

The Relationship between Religion and Suicide Risk among the Filipino Youth: A study using a nationally representative sample

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Abstract - *With the use of a nationally-representative sample of Filipino youth ages 15 to 27, this study applied a sociological lens in order to look into the relationship between religious variables and suicide risk. Four theories in Sociological Suicidology were utilized. These are Durkheim's classical theory on suicide, Masaryk's theory on suicide and religion, Stack's Religious Commitment theory, and Pescosolido's Religious Network theory. Correlational tests were conducted between 13 religious variables (8 of which pertain to personal dimensions of a person's religiosity, and the remaining 5 pertain to social dimensions of a person's religiosity) and two variables of suicide risk: suicide ideation and suicide attempt. Results made salient the importance of the following variables as factors that are associated with higher or lower risks of suicide: (1) change in religion, (2) family- and peer-mediated religious involvement, and (3) specific religious beliefs. The study was able to provide viable points of inquiry for future studies looking into the relationship of religious belief and suicide risk. Of particular importance also is the study's realization of the limitation of pure quantitative survey research in understanding suicide and religion – two very nuanced social facts that strains the limits of pure quantitative approach and highlights the necessity of a synergistic mixed-methods approach that also features more in-depth, qualitative inquiries among the religious and non-religious and their susceptibility to suicide ideation and suicide attempts.*

Keywords: *Suicide, Suicide Ideation, Suicide Attempt, Religion, Religiosity*

INTRODUCTION

Sociological interest in the phenomenon of suicide has been an important fixture in the history of the discipline since its conception. It was in the book entitled "*Le Suicide*" written in 1987 by the oft-regarded founding father of Sociology, Emile Durkheim, that the author explained the necessity of

Sociology as a discipline distinct from its older cousins, Psychology and Philosophy – leading to the foundation of Sociology as an academic discipline.

The importance of religion as a factor in understanding suicide is evident in Durkheim's work [1]. Regarded by the author as the "ultimate social fact", religion plays prominently in Durkheim's typology of suicide. Suicide, for Durkheim, is a function of excessive or lack of social integration and social regulation, both of which are functions of institutions such as religion. The most common appreciation of this is in terms of Egoistic suicide which is said to be caused by a prolonged sense of not belonging and a lack of integration with one's community. In this type of suicide, religion is regarded as a strong source of social integration that can deter suicidal behavior. Conversely, Altruistic Suicide recognizes that suicidal behavior could be because of a sense of being overwhelmed by the group's goals and beliefs, and the high degree of integration into the group makes a person loyal enough that he or she is willing to die for the group and its cause. This level of religious integration is evident in previous incidences such as the Jim Jones and the Jonestown mass murder-suicide that claimed the lives of 909 people in 1978 [2],[3], the "Old Believers" in Russia [4], Heaven's Gate [5], and the 9/11 Attacks [6],[7]. While the two aforementioned types of suicide are often the ones associated with religion, it can be argued that the influence of religion can also be observed in Fatalistic suicides wherein the high degree of regulation of thoughts and behavior employed by religion among its members could be seen as too limiting, such as in the case of homosexuals who have to negotiate their deviant identity in a highly-disapproving religious community [8]. Religion, in Anomic suicide where the person feels morally confused and lost, on the other hand, can possibly be observed in the higher suicide rates of the irreligious or nonbelievers [9]-[10], although more studies need to be done if the suicidal

behavior is indeed caused by the moral confusion of loss of religion.

