The Sociology of Youth Suicide: Risk and Protective Factors

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Abstract

What are the risk and protective factors impacting youth suicide today? Based on the theories of Emile Durkheim (1897) and Patricia Hill Collins (1989), I review scholarly studies published within the last twenty years to analyze the societal factors leading to suicide among young adults (ages 15-24 years). I propose that youth suicide is a result of many societal factors that are impacting the individual, including a young person’s social environment, gender, class, race, sexual orientation, religion, family, and their community involvement. These social factors can ultimately negatively or positively affect the individual, leading or preventing her or him from engaging in suicidal behaviors. Results show that social environment, gender, class, race, and sexual orientation can act as either risk or protective factors, depending on the intersections of several variables that will be explained in-depth. Religious involvement, family ties, and community connectedness act as protective factors against youth suicide. Future research needs to develop prevention programs and evaluate them for their effectiveness in preventing youth suicide.
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1. Introduction

In September 2010, the suicide of 18-year-old Rutgers University freshman Tyler Clementi attracted the nation’s attention. Everyone from President Barack Obama to Ellen DeGeneres spoke out about his case. Clementi committed suicide, devastated after learning that his new college roommate had been live broadcasting his romance with another man over the internet. Clementi was described as an accomplished violist who was full of potential for the future (“Tyler Clementi,” 2012). This incident shocked Americans across the country and began to provoke discussion about youth suicide and the factors impacting it.

Tyler Clementi is not alone. According to the American Foundation for Suicide Prevention (AFSP), the rate of suicides in the United States has been increasing since the year 2000, with 38,364 deaths reported as suicide in 2010, and 4,600 of these deaths occurring among young people ages 15-24 (Facts and Figures, 2010). In keeping with AFSP and American Association of Suicidology practice, the term “youth” is defined as being between the ages of 15-24 in this paper. Former Surgeon General David Satcher (n.d.) noted, “Suicide is the third leading cause of death of young people aged 15-24 in the United States. Four thousand suicides occur each year in this age group alone.” The most recent available suicide data in the United States from 2010 reveals that after a period of decline, suicide rates for young people have been on the rise, increasing from 9.7% in 2007 to 10.5% (McIntosh & Drapeau, 2012). That year, an average of one young person every hour and 54 minutes committed suicide. Young people made up 14.1% of the total population in 2010; they accounted for 12.0% of total suicides across the country (McIntosh & Drapeau, 2012).
Well over a century ago, sociologist Emile Durkheim (2006 [1897]) remarked, “We must not forget that the child, too, is subject to social forces and that these may be sufficient to drive him to suicide […] There is the fact that in developed countries the number of child suicides is increasing with deplorable regularity” (p. 88-89). Given the above statistics, Durkheim’s warnings are still highly relevant today, and the social forces and conditions he refers to must be examined in order to prevent a further rise in youth suicide.

In order to effectively implement protective and preventative measures, it is necessary to first understand the complexity of suicide among young people. It is important to take into consideration all the possible risk, protective, and prevention factors, because analyzing, understanding, and studying these factors will ideally prevent future suicides and allow young people to live longer, healthier lives.

Suicidal behavior occurs across a spectrum that includes suicidal ideation, suicide attempts, and, finally, fatal, completed suicides. All aspects of this continuum must be accounted for and evaluated in order to fully understand the issue of suicide (Garofalo et al., 1999, p. 492). Suicidal ideation involves any thoughts contemplating the possibility of suicide (Beautrais, 2003, p. 1138). Incomplete suicide attempts can “range from the minor to the medically severe” (Beautrais, 2003, p. 1138). Fatal, completed suicides are self-explanatory. Another key term, suicidality, is defined as “the likelihood of an individual completing suicide” (The Free Dictionary, 2013).

This paper addresses the following research questions: From a sociological perspective, what are the main risk factors that increase a young person’s suicidal ideation and suicidality? What are the main protective factors that decrease a young person’s suicidal ideation and
suicidality? More specifically, how do social environment, gender, class, race, sexual orientation, religion, family, and community involvement all play a role in a young person’s suicidality?

This paper examines all of these aspects surrounding the issue of youth suicide through a review of relevant empirical literature, primarily sociological in nature, published in the United States within the last twenty years. These studies and their findings build on the perspectives of social theorists Emile Durkheim (2006 [1897]) and Patricia Hill Collins (1989). In addition, this paper offers some suggestions and direction for future research and further support services, based on the findings that will be discussed.

In the following, I discuss Durkheim’s thinking about suicide before formulating hypotheses about youth suicide in particular.

2. Theoretical Perspective

2.1 Integration, Regulation, and Suicide

The pioneering findings and theories of sociologist Emile Durkheim over a century ago offer a strong basis for a sociological perspective on the issue of youth suicide. Durkheim is viewed as one of the founding fathers of sociology; in addition to that, he is viewed as the founding father of sociological thinking on suicide. In the words of Richard Sennett (2006), who wrote an introductory piece to a recent translation of Durkheim’s famous book, On Suicide:

Emile Durkheim taught the modern world how to think about suicide. Before him, suicide seemed a matter of purely individual despair. Durkheim saw that suicide has a social dimension. He observed that groups in which there is a good balance between individual initiative and communal solidarity have the lowest rates of suicide. Suicide cannot be understood simply as a form of mental illness. Less psychology and more sociology is required to make any sense of why some groups more than others might kill themselves (p. xi – p. xvi).
In his 1897 publication *On Suicide*, Durkheim defined two key factors impacting rates of suicide: integration and regulation. Integration is the presence and importance of an individual’s relationships and involvement in their communities; regulation is the presence and importance of norms, rules, and laws, both informal and formal. Too much or too little of either could result in suicide (Durkheim, 2006 [1897]).

Durkheim developed three types of suicide around the ideas of societal integration and regulation: egoistic, altruistic, and anomic suicide. Durkheim believed that “social bonds lie below the surface of people’s everyday consciousness” (Sennett, 2006, p.xi), meaning that we are constantly being influenced and shaped by outside influences, whether we recognize it or not. Varying levels of integration within society and regulation in our lives imposed by society impact us on the individual level. As Durkheim (2006 [1897]) noted, an individual’s actions are often indicative of a larger social state:

> The social rate of suicide can only be explained sociologically. It is the moral constitution of society that determines at any moment the number of voluntary deaths. Thus for every nation there is a collective force, of a definite level of energy, which drives men to kill themselves. The movements that the victim carries out – which, at first sight, seem to express only his personal temperament – are in reality the outcome and extension of a social state to which they give external form (p. 331).

Durkheim’s concepts of suicide, integration, and regulation derive from his study of various social bonds and their effects on individuals and help to explain how suicide occurs as a result of a collective force, rather than an individual’s singular action.

First, Durkheim defined **egoistic suicide** as coming about as a result of excessive individuation and an overall lack of social integration. Egoistic suicide stems from “depression and apathy produced by exaggerated individuation,” (Durkheim, 2006 [1897], p. 397) another way of stressing a deficient sense of social integration and inclusion. Durkheim explored two
main facets of social life related to this type of suicide – family and religious ties. He concluded that suicide risk was reduced in large, as opposed to small, families, and that unmarried people were more prone to suicide than married people. He found that Jews and Catholics were less likely than Protestants to take their own lives, because Protestants were provided with a less rigid social structure than the comparable religious groups (Durkheim, 2006 [1897]). From this, we learn that religious affiliation might have an impact on youth suicide.

Durkheim mainly discussed religion as a factor in egoistic suicide because he emphasized the importance of the community it provides. In Durkheim’s (2006 [1897]) words:

> If religion does protect man from the desire to kill himself, it is not because it preaches to him respect for his person in itself, but because it is a community. What makes up the existence of a certain number of traditional and, consequently, obligatory beliefs and practices that are common to all the faithful. The more numerous and strong these collective states are, the more the religious community is strongly integrated; and the greater too, is its protective value (p. 178).

Involvement in a religious group can provide individuals with the level of integration necessary to survival. By uniting with people with common interests and beliefs, they have reliable social supports to turn to in times of need.

