to emerge largely from southern-based Hasidic communities such as Bobov, Munkatsh, Vizhnits, and Satmar...” (Katz, 2011, p.3) In the Census 2000, the zip code 11219, a predominantly Hasidic neighborhood in Borough Park, ranked Yiddish as the most commonly used language. Although it is important to note the information is two decades old, the neighborhood has only continue to flourish as a Hasidic hub.
- b. There are other, more densely populated Hasidic communities such as New Square, and Monroe; however, the Borough Park community has a unique characteristic; heterogeneity. Unlike the other communities, Borough Park, is home to various different groups of Hasidim. They house the Hungarian, along the Galitzianer; the Polish,

alongside the Russian; distinct, yet blended. While the synagogues, schools, and nuanced theology may differ; the local parks, groceries, and ritual baths are commonly shared.

The diversity within the community is ideal for capturing a more comprehensive understanding of the phenomenon suicide.

## **Operationalization, Data and Subjects**

### **Operationalization**

The following is the operationalization of the three variables being tested: risk factors, protective factors, and resources.

- 1- **Risk factors.** Risk factors are any factors that contribute to an increase in risk of suicide. Risk factors include direct risk factors such as previous suicide attempts, as well as indirect risk factors such as communal alienation that may lead to depression, isolation, and loneliness. The survey on suicide included questions that ask how specific social, religious, and personal factors may or may not be considered risk factors. Both Likert scale questions, as well as open-ended questions are included.
- 2- **Protective factors.** Protective factors are any factors that contribute to a decrease in risk of suicide. Protective factors include direct protective factors such as suicide prevention services, as well as indirect protective factors such as cultural and religious beliefs. The survey on suicide included questions that ask how specific social, religious, and personal factors may or may not be considered protective factors. Both Likert scale questions, as well as open-ended questions are included.
- 3- **Resources.** Resources are any and all available useful information on suicide available to the Hasidic community of Borough Park. Resources include information

for suicide prevention, suicide crisis, and suicide postvention. The survey on suicide included both Likert- scale questions as well open-ended question to determine what resources are available.

## **Data**

There were two sets of data generated by the research one being quantitative the other qualitative.

The quantitative data was generated through a google survey form, exported to Excel, organized into a data set and then statistically analyzed using STATA BE. The results included both the descriptive analysis as well as inferential analysis of the data and were organized according to the predictor variables.

The qualitative data was generated through the interviewing of 20 self-selected voluntary participants. Although 87 participants agreed to be interviewed, the first 20 to respond to the follow up email were selected. The number 20 has been chosen because it met and exceeded the thematic saturation rate desired for qualitative research (Guest, Namey, & Chen, 2020).

Participants were interviewed and recorded using Zoom or TapeACall, depending on their preference. They were sent a copy of the consent form prior to the meeting, and the interviewer reviewed the consent form and obtained verbal consent to conduct, record, transcribe, and use the information from the interview. The audio recordings were saved as mp4 files and transcribed using the service of Amazon Transcribe (AWS). Once the transcriptions were completed the mp4 files were deleted to protect the privacy of the participants. All the information was downloaded into Word, and then coded according to the grounded theory method; open coding, axial coding, and selective coding.

## **Subjects**

The sample size for this mixed-methods approach was estimated to meet the power requirements of the quantitative analyses and exceeded the sample size requirements of the phenomenological approach. An a priori power analysis was conducted to determine the necessary sample size to identify a moderate to large relationship among the five individual characteristic variables (age, sex, profession, affiliation, and residency). The parameters were set for a probability level of .05, anticipated effect size  $f^2$  of .35, and a desired power level of .80 resulting in a required sample size of 100.

The participants for the quantitative research were selected using purposive sampling and snowball sampling, while the participants for the qualitative data were self-selected. Despite the limitations, such as lack of wide generalizability, this sampling allows “researchers (to) use their special knowledge or expertise about some group to select subjects who represent this population” (Berg, B.L., 2009, p.50-51). Based on the purpose of the research, it was important for the researcher to be able to identify primary participants. Moreover, the research is meant to highlight a unique population that doesn’t necessarily follow patterns of generalizability for many other reasons aside sampling.

## **Measures**

An online survey with open -ended interviews was used for the collection of data. The online survey used a combination of scales to measure the relationship between predictor variables age, sex, affiliation, residency, self-identification. The survey offered the opportunity for participants to follow up with an interview. The survey data was analyzed using descriptive and inferential analyses, while the open-ended questions from the survey as well as the interview data was will thematically analyzed.

“Interviewing is at the core of social work practice and is the most consistently and frequently employed social work technique.... the advantages of interviewing as a data-collection method are related primarily to naturalness and spontaneity, flexibility, and control of the environment. Combined with a high response rate...” (Grinnell Jr., & Unrau, 2014, p.390). The above eloquently summarizes the choice of measure. A topic as sensitive as suicide should be addressed in a manner that gives the participant the comfortability and flexibility needed to express the phenomenon as individually experienced. Additionally, interviewing is personal, and time specific; two components that increase the response rate. It is because of the above mentioned that interviewing was the measure used.

## **Procedures**

### **Data Collection**

The quantitative data was be collected via an anonymous online survey with the option of a hard copy being mailed to respondents. One survey was created in English using Google Forms and an independent translator was hired and privately paid to translate the text from English to Yiddish. A third-party volunteer read and edited the texts to ensure the accuracy of the translation. Additionally, the researcher, who is fluent in both languages rechecked and further edited the text to ensure the accuracy of the translation.

Solicitations were sent through WhatsApp, Facebook, Facebook messenger, iPhone messages, and email. A brief message (appendix 1c) was sent out with the name of the researcher, a brief description of the research being done, assurance of the anonymity and confidentiality of the survey, and a links to the English and Yiddish survey. Participants gave consent by voluntarily clicking on the link, filling out the questionnaire and submitting it. The first group of participants were selected via purposive sampling from the contact list of the

researcher. The participants received one message of solicitation that was then followed up two weeks later by a similar solicitation (appendix 1d). Participants were selected because of their affiliation, residence, and self-identification. Those participants were also asked to forward the survey to others and through snowball sampling 150 individuals responded to the survey.

The quantitative data was generated through a google survey form, exported to Excel, organized into a data set and then statistically analyzed using STATA BE. The results included both the descriptive analysis as well as inferential analysis of the data and were organized according to the predictor variables.

The following is the procedure for data collection through use of interview. The survey had two questions at the end that allowed participants to opt in to the follow up interview and to provide proper contact information. 87 participants provided their contact information and consented to being interviewed. Some participants provided email addresses, while others provided phone numbers. The participants were sent an email or WhatsApp message (appendix 2b) that included a letter of consent (appendix 2e) as well as a link to the Calendly app where they were able to choose a time slot for the Zoom or phone meeting. Participants were sent an automated thank you letter (appendix 2c) along with notification that all their personal information, including their email address would be deleted and no further contact would be made by the researcher. Participants that did not initially respond to the first email, were sent a follow up correspondence (appendix 2d) two weeks later inquire whether they were still interested in being interviewed. The total number of interviews obtained for this research study were 20. Participants were interviewed and recorded using Zoom or TapeACall, depending on their preference. They were sent a copy of the consent form prior to the meeting, and the interviewer reviewed the consent form and obtained verbal consent to conduct, record, transcribe, and use the information from the interview. The audio recordings were saved as mp4



files and transcribed using the service of Amazon Transcribe (AWS). Once the transcriptions were completed the mp4 files were deleted to protect the privacy of the participants. All the information was downloaded into Word, and then coded according to the grounded theory method; open coding, axial coding, and selective coding.

### **Interview Questions**

Moustakas (1994) strongly emphasized the need for open-ended questions that will lead to a textual and structural description of the phenomenon. With his advice, a list of questions has been compiled. The first two questions are directly from Moustakas (1994) as recorded in Payne (2014), while the others follow a logical sequence based on the original research question. Please refer to appendix B for the extensive list of questions.

### **Data Analyzation**

In an attempt to most accurately analyze the data; a more cumulative approach had been selected over a single theory. The mixed-methods approach permitted a statistical examination of suspected associations between individual characteristics and perspectives of risk and protective factors, and community resources within the Hasidic community of Borough Park. The qualitative inquiry provided a depth of information on suicide within the Hasidic community that has not previously been explored. The novel qualitative information informed the quantitative results and provided novel avenues of research inquiry for future studies.

The quantitative analysis of this data is outlined by hypotheses and depicted in Table 2. Data cleaning was performed first. A missing data analysis was conducted to identify missing data and determine if subjects need to be removed from the study or if a missing data approach needed to be applied. There was no missing data and no subjects needed to be removed. The sample demographics was identified using descriptive statistics, and the predictor variables along

with dependent variables were analyzed using inferential statistics. A total of 21 hypotheses derived from three research questions with 10 sub-questions were addressed using chi-squares, *t*-tests, and binary and ordinal regressions.

The explicit list of qualitative methods is both intertwined, as well as layered. Intertwined because they were all built for phenomenological research; layered because each researcher used the previous one to further enhance, not negate, the proposed method. Therefore, building on Husserl's phenomenological approach, the data being collected and analyzed draws on the Duquesne Studies in Phenomenological Psychology (e.g., Giorgi, Giorgi & Morley, 2017) and the data analysis procedures of Van Kaam (1966) and Colaizzi (1978), as illustrated by Moustakas (1994) and clearly synthesized by Payne (2014).

Of the defining features of phenomenological research as defined by Moustakas, (1994), is a "data analysis that can follow systematic procedures that move from the narrow units of analysis (e.g., significant statements), and on to broader units (e.g., meaning units), and on to detailed descriptions that summarize two elements: "what" the individuals have experienced and "how" they have experienced it (as cited in Payne, 2014). Comparatively, "all three psychologists (van Kaam, Giorgi and Colazzi) employ a similar series of steps: (a) the original descriptions are divided into units, (b) the units are transformed by the researcher into meanings that are expressed in psychological and phenomenological concepts and (c) these transformations are combined to create a general description of the experience (Dowling, 2007). In combining the above, the following steps were taken to analyze the data.

- 1- Bracketing/Phenomenological Reduction. The researcher suspended their own presuppositions, biases, assumptions, theories and previous experiences with suicide in the Hasidic community of Borough Park

- 2- Data Immersion: “reading and re-reading the transcribed interviews and listening to the recorded interviews so that they can hear the tone and timbre of the voices. The goal at this stage is to get a sense of the whole” Grossoehme, 2014).
- 3- Using Excel and Word the text was grouped and coded.
- 4- Meaning units were clustered into categories that gave greater understanding to the phenomena in phenomenological terms.
- 5- Based on the categories, general descriptions were given to the specific phenomena. Unlike hermeneutical phenomenology, the researcher did not theorize and integrate personal information; rather broader description was solely based on the collective personal experience of the research participants.

**Table 2.**  
**Data Analysis**

<b>Hypothesis</b>	<b>Variable Name</b>	<b>Definition</b>	<b>Level of Measurement</b>	<b>Variable Use</b>	<b>Analysis</b>
1. Older participants are more likely to disagree or strongly disagree that sexual abuse exists in the Hasidic community of Borough Park.	Age	Age reported in years	Continuous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Sexual abuse in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
2. Older participants are more likely to disagree or strongly disagree that suicide is prevalent in the community	Age	Age reported in years	Continuous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Suicide in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
3. Older participants are more likely to disagree or strongly disagree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.	Age	Age reported in years	Continuous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	LGBTQIA isolation in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	

Hypothesis	Variable Name	Definition	Level of Measurement	Variable Use	Analysis
4. Male participants will be more likely to agree or strongly agree that religion increases the risk of suicide.	Sex	0=female 1=male	Dichotomous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Religion as risk for suicide	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
5. Male participants will report fewer social interactions as positive experiences.	Sex	0=female 1=male	Dichotomous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Social interactions positive	0=no 1=yes	Dichotomous/nominal	Dependent	
6. Formerly Hasidic participants are more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park.	Affiliation	(Formerly Hasidic) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Sexual abuse in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
7. Formerly Hasidic participants are more likely to agree or strongly agree that suicide is prevalent in the community.	Affiliation	(Formerly Hasidic) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Suicide in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
8. Formerly Hasidic participants are more likely to agree or strongly agree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.	Affiliation	(Formerly Hasidic) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	LGBTQIA isolation in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	

**Table 1 Continued.**  
**Data Analysis**

**Table 2 Continued.**  
**Data Analysis**

Hypothesis	Variable Name	Definition	Level of Measurement	Variable Use	Analysis
9. Family and friends of individuals who committed suicide are more likely to select less or none of the above social interactions as positive experiences.	Relation to suicide victims	(Family or Friend) 0=no 1=yes	Dichotomous/ordinal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Social interactions positive (None of the above)	0=no 1=yes	Dichotomous/ordinal	Dependent	
	Social interactions positive	Total count of social interactions 1-8	Continuous	Dependent	
10. Family and friends of individuals who committed suicide are more likely to agree or strongly agree that suicide is prevalent in the community	Relation to suicide victims	(Family or Friend) 0=no 1=yes	Dichotomous/ordinal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Suicide in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
11. Family and friends of individuals who committed suicide are more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park	Relation to suicide victims	(Family or Friend) 0=no 1=yes	Dichotomous/ordinal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Sexual abuse in Hasidic community	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
12. Family and friends of individuals who commit suicide are more likely to agree or strongly agree that individuals who commit suicide suffer from some form of mental illness.	Relation to suicide victims	(Family or Friend) 0=no 1=yes	Dichotomous/ordinal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Mental illness and suicide	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
13. Older participants are more likely to agree or strongly agree that religion helps prevent suicide.	Age	Age reported in years	Continuous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Religion as protection against suicide	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	

**Table 2 Continued.**  
**Data Analysis**

Hypothesis	Variable Name	Definition	Level of Measurement	Variable Use	Analysis
14. Currently Hasidic participants are more likely to select more social interactions as positive experiences.	Affiliation	(Currently Hasidic) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Social interactions positive	Total count of social interactions 1-8	Continuous	Dependent	
15. Currently Hasidic participants are more likely to agree or strongly agree that religion prevents suicide.	Affiliation	(Currently Hasidic) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Religion as protection against suicide	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
16. Current residents of Borough Park will be more likely to agree or strongly agree that there are sufficient resources within the community to prevent and respond to suicide.	Affiliation	(Current residents of Borough Park) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Resources	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
17. Current residents of Borough Park are more likely to select more social interactions as positive experiences.	Affiliation	(Current residents of Borough Park) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Social interactions positive	Total count of social interactions 1-8	Continuous	Dependent	

**Table 2 Continued.**  
**Data Analysis**

Hypothesis	Variable Name	Definition	Level of Measurement	Variable Use	Analysis
18. Current residents of Borough Park are more likely to agree or strongly agree that religion prevents suicide.	Affiliation	(Current residents of Borough Park) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Religion as protection against suicide	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
19. Askanim and community leaders are more likely to select more social interactions as positive experiences.	Affiliation	(Askanim or community leader) 0=no 1=yes	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Social interactions positive	Total count of social interactions 1-8	Continuous	Dependent	
20. Older participants will be more likely to agree or strongly agree that the Hasidic community of Borough Park has a sufficient number or resources for suicide prevention, suicide, and suicide postvention.	Age	Age reported in years	Continuous	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Resources	Linear scale 1-5 (5=Strongly agree)	Ordinal	Dependent	
21. If someone confided that they were thinking of committing suicide, female participants will be more likely to reach out to a friend or family member.	Sex	0=female 1=male	Dichotomous/nominal	Independent	Binary or ordinal regression controlling for sex, age, affiliation, residence, and self-Identification
	Relation to suicide victims	(Family or Friend) 0=no 1=yes	Dichotomous/nominal	Dependent	

### Protection of human subjects and Ethical Concerns

To protect the rights of those involved in the research participants were coded using numbers and all identifying factors were deleted. All the data was stored securely on a



computer that required multifactor authentication which the researcher had sole access to. All audio files and transcriptions were deleted once the analysis had been completed.