The theoretical and empirical foundations of the religion-suicide relationship has become more enriched since Durkheim's seminal work. In terms of theoretical appreciation, three scholars are known to have recognized the primacy of religion in understanding suicide prevalence. The first of the theorists who shared Durkheim's interest in the connection between religion and suicide was Masaryk (please see [11]-[20]). From Masaryk's point of view, people's religiosity – especially those in monotheistic religions - provides human beings with a sense of comfort that enables him to be “*joyful in all the circumstances of life: his faith, his conviction, and his assurance bind him not only to heaven, but also to earth, to life*”. To expound, Masaryk believes that religion protects human beings from suicidal tendencies. He was known to lament that modernization's emphasis on education over religion, and its accompanying secularizing tendencies, will weaken people's protection against suicide. As he put it in his writing entitled *Suicide and Faith in God* [16],

“If the practice of religion disappears, the power of the church disappears, along with comfort, hope, and joy in life... In fact, modern half-education and lack of moral principle appear as irreligiosity; and thus we finally, conclude that the modern tendency to suicide has its true cause in the irreligiosity of our time.”

Another theorist that gave emphasis to religion is Steven Stack and his Religious Commitment Theory (please see [21]-[25]). Unlike Durkheim's and Masaryk's appreciation of the protective powers of having a religion – or, in other words, religious affiliation – against suicide, Stack believed that it is not religious membership itself that produces the protective qualities against suicide. Instead, the protection lies on specific religious beliefs that suggests a strong emphasis on preservation of life. For example, the belief that Christianity's Jesus was able to turn water into wine, or that the Old Testament's God protected Moses and the Jews by parting the Red Sea, or that saints and Mary can performs miracles will have little effect as a deterrent against suicide because the themes of these religious beliefs have nothing to do with the preservation of life. On the other hand, a person with a strong belief in the idea that God is the one who has given life and is the only one with the right to take it, and that there is a heaven and a hell, and that heaven is reserved for the virtuous and hell for the sinful damned,

would make the person hesitate to commit suicide because of the possible sin that accrues and the otherworldly repercussion that will follow such an act.

Finally, the third theorist that put premium on religion in understanding suicide is Pescosolido and her Religious Network theory (please see [26]-[29]). Still inspired by the Durkheimian roots of Sociological suicidology, Pescosolido's theory of suicide posits that the most important religious variable in deterring suicidal tendencies is neither mere affiliation nor religious belief but is, instead, the existence of religious networks with whom a person can derive integration and regulation from. In other words, it is not the religion itself nor the doctrines, but the presence of other people that one may form bonds with that serves as the deterrent against suicide. This presents an interesting insight. It means that one need not necessarily believe in the religion itself, but mere membership, and relationship, with a network of people is sufficient.

Scholarly literature on the relationship between religion and suicide is abundant. To name a few: in a study of suicide correlations in Ukraine, Yuryev et al. [30] was able to identify a number of variables that are significantly associated with suicide. Using data from the Ukrainian State Statistical Office, WHO, and the European Social Survey, the group was able to ascertain that religion, urbanization, and education are negatively associated with suicide whereas drug addiction and alcoholism were confirmed to have a positive association with suicide. Religion's influence on suicide was also observed in Hovey et al.'s study [31] where they found that the social support that one can gain as a member of a religious group is a strong protective factor from suicide. Similar to aforesaid study, Chatters et al. [32] used the data from the National Survey of American Life to test the relationship between Church-based support and suicide among African Americans and Black Caribbean. Their results indicated that the frequency of interaction with church members was positively associated with suicide attempts, while subjective closeness to church members was negatively associated with suicide ideation. Emotional support, service attendance, and negative interaction with church members were unrelated to both suicide ideation and attempts. In Sisask et al.'s [33] cross-cultural study of Estonia, Brazil, Iran, Sri Lanka and South Africa, it is not the religious affiliation of people that is very significant as a protective factor against suicide but rather, the person's own self-assessment of his or her religiosity. Those who are convinced that they are indeed religious

exhibit lower rates of suicide than others. Walker et al.'s study [34] also showed a similar trend, with those who self-assessed themselves to be highly spiritual reporting lower tendencies for suicide ideation and attempt.

This study is an attempt to contribute to the wealth of knowledge regarding the religion-suicide connection using data from one of the most religious countries in the world [35]. Using a nationally representative sample of almost 20,000 Filipino youth, this study will answer the question: Is religion still an important factor in the youth's risk of suicide? And if so, what specific religious factors are important and what are unimportant?