Realizing that religion proved to be a protective factor against suicide mainly because it provides people with a close community to rely on, Durkheim decided to explore the possibility of other social groups and communities as protective factors, including the family. Durkheim (2006 [1897]) summarized his findings on the family quite clearly, writing, “Just as the family is a powerful preservative against suicide, its action is more effective the stronger its composition” (p. 217). Durkheim also made one other major point about family life – size matters. Durkheim (2006 [1897]) reasoned that in small families, memories and communal feelings could not be very strong because they could not be reinforced by sharing them with many people, rendering
these groups “ephemeral” (p. 216). The stronger the ties between family members, the more protective the family proves to be, but the smaller the family, the less protective it proves to be. These findings indicate that the nature of family ties and the size of a family could also potentially be very applicable to youth suicide. The stronger a young person’s family or other community ties, the less likely the young person is to commit suicide, and the large the size of the family or peer group, the less likely the young person is to commit suicide.

Second, altruistic suicide is the opposite of egoistic; it is the result of high integration into society, when a person decides to kill themselves for the sake of the common good. It is a form of self-sacrifice for the sake of a larger cause; the most common example of this occurs in war, when young people join the military and die in war. In general, I believe that altruistic suicide does not apply as often to youths as the other two types of suicide, with the exception of young people in the armed forces. Altruism emphasizes the importance of belonging to a group and of feeling solidarity with others. When altruism leads to suicide, it can be seen as an indication of excessive integration, to the point that the lives of others become more important than one’s own life. Finding the balance between egoism and altruism, from Durkheim’s point of view, is essential to the preservation of life (Durkheim, 2006 [1897]).

Aside from suicides during wartime, I believe that most youth suicide in the U.S. today does not derive from a need or compulsion to contribute to the greater good. For the purposes of this paper, military suicides are not included, because only issues surrounding youth below 18 years old (15 – 17 years old) will be discussed here.

Third, anomic suicide is a result of lack of meaning in a person’s life, when he or she has no moral regulation to help establish his or her place in the world. Durkheim (2006 [1897])
defined anomie as “a state of disorganization” (p. 277), and Sennett (2006) describes it as a state of “ruleless-ness” (p. xix). In Durkheim’s (2006 [1897]) study, anomie was mainly studied through an economic perspective. He looked to periods of either an economic boom or an economic crisis, reasoning that these events create “disturbances in the collective order. Any disturbance, even when it results in greater wealth and an increase in vitality, drives some to suicide” (Durkheim, 2006 [1897], p. 267). Whenever the normal social order is upset, there is some sense of a lack of regulation, which can result in anomic suicides.

This chaotic condition of normlessness can be applied in other situations as well. Another way of viewing anomie could be to also understand it as meaning limitless. Even in environments where there is some level of regulation, such as on high school or college campuses, there are no apparent limitations to an individual’s ambitions, goals, and desires. In such environments, students are encouraged to compete with one another, and there are no boundaries set for what they can possibly attain. Durkheim (2006 [1897]) touched on this idea when he wrote:

> The state of disorganization, or anomie, is thus reinforced by the fact that passions are less disciplined at the very time when they need stronger discipline. Over-excited ambitions always exceed the results that they achieve, whatever these may be, because they have not been made aware that they should not go any further. Consequently, nothing satisfies them […]. Above all, as this race towards an unattainable goal can give no satisfaction but the race itself, should anything chance to get in its way, then one is left empty-handed […]. How can the will to live not be weakened in these conditions? (p. 277-278).

This can be applied to the study of youth suicide by assessing the presence of anomie on high school and college campuses. In these environments, students are given free rein in a number of ways – academically, socially – and if there are no imposed limits or regulations to balance out their lofty goals and desires, anomic suicide may occur.
Because he was exploring economic anomie, or a state of economic disorganization, Durkheim (2006 [1897]) found that, contrary to his contemporaries’ beliefs, poverty did not induce suicide. In fact, he concluded that the perpetually impoverished had lower rates of suicide. He attributed this to the fact they knew that the odds were against them, and so, their acceptance of their unfortunate situations prepared them to handle them and cope with them better than people from the middle and upper classes. Those from higher classes are not accustomed to disappointment, and, therefore, are ill-prepared to deal with hardships when they arise (Durkheim, 2006 [1897], p. 277-278). They are not used to having their wants and desires limited, whereas someone who has lived in chronic poverty knows what they cannot achieve. Durkheim (2006 [1897]) wrote, “Of all schools, [poverty] is the one that best teaches a man to restrain himself. By obliging us to exercise constant discipline over ourselves, it prepares us to accept collective discipline with docility” (p. 278).

I found Durkheim’s (2006 [1897]) discussion of gender and race to be somewhat incomplete, as will be mentioned later on. The social conditions surrounding women today are quite different than they were during the time in which Durkheim conducted his research. Because of this, his main references to women and suicidality were in regards to how their suicide rates were impacted by marital status (unmarried, married, widowed) and whether or not they had children (Durkheim, 2006 [1897], p. 210). He also looked at women in terms of their level of educational attainment, stating, “We have seen that, in every country in the world, women commit suicide much less than men; and they are also a lot less educated. Essentially a traditionalist, a woman moulds her conduct according to established beliefs and does not have great intellectual needs” (Durkheim, 2006 [1897], p. 173). This explanation does not hold much weight currently in the United States, where 916,000 women and only 685,000 men graduated
from college in 2009 (U.S. Census Bureau, 2012). Because the context of the times has changed, Durkheim’s argument needs to be reframed, but his work does again point to the importance of familial relationships, and he touches on how educational levels may impact an individual’s risk of suicidality. Based on these aspects of his findings, youth suicide may increase as levels of education increase, and, once again, the importance of strong familial ties is reinforced.

Durkheim (2006 [1897]) offered “a warning that sociologists cannot be too careful in trying to determine the influence of race on a given social phenomenon; because, in order to resolve such questions, we must first know what are the different races and how they are distinguished from one another” (p. 69). What Durkheim was getting at with this cautionary statement was the ambiguity of race. He was pointing to the impossibility of applying an exact science to determining a person’s hereditary origins because of the intermixing of various races over the centuries. From this point of view, Durkheim felt that the lines between races were too blurred to be explored from a biological standpoint, rendering race an indeterminate factor in relation to suicide because it could not be properly defined and measured beyond a shade of doubt (Durkheim, 2006 [1897], p. 68 – 69).

Research since Durkheim’s time has further developed these ideas and brought them to a new level. There is much agreement with the idea that race is often ambiguous and indeterminate, but researchers today also take this one step further, recognizing the importance and the impact of race as a social construction. Smedley and Smedley (2005) show that Durkheim’s ideas regarding race have become much more scientifically advanced, but still remained true over the years, stating, “The consensus among most scholars in fields such as evolutionary biology, anthropology, and other disciplines is that racial distinctions fail on all three counts—that is, they are not genetically discrete, are not reliably measured, and are not
Durkheim (2006 [1897]) began to hint at this idea when he wrote, “If the Germans do kill themselves more than other peoples, the cause is not the blood in their veins, but the civilization in which they were brought up” (p. 74), but he did not bring this idea fully into fruition in the same way that we view it today. His main point was to refute the concept of suicide as being a hereditary trait that could be passed down through genetics, rather than to show how society’s perception of race can influence different racial groups’ tendencies towards suicide.

Durkheim’s discussion of race is not entirely relevant to today’s world, as he was focused on race as an indeterminate hereditary factor, rather than exploring the social perceptions and constructions surrounding race, racial identity, and race relations (Durkheim, 2006 [1897], p. 68-69). In the cases of gender, race, and sexual orientation, I mainly turn to the work of Patricia Hill Collins (1989) to fill in where Durkheim cannot. Specifically in regards to gender, race, and sexual orientation, her theories are more helpful to explain phenomena of the modern-day world.

Overall, Durkheim gave sociologists a very solid foundation to build upon as time progresses and further research is conducted. By defining integration and regulation and establishing the concepts of egoistic and anomic suicide, he has created an important framework for researching, analyzing, and understanding how and why suicide occurs. It is because of his work that suicide is no longer understood as the ultimate individual act; it is evidence of a social state that is plaguing society as a whole. Next, I describe how Patricia Hill Collins’ (1989) theory of intersectionality helps to supplement and frame the work of Durkheim in the modern world.

