

## Author's Reply

In response to our recent published paper entitled: "Risk and Protective Factors for Suicide Attempt in Iran: A Matched Case-Control Study"<sup>1</sup> Zamani, et al. wrote a letter to highlight the impact of religious beliefs on health and suicide attempt. Their main message was not very compatible with our conclusion; however, we would like to elaborate this issue.

There is relatively strong evidence in the literature that support the positive impact of spirituality on health.<sup>2,3</sup> Although, by definition, spirituality and religious belief are not exactly the same, their overlap is considerable, particularly in a community like Iran with more than 99.6 % Muslim population, and 0.4% population from other religions who are practicing in some degrees.

However, appraising all published papers and from the methodological point of view, we suggest that researchers should pay special attention to the following considerations to improve the quality of new evidences in this field:

1) Exploring the casual association between spirituality/religious beliefs and health in cross-sectional studies is prone to difference biases and errors, such as the effect of reverse causality. Therefore, we need to explore this issue in longitudinal studies. Based on the findings of cohort studies, we are also able to check the temporal fluctuation of beliefs in different aspects of health.

2) It is necessary to distinguish "internalized religion and structuralized religion". These two are different concepts, for example the former is related to positive attitudes such as tolerance and lack of prejudice while the latter one is "linked with prejudice".<sup>4</sup> However, many studies fail to check the impact of different types of view of religion on health. Therefore, studies, which measure the practice of religion with little attention to internalization of religion, might give a different view of influences of religion in mental health. It seems that other factors such as cultural and social norms, as well as gender and socio-economic status of subjects might modify this association. Therefore, exploring the impact of religion on health that has classified by these factors creates a more comprehensive picture.

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