MATERIALS AND METHOD

This study operates under a descriptive-correlational design. It made use of the Young Adult Fertility and Sexuality Study 3 (YAFS 3) dataset which can be obtained from the Demographic Research and Development Foundation, Inc. (DRDF) and the University of the Philippines Population Institute (UPPI) for a fee. The YAFS 3 dataset boasts of a nationally representative sample of Filipino respondents aged 15 to 27 totaling a sample size of 19,728 respondents. Though the dataset is predominantly concerned about youth fertility and sexuality, it also accounted for other behaviors which concerns the youth, one of which is suicide. This study made use of two variables in the dataset concerning suicide: one question that asked respondents if they have ever thought of committing suicide (suicide ideation), and another that asked if they have ever attempted committing suicide (suicide attempts). A total of 13 religious variables were used, 8 of which pertain to the personal dimensions of a person's religiosity, and the remaining 5 pertain to the social dimensions of a person's religiosity. Cross-tabulations were done in order to find patterns of suicide ideation and suicide attempts among the respondents as mediated by the study's religious variables. Correlation between suicide ideation and suicide attempts and the religious variables were tested for significant bivariate relationship at $\alpha=5\%$.

RESULTS AND DISCUSSION

The religious variables utilized in this study made it possible to account for all the aforesaid sociological theories on religion and suicide: Durkheim's, Masaryk's, Stack's, and Pescosolido's. The cross-tabulations performed for the study is presented in two parts in this study. The first part, presented in Table 1,

accounts for the cross-tabulations between the suicide variables (suicide ideation and suicide attempt) and the personal dimensions of religiosity which are more related to Masaryk's and Stacks's respective theories (having a religion and subscription to specific religious beliefs). The second part, presented in Table 3, accounts for the social dimensions of religion which are more in line with Durkheim's and Pescosolido's respective theories (religious integration and regulation, and membership in religious networks). Finally, the correlation coefficients to determine if the patterns found in the cross-tabulations can be generalized for the population with sufficient confidence ($\alpha=5\%$) is presented in Table 1.

A review of the cross-tabulation results presented in Table 1 would show the following notable observations with regard to the relationship between personal dimensions of religion and suicide:

In terms of having a religious affiliation, there appears to be very little difference between the currently religiously-affiliated and the religious "nones" in terms of their rate of suicide ideation. It was observed, however, that among the religious and irreligious suicide ideators, a higher proportion of irreligious suicide ideators proceed to actual suicide attempts as compared to their religiously-affiliated counterparts. The salience of irreligiosity as a factor becomes even more pronounced when the study looked into the difference in the rate of suicide ideation and suicide attempts among those who have retained and those who have lost their religion. According to the observed data in Table 1, those who used to have a religion but subsequently lost it has a greater chance of succumbing to suicide ideation. Further, among those who have lost their religion and thought of suicide, the suicide ideator more often proceeds to an actual suicide attempt. It appears that a "shake" in one's religious foundation endangers a person to suicide, as the data also showed that suicide attempt is more common among those who have changed their religion before than those who have not.

In terms of frequency in religious participation through attendance in religious services, it was observed that those who rarely participate in these religious rituals tend to have a higher rate of suicide attempt compared to those who do so at least one to three times a year. However, it was also notable in the data in Table 1 that second to those who rarely attend religious services in terms of high rate of suicide attempt are those who attend religious services every day.

Table 1. Frequency and Percent Distribution of Suicide Ideators and Suicide Attempters by personal dimensions of religiosity.