2.2 The Intersectionality of Race, Class, and Gender
While Durkheim does cover a vast expanse of social factors that affect an individual’s level of suicidality, he does not fully acknowledge the important intersections that race, class, gender, and sexual orientation in particular can play in shaping a person’s life story. Patricia Hill Collins (1989) offers a discussion of how various factors (race, class, and gender being the main components) are “interlocking categories of analysis that together cultivate profound differences in our personal biographies” (p. 3). The impact that each of these social features has individually and in conjunction with the other variables is very important to consider.

Collins (1989) asserts that we need to reconceptualize race, class, and gender in order to understand them all as interlocking and contributing factors to the construction of a person’s selfhood. She writes particularly of their effects on oppression, separating this oppression into three distinct categories: the institutional dimension of oppression, the symbolic dimension of oppression, and the individual dimension of oppression (Collins, 1989, p. 6). Her theory of intersectionality is relevant to the study of youth suicide, because oppressive, external forces can either drive a person to self-destruction or draw them away from it. Understanding how race, gender, and class interact is essential to explaining how certain factors either bring young people to harm themselves or prevent them from doing so.

Discussing the symbolic and institutional dimension of oppression, Collins (1989) contends that despite the fact that our institutions are blanketed by an ideology claiming equal opportunity for all, the reality is that racism, sexism, and classism are all given their places in schools, businesses, hospitals, government agencies, and so on. Together, these forms of prejudice and discrimination function to maintain the status quo, though their presence is obscured by a façade of equality (Collins, 1989, p. 6-7).
The symbolic dimension of oppression is comprised of “widespread, societally-sanctioned ideologies used to justify relations of domination and subordination” (Collins, 1989, p. 10). This dimension speaks to the social construction of how race, gender, class status, and sexual orientation are perceived. Society’s general perception of what is masculine and what is feminine essentially only reflects the ideas and interests those in the dominant group – white people in the middle or upper classes. This symbolic dimension of oppression contributes to the rigid social construction of gender, determining that a man is expected to be “aggressive, rational, strong,” and a woman should be “passive, emotional, weak” (Collins, 1989, p. 10). In this way, minorities and the disadvantaged – be it minorities in age, sexual orientation, race, gender, or class – are left unrepresented and systems of domination can be kept intact, and “the experiences of people of color and of nonprivileged White women and men [become] invisible” (Collins, 1989, p. 10-11).

The final dimension of oppression that Collins discusses is the individual level. The individual dimension of oppression occurs against the “structural backdrop” created by the institutional and symbolic dimensions of oppression (Collins, 1989, p. 13). As a result of these socially-created and perpetuated classifications, personal identities and lives are affected, and individual choices each carry a certain level of political significance. They control relationships and how we connect with other people, because, more often than not, we are surrounded by people who are seemingly similar to us. By allowing these barriers to connection to continue to exist, oppression in multiple forms continues to impact our society and the lives of individuals (Collins, 1989, p. 13-14). In the same way, society’s institutions and the symbolic meanings constructed by society as a whole have a trickle-down effect on the health and choices of young people.
Collins’ (1989) theory of intersectionality is extremely applicable to this paper’s discussion of risk and protective factors on youth suicide. In some respects, she can fill in areas that Durkheim left underdeveloped, mostly because of the context of his time. Her theories are particularly important to the discussion of race, class, gender, and sexual orientation. Her perspective offers a way to explain how the oppressors and the oppressed – whether they attained this status by means of race, class, gender, sexual orientation, or some other feature – experience increased or decreased rates of suicidality.

In terms of how Collins can help to frame race in the study of youth suicide, Smedley and Smedley (2005) agree with Collins’ (1989) assertions that the effect of the social construction of race in various aspects of life is very real and deserves attention and thorough consideration. The social construction of race includes the characteristics, the stereotypes, and the cultural meanings that society ascribes to different groups. This develops into an ideology or a set of beliefs about human differences that serve to shape unjust social policies, promote the status quo, justify institutions like slavery, and preserve power, prestige, and wealth for the hegemonic group (Smedley & Smedley, 2005). This ideology composes the symbolic dimension of oppression, which then supports the institutional dimension of oppression. As established by Collins’ (1989) theory of intersectionality, the social construction of race, along with class and gender, plays a role in shaping a person’s self-identity and relationship with the outside world. Given the reality of the impacts of society’s self-created and perpetuated racial distinctions, however arbitrary these distinctions may be, race, and the system of oppression that utilizes race, needs to be considered as influencing factors in the study of suicide.

3. Hypotheses
This paper will explore the following research questions: from a sociological perspective, what are the main risk factors that increase a young person’s suicidal ideation and suicidality? What are the main protective factors that decrease a young person’s suicidal ideation and suicidality? More specifically, how do social environment, gender, class, race, sexual orientation, religion, family, and community involvement all play a role in a young person’s suicidality?

Based on Durkheim’s (1897) theories, in conjunction with Collins’ (1989) theory on the intersections of race, gender, and class, I hypothesized that youth suicide occurs as a result of many external, societal factors that impact individuals: social environment, gender, class, race, sexual orientation, religion, family, and community connectedness and social involvement. Ultimately, these contextual factors can negatively or positively affect individuals, leading or preventing them from engaging in suicidal behavior.

More specifically, I hypothesized that: (1) A young person who has desires and aspirations that are not limited and are held to nearly impossible standards of attainment is more likely to commit suicide; (2) Young men and young women are both at risk for suicide, but in different ways, and young men are more likely to successfully complete a suicide attempt because of how gender is symbolically constructed by society; (3) A young person whose desires are limited by a lower social class position is less likely to commit suicide; (4) The effect of race on suicide risk will vary greatly for different groups, depending on the intersections of the institutional, symbolic, and individual dimensions of oppression; (5) A young person who identifies as gay, lesbian, bisexual, or transgender is more likely to commit suicide, as a result of their institutional, symbolic, and individual dimensions of oppression they face; (6) A young person who has a strong faith, follows a code of moral regulation, and is part of a tightly-knit religious community is less likely to commit suicide; (7) A young person who has and feels a
responsibility towards a dense, tightly-knit family is at a lower suicide risk; and (8) A young person who is strongly socially involved and integrated with his or her community in some form is less likely to commit suicide. To reiterate this, I hypothesize that many social factors will simultaneously interact and have an overall effect on youth suicide rates.

4. Methods

The studies and articles discussed in this literature review were selected based on the following criteria. Each study was published within the last twenty years (between 1993 to the present time, 2013), with the exception of Emile Durkheim’s foundational study in 1897, the articles pertaining to his findings, and the work of Patricia Hill Collins in 1989. All of the studies and articles chosen focus on high school and college-aged youth. All sources used are scholarly and peer-reviewed. Any study that examined countries other than the United States was eliminated, as the United States is the focus of this review.

I began my search on databases accessed through the Emmanuel College Library, starting with SoCINDEX with Full Text and JSTOR. The main keywords used were “youth suicide,” “high school suicide,” and “college suicide,” in conjunction with the phrases “risk factors” and “protective factors.” After several articles were found preliminarily using this method, their bibliographies led to other relevant and important articles that matched the necessary criteria.

After I read each article thoroughly, the following details were recorded in a comparative grid: the author, journal title and year published, major keywords within the article, the demographics of the sample population used in the study, the researchers’ methods, the main overarching findings, and how their findings are relevant to the research questions and verify or falsify the hypotheses. In this way, larger themes were drawn out from the literature, any
disparities among the studies were found, and gaps in the research became evident, giving way to suggestions for future research in the field of suicidology. I also created a table of my original hypotheses, organizing information that either supported or refuted them (see Appendix).

This paper may be somewhat limited by the wide breadth of its goal. Because it does not fully discuss one specific risk or protective factor in-depth, the best articles on each topic were chosen at my discretion. It is also possible that some relevant studies and articles were mistakenly omitted, as a result of limited database availability of Emmanuel College or the research methods and search terms themselves. In addition, the majority of sources included here involve quantitative research, and qualitative research with youth, their parents and teachers, etc. could offer important insights to help understand the complexities of youth suicide. This paper solely examines research involving the United States, so comparative studies were not included for the purpose of consistency. Comparative studies could potentially reveal important information that is not included here.

In the following section, I discuss the various risk and protective factors that previous researchers found and supported.