## CHAPTER SEVEN: RESULTS

### Introduction

This section of the dissertation provides the results of the mixed methods research. The results are a combination of the qualitative and quantitative data from the online survey on Suicide in the Hasidic Community of Borough Park, as well as the individual voluntary interviews. The quantitative data is presented first, followed by the qualitative data.

### Quantitative Data Results

The data was generated through a google survey form, exported to Excel and organized into a data set and then statistically analyzed using STATA BE. The following results include both the descriptive analysis as well as inferential analysis of the data and organized according to the predictor variables. The five main predictor variables were age, sex, residence, affiliation, and self-identification. The original hypotheses are included in a table that indicate whether the null hypothesis has been accepted or rejected.

#### **Descriptive Statistics.**

##### ***Predictor Variables: Age, Sex.***

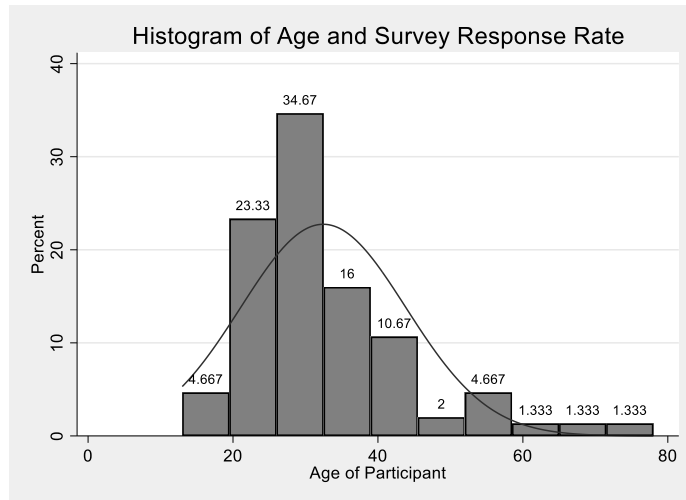
There was a total of 150 respondents ranging from age 18 to age 78 with a mean age of 33 (SD= 11.29) (table 3). There were 78 male respondents, 70 female respondents, and 2 preferred not to share (table 4). As seen in the histogram (figure 2), the older the individual, the less likely they are to fill out the survey. Additionally, there was a relationship between age and language (figure 3). The survey was available in Yiddish and English, with Yiddish being more likely to be used by older participants, and English being used by younger participants.

**Table 3***Population Age Descriptive Statistics*

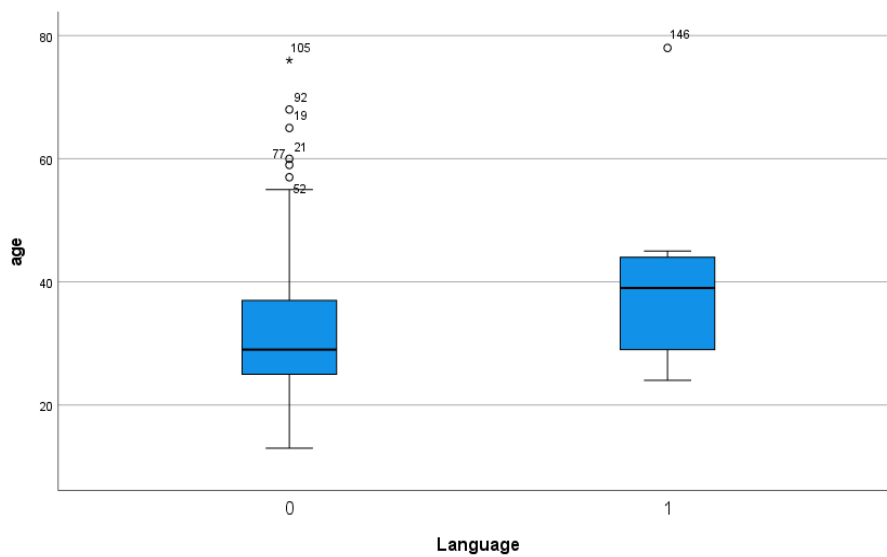
age				
	Percentiles	Smallest		
1%	18	18		
5%	21	18		
10%	22	18	Obs	150
25%	25	19	Sum of wgt.	150
50%	29		Mean	32.58
		Largest	Std. dev.	11.29012
75%	37	65		
90%	48.5	68	Variance	127.4667
95%	55	76	Skewness	1.585932
99%	76	78	Kurtosis	5.859611

**Table 4***Population's Sex Descriptive Statistics*

Sex	Frequency	Percent	Valid Percent	Cumulative Percent
Male	78	52.0	52.0	52.0
Female	70	46.7	46.7	98.7
Prefer not to share	2	1.3	1.3	100.0
Total	150	100.0	100.0	

**Figure 2***Population Age Descriptive Statistics*

*Note:* This is a histogram with a normal curve that highlights older individuals were less likely to complete the survey.

**Figure 3***Population Age and Language Descriptive Statistics*

*Note:* This box plot is a description of the relationship between age and language. On the x axis 0= English and 1= Yiddish.

***Predictor variables: residence, affiliation***

Residence variable had three options: currently living in Borough Park, formerly lived in Borough Park, and never lived in Borough Park. Affiliation variable had three options: currently Hasidic, formerly Hasidic, and never Hasidic. Of the 83 Hasidic participants, 41% indicated that they live in Borough Park, 42% formerly lived in Borough Park, and 9% never lived in Borough Park. Of the 29 formerly Hasidic participants, 17% currently live in Borough Park, 62% formerly lived in Borough Park, and 21% never lived in Borough Park. Of the 38 never Hasidic participants, 8% currently live in Borough Park, 32% formerly lived in Borough Park, and 61% never lived in Borough Park (table 5).

**Table 5**

*Participant Residence and Affiliation Descriptive Analysis*

Residence	Affiliation			Total
	Hasidic	Formerly Hasidic	Never Hasidic	
Borough Park	34	5	3	42
Formerly Borough Park	35	18	12	65
Never Lived in Borough Park	14	6	23	43
Total	83	29	38	150

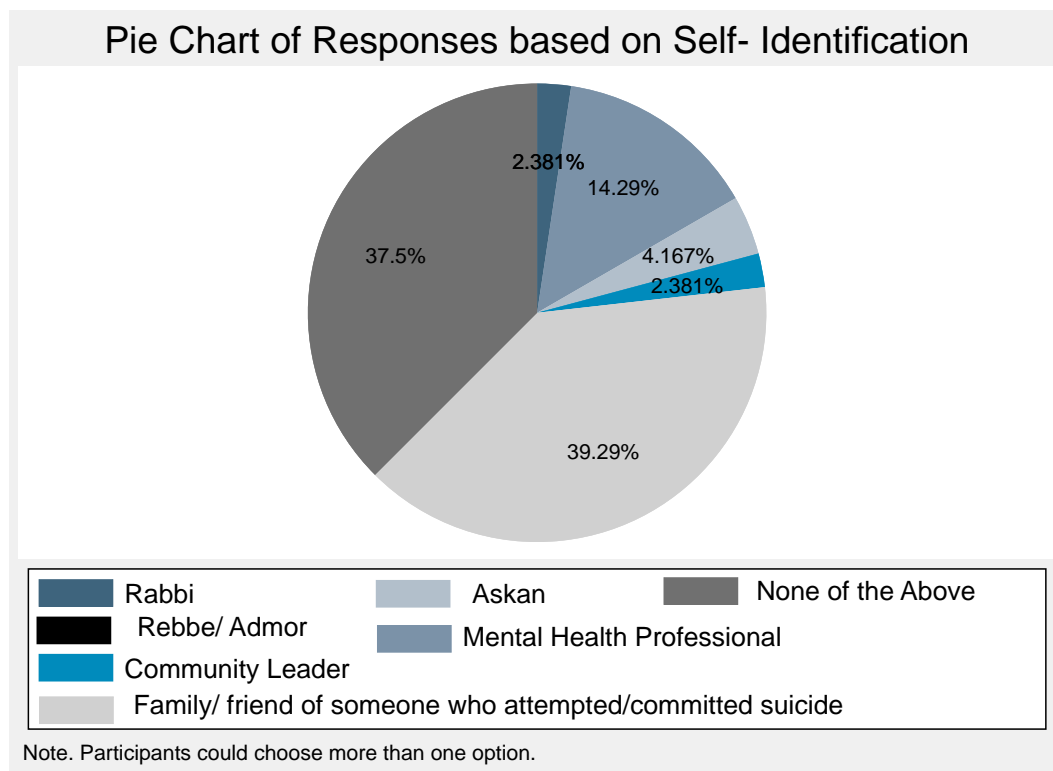
*Note:* Residence \* affiliation Crosstabulation

***Predictor Variable: Self-Identification.***

Participants had five self-identification options and participants were able to choose more than one. The choices were: Rebbe/ Admor, Rabbi, Askan, Mental Health Professional, Community Leader, Family or friend of someone who committed or attempted to commit suicide, and none of the above. As seen in the Pie Chart (Figure 4), family or friends of someone who committed or attempted to commit suicide were the largest group of participants (39.29%), followed by none of the above (37.5%). Mental health professionals comprised of 14.29% of the

participants, Askanim, 4.17%, and Rabbis and community leaders tied at 2.38%. There were no Rebbes/ Admorim who participated in the survey.

**Figure 4**



### **Inferential Statistics.**

To test the hypotheses presented in the dissertation (Table 14), statistical analyses were conducted using STATA BE. The following are the results from correlational, chi square, *t*-tests, and binary and ordinal logistical regressions. The information is presented according to the predictor variables being tested.

#### ***Predictor Variable: Age.***

A Pearson correlation coefficient was computed to assess the linear relationship between age and religion as a risk factor. There was a weak, but statistically significant negative correlation between the two variables, ( $n = 150$ ;  $r = -.202$ ,  $p = .0130$ ). The older the individual, the less likely they were to agree that religion increases the risk of suicide.

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable religious risk to assess the magnitude of influence from age within a model controlling for possible covariates; age was statistically significant (see table 6). For a one-year increase in a participant age there is a 3% decrease in the odds of agreeing that religion increases the risk of suicide (OR= .97; p =.042; CI [.942, .999]).

**Table 6**

*Ordinal Logistical Regression with Dependent variable Religious Risk*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	1.08	0.26	.796	[.59, 2.00]
age	.97	-2.04	.042	[.94, 1.00]
Formerly Hasidic	2.38	2.06	.039	[1.04, 5.41]
Never Hasidic	.91	-0.24	.808	[.41, 2.01]
Formerly Borough Park	1.23	.54	.591	[.58, 2.58]
Never Borough Park	1.33	.65	.518	[.56, 3.20]
Self- identification	2.33	2.63	.008	[1.24, 4.36]

Model  $X^2 = 22.50$ ,  $p = .0021$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable supports (see table 7). The model was statistically significant ( $x^2 = 20.67$ ,  $p = .004$ ). For a one-year increase in participants' age odds increase 5% in agreeing that the Hasidic community of Borough Park offers support and care to individuals struggling with thoughts of suicide (OR = 1.05;  $p = .043$ ; CI [1.00, 1.091]).

**Table 7**

*Binary Logistical Regression with Dependent variable Supports*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
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sex	.15	-3.01	.003	[.044, .52]
age	1.05	2.02	.043	[1.00, 1.09]
Formerly Hasidic	1.35	0.29	.699	[.29, 6.22]
Never Hasidic	2.38	1.37	.170	[.69, 8.20]
Formerly Borough Park	.98	-0.04	.967	[.30, 3.18]
Never Borough Park	.51	-0.88	.380	[.12, 2.27]
Self- identification	.24	-2.36	.018	[.07, .79]
Constant	.11	-2.55	.011	[.02, .60]

Model  $X^2 = 20.67$ ,  $p = .0043$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification with the dependent variable *Tisch* (see table 8). The overall model was statistically significant ( $x^2 = 15.5$ ,  $p = .029$ ). For every one-year increase in age the odds increase 3.3% increase in agreeing that Tisch was a social protective factor that increased positive experiences for individuals within the Hasidic community of Borough Park (OR = 1.033;  $p = .046$ ; CI [.1.001, 1.068]).

**Table 8**

*Binary Logistical Regression with Dependent variable Tisch*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	.56	-1.56	.120	[.27, 1.16]
age	1.03	2.00	.046	[1.00, 1.07]
Formerly Hasidic	.50	-1.28	.202	[.17, 1.45]
Never Hasidic	1.32	0.61	.541	[.54, 3.26]
Formerly Borough Park	.55	-1.34	.181	[.23, 1.31]
Never Borough Park	.77	-0.51	.607	[.28, 2.10]
Self- identification	.62	-1.26	.209	[.30, 1.30]
constant	.53	-0.98	.328	[.15, 1.90]

Model  $X^2 = 15.59$ ,  $p = .0291$ .

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable



Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

A binary logistical regression was computed with the predictors age, sex, residence, and self-identification, with the dependent variable affiliation; Hasidic. The overall model was statistically significant ( $\chi^2 = 28.64$ ,  $p < .001$ ). For every one-year increase in age participants odds increase 4% in reporting being Hasidic (OR= 1.04;  $p = .033$ ; CI [ 1.003, 1.077]).

***Predictor Variable: Sex.***

A chi square test was conducted identifying a statistically significant difference according to sex ( $\chi^2=17.929$ ,  $p<.001$ ). Of the female participants, 63% were less likely to identify shul as a social protective factor, while 72% of the male participants were more likely to identify shul as a social protective factor.