Dimension Of Religiosity	Suicide Ideation			Suicide Attempt		
	No	Yes	Total	No	Yes	Total
PERSONAL						
<i>Currently has a religion</i>						
No	34 (89%)	4 (11%)	38 (100%)	2 (50%)	2 (50%)	4 (100%)
Yes	17033 (86%)	2672 (14%)	19705 (100%)	1981 (75%)	675 (25%)	2656 (100%)
<i>Had a religion before but not anymore</i>						
No	21 (95%)	1 (5%)	22 (100%)	1 (100%)	0 (0%)	1 (100%)
Yes	17 (85%)	3 (15%)	20 (100%)	1 (33%)	2 (67%)	3 (100%)
<i>Has changed religion before</i>						
No	15630 (87%)	2355 (13%)	17985 (100%)	1771 (75%)	581 (25%)	2352 (100%)
Yes	1360 (81%)	308 (19%)	1668 (100%)	207 (69%)	95 (31%)	302 (100%)
<i>Frequency of attending religious services</i>						
More than once a week	1167 (83%)	240 (17%)	1407 (100%)	175 (74%)	60 (26%)	235 (100%)
Once a week	6252 (86%)	979 (14%)	7231 (100%)	743 (76%)	235 (24%)	978 (100%)
Once to thrice a month	3627 (85%)	621 (15%)	4248 (100%)	477 (77%)	142 (23%)	619 (100%)
Every two to three months	671 (87%)	97 (13%)	768 (100%)	79 (81%)	18 (19%)	97 (100%)
One to three times a year	323 (85%)	57 (15%)	380 (100%)	41 (73%)	15 (27%)	56 (100%)
Rarely	1700 (85%)	295 (15%)	1995 (100%)	194 (66%)	100 (34%)	294 (100%)
Never	1 (100%)	0 (0%)	1 (100%)	---	---	---
Everyday	121 (95%)	7 (5%)	128 (100%)	5 (71%)	2 (29%)	7 (100%)
<i>Believes in a god or a higher/supreme being</i>						
No	50 (83%)	10 (17%)	60 (100%)	3 (27%)	8 (73%)	11 (100%)
Yes	16976 (86%)	2657 (14%)	19633 (100%)	1978 (75%)	670 (25%)	2648 (100%)
<i>Believes that doing good is necessary for salvation</i>						
No	1113 (84%)	213 (16%)	1326 (100%)	140 (66%)	73 (34%)	213 (100%)
Yes	15904 (87%)	2452 (13%)	18356 (100%)	1840 (75%)	604 (25%)	2444 (100%)
<i>Believes in eternal life</i>						
No	1961 (86%)	316 (14%)	2277 (100%)	231 (73%)	84 (27%)	315 (100%)
Yes	15044 (86%)	2341 (14%)	17385 (100%)	1743 (75%)	590 (25%)	2333 (100%)
<i>Believes in heaven and hell</i>						
No	1009 (86%)	168 (14%)	1177 (100%)	117 (70%)	50 (30%)	167 (100%)
Yes	15989 (86%)	2495 (14%)	18484 (100%)	1861 (75%)	626 (25%)	2487 (100%)

In terms of religious belief, only two out of four religious beliefs included in the study showed any notable results. The first is the belief that doing good is necessary for salvation, and the other is the belief in a god or a higher/supreme being. It can be seen in the results in Table 1 that those who do not believe that doing good is necessary for salvation has a slightly higher rate of suicide attempt than those who do. More importantly, Table 1 shows that there is a 2/3 odds of suicide attempt among those who do not believe in any deity.

Overall, the results in Table 1 lends different levels of support to the appreciations of the suicide-religion connection espoused by Masaryk and Stack. Of particular interest is that of Masaryk's idea of religion as a source of joy and comfort in life. The author decided to explore this connection further by looking into how the age when the respondents lost or changed their religion will interact with the variables of suicide ideation and suicide attempt. The results of this further inquiry are shown in Table 2.

Table 2. Frequency and Percent Distribution of Suicide Ideators and Suicide Attempters by age when they changed or abandoned their religion.