5. Findings: Risk and Protective Factors

Risk factors related to suicide can be traits, states of being, events, or triggers that “increase the likelihood of both suicidal feelings and suicidal behavior” (Kisch, Leino, & Silverman, 2005, p. 7-8). In this understanding, traits include characteristics like gender and sexual orientation, states of being include feeling states such as isolation, and events are triggers like receiving failing grades in school or facing rejection from peers (Kisch, Leino, & Silverman,
Combinations and high levels of these risk factors increase a young person’s suicidality.

As defined by Westefeld et al. (2006), protective factors are: “adaptive characteristics that may inhibit suicidal behavior. These factors include the strategies implemented when coping with a stressful situation and the factors that contribute to an individual’s ability to persevere during difficult periods in life” (p. 934). Marion and Range (2003) refer to such factors as suicide buffers, or “factors that are associated with low suicide ideation” (p. 33). I understand them as societal or social, as I explained above.

Feelings of hopelessness, helplessness, and depression are consistently cited as factors that may increase an individual’s risk of committing suicide. Furr, Westefeld, McConnell, and Jenkins’ (2001) study of 1,455 college students indicated that 53% had experienced depression since they began their college careers. Nine percent reported that they had considered, thought about, or imagined committing suicide. Of the students who reported suicidal ideation, 49% claimed that hopelessness was a strong contributing factor, 47% reported loneliness, and 37% reported helplessness. Suicide attempters were more likely than those who had experienced depression to indicate helplessness, hopelessness, and loneliness as contributors to their actions, which indicates that these factors could potentially drive an individual from simply experiencing depression to contemplating and committing suicide. These results indicate that when students feel as though they lack control of external or internal aspects of their lives, they can become overwhelmed, lose hope, and feel they are left with no way out (Furr et al., 2001).

More recently, Kisch et al. (2005) reinforce these findings. In their survey of 15,977 college students on twenty-eight different college campuses of varying sizes and in diverse
suburban, urban, and rural locations, students who reported seriously considering suicide almost always also reported feeling hopeless, and 94.9% of them reported that they had felt so depressed that it was difficult for them to function at least one time during the previous year (Kisch et al., 2005, p. 8).

These overwhelming emotions can weigh so heavily on some students that their abilities to efficiently carry out daily functions become impaired. Hopelessness, helplessness, and depression appear to be psychological factors on the surface, but understood through Durkheim’s (2006 [1897]) theories, they could be interpreted as signs of a student’s lack of integration within their communities, leading to egoistic suicide. If students are feeling hopeless and helpless, this could be attributed to a need for greater integration within their schools, peer groups, or other social groups. Some of these cases could also be seen as anomic. If students’ goals aren’t regulated, they may become hopeless, helpless, and depressed if they continually face failure, indicating a need for stronger regulation in their lives.

The hopelessness, helplessness, and depression that a suicidal person feels can prove to be evidence of issues plaguing society on a larger scale. That is by no means to say that the presence of internally generated mental illnesses increasing suicidality in a person should be discounted; it is to say, rather, that the external factors that can create these feelings and worsen the existence of such feelings need to be acknowledged, considered, and rectified. Many of the following large-scale risk factors could lead to feelings of hopelessness, helplessness, and depression on the individual level. The effects of social environment, gender, class, race, sexual orientation, religion, family, and community connectedness and involvement will be discussed below.
5.1 Social Environment and Educational Demands

Benjamin Hansen and Matthew Lang’s (2011) study offers an important perspective on the role of the educational system in preventing or increasing suicides. In their secondary analysis of suicide data between the years of 1980 to 2004, they find that 14-18 year olds experience a dramatic decrease in suicides during the summer months, as well as the month of December, during which school breaks occur. Hansen and Lang (2011) suggest that this change could occur for two possible reasons. During school vacations, youth can selectively choose the peers that they spend their time with, minimizing the potential for negative social interactions. Second, school vacations provide an escape of academic pressures and responsibilities (Hansen & Lang, 2011, p. 860).

During the summer months, 19-25 year olds, on the other hand, see a slight rise in suicide rates. While I have not come across any research that would account for the increase for 19-25 year olds, one could speculate on some explanations. While minors under the law have to attend high school, there is no information about whether the 19-25 year olds in the study were attending college, in full-times jobs, unemployed, or occupying their time in some other manner. Based on Hansen and Lang’s (2011) conclusions, I would guess that, had all the 19-25 year olds been enrolled in higher education during the academic year, they would have seen a similar drop in suicide rates during the summer months and other school breaks. The structure of educational institutions leaves high school and college students with an overwhelming sense of choices, as their passions, desire, and goals are not limited. Understood through the perspective of Durkheim (2006 [1897]), this limitlessness can be a breeding ground for anomic suicide.
Westefeld et al. (2005) support this idea. In their study of 1,865 students at four large U.S. universities, 5% of the respondents reported having attempted suicide. 100% of this sector of the student body reported that school-related stress contributed to their attempts (Westfeld et al., 2005, p. 642). Overall, the stress of educational demands could be a prominent factor in youth suicide rates, so this is information that state officials and high school administrators need to take into account when considering the length of the academic year (Hansen & Lang, 2011, p. 852).

Oftentimes, students experience such a high level of school-related stress because they do not want to disappoint key individuals in their lives, such as: their professors, their parents, their friends, and themselves. They are striving for a certain standard of perfection. Dean and Range (1996) examine the strength and validity of a particular theory – the “escape theory” of suicide. This theory proposes the idea that there are six distinct steps in the process of a person becoming suicidal: believing that his or her life is falling below standards of perfection, blaming disappointing circumstances on himself or herself, turning to a state of high self-awareness, developing of a negative affect (i.e. depression or anxiety), shifting to a state of cognitive deconstruction and hopelessness, and, finally, losing inhibitions that would otherwise prevent suicide. This theory was tested by administering a series of self-report measures on a sample of 168 college students (Dean & Range, 1996, p. 417).

Ultimately, the researchers found that what participants viewed as “socially prescribed perfectionism” was significantly correlated with suicidal behaviors, much more so than self-oriented perfectionism (Dean & Range, 1999, p. 423). Socially prescribed perfectionism can be defined as the values and standards that we feel our peers and society as a whole impose on us, as opposed to self-oriented perfectionism, which involves the standards and expectations we set.
for ourselves. When individuals do not feel that their lives are meeting the norms created and enforced by their peers, teachers, friends, parents, etc., they are at greater risk of suicide (Dean & Range, 1996, p. 423). This conclusion offers support to Durkheim’s (2006 [1897]) theories, as falling below socially constructed norms indicates a failure to meet the regulations of society at large. More often than not, the standards prescribed by society are far from being realistically attainable – hence, the word perfectionism is appropriately used. If students cannot reach these standards imposed upon them, they are left unsatisfied, as Durkheim (2006 [1897]) describes. Consequently, the will to live is lessened, and they can fall victim to anomic suicide.

5.2 Gender Differences

Researchers have noted important differences in rates of suicidal ideation, suicide attempts, and suicidality between young men and young women. Canetto and Sakinofsky (1998) termed this trend “the gender paradox of suicidal behaviors” (p. 1). This is not to say that either young men or young women are particularly always more likely to be at risk to commit suicide; rather, each group can be at risk, but in different ways. For example, women across all age groups are about twice as likely as men to attempt suicide, but men are more than four times more likely to complete the act (U.S. Department of Health and Human Services, 1999).

O’Donnell, O’Donnell, Meritt Wardlaw, and Stueve (2004) conducted a study on 1,185 eleventh grade African American and Latino students in inner city Brooklyn, New York. The sample population had an average age of seventeen. The study assessed suicidality and potential risk and resilience factors impacting this population. Using a variety of surveys, they asked questions about gender, ethnicity, household composition, family closeness, peer support, religiosity, school attachment, and ethnic identity formation (O’Donnell et al., 2004, p. 41-42).
In regards to gender, they found that among this sample, young women were much more likely than young men to report having considered suicide, and twice as likely to report at least one suicide attempt (O’Donnell et al., 2004, p. 44-45).