A *t*-test was computed identifying a statistically significant difference according to sex ( $t = 2.72$ ;  $p = .004$ ). Male participants ( $M = .23$ ;  $SD = .42$ ;  $n = 78$ ) were more likely to agree that suicide is a prevalent issue in the Hasidic community of Borough Park than female participants ( $M = .07$ ;  $SD = .03$ ;  $n = 70$ ).

A chi square test was computed identifying a statistically significant difference according to sex ( $\chi^2 = 4.0653$ ,  $p = .044$ ). Of the female participants ,70% were likely to identify the mentally ill as a group of individuals that suffer the most isolation and loneliness within the Hasidic community of Borough Park, while 46% of the male participants were less likely to identify the mentally ill as a group of individuals that suffer the most isolation and loneliness within the Hasidic community of Borough Park.

A binary logistical regression was run with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable supports (table 7). The model was statistically significant ( $\chi^2 = 20.67$ ,  $p = .004$ ). Female participants' odds decrease 85% in

agreeing that the Hasidic community of Borough Park offers support and care to individuals struggling with thoughts of suicide (OR = .150;  $p = .003$ ; CI [.044, .516]).

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable prevalence (see table 9). The overall model was statistically significant ( $\chi^2 = 49.22$ ,  $p = .000$ ). Female participants' odds decrease 49% in agreeing that suicide is a prevalent issue in the Hasidic community of Borough Park (OR = .51;  $p = .039$ ; CI [.266, .965]).

**Table 9**

*Ordinal Logistical Regression with Dependent variable Prevalence*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	.51	-2.07	.039	[.27, .96]
age	1.02	1.44	.151	[.99, 1.05]
Formerly Hasidic	2.62	2.14	.032	[1.08, 6.31]
Never Hasidic	.52	-1.57	.116	[.23, 1.175]
Formerly Borough Park	1.15	0.36	.720	[.53, 2.52]
Never Borough Park	2.03	1.53	.127	[.82, 5.04]
Self-identification	6.57	5.38	.000	[3.31, 13.04]

Model  $\chi^2 = 49.22$ ,  $p = .00$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable shul (see table 10). The overall model was statistically significant ( $\chi^2 = 33.66$ ,  $p < .001$ ). Female participants' odds decrease 80% in reporting that shul was a social protective factor that increased positive experiences for individuals within the Hasidic community of Borough Park (OR = .194;  $p < .001$ ; CI [.089, .425]).

**Table 10**

*Binary Logistical Regression with Dependent variable Shul*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	.19	-4.10	.000	[.09, .43]
age	1.00	0.39	.695	[.97, 1.04]
Formerly Hasidic	.23	-2.76	.006	[.08, .65]
Never Hasidic	.99	-0.01	.990	[.38, 2.63]
Formerly Borough Park	1.35	0.65	.516	[.54, 3.35]
Never Borough Park	.99	-0.03	.980	[.33, 2.94]
Self- identification	.514	=1.67	.095	[.24, 1.12]
Constant	3.50	1.76	.079	[.87, 14.12]

Model  $X^2 = 33.66$ ,  $p = 0.000$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

***Predictor Variable: Residence.***

There have been no statistically significant findings with the predictor variable *Residence*.

***Predictor Variable: Affiliation.***

A chi square was computed identifying a statistically significant difference according to affiliation ( $\chi^2 = 17.0818$ ,  $p < .001$ ). Of the Hasidic participants, 59% were more likely to agree that the Hasidic community of Borough Park is diverse, while 76% formerly Hasidic and 74% of never Hasidic the participants were less likely to agree that the Hasidic community of Borough Park is diverse.

A chi square was computed identifying a statistically significant difference according to affiliation ( $\chi^2 = 8.9903$ ,  $p = .011$ ). Of the formerly Hasidic or never Hasidic participants, 76% were more likely to agree that the Hasidic community of Borough Park has tight boundaries that separate them from neighboring communities, while 48% of the participants that identified as

Hasidic were less likely to agree that the Hasidic community of Borough Park has tight boundaries that separate them from neighboring communities.

A *t*-test was computed, identifying a statistically significant difference according to affiliation ( $t = -2.9930$ ,  $p = .003$ ). Former Hasidic participants ( $M = 4.172414$ ;  $SD = 1.0$ ;  $n = 29$ ) were more likely to agree that suicide is a prevalent issue in the Hasidic community of Borough Park than Hasidic participants. ( $M = 3.5$ ;  $SD = 1.08$ ;  $n = 121$ ).

A chi square was computed identifying a statistically significant difference according to affiliation ( $\chi^2 = 6.8452$ ,  $p = .033$ ). 66 % of the formerly Hasidic participants were more likely to identify as a family or friend of someone who has committed or attempted suicide, while 60% of the Hasidic participants or 63% never Hasidic participants were less likely to identify as a family or friend of someone who has committed or attempted suicide.

A *t*-test was computed, identifying a statistically significant difference according to affiliation ( $t = 2.5348$ ,  $p = .006$ ). Former Hasidic Participants were less likely to identify social activities within the Hasidic community of Borough Park as protective factors ( $M = 3.00$ ,  $SD = 2.7$ ;  $n = 29$ ) than Hasidic participants ( $M = 4.4$ ;  $SD = 2.3$ ;  $n = 121$ ).

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self- identification, with the dependent variable religious risk; affiliation was statistically significant (table 6). Former Hasidic participants odds increase 138% in agreeing that religion increases the risk of suicide ( $OR = 2.38$ ;  $p = .039$ ;  $CI [ 1.043, 5.409]$ ).

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self- identification, with the dependent variable diverse (see table 11). The overall model was statistically significant ( $\chi^2 = 22.39$ ,  $p = .002$ ). Formerly Hasidic participants' odds decrease 69 % in agreeing that the Hasidic community of Borough Park is diverse ( $OR =$

.313;  $p = .024$ ; CI [.114, .857]). Never Hasidic participants' odds decrease 70% in agreeing that the Hasidic community of Borough Park is diverse (OR =.297;  $p =.013$ ; CI [.115, .771]).

**Table 11**

*Binary Logistical Regression with Dependent variable Diversity*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	.58	-1.44	.151	[.28, 1.22]
age	1.03	1.69	.091	[1.00, 1.07]
Formerly Hasidic	.31	-2.26	.024	[.11, .86]
Never Hasidic	.30	-2.49	.013	[.11, .77]
Formerly Borough Park	.68	-0.90	.370	[.29, 1.59]
Never Borough Park	.90	-0.21	.836	[.32, 2.53]
Self- identification	.73	-0.81	.416	[.35, 1.55]
Constant	.89	-0.17	.865	[.24, 3.34]

Model  $X^2$  22.39,  $p = 0022$ .

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female.Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self- identification, with the dependent variable prevalence (see table 9). The overall model was statistically significant ( $x^2 = 49.22$ ,  $p =.000$ ). Former Hasidic participants' odds increase 162% in agreeing that suicide is prevalent in the Hasidic community of Borough Park suicide (OR = 2.62;  $p = .032$ ; CI [1.084, 6.313]).

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable shul (see table 10). Formerly Hasidic participants' odds decrease 77% in agreeing that shul was a social protective factor that increased positive experiences for individuals within the Hasidic community of Borough Park (OR =.230;  $p =.006$ ; CI [.081, .653]).

A binary logistical regression was computed with the predictors age, sex, affiliation, residence with the dependent variable self-identification. The overall model was statistically significant ( $\chi^2 = 13.65$ ,  $p = .034$ ). Formerly Hasidic participants' odds increase 160% times in agreeing that they were family or friends of someone who committed suicide (OR = 2.605;  $p = .045$ ; CI [1.022, 6.638]).

A binary logistical regression was computed with the predictors age, sex, affiliation, and self-identification, with the dependent variable Borough Park. The overall model statistically significant ( $\chi^2 = 19.07$ ,  $p = .002$ ). Formerly Hasidic participants' odds decrease 70% in reporting that they were from Borough Park (OR = .302;  $p = .033$ ; CI [.100, .905]). Never Hasidic participants' odds decrease 77% in reporting that they were from Borough Park (OR = .128;  $p = .002$ ; CI [.035, .460]).

***Predictor Variable: Self-Identification.***

A *t*-test was conducted, identifying a statistically significant difference according to self-identification ( $t = -5.3611$ ,  $p < .001$ ). Individuals who identified as family or friend of someone who has committed or attempted suicide ( $M = 4.14$ ,  $SD = 1.04$ ;  $n = 66$ ) were likely to report that suicide is prevalent in the community than other participants ( $M = 3.25$ ;  $SD = .98$ ;  $n = 84$ )

A *t*-test was computed, identifying a statistically significant difference according to self-identification ( $t = -3.7105$ ,  $p < .001$ ). Individuals who identified as family or friend of someone who has committed or attempted suicide ( $M = 2.86$ ;  $SD = 1.52$ ;  $n = 66$ ) were likely to report that religion increases the risk of suicide than other participants ( $M = 2.07$ ;  $SD = 1.10$ ;  $n = 84$ ).

A *t*-test was computed, identifying a statistically significant difference according to self-identification ( $t = 3.2557$ ,  $p < .001$ ). Individuals who identified as family or friend of someone who has committed or attempted suicide ( $M = 2.70$ ,  $SD = 1.32$ ;  $n = 66$ ) were likely to report that religion does not help prevent suicide than other participants ( $M = 3.37$ ;  $SD = 1.21$ ;  $n = 83$ ).

A chi square test was computed identifying a statistically significant difference according to self-identification ( $\chi^2=5.4633$ ,  $p = .019$ ). 92% of participants that identified as family or friend of someone who has committed or attempted suicide were more likely to report that the Hasidic community of Borough Park does not offer support and care to individuals struggling with thoughts of suicide, while 21% of the other participants were more likely to report that the Hasidic community of Borough Park does offer support and care to individuals struggling with thoughts of suicide.

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification with the dependent variable religious risk; self-identification was statistically significant (table 6). Family or friends of someone who committed suicide odds increase 133% of agreeing that religion increases the risk of suicide (OR= 2.33;  $p = .008$ ; CI [1.241, 4.360]).

A binary logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification with the dependent variable supports (table 7). The model was statistically significant ( $\chi^2 = 20.67$ ,  $p = .004$ ). Family or friends of someone that committed or attempted suicide odds decrease 76% in agreeing that the Hasidic community of Borough Park offers support and care to individuals struggling with thoughts of suicide (OR = .243;  $p = .018$ ; CI [.075, .788]).

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable prevalence (see table 9). Family or friends of someone who committed or attempted suicide odds increase 557% in agreeing suicide is a prevalent issue in the Hasidic community of Borough Park (OR= 6.57;  $p < .001$ ; CI [3.312, 13.043]).

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification with the dependent variable sexual abuse (see table 12). The overall model was statistically significant ( $\chi^2 = 16.28$ ,  $p = .023$ ). Family or friend of someone who has committed or attempted suicide odds increased 237% in agreeing that sexual abuse exists within the Hasidic community of Borough Park (OR= 3.37;  $p = .003$ ; CI [1.511, 7.53]).

**Table 12**

*Ordinal Logistical Regression with Dependent variable Sexual Abuse*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
sex	1.91	1.68	.092	[.90, 4.07]
age	.98	-1.50	.133	[.95, 1.01]
Formerly Hasidic	.97	-0.05	.962	[.33, 2.86]
Never Hasidic	.75	-0.62	.532	[.30, 1.87]
Formerly Borough Park	.74	-0.62	.534	.29, 1.89]
Never Borough Park	.92	-0.14	.887	[.31, 2.74]
Self- identification	3.37	2.97	.003	1.51, 7.53]

Model  $\chi^2 = 16.28$ ,  $p = .0226$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

An ordinal logistical regression was computed with the predictors age, sex, affiliation, residence, and self-identification, with the dependent variable religion protects (see table 13). The overall model was statistically significant ( $\chi^2 = 19.37$ ,  $p = .007$ ). Family or friend of someone who has committed or attempted suicide odds decreased 57% in agreeing that religion is a protective factor against suicide in the Hasidic community of Borough Park (OR= .433;  $p = .008$ ; CI [.232, .807]).

**Table 13**

*Ordinal Logistical Regression with Dependent variable Religion Protects*

Covariate	Odds Ratio	z-score	Significance	Confidence Interval
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sex	.67	-1.25	.212	[.36, 1.25]
age	1.02	1.69	.090	[.99, 1.05]
Formerly Hasidic	.614	-1.17	.241	[.27, 1.39]
Never Hasidic	.91	-0.23	.821	[.418, 2.00]
Formerly Borough Park	.62	-1.28	.199	[.30, 1.29]
Never Borough Park	1.06	0.13	.900	[.44, 2.58]
Self- identification	.43	-2.63	.008	[.23, .81]

Model  $X^2 = 19.37$ ,  $p = .0071$

*Note:* Variable Sex= Female is compared to Male. Variable Sex= 0=Male, 1= Female. Variable Affiliation = Formerly Hasidic and Never Hasidic are compared to Hasidic group. Variable Affiliation = 0= Hasidic, 1= Formerly Hasidic, and 2= Never Hasidic. Variable Residence = Formerly Borough Park and Never Park are compared to Borough Park group. Variable Residence= 0= Borough Park, 1= Formerly Borough Park, and 2= Never Borough Park. Variable Self-Identification = family or friend of someone who committed or attempted suicide.

**Table 14****Summary of Hypotheses and their Significance**

<b>Null Hypotheses</b>	<b>Findings</b>	<b>Significance</b>
Older participants are not more likely to disagree or strongly disagree that sexual abuse exists in the Hasidic community of Borough Park.	Fail to reject	N.S.
Older participants are not more to disagree or strongly disagree that suicide is prevalent in the Hasidic community of Borough Park	Fail to reject	N.S.
Older participants are not more likely to disagree or strongly disagree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.	Fail to reject	N.S.
Older participants are not more likely to agree or strongly disagree that religion helps prevent suicide.	Reject	$p < .05$
Older Individuals will be more critical of the community than younger participants.	Fail to reject	N.S.
Older participants will not be more likely to agree or strongly agree that the Hasidic community of Borough Park has a sufficient number or resources for suicide.	Fail to reject	N.S.
Male participants will not be more likely to agree or strongly agree that religion increases the risk of suicide.	Fail to reject	N.S.
Male participants will not report fewer social interactions as positive experiences.	Fail to reject	N.S.
Male responses will not be more critical of the community than female responses.	Fail to reject	N.S.
If someone confided that they were thinking of committing suicide, female participants will not be more likely to reach out to a friend or family member.	Fail to reject	N.S.
Current residents of Borough Park will not be more likely to agree or strongly agree that there are sufficient resources within the community to prevent and respond to suicide.	Fail to reject	N.S.
Current residents of Borough Park are not more likely to select more social interactions as positive experiences.	Fail to reject	N.S.
Current residents of Borough Park are not more likely to agree or strongly agree that religion prevents suicide	Fail to reject	N.S.
Current residents of Borough Park will not have a more positive perspective on how the community deals with suicide than former residents	Fail to reject	N.S.
Current residents of Borough Park will not rate social and religious factors as protective factors	Fail to reject	N.S.
Former residents of Borough Park will not rate social and religious factors as risk factors.	Fail to reject	N.S.
Currently Hasidic participants are not more likely to select more social interactions as positive experiences and protective factors.	Fail to reject	N.S.