Age when respondent changed or abandoned his/her religion	Suicide Ideation			Suicide Attempt		
	No	Yes	Total	No	Yes	Total
6 to 12 years old	380 (85%)	66 (15%)	446 (100%)	53 (84%)	10 (16%)	63 (100%)
13 to 18 years old	627 (82%)	139 (18%)	766 (100%)	99 (72%)	38 (28%)	137 (100%)
Above 18 years old	289 (77%)	87 (23%)	376 (100%)	41 (51%)	40 (49%)	81 (100%)

Table 2 was constructed in such a way that the age of the respondent when he or she lost or changed his or her religion is cross-tabulated with suicide ideation and suicide attempts. The intervals utilized for the former variable was inspired by Erikson's Psychosocial Development Theory [36]. According to this theory, the development of a person is divided into stages, and in each stage, the person is met with a crisis which he or she must successfully resolve to achieve a sense of competence and healthy personality. This is an appropriate theory to apply in the topic at hand since crisis is often an element in suicide. What is notable in the results in Table 2 is that the number of suicide ideators and suicide attempters increase as the age when they lose or change their religion increase, with the greatest risk of suicide being those who lost or changed their religion during young adulthood.

These findings will be discussed more in the latter part of this paper together with their theoretical underpinnings once it has been established that the patterns observed can be statistically generalized for the whole population instead of being mere by-products of chance. For now, the discussion proceeds to the social dimensions of religiosity and their cross-tabulations with suicide ideation and suicide attempt, as shown in Table 3.

The results in Table 3 shows that, in terms of family-related variables of religion and suicide, the

most notable pattern observable is the higher rate of suicide attempters among those who were never required by their parents to attend religious services. This hearkens to the classical Durkheimian appreciation of religion and its social integration function as a deterrent to suicide. In terms of inclusion in religious network, no highly observable pattern is apparent at face-value. A deeper understanding of these data would be available once these are subjected to correlational bivariate analyses to eliminate the patterns that occurred by chance and bring out the patterns that are statistically generalizable for the whole population.

In order to determine which among the patterns observed in the preceding discussion occurred by chance and which are actually generalizable to the study's population, correlation coefficients between the religious and suicide variables were obtained. Those which are significant at $\alpha=5\%$ were flagged by an asterisk (*) for ease of viewing. The results of these correlational tests can be seen at Table 4. One of the very first things that is noticeable in the correlation coefficients obtained in the study is that they are very low in value despite being statistically significant. This, however, is considered as normal coefficient values when the sample size is 2000 or above [37].

Table 3. Frequency and Percent Distribution of Suicide Ideators and Suicide Attempters by social dimensions of religiosity.

Dimension Of Religiosity	Suicide Ideation			Suicide Attempt		
	No	Yes	Total	No	Yes	Total
SOCIAL						
<i>Required by parents to attend religious services</i>						
No	5578 (86%)	927 (14%)	6505 (100%)	658 (71%)	263 (29%)	921 (100%)
Sometimes	4059 (88%)	539 (12%)	4598 (100%)	400 (74%)	138 (26%)	538 (100%)
Yes	7384 (86%)	1204 (14%)	8588 (100%)	925 (77%)	277 (13%)	1202 (100%)
<i>Family attends religious services</i>						
No	5898 (85%)	1012 (15%)	6910 (100%)	755 (75%)	251 (25%)	1006 (100%)
Sometimes	6365 (87%)	976 (13%)	7341 (100%)	714 (73%)	261 (27%)	975 (100%)
Yes	4759 (87%)	682 (13%)	5441 (100%)	514 (76%)	165 (24%)	679 (100%)
<i>Family prays together at home</i>						
No	6270 (85%)	1086 (15%)	7356 (100%)	808 (75%)	273 (25%)	1081 (100%)
Sometimes	5764 (88%)	816 (12%)	6580 (100%)	609 (75%)	207 (25%)	816 (100%)
Yes	4501 (87%)	690 (13%)	5191 (100%)	511 (74%)	175 (26%)	686 (100%)
<i>Is a member of a religious organization at school</i>						
No	12082 (87%)	1731 (13%)	13813 (100%)	1264 (73%)	460 (27%)	1724 (100%)
Yes	4839 (84%)	932 (16%)	5771 (100%)	716 (77%)	214 (23%)	930 (100%)
<i>Is a member of a religious organization in the community</i>						
No	2450 (88%)	319 (12%)	2769 (100%)	237 (75%)	81 (25%)	318 (100%)
Yes	1415 (85%)	243 (15%)	1658 (100%)	180 (74%)	62 (26%)	242 (100%)