The findings of Kisch et al. (2005) also support this gender paradox of suicidality in youth. Their results showed that “the sense of feeling hopeless on three or more occasions occurs more frequently in women” (Kisch et al., 2005, p. 7). As previously mentioned, hopelessness is a well-known and fairly well-established risk factor, though it should be noted that hopelessness does not always necessarily lead to suicidal ideation or attempts. In regards to young men, Kisch et al. (2005) noted that “persistence is a risk factor, and there appears to be gender differences in relation to persistence. The difference between men reporting attempting suicide three or more times is 0.8% compared to 0.3% for women. Among those who made attempts, approximately one third made repeated attempts, and men were more frequently in this group” (p. 7).

These two studies complement one another, as O’Donnell et al. (2004) emphasize females as being at risk in terms of suicidal ideation and nonfatal attempts, and Kisch et al. (2005) appear to emphasize the males as being more at risk because their attempts will continue to persist if they fail. They demonstrate how paradoxical gender can be in relation to suicide. Again, both groups are at risk, just in different ways.

While Durkheim (2006 [1897]) left his conclusions regarding the role of gender on suicide somewhat incomplete, he did comment, “Can it be argued that women, like men, inherit a tendency to suicide, but that this is neutralized most of the time by the social conditions peculiar to the female sex?” (p. 87). The social conditions for women in the time period in
which Durkheim was conducting his research were much different than the social conditions that surround women today, but the same idea is still applicable.

Bearman and Moody’s (2004) work expanded on this idea in some ways. In their analyses of data collected from eighty different high schools across the country, Bearman and Moody (2004) assessed males and females separately to account for gender differences. Their findings consistently supported the idea that girls and boys undergo different processes of suicidal ideation. They showed that for girls, weak social networks with peers were consistently related to higher rates of suicidal ideation. Specifically, their results demonstrate that social isolation from peers or having intransitive friendships meant that girls were more likely to consider suicide (Bearman & Moody, 2004, p. 93). For the purposes of this particular study, “intransitive friendships” refer to the feeling of pressure to have one’s friends be friends with each other (Bearman & Moody, 2004, p. 89). These factors, as well as experiencing forced sexual relations and having a higher body mass index, substantially increased the risk of suicidal behavior in adolescent girls; for boys, these factors were not as strong.

Society perceives women in a certain way, attributing certain qualities to them, as described by Collins (1989). While women have made great strides in the United States in terms of equalizing their positions with men, there is still an evident imbalance, and there is still a stereotypical role set out for women as being weak and emotional (Collins, 1989, p. 10). Because young girls and boys are socialized in certain ways, different aspects of life have varying levels of impact on them. Researchers have speculated that girls may be more likely than boys to engage in protective behaviors, “such as seeking help, being adequately aware of warning signs, having flexible coping skills, and building effective social support systems” (Miller & Eckert, 2009, p. 155). For girls, relationships and being well-liked are of the utmost
importance, because they are meant to be kind, caring nurturers (Lorber, 1994, p. 61), so they may be more willing to nurture these support systems and reach out for help when they need it, before it is too late. Boys’ persistence in their suicide attempts can be partially explained by the fact that they are expected to be strong, powerful, and successful (Lorber, 1994, p. 61); any kind of failure is too much to bear, so they persist until their attempts are fatal.

5.3 Class Differences

Using data from 15,483 teen and parental surveys from the National Longitudinal Study of Adolescent Health (AddHealth) collected in 1996, Goodman (1999) assessed how socioeconomic status plays in a role in various aspects of adolescent health, including suicide risk (p. 1522). Socioeconomic status was measured mainly through the parental responses, in order to get the most accurate information. Parental respondents reported income, education and the educational attainment of their current partner, and adolescents were asked to report their parents’ occupation (Goodman, 1999, p. 1523). She found that the lower a family’s income, the more likely a young person is to commit suicide; similar associations did not exist between suicide attempts and parental educational attainment or occupation (Goodman, 1999, p. 1524 – 1525). Cutler, Glaeser, and Norberg (2001) also relied on the same AddHealth data concluding that “youths in poorer families are more likely to attempt and complete suicide than youths in richer families, [but] these economic differences are not overwhelmingly large” (p. 232). I was unable to find more recent information regarding socioeconomic status and youth suicide rates.

O’Donnell et al. (2004) did not collect parental surveys, so they tried to devise a new way to collect economic information from youth themselves. They experienced some difficulty in measuring socioeconomic status and determining its effects, though; they asked the study
participants for parental education levels, and over one third “did not know” the answer to this question (O’Donnell et al., 2004, p. 42). In an attempt to garner a more complete picture, they came up with a six-item scale to find out whether or not the youths felt that their most basic needs were met – “food, clothes, a safe place to sleep at night, a safe place to be outside, a quiet place to do homework, and adult to talk to when you have a problem” (O’Donnell et al., 2004, p. 42). Their results showed that unmet basic needs are significantly related to increased risk of suicidal ideation, but only marginally significant in regards to suicide attempts (O’Donnell et al., 2004, p. 46). This study is limited because it does not use traditionally accepted measures of class, such as income, education, and occupation (Hout, 2008).

These findings refute Durkheim’s (2006 [1897]) conclusion that “poverty protects” (p. 267). This is most likely because of the intersections of various other factors and the cultural context of the United States. In the U.S., we live in a culture based around consumption, and this can have a substantial impact on young people (Shor, 2004). They can come to believe that what they are able to buy defines them as people (Shor, 2004). In a society that so heavily values material goods, poverty may very not be a protective factor, as Durkheim thought. A child from a poor family has been socialized to desire the same material possession that a child from a rich family desires. Their goals are the same, but the richer individual can attain them, and the less fortunate individual cannot. These situations could result in anomic suicides, explaining why poverty doesn’t act as a shield.

5.4 Racial Factors

According to the 2010 data from the American Association of Suicidology, Native American/Alaska Native youth between the ages of 15 – 24 commit suicide at a rate of 20.89 per
The highest national rate. Caucasian youth suicides are second, with 11.30 deaths per
100,000, and African Americans have a rate of 6.59 suicides per 100,000 (Youth suicidal
behavior fact sheet, n.d.).

Suicide among American Indians and Alaska Natives is most prevalent among young
people, especially young men (Middlebrock, LeMaster, Beals, Novins, & Manson, 2001, p. 133).
Using data from the 1990 National American Indian Adolescent Health Survey, Borowsky,
Resnick, Ireland, and Blum (1999) examined the risk and protective factors affecting 13,545
American Indian and Alaska Native youth attending schools on reservation communities (p. 574).
Youth who reported previous attempts were compared with students who had not, and
family, community, and personal influences were examined (Borowsky et al., 1999, p. 574).
In their sample, they found that 22% of girls and 12% of boys had attempted suicide in the last year,
almost double each of the comparative national averages of 12% of girls and 6% of boys at the
time (Borowsky et al., 1999, p. 576). Suicide attempts were associated with friends or family
members attempting or completing suicide, physical or sexual abuse, substance use, gang
involvement, and gun availability (Borowsky et al., 1999, p. 578 – 579). Some research has also
found that the greater prevalence of suicide in these communities could be related to a frequent
lack of social integration and a higher use of alcohol (Middlebrock et al., 2001, p. 135).

As will be discussed below, African American females have historically had lower
suicide rates than those of other races and ethnicities. In the sample studied by O’Donnell et al.
(2004), 17.9% of youth who self-identified as Hispanic/Latino reported having attempted
suicide; 8.1% of those who self-identified as black reported having attempted suicide (p. 45).
O’Donnell et al. (2004) noted this substantial difference, and it raises the question: Why?
Notably, O’Donnell et al. (2004) also found that “being female and being Hispanic, compared to African American, increase risk of a reported suicide attempt over twofold” (p. 46).

Considering Collin’s (1989) theory of intersectionality, being Hispanic and being a female are both major contributing factors in developing these young women’s identities. Because of some dimension or all dimensions of institutional, symbolic, and individual oppression, these two factors have an apparent detrimental effect on Hispanic young women. These statistical differences could most likely be explained through an analysis of other factors relating to this particular population. It could be attributed or related to the socially contributed symbolic meanings of what it is to be Hispanic in today’s world, for example. To make any definitive explanatory claim, further research is necessary on this specific segment of the population. Researchers could explore how Hispanic women feel they are perceived and treated by governmental institutions, for example. This could reveal levels of symbolic and institutional oppression that are impacting Hispanic women negatively on the individual level.