Currently Hasidic participants are not more likely to agree or strongly agree that religion prevents suicide.	Fail to reject	N.S.
Currently Hasidic participants will not view social and religious factor as protective factors more than risk factors	Reject	$p < .05$
Currently Hasidic participants will not identify more social and religious factors as community resources.	Reject	$p < .05$
Formerly Hasidic participants are not more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park.	Fail to reject	N.S.
Formerly Hasidic participants are not more likely to agree or strongly agree that suicide is prevalent in the community.	Reject	$p < .05$
Formerly Hasidic participants are not more likely to agree or strongly agree that LGBTQIA are more likely to feel isolated in the Hasidic community of Borough Park.	Fail to reject	N.S.
Formerly Hasidic participants will not view social and religious factors as risk factors more than protective factors	Reject	$p < .05$
Family and friends of individuals who committed suicide are not more likely to agree or strongly agree that suicide is prevalent in the community	Reject	$p < .05$
Family and friends of individuals who committed suicide are not more likely to agree or strongly agree that sexual abuse exists in the Hasidic community of Borough Park	Reject	$p < .05$
Family and friends of individuals who committed suicide are not more likely to agree or strongly agree that individuals who commit suicide suffer from some form of mental illness.	Fail to reject	N.S.
Family and friends of individuals who committed suicide are not more likely to find social or religious factors negative,	Reject	$p < .05$
Family and friends of individuals who committed suicide are not more likely to select less or none of the above social interactions as positive experiences.	Fail to reject	N.S.
Askanim and community leaders and mental health professionals will not refrain from deeming social or religious factors excessively negative	Fail to reject	N.S.

## **Qualitative Data Results**

The following qualitative data is divided into two sections: Section one contains exclusively the results of the interviews, while section two contains exclusively the results of the open-ended questions from the survey.

### ***Section One: Interview Responses***

The following qualitative data is the cumulative results of the answers of 20 self-selected voluntary participants. Participants were interviewed and recorded using Zoom or TapeACall, depending on their preference. They were sent a copy of the consent form prior to the meeting, and the interviewer reviewed the consent form and obtained verbal consent to conduct, record, transcribe, and use the information from the interview. The audio recordings were saved as mp4 files and transcribed using the service of Amazon Transcribe (AWS). Once the transcriptions were completed the mp4 files were deleted to protect the privacy of the participants. All the information was downloaded into Word, and then coded according to the grounded theory method; open coding, axial coding, and selective coding. The questions are presented in the order they were asked and responded to.

#### **Question One: Who do you think is the most vulnerable to suicide, and why?**

There were four different themes that were identified as contributors to the vulnerability towards suicide; age, social, religious, and mental health.

##### ***Age.***

Participants identified the following groups of individuals as being more vulnerable to suicide based on the factor of **age**: teenagers, middle age, and elderly.

Teenagers, middle age, and elderly were three age cohorts identified as being most vulnerable to suicide. Teenagers are in the process of growing up and the multiple physical and

hormonal changes can be confusing and scary. One participant shared that “there's no education about our bodies”, and many teenagers struggle with making sense of the new physical changes, as well as their newfound desire to form their own identity. Another participant noted that “they are expected to be a certain way, but then you're coming in to your own independence”, and this creates confusion and frustration that can be very damaging, the participant added.

The middle age cohort was identified as a time period that individuals experience loneliness and emptiness. According to the participants, there are significant amounts of financial and social pressures, along with marriages that may be failing that create anger and frustration that can result in suicide.

Lastly, there are also elderly people who may be suicidal because of the Dementia/Alzheimer's they have, however due to stigma, their children do not seek out the proper resources to deal with the situation.

### ***Social.***

Participants identified the following groups of individuals as being more vulnerable to suicide based on social factors. victims of abuse, individuals from divergent families, individuals struggling financially, sensitive individuals, LGBTQIA+ members, individuals bound to gender norms, and females.

Individuals that have been sexually abused, victims of molestation are more vulnerable to suicide. One participant shared that “I was molested as a child, and my brain is constantly exploding.” Additionally, victims of sexual abuse, whose claims are “not taken seriously”, feel unheard, ignored and failed by the community.

One participant labeled all the families that were different as “divergent families”: families that are divorced, remarried, and poverty struck. There is a big sense of shame and

stigma attached to being from a family that has either been broken because of divorce, or because of the financial straits they find themselves in. Starting from a young age, “children from broken and poor homes are stigmatized...and everyone stays away from people like that.” There is a sense of loneliness, shame, apathy, and rejection that individuals feel that leave them more vulnerable to suicide.

Some individuals come from standard families, however they are different, and that can cause them to “fall through the cracks” one participant shared. For example, there are people who are extremely sensitive and get easily hurt by the community’s attitude. Some individuals have more artistic souls that need to drum to their own beat. One participant summarized that “In the Hasidic community, in order to make it you need to be cynical and shrewd...you need to have thick skin.” People that don’t fit the norm of the community are more likely to be vulnerable to suicide. There are individuals that identify as part of the LGBTQIA+, which makes them feel rejected from the community because when “somebody is gay, it's even worse than being single” proclaimed one participant.

There are also those who struggle with the specific gender roles in the community that cause pressure and frustration to those that “don’t fit the mold”. According to one participant “the girl in the house, they're going to do the cooking, they're going to do the cleaning, they're gonna marry young, they're gonna have a bunch of babies and that's the girls view, the guys you they're gonna be pretty much working all day or in Yeshiva” the constant pressure leads to general frustration and suffering. Additionally, females were identified as more vulnerable to suicide in the Hasidic community of Borough Park because there are even “less resources available for girls.”

***Religious.***

Participants identified the following groups of individuals as being more vulnerable to suicide based on religious factors: members of the *OTD* (Off the Derech) and at-risk community. *OTD* Individuals that are *off the derech*, or at risk are “rejected from their home” one participant shared. They no longer prescribe to the community’s religious and cultural values and because they don’t conform, they quickly find themselves “without a community and a good support system.” A different issue that can exacerbate the risk of suicide is when Rabbis refer individuals to therapist that are either unlicensed, or work for the community, but not the benefit of the individual. This “can lead to bigger problems than the original problem”, one participant highlighted.

### ***Mental Health.***

Participants identified the following groups of individuals as being more vulnerable to suicide based on the factor **mental health**: individuals struggling with mental health issues, individuals who feel blamed, judged, and shunned by the community

Individuals suffering from mental health issues ranging from depression, bi-polar, borderline personality disorder, multiple personality disorder, trauma, emotional neglect, substance and drug abuse. Many individuals suffer from mental health issues “that have been left unaddressed” shared one participant. Often, individuals are “suffering and silent...they isolate themselves and it just gets worse until they get to that point that they have no choice... they don't feel any way out of it so it's suicide” another participant added.

Individuals who struggle with feelings of worthlessness as well as feeling blamed and judged for their choices. One participant shared that “people feel that they are just tolerable.” People feel that extremely uncomfortable and when they try to make changes that will positively affect them, they feel blamed and judged. One participant shared that personally, “I suffer from

tremendous sensory issues, and I was mocked and touched for it. Like I had to shave on a triple zero [specific Hasidic haircut for boys]” despite the suffering it caused.

**Question Two: What are some social and religious factors that help prevent suicide?**

***Social.***

The following social themes were identified as factors that help prevent suicide: sense of togetherness, organizational resources, and socio religious theology and practices.

The community has a strong sense of togetherness; “if someone is struggling financially, everybody will donate to go fund me and send them or that type of thing.” An individual who was formerly a part of the Hasidic community claimed that “there is no community outside the religious community.” However, some felt that the community was supportive and close to those that strictly adhered to the rules of the community, “but don’t know if that love extends itself to those struggling mentally or *OTD*.”

The community has organizations such as Ohel, that offer social services. There are hotlines, sex addiction groups, and other peer groups that help create a “cohesive unit” of support for those struggling in general. There are organizations that are specific to kids at risk and offer “drop in centers and *Yeshiva* sometimes will take them on trips and no focus so much on learning regularly.” There are also centers such as *1225* “that accept all types of people...a place to be that they feel very comfortable and accepted and it deters away the depression at least temporarily.” The organization also offers *Shabbatons*, Whatsapp groups, and general check in from people on the top “like Ozer...and that gives the person someone to talk to as opposed to just feeling alone out there.” Others indicated that “partying is a big help to prevent suicide ...so not partying like drugs, alcohol, just partying together with food and laughter. It exists, but not enough.” Someone mentioned that Borough Park sometimes has carnivals “where you can take your kids and feel a part of things.”



Some indicated that specific religious rituals were also social protective factors and claimed that “Hasidut is about bringing people together... there are so many places where there are social opportunities for people to get together.” For example: “going to shul for *Shacharis*, *Mincha* and *Maariv*; it’s supposed to be a social thing.” There is a divide between men and women; “men are most involved, they get the social, three times davening during the day.” Similarly, another individual indicated that “we are so connected as a community in terms of *Shul* every *Shabbos* for the men, for the boys... but I’m not sure if they have something for women in terms of community.” There is an *Admor* that started groups for women in their Hasidut, however “not being from Borough Park originally, makes them less likely to attend and doesn’t help with the isolation and loneliness.”

### ***Religious.***

Religion helps prevent suicide in multiple ways; both the theological elements as well as the ritualistic practices. According to our religion “suicide is not allowed.” There are books “that have encouraging words and encourage people to go on, no matter how difficult the belief that whatever is happening is, is God sense, no matter how difficult and it gives tomorrow will be a better day, it gives people encouragement.” Learning together, at someone’s house or part of a group can help the individual struggling. Learning *Emunah* [faith] “and getting a more clear picture of exactly what this world is, the meaning of this world and all these different things can really help out a person and prevent suicide.” Also understanding that *Hashem* [God] is putting me through this *nisoyon* [challenge] for a reason and I’m going to get through it, like, just like all the other hardships I’ve had in my life..., *Hashem* knows I can do this, ... this is something I can overcome.

The practices of religion such as “*davening* and going to *shul* help create a certain structure. Belonging to a synagogue, going to *Tish*, keeping *Shabbos*, “getting married, having a

family, I think all these things really are factors of giving a person more structure and helping them out, kind of being stronger and understanding the meaning in life and everything that comes with it in a positive way.” Being actively involved in religious life and “not watching from the bleachers, especially when it comes to learning...I'm talking about learning particularly *sifrei Breslov* [Breslov reading literature] which is satisfying to the soul.” There are also people in Borough Park learning *Tanya* [Habad reading literature] that “gives them meaning.”

### ***Social and Religious Factors that are not Helpful.***

In context of this particular question, individuals shared social and religious elements that they did not find helpful in the prevention of suicide. These responses were independent of their responses to the subsequent question of what social and religious risk factors, and have therefore been recorded separately.

Multiple participants reported that there were no social or religious protective factors. One participant shared “yeah, I know that there's nothing at all. This is not, this is completely not addressed. It's, it's seen as so out of the norm, that absolutely no acknowledgement. One participant shared that when they were younger, they knew about the Suicide Hotline because they rode the trains and saw the signs, however, “I didn't see it in Shul, I knew it wasn't for our kind of people because that doesn't happen.”

### ***Social.***

There are social elements that were highlighted as not being protective factors. For example, one individual responded “I'll plead the fifth on this because I'm very biased. I have a tremendous amount of pain of this.” Another participant shared that their “family was part of Bobov when it split...our families didn't talk for eight years... so my community is (like) breaking up families.” However, they did add that “it's a very strong community that has definitely changed over the past couple of years...you just have to tap in to it.” A different

participant added that “when people don’t act in accordance with the community they are shunned.”

Events like weddings and *Thursday Night Chulent* were considered both protective and risk factors. Weddings could be a nice place to socialize and reconnect with friends, however, “weddings are major triggers for individuals struggling.... women, they’re feeling the pressure...with the fact that they are single...” Similarly, *Thursday Night Chulent* “can be fun, but I have my own take on it because I suffered a little from it.”

Some organizations, such as *Hatzolah*, *Amudim*, and Infertility organizations were highlighted, and also critiqued. *Hatzolah* has tried to get social workers involved, but ““ I don't believe it happened or at least if it did, I haven't heard. I don't, think there is enough knowledge through the people dealing with those who are having problems to know how to de-escalate a situation.” One participant claimed to have reached out to *Amudim* for support for mental health and suicidal ideation and was told “we only deal with the drugs.” Another participant complained that there are organizations to help with infertility “like you help people bring down children; first heal the suffering that are here and then bring down more.” One participant, involved in mental health within the community added that “there's a very strong will to work, but no one wants to talk about it; so no one knows they're out there.”

### ***Religious.***

There are religious elements that were highlighted as not being protective factors. “Chasidus [Hasidut] came to prevent all this and it’s not real anymore. It should have all the qualities to prevent suicide and bring happiness.” Religion used to teach people to be honest, however “religion today is very far from the original.” Some participants indicated that religion created fear and guilt surrounding suicide. “Thoughts can be scary to someone who is suicidal... just having the thoughts that they can be suicidal is frightening and scary for them.... and then

they feel like they're sinning, they're going to *gehinnom* [ hell], and will not be buried in a Jewish society.” This attitude can be perpetuated by “Rabbonim...like very zealous... will be just that sharp... and they don't appreciate the aspect of mental health.” Another participant shared that they were “miserable as a child” and all the talk about God “is good if you want to grow spiritually, I guess. But if you're dealing with, you know, some other demons, and you hear this talk, you're kind of sold a message that might not help you.”

Some individuals indicated that *Shul* and *Tish* were “places they force you to go.” The synagogues are “very strict; you can't talk in the synagogue, you can't do anything...(so) the teenagers are just hiding at home...getting depressed... going to the addiction...”

**Question Three: What are some social and religious factors that increase the risk of suicide?**

***Social.***

The main social factors that have been indicated as increasing the risk of suicide are: peer pressure, conformity, shame and lack of acceptance. The way the community deals with mental health issues has also been indicated as a social risk factor for suicide.