Table 4. Correlation coefficients between Religious factors and Suicide Ideation and Suicide Attempts.

	Dimension Of Religiosity	Suicide Ideation	Suicide Attempt
PERSONAL			
	<i>Currently has a religion</i>	.001	-.005
	<i>Had a religion before but not anymore</i>	.213	.224
	<i>Has changed religion before</i>	.041*	.053*
	<i>Age when respondent changed or abandoned his/her religion</i>	.042*	.055*
	<i>Frequency of attending religious services</i>	.012	.008
	<i>Believes in a god or a higher/supreme being</i>	-.001	-.012
	<i>Believes that doing good is necessary for salvation</i>	-.019*	-.014*
	<i>Believes in eternal life</i>	-.003	.003
	<i>Believes in heaven and hell</i>	-.001	-.005
SOCIAL			
	<i>Required by parents to attend religious services</i>	-.001	-.015*
	<i>Family attends religious services</i>	-.026*	-.008
	<i>Family prays together at home</i>	-.027*	-.009
	<i>Is a member of a religious organization at school</i>	-.048*	.049*
	<i>Is a member of a religious organization in the community</i>	-.012	.001

Table 4 shows that among the personal dimensions of religiosity, three different variables are statistically significantly correlated with both suicide ideation and suicide attempts. First, a change in religion is associated with an increased risk of suicide ideation and suicide attempts. Interestingly, the same statistically significant relationship was not found between suicide and loss of religion. Therefore, this appears to imply that transferring to another religion is more dangerous to one's deterrence from suicide than an actual loss of faith. The accompanying statistically significant relationship between age when one changed one's religion and suicide risk qualifies this finding further: changing one's religion is dangerous to mental health (at least, as far as suicide is concerned) as one grows older, particularly during one's young adulthood. What could be the theoretical explanation for this?

Masaryk's ideas and Durkheim's appreciation of an anomic suicide may provide a satisfactory theoretical rationale for this observed significant correlation. A change in religion entails a lot of life changes. Along with a change in religion comes a change in religious worldview, a change in the doctrines to follow, a change in religious (and in some cases, even familial and peer) networks, and a change in the degree of regulation that one experiences from these networks. While this is often presented in religious testimonials as a joyful, enlightening moment, such a shift in worldview and social relations may also be possibly a stressful time when a person's conceptualization of the truth, of purpose, of right and wrong are in a state of confusion and disarray as the old and new worldviews

and social relations battle for primacy in the person. Every process of adjustment to something new, after all, undergoes a stage of disequilibrium. This confusion shakes the person.

Now, the results show that this change in religion is especially predisposing toward suicide ideation and suicide attempts as people grow older. As people move from one stage of life to another, they encounter different crises along the way. These crises are more often more complex, and therefore more difficult to face, as they advance through the stages of life. The adverse condition brought about by these crises can often be endured by the person because there are elements in life that cushions the person from the full force of these difficulties. These elements are often the family unit, the peer group, and the religious ideology which Masaryk claims to be a provider of joy and comfort from suffering. It just so happen that as the person grows older and faces these crises, his "cushions" have been compromised by the disequilibrium brought about by the change in religion. This leaves him in a state of relative vulnerability to the crises which, in turn, leads to the greater probability of the person succumbing to suicide ideation and suicide attempt.

