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Introduction

In 2017, suicide rose to become the tenth leading cause of death for U.S. citizens (U.S. Department of Health and Human Services 2018a). In the twenty years preceding 2017, the suicide rate increased significantly across the country. Twenty-five states experienced at least a 30 percent increase in suicide rates, and some states like North Dakota saw increases of as much as 57 percent (U.S. Department of Health and Human Services 2018b). The significant upswing in suicide rates affects the well-being of every American, both directly and indirectly. Indeed, one of the strongest indicators of a person's likelihood to attempt suicide is exposure to the suicide of people close to them in their social network (Niederkrotenthaler et al. 2012; Ramchand et al. 2015). Beginning in the 1960s, American policymakers started taking suicide prevention seriously. The Center for Studies of Suicide Prevention was established as part of the National Institute of Mental Health in 1966, and government intervention culminated with the unprecedented *Surgeon General's Call to Action to Prevent Suicide* in 1999 (U.S. National Library of Medicine 2016; U.S. Public Health Service 1999). Subsequent legislation like the Garrett Lee Smith Memorial Act of 2004 and the Joshua Omvig Veterans Suicide Prevention Act of 2007 continue to combat suicide (Suicide Prevention Resource Center 2016). However, while these government programs focus on providing resources and support for Americans struggling with suicidal tendencies, our understanding of what motivates someone to end his or her life remains dangerously inadequate as suicide rates continue to increase unabated (Ross, Yakovlev, and Carson 2012).

History of Suicide Research

The history of human understanding of suicide extends thousands of years into the past. The Greek philosopher Socrates spoke at length about the morality of suicide as long ago as 470 BC, and popular mythos point to suicide as the cause of his death (Dorter 1976). The Bible mentions suicide several times in the Old and New Testaments, primarily in relation to shame or regret (2 Samuel 17:23; Matthew 27:3–5; Gearing and Lizardi 2009). The shift from the early understanding of suicide as an act of shame or remorse to the new perception in the Middle Ages of suicide as an act of repugnance theoretically correlates with the rise of Christianity. Early Christians considered suicide a moral sin beginning in the fifth century, and the public attitude expressed in secular writings mirrors that perception (Eckardt 1972).

The secular understanding of suicide research was not formalized until 1897 when the French sociologist Emile Durkheim provided an operational definition of suicide, which researchers still use today (Abrutyn and Mueller 2014; Gearing and Lizardi 2009; Pescosolido and Georgianna 1989; Stark, Doyle, and Rushing 1983). He defined suicide as "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (Durkheim 1897). Durkheim further divided suicide into four categories, which form the foundation of most modern suicide research: egoism (lack of integration), altruism (overwhelmed by group expectations), anomie (lack of direction), and fatalism (sense of overregulation) (Dohrenwend 1959; Harriford and Thompson 2008). Durkheim's contribution provided the theoretical backbone for the current understanding of social structures and how social capital prevents suicide from taking place, and each of these four categories has applications in a person's religiosity or lack thereof (Jones 1986).

Durkheim's argument can be simplified into two primary predictive indicators of suicidality: integration and regulation (Pope 1975). Durkheim stated that religion prevented suicide "because it is a society" and that "the stronger the integration of the religious community, the greater its preservative value" (Jones 1986). The strength of a person's social capital continually proves to reduce his or her sense of isolation and risk of suicide (Putnam 1995). Durkheim recognized that religious institutions are uniquely qualified to provide congregational integration and firm regulations of their adherents more than any other social organization and would therefore likely see fewer suicides amongst their parishioners (Durkheim 1897).

Unfortunately, researchers largely abandoned Durkheim's emphasis on the unique qualities of religion and treated religious identification with the same level of importance as other social organizations (Pescosolido and Georgianna 1989). By neglecting the regulatory impact of religious doctrine and practice, post-Durkheim researchers incorrectly minimized the unique impact religion has on suicidality; this negligence has negatively impacted suicide research for more than a hundred years.

Present State of Suicide Research

Though Durkheim's theory is foundational to suicide research, researchers incorrectly diminished his theory and did not include robust measures of religion in modeling suicide rates. The consequences of this exclusion have led researchers to focus the study of suicide on individual characteristics where social and contextual factors play a role—which are important indicators in their own right—but researchers continually ignore the fundamental impact of religious identity on suicidality (Wray, Colen, and Pescosolido 2011, 505). Political scientists and sociologists focus their research on common outward personal identifiers found in population studies, such as gender, mental health, and financial problems. Their research has yielded important insights into suicidality and is, therefore, important to include in our study. Because the defining role of religion does not currently receive the attention it merits, including religion will address previously unperceived, omitted variable bias. We will provide a brief description of the current body of knowledge on the most common indicators of suicidality.