African American women have historically shown a lower tendency towards suicide than other women and men (Marion and Range, 2003); therefore, Marion and Range (2003) set out to understand what protective buffers this population possesses. Their results led them to a finding they did not anticipate. While they did not specifically test for the prevalence of this particular factor, the particular college students sampled attributed historical factors as a reason that African American women commit suicide less than other populations. 30% of the respondents chose to cite the impact of their collective history as a buffer against suicide in the qualitative portion of the study (Marion & Range, 2003, p. 41). They explain, “This theme contained reference to the idea that historical hardships which African American women have faced (e.g. slavery, poverty) prepare present-day African American women for stressors, and have
encouraged them to develop alternative coping skills, thus minimizing the use of suicide” (Marion & Range, 2003, p. 40).

This concept would need to be studied more in-depth to test its validity because Marion and Range (2003) were not specifically testing for this factor. They did not explicitly ask for opinions regarding historical influences, so they do not know for sure how significant this potential protective factor may be. Though this is the case, it does relate well to some of Durkheim’s ideas. According to Durkheim (2006 [1897]), a history of oppression may actually teach people great resilience to suicide. Because the lives of oppressed peoples are bound by stringent regulations, such as financial and educational limitations, they may therefore be better able to cope when obstacles come their way (p. 278).

Collins’ (1989) theories of the intersections of race, class, and gender can also be applied here as well. Why, for example, would poor black young women be less likely to commit suicide than poor black young men? If they are both of the same race and class, one may expect the outcomes of their life circumstances to be the same or at least more similar. Collins’ (1989) point of view emphasizes that gender cannot be left out of this analysis. Women are the oppressed minority when compared with men, and that final piece of added oppression may be the factor that gives them the resiliency they need to carry on. Because of the oppression black women face and have faced in many facets of life, they may be more prepared to deal with difficulties than someone who is less limited by poverty or powerlessness, therefore protecting them from death by anomie suicide.

In this case, the symbolic and social construction of gender could also provide an explanation. As mentioned in my discussion of “Gender Differences,” women may be more
likely to ask for help and seek out support systems, because society perceives them as being weaker, more emotional, and more relationship-based than men (Collins, 1989, p. 10; Lorber, 1994, p. 61). Taking this into consideration, it is possible that African American women experience suicidal ideation or perhaps even attempt suicide more often than men, but they may be more willing to get themselves help before it is too late.

5.5 Sexual Orientation

A current review of risk and protective factors for youth suicide in today’s world would not be complete without an inclusion of the effects of society’s perception and treatment of sexual orientation. While the role of same-gender sex is something Durkheim did not delve into, it is a prominent issue in our current society. With high-profile cases like the suicide of 18-year-old Rutgers student Tyler Clementi causing a media sensation, it is important to consider how cultural perception of sexual orientation can impact an individual’s risk of suicidality (Gray, 2012).

In O’Donnell et al.’s (2004) study of 1,185 eleventh grade students, they found that same-gender sex is significantly related to increased levels of suicidal ideation (p. 46). While only 4% of the sample population reported engaging in same-gender sex within the past year, they were much more likely to have a high score on the suicidal ideation measures. The researchers also made the point that it is extremely possible that these figures were underreported out of fear of homophobic reactions from their peers and communities (O’Donnell et al., 2004, p. 47).

Garofalo, Wolf, Wissow, Woods, and Goodman (1999) further support these findings. They surveyed 3,365 public high school students in Massachusetts, including questions about
sexual orientation, sexual behavior, and self-reported suicide attempts within the last year. They found that the students who identified as gay, lesbian, or bisexual were 3.88 times more likely to have attempted suicide than the heterosexual students. Those who were unsure of their sexual orientation were 2.49 times more likely to report a suicide attempt, in comparison with the heterosexual group (Garofalo et al., 1999, p. 490).

Durkheim did not comment on the impact of sexual orientation, but Collins’ (1989) theories can certainly offer some insight into this aspect of youth suicide. Discrimination against lesbian, gay, bisexual, and transgender (LGBT) youth and adults is part of the systems of oppression in our society, but it can create somewhat of a paradox. Oppression of the elite white man, someone like Tyler Clementi, creates a paradox in a society that has typically seen the elite white man as being the oppressor, the one at the top of the chain of command. In order to understand the role that sexual orientation can play in suicidality, we must first understand how all aspects of a person’s biography intersect and interact, subsequently shaping the path of one’s life. We must challenge our typical ideas of who constitutes the oppressed and who is the oppressor. In doing this, we must also look outside of ourselves and our own personal plights to recognize the struggles of others and the part we play in perpetuating these struggles.

Furthermore, Collins’ (1989) discussion of the symbolic dimension of oppression helps to explain why LGBT youth have faced such harsh criticisms from the mainstream world. Collins (1989) lists a few words that are typically associated with the social construction of what it means to be masculine or feminine. For example, she chooses the word “aggressive” to describe masculinity; “weak” and “emotional” are two words attributed to femininity (Collins, 1989, p. 10). As she notes, these adjectives apply almost exclusively to middle class white women and men (Collins, 1989, p. 10). Furthermore, they apply to heterosexual white women and men.
LGBT youth do not fit into these culturally enforced perceptions of what it means to be a man or a woman; therefore, they do not hold any power in society (Collins, 1989, p. 11). This might explain why suicide rates are higher among LBGT youth; they do not fit the mainstream mold. They do not fit the images that society has prescribed for them; therefore, if they cannot properly integrate into and find acceptance in their communities, this may result in egoistic suicides.

5.6 Religion

Wallace and Forman (1998) cite two systematic literature reviews that include more than 300 studies documenting a positive relationship between religiosity and overall health and have been tested over time and across various demographics (p. 721). In light of these findings, it is important to discern the health effects of religion particularly in regards to suicide and American youth, as religion could serve to be a vital protective factor.

O’Donnell et al.’s (2004) findings indicated that religiosity was a protective factor against youth suicide among the population of African American and Latino youth that they studied (p. 46). Marion and Range’s (2003) findings further support this idea. In their study of African American women in college, 41% of respondents cited religiosity and/or religious coping methods as a reason for low suicide rates in their particular demographic (Marion & Range, 2003, p. 39). Religious coping was defined as praying or asking God for help during difficult situations (Marion & Range, 2003, p. 42). While most of their study consisted of surveys and questionnaires using Likert scales, they did include one open-ended qualitative question to more fully gauge participants’ opinions. This question asked respondents to explain the low suicide rates of African American young women. Significantly, 30% of the respondents chose to cite religion in general as a protective factor (Marion & Range, 2003, p. 41). This
included mentioning beliefs that suicide is a sin and religion prohibits it, or any other broad reference to religiosity, aside from religious coping, as that was categorized separately (Marion & Range, 2003, p. 41).

In addition, Marion and Range (2003) assessed for three distinct types of religious problem solving techniques: Collaborative (the person works with God to solve a problem), Self-Directing (the person believes that he or she can handle it without God’s help), and Deferring (the person leaves the issue entirely in God’s hands) (Marion & Range, 2003, p.35). The women in this study overwhelmingly endorsed the importance of collaborative problem solving.

In this way, religion can prove to be a protective factor against both egoistic and anomic suicides for young people. As indicated by the population of African American college women studied by Marion and Range (2003), religiosity can provide a sufficient sense of integration, and this integration can be found through a sense of belonging with God. If a person relies on collaborative problem solving or religious coping techniques, he or she will not feel alone or isolated when experiencing trying time because of the belief in God’s constant help and a strong sense of community no matter what; this could protect a young person from falling victim to egoistic suicide. The obligation to follow a religious moral code and set of beliefs can also provide the moral regulation needed to guide a person away from anomic suicide.

5.7 Family Structure

Marion and Range’s (2003) assessment of suicidal buffers for African American college women found that suicidal ideation consistently decreased as perceived family social support increased (p. 37). These results were determined using the Perceived Social Support from Family questionnaire, and they were reiterated in the open-ended qualitative response portion of
The African American and Latino high schoolers in O’Donnell et al.’s (2004) study also demonstrated the importance of the family as a protective factor. Family closeness proved to be a protective factor for these youth, but interestingly, family composition (meaning living in a two-parent home versus having an absent mother and/or father, for example) was not significant (O’Donnell et al., 2004, p.46). What mattered was the perceived strength of the family bonds, measured by rating items such as: “Members of my family really care about each other” and “I can really depend on my family” (O’Donnell et al., 2004, p.42).