There is a “lot of peer pressure, pressure to conform.” Individual's talked about the “narrow-mindedness, fitting the mold, peer pressure and being treated like an outsider.” The community is a “rule-based community” and “if you don't follow the rules, they'll make you into the bad guy in the community.” People don't feel accepted; not even leaving the Hasidic world, just leaving from one community to the other, you can be kicked out very easily.” You can also get “kicked out of a school or camp for who you are and for what you do.” Sometimes, individuals can be rejected from a Yeshiva “and they [the headmasters] don't even say a reason.... They are destroying the hope they [individual being rejected] have in their hearts.” One participant described how women going through divorce are “deprived of their contact with

their kids because they are not upholding the standards of what the other parent and community expects from them... and I know someone who took their life... because she couldn't bear it." Some feel that the community looks at them "with a magnifying glass after everything you do... and say negative. this is a big factor, especially with people that already have low self-esteem and everything." Along with the need to conform, "shame of breaking community norms" effects individuals. "If someone will change the way they dress, there's a lot of shame associated...or they're caught trying to be a little somewhat expressive..." The ability to self-actualize is shut down and they "tell them, sorry, find other ways to do this... that leads to suicide." One individual described living in the community like "being in a pressure cooker. It explodes in suicide because that's the only way to run away." One participant added that by the Hungarian people, there is a pressure that "everything must be exact, and everything must be perfectly coordinated." Another participant petitioned that "people need to be more accepting and have more place for others that don't fit in their same box even though you expect them to, even though they grew up in the same box as you and you would expect them to fit into the same."

### ***Mental Health.***

People are afraid to deal with mental health issues because "it will hurt their prospect of marriage." People are "hurting inside and they're not being taken really serious enough to be put into an inpatient or sent to a therapist...and walking into a building that has therapists already has its own stigma. People don't want to get help because of the "labels and stigma, you are not Aliza or Devorah, you are bipolar or depressed." People feel the "need to protect personal privacy, because they are worried about stigma in the community." Additionally, when issues are brought up, the community response matters. One participant shared that when he shared "you hurt my self-esteem; they all went crazy...everyone joked about it, oh! I hurt your self-esteem." One individual described a that the community inflicted trauma was "slower, it took time and I

didn't even realize." Another participant shared that similar attitudes exist toward suicide and "sexual abuse and molestation. People really think it's over, and I can say I am a survivor of that, and it's very hurtful to see people being so oblivious." One participant pointed fingers at the "Jewish media doing very well in hiding" information, and "always needing to read between the lines" so that much vital information is missing to know when "a person is a danger to themselves or others, or even if it leads, God forbid to death." One participant forewarned that "If it doesn't change, it's going to come another holocaust. I'm telling you an emotional holocaust that started already and it's going to be much worse." Some participants shared that they "believe that a log of suicides are being pushed under the rug, and people don't know that it happens." One participant commented that on the day they filled out the survey, "a friend of mine called me and I took him into the hospital for suicidal ideation. He has already been hospitalized three or four times for actual suicide attempts and seven times for suicidal ideation... and we're talking about a regular Chasidishe [ Hasidic] guy."

One participant mentioned the schools and yeshivot and indicated that it can be both a protective and risk factor. If an individual is suffering from abuse at home, "they come to school and it's their eight hours of heaven on earth where they know they're safe." However, it can also be a place where they are bullied, a place where the teacher picks on him "so the institutions can be both."

### ***Religious.***

Many participants felt that the community exhibited much religious extremism that didn't allow for questioning, and strictly enforced the rules and customs on people's personal lives. Some pointed towards the leadership as the cause for the tremendous pressure to conform "and even if the pressure may not be directly put, you already know what the pressure is and what's causing the judgement." Some added there is much fear of messing up; whether it is coming late

to *shacharis* [morning prayers], or other cultural things that “the *kehillah* [community] pushes you to do.” A couple of participants were of the opinion that it was the presentation of religion and *Hashemi* [ God] as an evil, harsh master that created the pressure and fear of nonconformity. Others felt that religion was taught more like “some kind of business transaction versus understanding more the relationship that we have with Him.” Some indicated that particularly with suicide, individuals struggling are compounded with tremendous guilt. They worry about “what's going to be for my siblings from my parents; are people going to look at them afterwards? You know, again, it touches on the guilt, like terrible, terrible feelings of the ramifications...”

**Question Four: What role does family play in individuals contemplating suicide?**

There were three categories of responses to this question: family plays a major role, family plays a minor role, and family plays no role in individuals contemplating suicide.

***Major Role.***

Many participants indicated that family played a major role in individuals contemplating suicide. Family sets the grassroots for the development of an individual. If a family is stable, kind, accepting and loving, it can help create a safe environment for the individual struggling. A supportive family, one participant added is one that is “showing them (individual struggling) they matter and they care; and it doesn't matter what everyone else thinks.” However, sometimes the family is the source of trauma and dysfunction and becomes an unsafe environment for the individual. Some family's display apathy towards those struggling, while others are afraid of embracing them, because of the stigma, shame, and pushback they will receive from the community. Therefore, family's isolate or distance themselves from those struggling and leave

the individual isolated and alone. When the individual is blamed “I think it can actually exacerbate the suicide and make them feel no one understands me” added one participant.

### ***Minor Role.***

Some participants shared that family plays a minor role in individuals contemplating suicide. While family mattered, much of the pressure from the social pressures from the community and school influenced the way parents treat their children; and therefore, some participants felt that the greater driving force was external to the home. For example, participant shared the abuse his older sibling endured at school, and when “my father brought him right back (to Yeshiva) ... the Rebbe slapped him up right there for leaving.” Another participant paired the two and claimed that “if they (individuals struggling) are in an unhealthy family growing up in unhealthy community, then it's going to be very very hard for them to accept them. That's going to cause the consequences.”

### ***No Role.***

A few participants felt that individuals struggling with suicide were individuals struggling with mental health issues that were independent of their families. Whether they were suffering from depression, suicidality, or some other form of mental illness, “there’s only so much psychotropic medication can do, there's only so much family and friends can do.” Another participant indicated that most of the suicides they were familiar with were individuals that had “already been estranged from their families”, and the participant was not sure whether there was a link between the estrangement and suicide. Another participant felt that suicide prevention in general was not feasible.

### **Question Five: What resources are available for individuals contemplating suicide?**



There were two main responses given to the question regarding resources: there are no resources at all, and there are some resources, but not specific to suicide.

***No Resources.***

Many of the participants responded in the negative when asked what resources were available for individuals struggling with suicide. One participant half-jokingly, half seriously said the way people deal with pain is “with lots of bottles of Tylenol.” One participant shared that there aren’t resources for mental health issues because the “Old Guard believes that they needed to beat him(individuals that struggle) up a little more in yeshiva” Another participant echoed that sentiment and added that “there are millions of organizations that would deal with cancer patients and heart problems and diabetes because people see it so they understand it when it comes to mental health, it's all in your head.”

***Some Resources.***

Some of the participants shared that there were resources for mental health issues, however, they were not specific to dealing with suicide. The following resources were named: Amudim, Bikur Cholim, Footsteps Hotline, Hatzaloh, Shalom Task Force, Relief Resources, Yitty Leibel Hotline and 911. Some participants indicated that there are some resources but they “are not publicized enough that I can list them off at the to, you know, easily.”

**Question Six: What resources are available that are unique for schools and educational centers regarding suicide?**

The two responses participants offered to the question were: there are none, or there are none that I know of. Some participants shared that there are services in school, however, they either deal with academic issues such as *kriah* [Hebrew reading], or physical, occupational, or speech therapy. The conversation surrounding mental health issues, and specifically suicide, are

generally “swept under the rug,” a participant added. Some schools do have guidance counselors, however because they are not familiar with the community’s cultures and norms, “sadly, they are the laughing stock of the school,” One participant exclaimed “I wish I know; I have no idea. Unfortunately, I got kids. Well, I should I should worry about this one.”

**Question Seven: Which, if any, communal changes would make the greatest positive impact on suicide?**

The three most used words to describe the necessary communal changes were: awareness, acceptance, education, and resources.

*Awareness.*

People need to be made aware of the issue. There needs to be more conversation surrounding suicide, and less stigma and fear. One participant observed that “we know more about terror attacks, that we know of somebody taking their life.” People need to know that struggling with mental health issues is normal and okay. There are so many people struggling and suffering in silence. One participant, who has struggled with suicidal ideation shared “I think people don't know how many people out there are really contemplating and considering Googling how to commit suicide.”

*Acceptance.*

There needs to be general acceptance of mental health issues, and specifically suicide. Individuals that struggle with mental health issues and suicidal ideation shouldn't feel ashamed and stigmatized. “You don't have to hide under a rock because you have these thoughts,” one participant insisted. Being allowed to seek help without the fear communal reaction and gossip, is crucial to the normalization of therapy and other forms of care.

*Education.*

Many participants indicated that the key factor in making lasting change is education. Education was presented as multi-leveled. There specific education needed for those dealing with individuals in the school system. There needs to be education on what mental health is and how it can be fostered. Teachers and principals need to be trained on how to identify sexual abuse, physical abuse and other forms of neglect that students may be suffering. Educators need to also be more equipped in dealing with theological questions so that students don't feel shamed and shunned for asking questions that seem to challenge their faith. Additionally, parents need to be educated as well so that they can understand their children's behaviors and when "they're crying out for help."

***Resources.***

Resource are needed to address the issues of mental health and suicide. Some participants recommended modeling after organizations such as Bonei Olam and RCCS, and creating similar organization that deal with mental health issues. Some participants added that in addition to creating organizations; rabbinical endorsement and culturally sensitive advertising would make the resources accessible and sustainable. One participant added their skepticism "The *Rebbe (Admor)* has a tremendous role... but I don't picture it happening." Another participant pushed that the adverting of resources for suicide can and should be done by the local Rabbis and leaders of the community. "Yom Kipper when they talk about, you know, women covering their hair better and men not talking during *davening* [prayer] they would also say, you know, these are the resources for our young people who we recognize are in crisis."

**Question Eight: What are your concerns about suicide in the Hasidic community?**

The two greatest concerns participants shared were the cover-ups of suicide, and the disconnected and numb lives people lead within the community.

Most participants shared that suicides were being “swept under the rug.” Some participants shared that many of the suicides are presented as overdoses because “this is a very inconvenient thing for everybody and you know, it's, it's a stain. It's a stain that will remain there forever.” Some explained that overdosing can be justified as an individual's failure; suicide points fingers and indicates that the “support network failed completely.” Another similar concern was that when a suicide occurs, there is a momentary reckoning of the community however “let's be real, all faded out. Everything's back to normal.” There is no substantial change after a suicide as much as a concerted effort to conceal it and move forward. A few participants shared that after a suicide in the community, there is a *levaya* [funeral], and the community is told that the “persona was sick or something and then he died, and that's not true.”

Another concerning factor was the worthlessness individuals felt within the community. One participant shared that there are “many bottom feeders” in the community, and many people are just mechanically living without much joy to their lives. One participant noted that “as the community grows, there's definitely a lot of people going unnoticed.” People don't feel like they matter, and yet they are forced to conform to the impossible financial and social standards of the community. One participant shared that when “you bump into people in Borough Park, you feel two things: resignation and given up, or completely garbage.”

**Question Nine: What if any experiences do you have that you would like to share regarding suicide in the community?**

Participants share their own struggles with suicide, their family and/or friends struggles with suicide, and general community suicides they knew about.

A couple of participants shared that their suicide attempts were directly correlated to the sexual abuse and molestation they experienced. One participant emphasized “it's so shameful... I have friends that were also molested... and have tried to commit suicide.” One participant

shared that when they hit puberty, they tried to commit suicide. “There was no sex education, not understanding of what was going on...all the changes were so confusing”

Some participants shared stories about family, friends, and neighbors. One participant had a neighbor who was anorexic and “would stand in the middle of the street in Williamsburg so that he can die. The parents were blind to it.” Another participant shared that their older sibling “told me that he was suicidal.” One participant painfully shared that a week before their friend’s suicide, they sat on the couch together trying give the individual hope and encouragement to continue on.

Many participants shared details of well-known suicides in the community. They shared about the man found hanging in an elevator shaft, the individual that lit himself on fire in his car, the young woman that jumped off a building in Manhattan, and her sister they found hanging in a stairwell. They shared the tragedy of a young groom “falling” off the rooftop of a hotel on 13<sup>th</sup> Ave, the groom who drowned himself in the *mikveh* [ ritual bath] shortly after his wedding, the young husband and father that killed himself and was later declared dead from an aneurysm. Some participants felt that the community doesn’t deal with suicide openly because they want it “done in a respectful way.” However, others argued that “It needs to be talked about. “I think it's a very important thing to just say suicide is not a bad word. The guy went through a lot; like someone dies of cancer. We'd say it straight up. So again, suicide is a cancer; it's a disease.”

**Question Ten: Is there anything else you feel would be important for me to know about suicide in the Hasidic community in Borough Park that I haven’t asked about?**

Numerous participants wanted to reemphasize the need for more acceptance, awareness and resources surrounding mental health in general, and suicide specifically. Some participants added that the community culture is comprised of a blend of social and religious values that are

highly intertwined. However, almost all unanimously pointed fingers at the leadership and strict social structure as the primary risks to suicide. One participant shared that “If a Rebbe himself puts out a statement... that’s when things could change... for the better or the worse.” Another participant emphasized the power of the community. “So, on the one hand, when you're inside, it's very strong. But the minute you step out of the, the invisible boundaries...you already feel eyes looking at you even though no one is on the street.”

## **Section Two: Responses to Open-ended Survey Questions**

The following qualitative data is the cumulative results of the answers of 150 self-selected survey participants to the open-ended questions. All the information was downloaded into Excel, and then coded according to the grounded theory method; open coding, axial coding, and selective coding. The questions are presented in the order they were asked and responded to.

### **Question 22: What are some social and religious factors that help prevent suicide that haven't been included in this questionnaire?**

#### ***Social Factors.***

The following social themes were identified as factors that help prevent suicide: social gatherings, socio religious activities, family support, strong friendships, belonging to support groups, a wholesome community, feeling love and acceptance, and feeling connected. Some participants did not feel that there were any social factors that help prevent suicide.

Some participants shared that social activities that were “individualized, speaking openly about depression and other addictions. Speaking about accepting others”, could be useful. Another participant highlighted the blend between the social and religious variables stating a “strong support from the religious social structure. Emphasis on belief in Hashem, which I believe has been studied in all religious affiliations.” Many participants indicated the need for supportive family’s that can accept and embrace the individual that is struggling. One respondent wrote that

they believe that “close-knit families may in some cases help prevent suicide while in some cases may make it worse.” Friends and community were identified as protective factors if they were able to be supportive and non-judgmental. One participant specified the *Shul* [synagogue] as a location that groups of friends meet regularly “when times get tough.” Another individual advocated that people should “be more friendly to people and lonely people should have a place where to hang out.” Many participants shared that supports groups, including but not limited to 12 step programs were protective factors within the community. Other participants identified community as a potential protective factor if it had the capacity to be accepting and inclusive. One participant shared that the amount of care the community will provide if only they knew how much of a problem it is.”