The main physiological factors studied with suicide are gender, age, and mental illness, as those three characteristics are highly correlated with suicide. Gender has a clear, though complex, relationship with suicide. Men are more likely to successfully carry out a suicide attempt (U.S. Department of Health and Human Services 2018a), while women are more likely to attempt suicide than men (Girard 1993; World Health Organization 2002). This relationship has been observed for several decades (Ellis et al. 2013). Age is also directly correlated with suicide rates. As people grow older, their likelihood of committing suicide increases (U.S. Department of Health and Human Services 2018b), and age is a consistent indicator of suicidality when race, family structure, and support system are used as control factors (Pampel and Williamson 2001; Conwell et al. 1998). Mental illness and suicide are undoubtedly linked (D'Orio and Garlow 2004), with some doctors estimating that between 50 and 80 percent of those who commit suicide suffer from mental disorders (Güngörmüş, Tanriverdi, and Gündoğan 2015; Suominen et al. 1996).

Beyond personal physiological differences, the relationship between cultural and societal differences and suicide has also been studied at length. In the U.S., Caucasians and American Indians commit suicide at nearly three times the rate of African Americans, Asians, and Pacific Islanders (Kubrin, Wadsworth, and DiPietro 2006; Burr et al. 1999; American Foundation for Suicide Prevention 2019). Despite the clear differences in suicidality between races and cultures, the cause of these differences is still unclear.

Extensive research has linked economic stability and suicidality in individuals and societies. For example, financial struggles—usually characterized by unemployment—have long been associated with suicide both globally (Preti 2003; Yip and Caine 2011; Nortsröm and Grönqvist 2015) and in the United States (Marcotte 2003; Almgren et al. 1998; South 1984). Some studies show that a person facing financial struggles is three to nine times more likely to commit suicide than the general public

(Blakely 2003; Nordt et al. 2015). Economic fluctuation occurs consistently throughout history, and suicide rates have mirrored stability and instability in the economy (Dome et al. 2013). We expect the variation in the strength of the U.S. economy and the job market to influence the suicide rate and will, therefore, use the unemployment information provided by the Bureau of Labor Statistics for the years included in our study.

One of the most studied areas of pre-existing suicide research is the effect of the relationship network—or social capital—of an individual. A significant relationship has been established between social relationships and mental health (Umberson and Karas-Montez 2010). Research on the decrease of social interaction over the last thirty years corresponds with the increase in mental illness and suicide rates in the U.S. (Putnam 1995). Social interactions range from as wide as a community to as intimate as a marriage between two individuals. In several studies, a person who is single, divorced, or widowed is two to three times more likely to commit suicide than a person who is married (Wray, Colen, and Pescosolido 2011; Weerasinghe and Tepperman 1994; Stack and Wasserman 1993). Recent research has indicated that suicide rates might change based on a change in relationship status rather than the type of relationship itself. One study discovered that 10.7 percent of suicide victims had a change in marital status within the previous five years compared to only 5.6 percent for suicide victims who remained static in their relationship status (Roškar et al. 2011).

Within the last several decades, public pressure led researchers to identify a growing trend of suicidality among individuals in the lesbian, gay, bisexual, and transgender (LGBT) community. This group was mostly ignored by suicide researchers for decades despite reports of elevated risk (Clements-Nolle et al. 2001), but after the Obergefell v. Hodges decision by the Supreme Court in 2015 granting homosexual marriage under the law, the LGBT lobby has significantly influenced legislators to provide more funding and attention to suicide research (Roberts 2018). Some claim that LGBT individuals are several times more likely to commit suicide than the general population (Mathy et al. 2009; Strohm et al. 2009), but other researchers believe the actual discrepancy in suicide rates is nonexistent after other factors are included in the analysis (Shaffer et al. 1995; Renaud et al. 2010). Researchers on both sides agree, however, that assessing a suicide victim's sexual orientation is difficult to accomplish accurately, which likely results in significant measurement error (King et al. 2008). The true effect of belonging to the LGBT community on suicidality is not clear, but the public divide over support for this issue is likely highly correlated with attitudes toward suicide according to religious identification.

All of the above measures of suicide have extensive research to back them, but we believe that including a specific understanding of religious indicators will increase the validity of each of the aforementioned factors and account for significant omitted variable bias.

Religion

Given the comprehensive body of research pertaining to suicide since Durkheim first presented his work *Le Suicide*, the research community's neglect of religion as a

factor is concerning. Indeed, the study of religion in American political science has been the subject of often purposeful neglect (Swierenga 1990). Some even say that "[religion] is beyond the realm of social science" (Wald and Smidt 1993). Perhaps this neglect is due to the complexity of religious measurement or the potential bias of social scientists against theology (Rothman, Licther, and Nevitte 2005). *The American Political Science Review*, the most influential political science journal in the twentieth century, averaged only one substantive article concerning religion every four-plus years (Wald and Wilcox 2006). This inattentiveness of the social sciences toward religion until the last several decades had a direct effect on the lack of substantial research on the relationship between religious affiliation and suicide. While researchers developed theories of how gender, race, and economics affect suicide, the study of religion and suicide endured nearly a century of academic neglect.