In Borowsky et al.’s (1999) assessment of American Indian and Alaska Native youth, family connectedness and being able to discuss problems with family member or friends were very strong protective factors against suicide (p. 575). Family connectedness in this study included perceived caring by parents and family, feeling that family understands you and pays attention to you, and having fun with family. This sense of connection was much more significant than family structure, or whom the adolescent lived with most of the time (Borowsky et al., 1999, p. 575).

These findings support Durkheim’s (2006 [1897]) claim that a strong family structure acts as a vital protective factor against egoistic suicide. The importance of the individual’s involvement in this social group has been consistently demonstrated. O’Donnell et al. (2004) and Borowsky et al. (1999) challenge one part of Durkheim’s (2006 [1897]) theories, though, in regards to family composition. O’Donnell et al. (2004) found that the density and the size of the family mattered less than the perceived strength of the bonds between family members, and
Borowsky et al. (1999) also found that family connectedness mattered more than family structure; in contrast, as previously mentioned, Durkheim (2006 [1897]) asserted that the larger the family, the more protective it proved to be.

5.8 Community Connectedness and Social Involvement

A strong sense of involvement and integration in one’s community is a well-supported protective and preventative factor, in regards to suicide risk. Bearman and Moody (2004) analyzed high school students’ level of connection with their respective schools by accounting for factors such as: how close students felt to others at the school, how happy they felt to be in school, and whether or not the students participated in an in-school sport, for example (p. 91). The researchers used these various factors to determine whether a school provided a dense and heavily interlocked social network for its students, or whether it was socially disconnected.

Social networks, particularly for girls, greatly outweighed other variables in their model for assessing suicide risk. Boys attending schools with dense social networks were also significantly affected by their connection to their schools. Compared to boys attending what were considered socially disconnected schools, boys that had dense, interlocked networks were much less likely to attempt suicide (Bearman & Moody, 2004, p. 93-94). As Durkheim’s (2006 [1897]) work indicated strong integration into a community can act as a protective factor against egoistic suicide, as demonstrated by the adolescents involved in Bearman and Moody’s (2004) study. School and the social networks provided by schools clubs, organizations, and teams can significantly help prevent youth suicide.

Page, Hammermeister, Scanlan, and Gilbert (1998) explored the relationship between school sports participation and health risks for 12,272 high school students. Their results showed
that students who were members of one or two school sports teams were much less likely to have attempted suicide than other students (Page et al., 1998, p. 188).

In the concluding sections of *On Suicide*, Durkheim (2006 [1897]) denies the ability of various social groups to be the ultimate cure for suicide (p. 422). He asserts that the professional group may be the only group capable of being the true cure, because it affects the whole of life. It gives individual’s life a framework or certain schedule to their lives that constantly removes them from isolation (Durkheim, 2006 [1897], p. 423). It can be argued that the role Durkheim believes this professional life can have can be compared to the role that sports teams, student government organizations, or other student groups can provide in the lives of young people. Sports teams, for example, create a sense of collaborating, belonging to a social group, and working towards a common goal. They give young people the same framework and removal from isolation that adult professional lives provide.

6. Discussion and Future Research

My findings generally supported, clarified, and expanded upon my various hypotheses. Overall, the research showed that youth suicide does, in fact, occur as a result of many external, societal factors that are impacting the individual, including social environment, gender, class, race, sexual orientation, religion, family, and community connectedness and social involvement.

Research shows that the competitive social environment of high schools and colleges in particular can lead to anomic suicide (Dean & Range, 1999; Hansen & Lang, 2011). The continual race to reach unattainable goals that these environments promote can leave young people feeling helpless with no sense of regulation to create a balance in their lives, supporting my original hypothesis.
Gender appears to have a strong but paradoxical influence on youth suicide. Girls and young women attempt suicide more often than boys, but boys and young men complete more fatal suicides than girls (Bearman & Moody, 2004; Kisch et al., 2005; O’Donnell et al., 2004). This supports my original hypothesis and points to the reinforcement of the social construction of gender – boys as powerful and aggressive, and girls as weak and emotional (Collins, 1989, p. 10).

Research regarding class status refuted my hypothesis. I had expected to find that poverty would act as a protective factor, but it turned out to be a risk factor instead (Cutler et al., 2001; Goodman, 1999; O’Donnell et al., 2004). Overall, research on socioeconomic status and its influence on youth suicide seems to be lacking; the main data used in the studies I found was from the 1990s. This is an area of study in need of greater exploration with more recent data.

Collins’ (1989) theory of intersectionality is especially important to the analysis of race as a risk and protective factor, lending support to my hypothesis that suicide rates would vary greatly for different groups. Native American/Alaska Native youth have the highest rate of suicide, following by Caucasians, who are then followed by African Americans (Youth suicidal behavior fact sheet, n.d.). A variety of factors, such as historical factors, religiosity, family structure, and social integration, could potentially be correlated with race and youth suicidal behavior and explain these differences. More research is necessary to more conclusively determine how race impacts an individual’s risk of suicide and how other factors play into differing levels of risk.

Sexual orientation has consistently been a risk factor for youth, supporting my hypothesis (Garofalo et al., 1999; O’Donnell et al., 2004). Because lesbian, gay, bisexual, and transgender youth do not fit in with mainstream society’s definitions of masculinity and femininity, they are
excluded and marginalized, putting them at much higher risk for egoistic suicide (Collins, 1989, p. 10).

Religion, family, and social involvement all prove to be important protective factors, paralleling my hypotheses (Bearman & Moody, 2004; Borowsky et al., 1999; Marion & Range, 2003; O’Donnell et al., 2004; Page et al., 1998). This protection is a result of the sense of community that religion, family, and social groups, such as sports teams, provide. Based on Durkheim’s (2006 [1897]) findings about the family, I anticipated that larger families would be more protective for young people, but more recent research indicates that family composition is not significant; rather, the perceived strength of family ties matters the most (O’Donnell et al., 2004).

Offering a ray of hope to the growing issue of youth suicide, Borowsky et al. (1999) found that “for both male and female adolescents, adding protective factors was equally or more effective than decreasing risk factors in terms of reducing suicide risk” (p. 576). While some risk factors – race and class in particular – need to be researched further, this indicates that the main focus should become strengthening protective factors and implementing strong prevention programs. The best place to begin these efforts is in our nation’s school system.

In 2010, there were 24,651 public high schools across the United States (U.S. Department of Commerce, 2011). There were approximately 1,721 two-year colleges and 2,774 four-year institutions in the country, serving around 19.7 million college students (U.S. Department of Education, 2011). This indicates that a large portion of the nation’s young people could be reached through various school-based prevention and outreach efforts, if there is a comprehensive awareness and understanding of the issues at hand. In addition to implementing free and easily accessible services in high schools and colleges, schools could collect a
comprehensive health history for every enrolled student, prior to the time they begin their first year. By assessing for the various well-established risk factors, schools would have a heightened awareness of students who may be particularly in danger of suicide and take the necessary steps to prevent this from occurring (Furr et al., 2001; Westefeld et al., 2006).

In order to effectively prevent suicides among their student bodies, schools need to evaluate comprehensive health histories of all of their enrolled students, taking into account the intersections of all the various risk and protective factors that have been discussed. If they are aware of any one student with a high level of risk, they can direct this student to the necessary services and intervene wherever they deem it to be necessary. Westefeld et al. (2006) call for urgent action to be taken, specifically on college campuses, stating, “College students continue to take their own lives at an alarming rate. Given the devastating impact of this phenomenon, colleges and universities across the country need to come together now and develop a national plan of action to address this issue” (p. 932).