Why, then, is the same not the case for those who, rather than changing their religion, completely loses it? This is perhaps the more challenging part to make sense of in the results found in Table 4. The relative dearth of information on Filipino experiences in loss of religion or atheism clouds the certainty of assumptions to the state of a person who lost their religion. Various rationales could be entertained, but not ascertained, in

this study. First, it is possible that, as in the case with some former religious who turned to atheism, their loss of religion was replaced with an advocacy such as social justice, environmentalism, socialism, and feminism. Their subscription to these advocacies replace the void brought about by their apostasy with a sense of purpose and an integration in advocacy groups. Second, though the respondents are non-religious, they could still be spiritual – which, in a sense, makes them theistic sans the membership in organized religion. Hence, perhaps it can be said that they derive the benefits of religion as identified by Masaryk, sans the social integration and regulation as identified by Durkheim. Finally, could it be that these respondents who lost their religion are those who are personally and social advantaged from the start, hence making them less susceptible to suicide? From the scant knowledge we know of atheists, they are more often those who are highly educated, urbanites, often working in academia or similarly pluralistic settings, and more economically well-off [39]-[40]. These advantages are what enabled them to shun away the comforts of religion in the first place, and that same set of advantages make them less at risk of suicide.

The results of Table 4 also show that out of the four religious beliefs that represent Stack's theory in this study, the only one to yield a statistically significant correlation with suicide is the belief that doing good is necessary for one's salvation. The author personally finds this surprising because there are other religious beliefs utilized in the study which, at face-value, would be more easily related to suicide and death such as the existence of heaven and hell, or the belief in eternal life. Could it be that the reason why the belief in doing good as necessary for salvation is related to lower risk of suicide is because though the respondent believes in eternal life, and the existence of heaven and hell, the requisite of doing good before being able to be saved into heaven stays the person from the idea of actively seeking out death in fear that they have not yet done enough good to be worthy of heaven, and therefore, must stay in this world to do more? Or perhaps, could it be that because of the belief of doing good as a requisite to salvation, these people actually try to do good, and the said pro-social behavior inadvertently makes them feel better about themselves, thereby indirectly lessening the risk of suicide? Such an appreciation would suggest that it is not the belief itself that serves as a protective restraint against suicide but rather the influence of such belief on people's propensity for pro-social behavior – and that it is the prosocial behavior itself that has a more direct

influence against suicide. This is beyond the capacity of this study to explore, but it would be a prudent point of inquiry for succeeding studies.

The importance of the family unit is once again made manifest in this study, akin to the results of the author's previous studies on suicide where family variables proved to always be an important factor [41]-[42]. In this study, it was made salient that the power of religion as a deterrent to suicide occurs when it is made as a family affair: those who live in families where the parents require their children to attend religious services, where the family attends together as a unit, and where the family prays together are less likely to think of suicide or attempt to commit the act. As it stands, this now seems like an extension of Pescosolido's Religious Network Theory wherein the bonds in the religious network serves as the deterrent to suicide because they integrate the person into a tightly-bonded group and also tends to regulate the actions of the members of the said group. The efficacy of Pescosolido's theory is further proven by the fact that membership in religious organizations in school has also been found to be significantly correlated with suicide in this study. It must be noted, however, that the bivariate relationship found in the study between suicide attempt and membership in religious organizations in school is inverse to what is expected in Pescosolido's theory. How can we make sense of these findings? The author would like to extend the explanation that it is possible that similar to the influence of the family unit, the social integration provided by the religious organization is beneficial to the person as a deterrent against suicide. However, along with this integration comes a high degree of regulation that becomes cornering to the individual. This regulation comes in the form of the various codes of conduct that members of the religious organization must strictly abide with. This produces an uncomfortable state in the process which eventually increases the tendency of the person toward suicide attempt. As such, both the family unit and the religious organization provide social integration, and both provide social regulation as well. However, the regulation provided by the family unit is easier to abide with, or possibly easier to justify in the mind of the person being regulated due to the familial context, hence the reason why the family unit does not result in the same increased risk of suicide attempt among the respondents.