### ***Religious Factors.***

Participants were split between three groups: those who felt religion was purely a positive factor and actively available in the community, those who felt there were religious factors that can be enhanced or introduced to be used as positive factors, and those who felt religion was a risk factor to individuals struggling with suicide.

The first group of participants stated that “religion prohibits suicide” and fear of sin is a detractor. Additionally, belief and faith in *Hashem* [God] and *אמונה רעדען צי אויבערשטער* "[faith, and speaking to the Creator] gave meaning to life and helped individuals accept the hardships they experience and see purpose in life.

The second group of participants indicated that religion/ous can be a positive factor if it is properly presented. Some felt it was “the right religious leader” that was needed, while some participants turned to educators and opined that “when educators are open to learn and understand what and how the current generation interprets and understand religion and then

makes it their mission to be a rock for those struggling”, religion will become a positive factor in prevention of suicide.

The third group of participants who felt religion/ous was a risk factor to individuals struggling with suicide shared emphatically that “Nothing! Religion pushes a ton of people to suicide, without enough people doing the research on it!” Additionally, religious observance was compared to the social structure the community created which benefits those inside but does not take into account what the “actual Torah” dictates.

### ***Other Factors.***

Many participants did not identify social or religious protective factors, however talked about fear, awareness and education. Participants shared that fear of punishment and sin can detract one from committing suicide, while other participants indicated the misuse of fear: “there is just fear that you will lose *Gan Eiden* [heavenly paradise]. That’s not helpful.”

Some participants indicated a need to for awareness that mental health issues and suicide exist in the community and that more education is needed to properly deal with the issues. One participant shared: “I wish there could be a big workshop for all the *Admorim*, *Rabbonim*, and *Rebbes*... to get full-blown class on how and what it means to deal with mental health issues... cause there are so many addicts of all types of natures out there; especially in the *shmaltz* [inner community] of Boro Park.”

### **Question 23: What are Some Social and Religious Factors that Increase the Risk of Suicide that Haven't Been Included in This Questionnaire?**

#### ***Social Factors.***

The following factors were identified as social factors that increase the risk of suicide: family, stigma, ostracization, sexual abuse, trauma, communal rejection, isolation, feeling like an outcast, the pressure to conform, expecting everyone to fit a certain mold, and “the consistent



pressure of being put in the cookie cutter”, the high living standards and expectations to fit a specific image, the school system, and hypocrisy found within the community. Participants also shared specifically the fear of mental health issues and the lack of resources available within the community.

***Religious Factors.***

The following religious factors were identified as religious factors that increase the risk of suicide: strict rules, extreme religious observance, religious coercion, judgmentalism of people practicing differently or not at all, failure to accept people, push for conformity, lack of acceptance of others, leadership that bullies people, The “warped *lushen hora* [ gossip] rules; causing victims of sexual abuse to be ostracized for speaking up.”

Some participants indicated that religion is never the issue and it is individuals that are unhealthy and from unstable backgrounds that mistaken for religious flaws. One participant wrote “unhealthy behavior is unhealthy behavior. It should not be seen as a problem with religion!!!”

**Question 24: What are the resources available to the community that directly deal with suicide that haven't been mentioned?**

The majority of the participants responded either that there are no resources available, or they don't know of any resources available. One participant added “as someone who grew up Chassidic, I know virtually nothing about suicide within it. I believe it is a taboo topic and hidden. so, if it “doesn't exist, why need resources?”

The following organizations were mentioned as resources: Amudim, Bikur Cholim, Avi Fishoff *Twisted Parenting*, 1225, Project Shmily, Relief Resources, TP, and Rabbi Zachariah Wallerstein.

**Question 25: What other thoughts would you like to share regarding suicide in the Hasidic community of Borough Park?**

The following thoughts were shared by participants: there needs to be more awareness of mental health issues and suicide, more organizations that are professional and confidential are needed, more Rabbis and community leaders should “back the importance of mental health and ways to approach suicide and suicidal behaviors,” the community needs to be give victims a voice, sexual abuse is a major factor in suicide, people need to learn to love their neighbors without judgement, stop shaming people for having children that committed suicide, the community needs to stop shaming people whose kids aren’t religious anymore, more education is needed, parents and educators need more guidance, the stigma of mental health needs to be removed, “despair and hopelessness exist in silence in our community... folks like Gluck from *Amudim* have woken us up... regarding the prevalence of “aneurysms” and other coverups and forced to address why,”

A few participants shared that they feel the statistics of suicide in Borough Park are very low, suicide is not a new issue and occurred when Jews lived in Europe too, the suicide rate in “BP [Borough Park] is minimal compared to overall average in the USA, but it’s blown out of proportion by people who want us to change the way we choose to live our lives and doing so it actually encourages more people to commit suicide.”

### **Summary**

The results section of this dissertation is a combination of the quantitative and qualitative data results that have been generated from the anonymous online survey, as well as the confidential, anonymous and voluntary interviews. The results indicate a significant relationship between social and religious factors and suicide and the qualitative data includes more specific social and religious themes that influence suicide in the Hasidic community of Borough Park. Both the quantitative and qualitative results indicate a significant gap in the resources available to the community regarding prevention, intervention, and postvention.



## CHAPTER EIGHT: DISCUSSION

### Introduction

This mixed- methods research study was developed to identify *Individual and Communal Perspectives on Suicide in the Hasidic community of Borough Park: Risk Factors, Protective Factors and Resources*. The study is unique because it is the first of its kind both in nature of the subject as well in relation to the population being studied. Although there is a substantial amount of data on suicide, much of it is exploratory research that relies heavily on qualitative data. Moreover, there is no available data nor has research ever been conducted on suicide in the Hasidic community in Borough Park, nor Hasidim in any other geographic location. Through using a mixed-methods approach, this empirical research contributes to the general quantitative and qualitative data available for suicide, as well as specifically offers insight into a population that has never been explored in context of suicide.

### Findings

The following sections discuss the quantitative and qualitative findings as well as

#### *Quantitative Findings*

This section identifies the statistically significant findings and categorizes them based on the original hypotheses that explored risk factors, protective factors and resources available to the Hasidic community of Borough Park.

#### **Risk Factors.**

The research indicated statistical significance between the predictors age, sex, affiliation, and self-identification, and the risk variable being tested:

#### *Age.*

Older participants were less likely to identify religion as a risk factor than younger participants.

***Sex.***

Male participants were more likely than female participants to agree that suicide is prevalent in the Hasidic community. Female participants were more likely than male participants to identify the mentally ill as a group of individuals that suffer the most isolation and loneliness within the Hasidic community of Borough Park.

***Affiliation.***

Formerly Hasidic or never Hasidic participants were more likely to agree that the Hasidic community of Borough Park has tight boundaries that separate them from neighboring communities. Former Hasidic participants were more likely to agree that suicide is a prevalent issue in the Hasidic community of Borough Park. Former Hasidic participants were more likely to agree that religion increases the risk of suicide. Formerly Hasidic participants and never Hasidic participants were less likely to agree that the Hasidic community of Borough Park is diverse.

***Self- Identification.***

Participants who identified as family or friend of someone who has committed or attempted suicide were likely to report that suicide is prevalent in the community than other participants. Participants that identified as family or friends of someone who committed suicide were more likely to agree that religion increases the risk of suicide. Participants that identified as family or friend of someone who has committed or attempted suicide were more likely to agree that sexual abuse exists within the Hasidic community of Borough Park.

***Protective Factors.***

The research indicated a statistical significance between the predictors age, sex, affiliation, and self-Identification and the protective variable being tested.

***Age.***

Older participants were more likely to agree that the Hasidic community of Borough Park offers support and care to individuals struggling with thoughts of suicide than younger participants. Older participants were more likely to identify *Tisch* as a social protective factor than younger participants.

***Sex.***

Females were less likely to identify shul as a protective factor, while men are more likely to identify shul as a protective factor. Female participants were less likely than male participants to agree that the Hasidic community of Borough Park offers support and care to individuals struggling with thoughts of suicide.

***Affiliation.***

Hasidic participants were more likely to agree that the Hasidic community of Borough Park is diverse. Formerly Hasidic Participants were less likely to identify social activities within the Hasidic community of Borough Park as protective factors. Formerly Hasidic participants were less likely to agree that shul was a social protective factor that increased positive experiences for individuals within the Hasidic community of Borough Park

***Self-Identification.***

Participants who identified as family or friend of someone who has committed or attempted suicide were likely to report that religion does not help prevent suicide than other participants. Participants that identified as family or friend of someone who has committed or attempted suicide were more likely to report that the Hasidic community of Borough Park does not offer support and care to individuals struggling with thoughts of suicide.

***Resources.***

There were no significant findings regarding resources available in the Hasidic community of New York.

**Other significant findings.**

The following are other significant findings that show correlation between the predictor variable age, residence and affiliation.

***Age.***

Older participants were more likely to report being Hasidic, than younger participants.

***Residence.***

Formerly Borough Park residents as well as never lived in Borough park participants were less likely to report being Hasidic.

***Affiliation.***

Formerly Hasidic participants were more likely to identify as family or friends of someone who committed suicide

***Qualitative Findings***

This section identifies the qualitative findings and categorizes based on the themes presented in exploring the risk factors, protective factors and resources available to the Hasidic community of Borough Park.

***Risk Factors.***

Three main themes were identified as risk factors for suicide in the Hasidic community of Borough Park: social, religious and mental health. Additionally, specific groups were identified as more vulnerable to suicide, as well as specific concerns about suicide, and personal experiences with suicide.

Participants identified stigma, ostracization, sexual abuse, trauma, isolation, peer pressure as social risk factors. Participant identified religious extremism, religious coercion, and judgmentalism as risk factors. Some participants identified all of a religion as a risk factor.

Participants identified untreated mental health issues such as depression and bipolar, as well as the stigma and fear that surrounds mental health issues as risk factors.

The following groups were identified as the most vulnerable to suicide: teenagers, 35-60-year old's, the elderly, victims of abuse, individuals from divergent families, individuals struggling financially, sensitive individuals, LGBTQIA+ members, individuals bound to gender norms, and females, members of the *OTD* (Off the Derech) and at-risk community and individuals struggling with mental health issues.

The two greatest concerns participants shared was the cover-ups of suicide and the disconnected lives people lead within the community.

Participants share their own struggles with suicide, their family and/or friends struggles with suicide, and general community suicides they knew about.

### **Protective Factors.**

Three main themes were identified as protective factors for suicide in the Hasidic community of Borough Park: social, religious and mental health. Family was identified as both a protective and risk factor.

Participants identified social gatherings, socio religious activities, family support, strong friendships, belonging to support groups, a wholesome community, feeling love and acceptance, and feeling connected as protective factors. Participants identified faith in *Hashem* [God], gathering at *Shul* [synagogue], and religious view on suicide as a sin as protective factors. Participants indicated that proper mental health services would serve as a protective factor.

Family was identified as both a protective risk factor depending on the stability, financial resources, and general acceptance of the individual struggling.

### **Resources.**



Majority of the participants indicated that there are no resources, and if there are, they are not aware of what them. A few participants shared names or organizations that deal with mental health issues, but nothing specific to suicide. Similarly, participants could not identify any resources that are available to schools and educational centers on suicide. Participants identified the need for more resources, awareness, acceptance and education of mental health issues and suicide.

### **Other Significant Findings**

The following significant themes were identified by participants regarding suicide in the Hasidic community of Borough Park.

There needs to be more awareness of mental health issues and suicide, more organizations that are backed by Rabbis and community leaders need to be created, more education is needed to normalize mental health, victims of physical abuse, sexual abuse, and other abuse need to be given a voice, the community needs to stop being judgmental and become more accepting of others, and the stigma of mental illness and suicide needs to be removed. Some participants added that the community culture is comprised of a blend of social and religious values that are highly intertwined, and that the community was a powerful block that could be both a risk and protective factor, depending on what side of the fence you find yourself on.

### **Summary**

The quantitative and qualitative findings indicate a significant correlation between the social and religious elements of the Hasidic community of Borough Park and their impact on suicide. Similar to prior research done on suicide, the results indicate that social and religious elements can either be viewed as protective factors or risk factors depending on the factor itself, as well as on the participants' perception of it (see table 1). For example, religious extremism

was seen as an inherent risk factor while going to *Shul* [synagogue] was seen either as a risk or protective factor depending on which participant answered the question.

Another significant finding is the lack of research on suicide in the Hasidic community of Borough Park and lack of development of suicide prevention, intervention, and postvention resources. These finding parallels prior research done on suicide that indicated a significant underrepresentation of unique populations and the socio-cultural components that are specific to the community and necessary to the understanding and treatment of suicide. (Jani, Ortiz, & Aranda, 2009, as cited by Ortiz & Jani, 2010). Maple et al, documented that the research findings also indicated that “the salient areas of suicide among indigenous and rural populations were wholly neglected by social work research, despite continued high rates in suicide in these groups” (Maple, et al.). Reed (2019), documents that “whereas, the incidence of suicide is increasing among African Americans, research within the field of social work has not followed suit” and as such the evidence- based practices and resources have not been made available to the community.

The findings of this study indicate the significance social and religious factor have on suicide as well as the imperative to understand the uniqueness of the population being studied and view the research through a culturally competent lens.

### **Implications for Practice, Policy, and Research**

The findings indicate that social norms, religious theology and practice, and attitudes towards mental health are significant factors that influence suicide. The findings also indicate a tremendous gap in the available resources for suicide prevention, intervention, and postvention.

It is important for those who practice in unique insular communities such as the Hasidic community of Borough park to be culturally competent and understand how the socio religious

norms and attitude influence the thoughts, behavior and actions of their clients. The clinician must use a culturally sensitive lens to understand the nuances of the culture to accurately assess and interpret the information from the client. This process is integral for the clinician to practice informed therapy that is suitable for the client in context of their environment.

There is a significant gap in resources available to the Hasidic community of Borough Park. It would be important to explore what government policies exist that allot financial funding as well as creative talent, to create culturally sensitive resources for the community to access. For example, there may be national resources on suicide prevention that can be adapted to fit the spoken language and the cultural sensitivities of the Hasidic community of Borough Park. Additionally, there may be policies set to protect and care for those who are hurt or discriminated against by the community such as at-risk teenagers, *OTD* individuals, members of the LGBTQIA community, and divorced women that leave the community.

