

# Suicide Suggestion and Alcoholism in Young Adults

Wesley James  
Anna Mueller  
Seth Abrutyn  
The University of Memphis

## **EXTENDED ABSTRACT**

### **INTRODUCTION**

Sociologists have generally accepted Durkheim's theory of suicide and, importantly, his rejection of other factors like Gabriel Tarde's imitation thesis. However, since the 1970s, empirical evidence has increasingly demonstrated a positive association between suicide suggestion - or the process by which a role model's suicide influences other people's suicidal behavior - and temporary spikes in suicide rates (Phillips 1974; Stack 1987, 2003, 2005; Romer, Jamieson, and Jamieson 2006). Other scholars have found that being exposed to a friend and/or family member's suicidal behavior may increase an adolescent's likelihood of exhibiting suicidal behavior as well (Tishler 1981; Bjarnason 1994; Bearman and Moody 2004). While suicide suggestion seems to effect adolescent's suicide behavior independent of other factors like Durkheimian mechanisms and psychological factors, there is some evidence to suggest being well integrated and regulated - e.g., a caring family, religious affiliation and attendance, and so on - may help mitigate or protect adolescents against the effects of suicide suggestion.

The question we are asking is whether Durkheimian effects can also protect against other serious risk behaviors that, in some ways, simulate suicide. The abuse of alcohol and/or drugs both can lead to death if not treated, and like suicide severs social ties, exacerbates psychological distress, and intensifies other risks. Thus, our research investigates whether (1) having a friend or family member attempt suicide generates other quasi-fatalistic behaviors like drug and/or alcohol abuse in the future, and, (2) If Durkheimian mechanisms protect adolescents by reducing the 'contagious' spread of risk behaviors. Because suicide is relatively rare and an act of immediate finality when completed, it is plausible to assume that people may substitute immediate death with other self-destructive behaviors that are not immediately or even overtly destructive because they are gradual.

Using data from the National Longitudinal Study of Adolescent Health, we aim to investigate the role of suicide suggestion – or the suicide attempts of friends – on unhealthy, self destructive behavior in early adulthood; in addition, this data set allows us to consider whether the effects of suicide suggestion last over time as well as if gender differences plays a role in the process of contagion. By using two waves of data, Waves III and IV, we are able to investigate aspects of the temporality of suicide suggestion while also controlling for other relevant factors, such as prior suicidal thoughts, emotional distress, and social support. This allows us to evaluate whether the suicide attempt of a friend can lead to destructive behaviors and lifestyle choices. The framework of this research uses principles from that of social learning and imitation, but explores different outcomes that may lead to the same conclusion, while highlighting a different, more gradual process.

### **METHODS**

#### **Data**

This study employs data from Waves III & IV of the National Longitudinal Study of Adolescent Health (Add Health). Add Health contains a nationally-representative sample of U.S. adolescents in grades 7-12 in 132 middle and high schools in 80 different communities. From a list of all schools containing an eleventh grade in the U.S. Add Health selected a nationally-representative sample of schools using a school-based, cluster sampling design, with the sample stratified by region, urbanicity, school type, ethnic composition, and size. Wave III was collected in 2001-2002 when respondents were approximately ages 18-23. Wave IV was collected in 2007-2008, when respondents were ages 24-32. Additional information about Add Health can be found in Harris et al. (2009).

## **Measures**

### ***Dependent Variables***

We analyze two dependent variables: *Suicidal Ideation* and *Suicide Attempts* at both Wave II and Wave III. Suicidal Ideation is based on adolescents' responses to the question: "During the past 12 months, did you ever seriously think about committing suicide?" Adolescents who answered "yes" were coded as 1 on a dichotomous outcome indicating suicidal ideation. Adolescents who reported having suicidal thoughts were then asked, "During the past 12 months, how many times did you actually attempt suicide?" Answers ranged from 0 (0 times) to 4 (6 or more times). Adolescents' responses were recoded into a dichotomous variable where 1 indicates a report of at least one suicide attempt in the past 12 months and 0 indicates no attempts. Adolescents who reported no suicidal thoughts were also coded as 0 on this variable.

### ***Independent Variables***

Our first key independent variable is *Friend Suicide Attempt* and is based on adolescents' responses to the question: "Have any of your friends tried to kill themselves during the past 12 months?" Adolescents who responded "yes" are coded as 1 on a dichotomous variable. Our models also control for risk and protective factors for suicide suggested by prior research. These include respondents' identity as gay, lesbian or bisexual, emotional distress (measured by a nineteen item abridged Center for Epidemiological Studies – Depression (CESD) scale (Cronbachs alpha=0.87)), college attendance, marital status, religious attendance, and age, race, childhood family structure, parents' education level, and current economic and employment circumstances and alcohol use. Other key independent variables include measurements of risky behaviors and lifestyles, including frequency of alcohol and drug use.

### **Analytic Plan**

Our goal is to investigate whether the suicide attempt of a friend (at Wave 3) significantly influences young adults' reports of risky behavior contemporaneously (at Wave 3) or approximately six years later (W4), above and beyond other known risk factors for alcoholism and drug abuse. This allows us to establish, to the extent possible with survey data, whether a causal relationship exists between a friend's suicide and the onset of behavioral risk. Because we expect gender differences in coping mechanisms, we estimate all models separately by gender.

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