CONCLUSION

The results of this study proves that religion, the so-called “ultimate social fact” remains an important element in the sociological understanding of suicide as a phenomenon. Furthermore, the study was able to lend support albeit at different degrees, to the extant theories on religion and suicide of Durkheim, Masaryk, Stack, and Pescosolido. However, in its attempt to test the aforesaid sociological theories of suicide, it stumbled upon observations in the data which require greater clarification, and the limitations of the methods of the study and its data left the study no choice but to rely on educated assumptions. Yet, though educated these assumptions may be, they remain to be mere assumptions. These theoretical assumptions are beyond the powers of this study to ascertain, but would be viable foundations of future inquiries into the relationship of religious belief and suicide risk. Future studies delving into religion and suicide are encouraged to enrich our extant knowledge on these two social facts by more in-depth, qualitative inquiries among the religious and non-religious and their susceptibility to suicide ideation and suicide attempts.

Beyond this study’s contribution to Sociology as a whole and to Suicidology in particular, this study also poses certain practical benefits to people’s practice of religion. Perhaps the more interesting and necessary thing to ruminate about, is the potential danger of religious change in the life of a person. The results of the study showed that change in religious affiliation could be more dangerous to one’s self than apostasy or loss of religion. The rationale offered by the study to make sense of this is that change in religious affiliation often comes with an experience of crisis and change in networks of peers or even family.

Crisis is often treated as a core element in the process of religious conversion [43]. This crisis breaks down the person’s self-concept, makes him vulnerable, and sets him on a religious quest. Examples of these crisis are serious illnesses, economic troubles, and failed romantic and/or marital relationships. This crisis also sets the person on a religious quest that may eventually land them in a new religious group with, as Kox, Meeus, and Hart put it, “*offer them a new perspective on life and so liberates them from the entrapment of their own problems* [44]”. Aside from crisis, the process of religious conversion, as a form of resocialization, also entails a change in networks where loyalties to the old religion is weakened or even severed and loyalties to the new religion is established, strengthened and emphasized. This is a basic element in Lofland’s theory of religious conversion [45]. Either

as a cause of crisis and/or as part of the process of being converted into the new religion, the person’s ties with members of the old religious network, sometimes even those within the person’s family unit, are either unintentionally or intentionally weakened. To replace the loss of these ties are the building and strengthening of ties with the members of the new religion. The issue now is on the timeframe in the person’s life when crisis sets in and becomes too much for the person to handle, as well as the loss of the ties to the old social group when the ties to the new social group is just in its budding stage. At this stage, the person becomes highly vulnerable, and suicide risk could be detrimentally high. This is the time when the person must be identified and extended help by counselors and suicide prevention groups. Religious groups should also think twice before intentionally making people go through the so-called process of mortification and redemption simply to gain a convert. In this rush hour of the gods, let not the poor individual become a casualty in the competition.

Another practical tidbit of information which may be gleaned from this study stems from the principle of extremes that encapsulates Durkheim’s appreciation of the phenomenon of suicide: too little is bad, but so is too much. Religion, as a social agent of integration and regulation, is predominantly a deterrent against suicide. However, it is possible that the same cannot be said when almost all aspects of a young person’s life are perceived by that person to be regulated by religion. The teenage and young adulthood stages of a person’s life is a time of freedom and exploration – an exploration, or even experimentation, of interests, of life philosophies, and of religious, political, and sexual identities. This is particularly the case when one is with one’s peers. This sense of freedom, however, could feel constrained when one’s religion and its regulations for its members is present in almost all aspects of the person’s life. The author, for example, has witnessed several of his friends and students miss out on several typical experiences of teenagers and young adults simply because such experiences are frowned upon by the friend’s or student’s religious group. When such constraint becomes very salient in the person, such a situation could lead to mental health issues such as suicide.

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