Lastly, this research is significant to the continued body of research on suicide. This research adds to the scarce pool of quantitative research on suicide, while simultaneously offering perspective on a unique sub-population that has never been studied before. This research can be used explore general factors that influence suicide, as well as unique parallels that similar or dissimilar communities may exhibit. This research can also be used to explore how the social norms and religious values of a community effect the general attitudes towards mental health as well as specifically the ramifications it has on suicide.

### **Limitations**

The limitations of the study are related to the population sample, and researcher's bias. The sample population was obtained through the use of the snowball methods. The results yielded no participants that identified as *Admorim/ Rebbes*, and very small percentage of participants that identified as community leaders and *askanim*. The above-mentioned groups of

individuals are integral leaders of the Hasidic community of Borough Park whose voices are integral to the conversation surrounding suicide; specifically, to implementing and introducing resources and methods of prevention. As this study is the first exploratory research of its kind, it would be important to explore more methods on how to obtain more participations in data collection from the leaders of the community.

Another limitation of the study is the researcher's potential bias. The researcher is a community leader and mental health professional that is formerly Hasidic and formerly from Borough Park. To mitigate the personal bias, the researcher chose a mixed-methods approach to conduct the research, and used bracketing/phenomenological reduction for the qualitative data. The quantitative method required the collection of data that was then computed using inferential analyses to prove significance. Additionally, the qualitative data that was collected on the survey was recorded using only the word and themes directly presented by participants. The qualitative data from the interviews were collected using the same scripted text for each participant without any side commentary or interjections of the researcher. All the descriptive words used in the coding process were strictly taken from the word bank provided by the interviewees. The researcher suspended their own presuppositions, biases, assumptions, theories and previous experiences with suicide in the Hasidic community of Borough Park. These components mitigated the potential bias of the researcher, and allowed for the collection and analyzation of data without the influence of the researcher's personal beliefs and feelings.

### **Future Recommendations**

This research is an exploratory study of suicide in the Hasidic community of Borough Park. Because it is the first of its kind, there is much future research that can and should be done. Future research would be interested in further defining the social and religious factors that influence suicide and understanding the blended nature of social and religious culture. Although

there are standardized scales of measurement for religion, new specific scales designed to understand the unique socio religious factors of the Hasidic community of Borough Park are important. Another important area of research would be identifying the individual components of the larger components and understanding the role they play in creating and influencing the community.

Research exploring similar Hasidic sects in different geographic locations as well as different Hasidic sects in one specific location other than Borough Park, and how they compare and contrast to these results on suicide may better inform the specific and more general Hasidic community. Additionally, other sects of the Jewish world such as the Orthodox and Haredi communities may find this data critical to understanding patterns and trends in suicide that their communities are experiencing.

Further exploration of the generalizability of these results to other unique populations may yield interesting parallels and offer insight into the gaps of research on suicide as well as the different resources for suicide prevention. It would also be interesting create a comparative analysis of faith- based communities and tightly knit social communities and find the similarities and differences in risk and protective factors as well as the methods of suicide prevention. L

Lastly, more research needs to be done to identify the cultural competencies needed to create therapeutic modalities, organizations, and other resources that match the needs of the unique population.

### **Summary**

This exploratory study offers important insight into the individual and communal perspectives on suicide in the Hasidic community of Borough Park. The Hasidic community of Borough Park is a unique population that has its own specific social norms and religious beliefs and practices that double over as risk and protective factors against suicide. The community has

little to no resources available to deal with suicide prevention, intervention, and postvention.

There is a significant contingency of the population advocating for more awareness, acceptance, education and resources to prevent the suicides that occur, and the hope of this research study is to be a part of the revolution of positive change in the world of mental health and suicide in general and specifically for the Hasidic community of Borough Park.

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## APPENDIX 1A

## Suicide Survey

## Demographics and General Information

\* Required

1. Age ( in years) \*

---

2. Sex \*

*Mark only one oval.*

- Male
- Female
- Non-binary

3. Residency \*

*Mark only one oval.*

- Borough Park
- Formerly Borough Park
- Never lived in Borough Park

4. Affiliation \*

*Mark only one oval.*

- Hasidic
- Formerly Hasidic
- Never Hasidic

5. How would you identify yourself?

*Check all that apply.*

- Rabbi
- Rebbe (Admor)
- Mental Health Professional
- Askan
- Community Leader
- Family or friend of someone who has committed or attempted suicide none of
- the above

6. Suicide is a prevalent issue in the Hasidic community of Borough Park. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

7. Suicides are accurately reported and recorded by the burial agencies. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

8. Sexual abuse exists within the Chasidic community of Borough Park. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2 3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> strongly agree

9. The Hasidic community of Borough Park has a sufficient number of resources for suicide prevention, suicide, and suicide postvention (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2 3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> strongly agree

10. Social norms and religious requirements carry the same weight of importance in the Hasidic community of Borough Park. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2 3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> strongly agree

#### Risk Factors

11. Individuals who commit suicide suffer from some form of mental illness. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \*

*Mark only one oval.*

	1	2 3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> strongly agree

12. Drugs play a significant role in the suicides observed in the Hasidic community of Borough Park. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

13. LGBTQIA members are likely to feel alone and isolated within the Hasidic community of Borough Park. (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \* *Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

14. Religion increases the risk of suicide (The scale numbers indicate the following: 1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree) \*

*Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

15. Which group of individuals do you think may suffer the most isolation and loneliness within the community?

*Check all that apply.*

- Individuals OTD (Off the Derech)
- Drug Addicts
- LGBTQIA
- Mentally Ill
- Divorced
- Older Singles
- Orphans
- Poor
- no one experiences isolation and loneliness

### Protective Factors

16. Religion helps prevent suicide. (The scale numbers indicate the following: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree) \*

*Mark only one oval.*

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

17. Social interactions influence the way individuals feel about themselves and others. Which of the following social settings do you think create positive experiences for individuals within the Chasidic community of Borough Park? (check all that apply) \*

*Check all that apply.*

- Shul
- Tisch
- Summer Camps/Bungalow Colonies
- Thursday Night Cholent spots
- Kumzits
- Weddings
- Schools
- Home
- none of these social interactions create positive experience

Other:  \_\_\_\_\_





21. What elements of religion do you think may help an individual struggling with suicidal thoughts? (check all that apply)

*Check all that apply.*

- Prayer
- Learning Torah
- Observance of Mitzvot
- Following Jewish Law
- Shabbat and Holidays
- Dress Code
- Religious social gathering

Other:  \_\_\_\_\_

**Open-ended Questions**

The Chassidic community of Borough Park has unique religious and social norms. These questions give you the opportunity to share your own thoughts and ideas that may not have been covered in previous sections.

22. What are some social and religious factors that help prevent suicide that haven't been included in this questionnaire? \*

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23. What are some social and religious factors that increase the risk of suicide that haven't been included in this questionnaire? \*

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24. What are the resources available to the community that directly deal with suicide that haven't been mentioned? \*

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25. What other thoughts would you like to share regarding suicide in the Hasidic community of Borough Park? \*

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Follow  
Up

This survey and all the information therein will be kept strictly anonymous. If you would like to be part of further research that will allow you to offer more information regarding suicide, please fill out the following questions.

---

26. Would you be willing to be contacted for a follow up interview?

*Mark only one oval.*

Yes

No

Maybe

27. If yes, what would the best phone number or email address to contact you at?

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**Google**Forms

## APPENDIX 1B

סאסייד און די חסידישע קרייזן אין בארא פארק

4/26/22, 1:21 PM

## סאסייד און די חסידישע קרייזן אין בארא פארק

\* Required

1. 1. זוי אלט זענט איר? \*

---

2. 2. וואס זענט איר? \*

וועל אויס נאר איינס

Mark only one oval.

- פרוי
- מאן
- וויל בעסער נישט זאגן

3. 3. וואונארט? \*

וועל אויס נאר איינס

Mark only one oval.

- בארא פארק
- אמאל געוואונט אין בארא פארק
- קיינמאל געוואונט אין בארא פארק

## 4. \*? צו וועלכע קרייז געהערט איר.

וועל אויס נאר איינס

*Mark only one oval.*

- חסידיש
- אמאל געווען חסידיש
- קיינמאל געווען חסידיש

## 5. \*? וואס איז אייער פלאץ און אייער קהילה.

וועל אויס אלע וואס זענען שייך

*Check all that apply.*

- רב/רבי
- אד"מור
- טעראפיסט /מענטעל העלט פראפעססיאנאל
- עסקן
- ("פירער און מיין קהילה") ("קומיוניטי לידער")
- (א פריינט אדער משפחה מיטגליד פון איינער וואס האט גענומען אדער פראבירט צו נעמען דאס לעבן ל"ע (סואסייד)
- קיינער פון די אויבן דערמאנטער
- Other: \_\_\_\_\_

## 6. \*? (נישט מסכים 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק 4. מסכים 5. שטארק מסכים 6. בכלל נישט מסכים 1.)

וועל אויס נאר איינס

*Mark only one oval.*

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

7. 7.1) סואסיידס זענען ריכטיג און פונקטלעך פארשריבן און געמאלדן ביים בתי הלוויות/חברה קדושה. (1) בכלל נישט מסכים. 2. נישט מסכים. 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק. 4. מסכים. 5. (שטארק מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

8. 8.2) אביוסז עקסיסטירט אין די חסידישע קהילות און קרייזן אין בארא פארק. (1) בכלל נישט מסכים. 2. (נישט מסכים) \* 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק. 4. מסכים. 5. שטארק מסכים

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

9. 9. די חסידישע קהילות און קרייזן אין בארא פארק האבן גענוג הילף און אמצאות ("ריסורסס") פאר די וואס ליידן פון סואסייד פראבלעמען סיי דורך אויפמערקזאם מאכן מענטשן און די נושע אדער דורך ושטעלן הילף נאך איינער האט זיך גענומען, אדער פראבירט צו נעמען דאס לעבן ל"ע. (1) בכלל נישט מסכים. 2. נישט מסכים. 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק. 4. מסכים. 5. שטארק (מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

10. 10. יאכן וואס זענען אנגענומען אלס "די נארמאל" און די קהלה איז געשעצט אויפן זעלבע שטאפל ווי. 10. 1. בכלל נישט אידישקייט ענינים (הלכה, מנהגים אד"ג) און די חסידישע קרייזן און בארא פארק? 2. נישט מסכים 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק 4. מסכים 5. שטארק (מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

11. 11. מענטשן וואס האבן זיך גענומען דאס לעבן ל"ע האבן געליטן פון א נפשיות'דיגע אדער גייסטישע ענק (1. בכלל נישט מסכים 2. נישט מסכים 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק 4. 5. שטארק מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

12. 12. דראגס" (סמיום) שפילט א גרויסע ראלע און מענטשן אין חסידישע קהילות און קרייזן אין בארא פארק וואס האבן זיך גענומען דאס לעבן ל"ע. 1. בכלל נישט מסכים 2. נישט מסכים 3. איך שטים (נישט צו אבער איך מאך עס נישט אוועק 4. מסכים 5. שטארק מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים



13. 13. הומו) פילן מסתמא מער איינזאם און עלנד אין די חסידישע) LGBTQIA די וואס זענען א טייל פון. 13. ייזן אין בארא פארק. (1. בכלל נישט מסכים. 2. נישט מסכים. 3. איך שטים נישט צו אבער איך מאך עס \* (נישט אוועק. 4. מסכים. 5. שטארק מסכים  
וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

14. 14..2 זיין פרום פארמערט די מעגליכקייט צו זיין אייגעשטעלט פאר סועסייד. (1. בכלל נישט מסכים. 2. נישט מסכים \* (נישט מסכים. 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק. 4. מסכים. 5. שטארק מסכים  
וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

15. 15. \*? וועלכע יחידים וואלסטו געזאגט פילן מסתמא איינזאם און די בארא פארק קהילה.  
וועל אויס אלע וואס זענען שייך

Check all that apply.

- אראפ פון דרך
- LGBTQIA די וואס זענען א טייל פון
- נפשיות'דיגע אדער גייסטישע קרענק
- גע'גט
- עלטערע וואס דארפן א שידוך
- יתומים
- ארימעלייט
- קיינער פילט איינזאם אדער עלנד

16. 16. אין פרום העלפט פארמיידן סואסיידס. (1. בכלל נישט מסכים. 2. נישט מסכים. 3. איך שטים נישט צו. 4. מסכים. 5. שטארק מסכים) \*  
וועל אויס נאר איינס

Mark only one oval.

	1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	בכלל נישט מסכים

17. 17. פארברענגן מיט אנדערע און סיושלייזן האט אן השפעה אויף די וועג ווי א מענטש פילט וועגן זיך. זיך. 17. אליין און אנדערע. וועלכע פון די פאלגאנדע סיושיל סביבות וואלט איר געזאגט מאכט א פאזיטיווע \*  
? איינדריק אויף מענטשן אין די חסידישע קרייזן און בארא פארק  
וועל אויס אלע וואס זענען שייך

Check all that apply.

- שול
- טיש
- קעמפֿבאננגעלוי קאלאני
- ליל שישי טשאלענט פארברענגן
- קומזיץ
- חתונות
- חדר\סקול
- היים
- קיינער פון די אויבן דערמאנטער סיושיל סעטינגס מאכט א פאזיטיווע איינדריק

18. \*? וועלכע פון די פאלגאנדע באשטעטונגן וועגן די חסידישע קהלה אין בארא פארק איז גערעכט. 18.
- ד'י חסידישע קהלה אין בארא פארק איז...

Check all that apply.

- (א געמיש פון אלע ערליי מענטשן (דייווערס
- געבט זיך אפ מיט די וואס זענען א טייל פון די קהלה
- פאדערט אז מ'זאל זיך צישטעלן סיי און אידישקייט ווי אויך זאכן וואס זענען שאשילי אנגענומען
- שטעלט צו שטיצונגן און גיבט זיך אפ מיט מענטשן וואס מאכן מיט שוועריקייטן מיט געדאנקן פון סוועטייד
- האט שטארקע גדרים וואס האלטן זיך אפגעשייד פון ארימיגע קומוניטיס

19. \*? זיך געוואנדן פאר אן עצה ווי אזוי צו באהאנדלן די מצב
- וועל אויס אלע וואס זענען שייך

Check all that apply.