While the majority of schools do offer free counseling services that can be accessed right on campus, it is concerning to note that the vast majority of students in need of these services do not take advantage of them. In Furr et al.’s (2001) study, only 17% of students with depression sought out professional help at their schools. A mere 20% of those who reported suicidal ideation made use of their school’s services. In Kisch et al.’s (2005) study, only 19% of the students who reported actually attempting suicide were receiving professional counseling or therapeutic treatment (p. 9). Many students felt that their schools could more effectively deal with such issues by making students more aware of available on-campus services (Furr et al., 2001).
How can this be done? Clark (2001) suggests taking advantage of media and technology to reach the most people possible. For example, school counseling centers could create and implement online support groups so young people can talk privately and anonymously, eliminating some of the reasons people may not seek help in the first place and providing a sense of integration where one may be lacking. Furr et al. (2001) supports the notion of utilizing technology, noting that, “Because more students are connected to computer networks, campus Web sites need to be used to link students to services. In today’s college population, high value is placed on getting instant access to services” (p. 99).

For school systems to implement the most efficient and effective prevention programs possible, more research needs to be done on what type of support services truly work. As shown in this paper, there exists a wide expanse of research done on the various risk and protective factors at play in youth suicides; in contrast, there has not been nearly enough research to develop structured prevention programs or to demonstrate which programs truly work. Kisch et al. (2005) commented, “If treatment does, in fact, reduce risk, the proof will need to be found in treatment outcome studies over a greater period of time” (p. 10). This is true not only of treatment programs, but of all support services, prevention programs, awareness efforts, and training programs. While many researchers encourage certain strategies be utilized, it is imperative that research is done to show if these really help or not in the long-term by conducting longitudinal studies.

As was noted earlier, even when schools do offer free counseling services, the students who are most in need do not take advantage of all that is offered. One possible explanation for this reluctance to seek help is the cultural stigmatization of suicidal behaviors. 11% of the college students surveyed by Westefeld et al. (2005) felt that their schools could more effectively
deal with the issue by creating “a more open atmosphere about the topic,” (p. 643) alluding to this stigma surrounding suicide and seeking help. This issue is reiterated in a statement from the American Association of Suicidology (2012):

> Most people are uncomfortable with the topic of suicide. Too often, victims are blamed, and their families and friends are left stigmatized. As a result, people do not communicate openly about suicide. Thus an important public health problem is left shrouded in secrecy, which limits the amount of information available to those working to prevent suicide (Suicide Prevention: Youth Suicide, 2012).

More research needs to be done to understand why this is occurring and to gauge how to best engage depressed and suicidal young people – whether it be through media and technology, online support groups, crisis lines, or otherwise. In some form, young people must have the sense of integration and regulation that is necessary to their healthy growth and survival, and institutions, particularly schools, have a responsibility to provide this.

7. **Conclusions**

Durkheim (2006 [1897]) wrote, “It is always a difficult matter to determine the cause of a phenomenon; a scientist needs all kinds of observations and experiments to solve any such problem; and the most complex of all such questions is that of human motivation” (p.151). Suicide, particularly youth suicide, perplexes people. It is hard to understand why young people with so much life ahead of them would go against the most basic human instincts of self-preservation and survival. This tragic act can seem to come unexpectedly and out of the blue, truly shocking everyone connected to the issue and even those who are on the outside. The problem is continually growing; that is why study of the issue from a sociological angle is absolutely imperative.
Those in positions of power to help – parents, teachers, administrators, coaches, mentors, peers – need to make sure they are enabling and encouraging young people to hold onto their reasons to live, even when they are despairing. These people need to be aware of the well-known risk factors and cultivate protective factors in the lives of the youth they are responsible for. If the cultural stigma surrounding suicide and asking for help is reduced through greater awareness, young people may not be so afraid to admit how they are feeling before it is too late. If further studies can develop, implement, test, and evaluate prevention programs and support services, more young lives could be saved.
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## Appendix

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Data that Supports</th>
<th>Data that Refutes</th>
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<tbody>
<tr>
<td>A young person who has desires and aspirations that are not limited and is held to nearly impossible standards of attainment is more likely to commit suicide</td>
<td>• Benjamin Hansen &amp; Matthew Lang (2011): secondary analysis of suicide data between the years of 1980 to 2004, find that 14 – 18 year olds experience a dramatic decrease in suicides during the summer months, as well as the month of December, during which school breaks occurs (p. 860)</td>
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<td></td>
<td>• Dean &amp; Range (1999): what participants viewed as “socially prescribed perfectionism” was significantly correlated with suicidal behaviors, much more so than self-oriented perfectionism (p. 423)</td>
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<td>Young men and young women are both at risk for suicide, but in different ways, and young men are more likely to successfully complete a suicide attempt because of how gender is symbolically constructed by society</td>
<td>• O'Donnell et al. (2004): young women were much more likely than young men to report having considered suicide, and twice as likely to report at least one suicide attempt (p. 44 – 45)</td>
<td>• Kisch et al. (2005): “Persistence is a risk factor, and there appears to be gender differences in relation to persistence. The difference between men reporting attempting suicide three or more times is 0.8% compared to 0.3% for women. Among those who made attempts, approximately one third made repeated attempts, and men were more frequently in this group” (p. 7)</td>
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<td>• Bearman &amp; Moody (2004): for girls, weak social networks with peers were consistently related to higher rates of suicidal ideation. Social isolation from peers or having intransitive friendships meant that girls were more likely to consider suicide (p. 93)</td>
<td>• Goodman (1999): found that the lower a family’s income, the more likely a young person is to commit suicide; similar associations did not exist between suicide attempts and parental educational attainment or occupation (p. 1524 – 1525)</td>
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<td>A young person whose desires are limited by a lower social class position is less likely to commit suicide</td>
<td>• Cutler et al. (2001): relied on the same AddHealth data concluding that “youths in poorer families are more likely to attempt and complete suicide than youths in richer families, [but] these economic differences are not overwhelmingly large” (p. 232)</td>
<td>• O’Donnell et al. (2004):</td>
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</table>
The effect of **race** on suicide risk will vary greatly for different groups, depending on the intersections of the institutional, symbolic, and individual dimensions of oppression.

A young person who **identifies as gay, lesbian, bisexual, or transgender** is more likely to commit suicide.

A young person who has a strong faith, follows a code of moral regulation, and is part of a tightly-knit **religious community** is less likely to commit suicide.

A young person who has and feels a responsibility towards a **dense, tightly-knit family** is at a lower suicide risk.

A young person who is strongly **socially involved and integrated** with his or her community in some form is less likely to commit suicide.

<table>
<thead>
<tr>
<th>Study</th>
<th>Findings</th>
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<tr>
<td>Borowsky et al., 1999</td>
<td>Sample of American Indians/Alaska Natives, 22% of girls and 12% of boys had attempted suicide in the last year, almost double n'tl averages (p. 576)</td>
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<td>O'Donnell et al. (2004)</td>
<td>17.9% of Hispanic/Latino youth attempted suicide; 8.1% of black youth attempted suicide (p. 45)</td>
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<td>Marion &amp; Range (2003)</td>
<td>30% of the African Am. college women cited the impact of their collective history as a buffer against suicide (p. 41)</td>
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<tr>
<td>Donnell et al. (2004)</td>
<td>Study of 1,185 eleventh grade students, found same-gender sex is significantly related to increased levels of suicidal ideation (p. 46)</td>
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<tr>
<td>Garofalo et al. (1999)</td>
<td>Surveyed 3,365 public high school students in MA, found students who identified as gay, lesbian, or bisexual were 3.88 times more likely to have attempted suicide</td>
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<tr>
<td>Marion &amp; Range (2003)</td>
<td>41% of respondents cited religiosity and/or religious coping methods as a reason for low suicide rates in their particular demographic (p. 39)</td>
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<tr>
<td>Donnell et al. (2004)</td>
<td>Religiosity was a protective factor against youth suicide among the population of African American and Latino youth that they studied (p. 46)</td>
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<tr>
<td>Donnell et al. (2004)</td>
<td>Family closeness proved to be a protective factor (p. 46)</td>
</tr>
<tr>
<td>Borowsky et al. (1999)</td>
<td>Family connectedness and being able to discuss problems with family member or friends were very strong protective factors against suicide (p. 575)</td>
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<tr>
<td>Bearman &amp; Moody (2004)</td>
<td>Students with dense, interlocked networks were much less likely to attempt suicide (p. 93-94)</td>
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<tr>
<td>Page et al., 1998</td>
<td>Students who played on one or two school sports teams were less likely to have attempted suicide</td>
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The results showed that unmet basic needs are significantly related to increased risk of suicidal ideation, but only marginally significant in regards to suicide attempts (p. 42).