- רבי
- אדמור
- לערערין \מחנכים
- עסקנים
- מענטל העלט פראפעשינאל
- (היימישע מענטל העלט אגענטור ) עגיענסי
- מעדיצינישע פראפעשינאל
- משפחה מיטגלידער
- גערופן 911
- גערופן הצלה
- חבר
- קיינער

20. יו חסידישע קהילות און קרייזן אין בארא פארק האבן גענוג הילף און אמצאות ("ריסורסס") פאר די 9. פאר די 9. וואס ליידן פון סואסייד פראבלעמען סיי דורך אויפמערקזאם מאכן מענטשן און די נושע אדער דורך אטעלן הילף נאך איינער האט זיך גענומען, אדער פראבירט צו נעמען דאס לעבן ל"ע. (1. בכלל נישט מסכים 2. נישט מסכים 3. איך שטים נישט צו אבער איך מאך עס נישט אוועק 4. מסכים 5. שטארק מסכים) \*

וועל אויס נאר איינס

Mark only one oval.

1	2	3	4	5	
שטארק מסכים	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
בכלל נישט מסכים					

21. וועלכע חלקים פון זיין פרום האלסטו קען צוהעלפן איינער וואס מאכט מיט שוועריקייטן מיט 21. \* ? געדאנקן פון סועסייד

וועל אויס אלע וואס זענען שייך

Check all that apply.

- דאווענען
- לערנען תורה
- היטן מצוות
- זיין אפגעהיטן מיט הלכה
- שבת און יום טוב
- צניעות
- (פארברענגן) שיל, טיש אד"ג
- Other: \_\_\_\_\_

22. 22. וואס זענען נאך אידישע אדער סוישיל זאכן וואס קענען פארמיידן סויסייד וואס איז נישט געווען א. \*  
?טייל פון די אויבן דערמאנטע פראגעס \*

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23. 23. וואס זענען נאך אידישע אדער סוישיל זאכן וואס קענען פארערגערן די מעגלעכקייט פון סויסייד. \*  
?וואס איז נישט געווען א טייל פון די אויבן דערמאנטע פראגעס \*

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24. 24. וספארא אמצאות איז דא צוגעשטעלט פארן קהלה וואס באהאנדעלט ספעציפיש די פראבלעם. \*  
?פון סועסייד וואס איז נישט דא דערמאנט געווארן \*

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25. 25. ועלכע נאך געדאנקן ווילסטו מיט טיילן וועגן די נושא פון סועסייד אין די חסידישע קרייזן און בארא פארק פארק?

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26. 26. \*? וואלט איר מסכים געווען אז מיר זאלן זיך פארבינדן מיט אייך פאר אן אינטערוויו. וועל אויס נאר איינס

*Mark only one oval.*

- יא
- ניין
- אפשר

27. 27. \*? אויב יא, וואס וואלט געווען די בעסטע נומבער אדער אימעיל.

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Google Forms

## APPENDIX 1C

Hello!

Devorah Goldberger is a social worker that is currently doing research on suicide in the Frum community, specifically in Boro Park. The ultimate goal of her research is to help young, Frum, men and women from taking their lives, רחמנא ליצלן.

It would mean so much to me if you could help her out by clicking on the link below to anonymously fill out her confidential survey.

LINK

English Survey

[https://docs.google.com/forms/d/e/1FAIpQLSeVsBpUFv6RZWmHb\\_stGNvDzmu078-hGFAXThr2SUtW-gqXTA/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeVsBpUFv6RZWmHb_stGNvDzmu078-hGFAXThr2SUtW-gqXTA/viewform?usp=sf_link)

Yiddish Survey

[https://docs.google.com/forms/d/e/1FAIpQLSdsvfqYIcMK9F5ISpBJWrCF3Ii6KdlGj1JWWpyLaxPO2OxfIQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSdsvfqYIcMK9F5ISpBJWrCF3Ii6KdlGj1JWWpyLaxPO2OxfIQ/viewform?usp=sf_link)

Thank you so much - תזכרו למצוות!

**APPENDIX 1D**

Hello Again,

If you have already filled out the survey- thank you so much! I need twenty more participants to make it to my target number and would love if you can help make that happen!

Here is the text and links that can be copied and filled.

Thank you again!

Hello!

Devorah Goldberger is a social worker that is currently doing research on suicide in the Frum community, specifically in Boro Park. The ultimate goal of her research is to help young, Frum, men and women from taking their lives, רחמנא ליצלן.

It would mean so much to me if you could help her out by clicking on the link below to anonymously fill out her confidential survey.

LINK

English Survey

[https://docs.google.com/forms/d/e/1FAIpQLSeVsBpUFv6RZWmHb\\_stGNvDzmu078-hGFAXThr2SUtW-gqXTA/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeVsBpUFv6RZWmHb_stGNvDzmu078-hGFAXThr2SUtW-gqXTA/viewform?usp=sf_link)

Yiddish Survey

[https://docs.google.com/forms/d/e/1FAIpQLSdsvfqYIcMK9F5ISpBJWrCF3Ii6KdlGj1JWWpyLaxPO2OxfIQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSdsvfqYIcMK9F5ISpBJWrCF3Ii6KdlGj1JWWpyLaxPO2OxfIQ/viewform?usp=sf_link)

Thank you so much - תזכרו למצוות!



## APPENDIX 2A

### Interview Questions

- 1- Who do you think is the most vulnerable to suicide and why?
- 2- What are some social and religious factors that help prevent suicide
- 3- What are some social and religious factors that increase the risk of suicide?
- 4- What role does family play in individuals contemplating suicide?
- 5- What resources are available for individuals contemplating suicide?
- 6- What resources are available that are unique for schools and educational centers regarding suicide?
- 7- Which, if any, communal changes would make the greatest positive impact on suicide?
- 8- What are your concerns about suicide in the Hasidic community?
- 9- What if any experiences do you have that you would like to share regarding suicide in the community?
- 10- Is there anything else you feel would be important for me to know about suicide in the Hasidic community in Borough Park that I haven't asked about?

## APPENDIX 2B

### Initial Message to Voluntary Survey Participants

Hi (insert participant name),

Thank you so much for taking the time to fill out the online survey as well as offer your time to be interviewed and share your invaluable insight into this sensitive topic.

1-Please click on the link below to find a time and date that works for you to be interviewed.

Note: As I live in CA, the time is set to Pacific time, please make sure to keep that in mind when booking. If you do not find a time slot that works for you, please reach out to me and I will work with you to find a time that works best.

2-Please review the attached Informed Consent document. The form does not need to be signed, however, verbal consent will be gotten at the beginning of our meeting.

<https://calendly.com/devorah-goldberger/60min>

warm wishes,

Devorah

**APPENDIX 2C****Thank You Letter**

Hi [ participant name],

Thank you for taking the time to chat about this important and sensitive issue. You have provided invaluable information that will be kept confidential and ensure your anonymity while contributing to making a difference. To ensure your identity and data remain fully protected, I will destroy all your contact information as well as any other identifying factors. If you would like to contact me with any further questions, please feel free to reach out at

Devorah.goldberger@yu.edu

May Hashem bless you and your loved ones with much continued health and success.

warm wishes,

Devorah Goldberger

## APPENDIX 2D

### Second Message to Voluntary Survey Participants

Hello (insert participant name)

Just wanted to follow up on my previous email I sent last week. For your convenience, I have copied last message to you along with all calendar link and informed consent form.

Looking forward to meeting shortly,

Devorah

#### **Previous message:**

Hello,

Thank you so much for taking the time to fill out the online survey as well as offer your time to be interviewed and share your invaluable insight into this sensitive topic.

1-Please click on the link below to find a time and date that works for you to be interviewed.

Note: As I live in CA, the time is set to Pacific time, please make sure to keep that in mind when booking. If you do not find a time slot that works for you, please reach out to me and I will work with you to find a time that works best.

2-Please review the attached Informed Consent document. The form does not need be signed, however, verbal consent will be gotten at the beginning of our meeting.

<https://calendly.com/devorah-goldberger/60min>

**APPENDIX 2E****Informed Consent Form***Yeshiva University*

Communal and Individual Perspectives on Suicide in the Hasidic community of New York: Risk Factors, Protective Factors

Principal Investigator: *Devorah Goldberger*

Participant's Printed Name:

**INTRODUCTORY PARAGRAPH**

We invite you to take part in a research study *Communal and Individual Perspectives on Suicide in the Hasidic community of Borough Park: Risk Factors, Protective Factors* at *Yeshiva University* which seeks to identify perspectives and factors that influence suicide within the Hasidic community of Borough Park.

Taking part in this study is entirely voluntary. We urge you discuss any questions about this study with our staff members. Talk to your family and friends about it and take your time to make your decision. If you decide to participate, you must sign this form to show that you want to take part.

## **Section 1. PURPOSE OF THE RESEARCH**

You are being offered the opportunity to take part in this research study because you are an integral member of the Hasidic community in Borough Park. This research study is being done to find out more about the phenomenon of suicide; specifically, in the abovementioned community. Whereas the community has been suffering tremendously in the recent past as the numbers and names of victims of suicide keep climbing, the research and understanding of the phenomenon has not been uncovered. This research study is being done to help provide information and understanding of the phenomenon as well as helpful advice based off the findings.

## **Section 2. PROCEDURES**

In order to gather data that can be analyzed and used in research, Participating individuals will be interviewed via some form of communication (Zoom, Skype, Google Hangout, or phone if necessary). The information will be recorded, transcribed, and then coded for use. To protect the confidentiality of the individuals, only initials will be used with any form of internal data, and no names (including) initials will be published, unless the participant provides explicit permission in writing. Since participation in the study is wholly voluntary; should the participant at any given point want to withdraw, it would be their right to, without suffering any sort of consequences. If English is not the participants' first language, or the participant prefers speaking Yiddish or Hebrew appropriate measures will be taken to accommodate the need. Additionally, if the individual participant does not use email, hard copies of all documents will be sent to the participant along with a stamped self-addressed envelope so that the researcher may be contacted.

### **Section 3. TIME DURATON OF THE PROCEDURES AND STUDY**

*Once the participant agrees to be interviewed, a mutual time and date will be set. The duration of the interview will last no longer than an hour and no less than a half hour. If the participant expresses a desire to continue overtime, the request will be granted with a marked notation. The participant will not be required to have any further follow up conversation, however will be available if any of the previously recorded information needs clarification.*

### **Section 5. POTENTIAL RISKS AND BENEFITS**

*There are no reasonable personal risks or benefits to participants. The risks involved with participation are no greater than the risk of everyday living. Similarly, the benefits involved with participation are no greater than the benefit of everyday living.*

*Despite no reasonable risks, due to the sensitive nature of the study, any participants that during and after the interview process may experience difficult feelings due to the sensitive nature of the content being discusses, will be given appropriate community resources to reach out to for additional support.*

*The results of this research may possibly benefit the current communal work you are involved in, however there is no guarantee. The results may also guide the future approach towards this phenomenon as well as positively influence the education of the community at large.*

### **Section 6. STATEMENT OF CONFIDENTIALITY**

We will keep your participation in this research study confidential to the extent permitted by law.

To protect the confidentiality of the individuals, only initials will be used with any form of

internal data, and no names (including) initials will be published, unless the participant provides explicit permission in writing.

Some of these records could contain information that personally identifies you. Reasonable efforts will be made to keep the personal information in your research record private and confidential but absolute confidentiality cannot be guaranteed.

#### **Section 7. COSTS FOR PARTICIPATION**

*There is no cost for participation in the research.*

#### **Section 8. COMPENSATION FOR PARTICIPATION**

*There is no compensation for participation in the study.*

#### **Section 9. RESEARCH FUNDING**

*This research is being funded independently by the researcher.*

#### **Section 10. VOLUNTARY PARTICIPATION**

Taking part in this research study is voluntary. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled.



## Section 11. CONTACT INFORMATION FOR QUESTIONS OR CONCERNS

You have the right to ask any questions you may have about this research. If you have questions, complaints, or concerns please contact me directly at *devorah.goldberger@mail.yu.edu* or at 3470314-8676.

## SIGNATURE AND CONSENT/PERMISSION TO BE IN THE RESEARCH

Your signature below means that you have received this information, have asked the questions you currently have about the research, and have received answers to those questions. You will receive a copy of the signed and dated form to keep for future reference.

**Participant:** By signing this consent form, you indicate that you are voluntarily choosing to take part in this research.

_____	_____	_____	_____
Signature of Participant	Date	Time	Printed Name

**Participant's Legally Authorized Representative:** By signing below, you indicate that you give permission for the participant to take part in this research.

_____	_____	_____	_____
Signature of Participant's Legally Authorized Representative	Date	Time	Printed Name

The signature of the participant's legally authorized representative is required for people unable to give consent for themselves.

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Description of the Legally Authorized Representative's Authority to Act for Participant

**Person Explaining the Research:** Your signature below means that you have explained the research to the participant or participant representative and have answered any questions about the research.

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Signature of person who  
explained this research

Date

Time

Printed Name

## APPENDIX 2F

### Resources

Resources for participants that may experience discomfort or the need to follow up with someone due to the sensitive nature of the content discussed in the interviewing process.

1. National Suicide Prevention Lifeline

Tel: 800-273-8255 available 24 hours

Website: <https://suicidepreventionlifeline.org/>

2. The Samaritans Suicide Prevention Hotline

Tel: 212- 673-3000 available 24 hours/7 days a week

Website: <https://samaritansnyc.org/wp-content/uploads/2015/07/NYC-Suicide-Prevention-Resource-Guide.pdf>

3. RELIEF

<https://www.reliefhelp.org/>

Tel: 718-431-9501 5904

Email: [info@reliefhelp.org](mailto:info@reliefhelp.org)

Address: 13th Avenue Brooklyn, NY 11219

4. AMUDIM

<https://amudim.org>

Tel: 646-517-0222

Email: [info@amudim.org](mailto:info@amudim.org)

Address: 11 Broadway Suite 1076 New York, NY 10004

5. Boro Park Counseling Center

*<https://jewishboard.org/listing/boro-park-counseling-center/>*

Phone: 718.435.5700

Email: [hello@jbfcs.org](mailto:hello@jbfcs.org)

Address: 1273 53rd Street Brooklyn, NY 11219

## APPENDIX 3

**Translator/Interpreter Confidentiality Agreement**

I have been contracted to translate or interpret interviews as part of a research study being conducted by **Devorah Goldberger, PhD candidate at Yeshiva University** in New York, New York.

During the course of interpreting, I will refrain from expressing any personal opinions, or doing anything else that might be considered an activity other than interpreting.

**Confidentiality**

I agree to respect the confidentiality of any conversation I interpret. I will not communicate, publish, or share any information from the research study with any individual or organization other than the researcher named above.

**Accuracy and Completeness**

To the best of my ability, I will execute a complete and accurate translation/interpretation, not omitting or changing anything discussed in the course of the interview. I will not provide any explanation without a specific request from the interviewee or **Devorah Goldberger**.

**Impartiality**

At no time will my personal opinions be allowed to interfere with any communication, and any unsolicited comments or suggestions will be made strictly to improve the quality of communication.

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Translator/Interpreter's Printed Name

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Date

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Translator/Interpreter's Signature