Researchers who understood the importance of religion on social and political science needed an objective, operational definition of religious tradition. The first widely accepted attempt at a classification index was established in 1990 by T.W. Smith and was called the FUND scheme (Smith 1990). This method had several shortcomings, however, because FUND separated the population into divisions based solely on their ethno-religious background and varying levels of fundamentalism but did not account for changing trends in religious identification. Political scientists began to understand that religion is better defined in terms of "belonging, behavior, and belief" (Green 2010; Wald, Owen, and Hill 1990). Researchers developed a more inclusive religious classification system called RELTRAD—short for religion and traditionalism, which combines the modern ethno-religious identification of American religious practice and traditionalism. This new method abandoned the fundamentalism measurement that formed the core of the FUND index (Steensland et al. 2000). By updating the religious classification of American religious identity to six major categories—namely, Catholicism, Historically Black Protestantism, Evangelical Protestantism, Mainline Protestantism, Judaism, and "others"—and by adding weekly attendance and biblical literalism, the predictive power of RELTRAD exceeds that of the outdated FUND measure (Steensland et al. 2000).

We accept the findings of Steensland et al. and include the six religious categories they identified in RELTRAD. Additionally, we include a measure of church attendance in combination with the person's understanding of biblical literalism to strengthen the results of our analysis. Church attendance is one of the most widely available and categorical measures of religious behavior (Caplow 1998). Perception of biblical literalness is a very strong measure of religious belief that provides insight on the traditionalism of a person's religious ideology, even when excluding religious identification (Friesen and Wagner 2012).

We deviate from RELTRAD in one important way, however, in that we isolate The Church of Jesus Christ of Latter-day Saints (Latter-day Saints) from the "other" category, while still including a category for the remainder of the "others." For

decades, researchers have acknowledged the difficulty of predicting the "other" category because of the diversity of religions included in it (Woodberry et al. 2012; Sullins 2004; Vandermeer 1981; Brown 1964). Muslims, Latter-day Saints, Jehovah's Witnesses, Hindus, and Unitarians are grouped together in the "others," and they tend to have more differences than commonalities. Because the Latter-day-Saint population was recently measured at 1.6 percent of the U.S. population (in contrast, the Jewish population with its own category is at 1.9 percent), Latter-day Saints are by far the largest denomination within the "others" (Pew Research Center 2015a). Latter-day Saints comprise a group nearly double the size of the Muslim population (0.9 percent), which is the next largest religious identification in the "other" category in the U.S. (Pew 2015a). Including Latter-day Saints as their own subgroup allows us to account for nearly half of the "other" category. The remainder of the "other" category will be separated out from Latter-day Saints in our tests. Additionally, both authors of this paper identify as members of The Church of Jesus Christ of Latter-day Saints, which influenced our decision to isolate that church from the "other" category.

The last category of religious identification we use comprises those who identify as atheist, agnostic, or nonreligious (religious "nones") and forms the baseline of our research. We recognize the RELTRAD classification system is not perfect and acknowledge the criticisms of other researchers (Shelton 2018; Hackett 2008), but given the robust results RELTRAD provides, we join with the majority of political scientists and consider RELTRAD the gold standard for measuring religious identity (Shelton 2018).

Understanding the relationship between the major religious divisions identified by RELTRAD and what they teach about suicide is central to our theory and causal mechanisms. Christianity has a complicated history with suicide, and the Bible does not give a clear understanding of the morality of suicide; the initial ambiguity was formalized early in Christendom following the Nicaean Creed of AD 325 (Gearing and Lizardi 2009). Early Christian theologians like Saint Augustine (AD 354–430) and later Thomas Aquinas (AD 1225–1274) extensively addressed the eternal consequences of ending one's own life and condemned the practice (Phipps 1985). The Protestant Reformation of the sixteenth century brought new, diverse interpretations of the eternal consequences of suicide that continue through to Protestant denominations today (Gearing and Lizardi 2009). Judaism, like Christianity, has a long history of teachings on suicide, which contributed to the early Augustinian understanding of the subject (Blacker 1994; Dorff 1998). We expect that the teachings of the major religious traditions will follow the predictions of Emile Durkheim and have substantial and statistically significant effects on both attitudes toward suicide and the total rate of suicide. We will outline each of the major religious traditions in our study and provide theoretical framework for the hypothesized relationship each religious distinction might have concerning attitudes towards suicide.

Catholicism

Catholicism maintains the same doctrinal position on suicide as was established by Augustine and Aquinas over a thousand years ago. Similar to their understanding

of abortion, Catholics view life as a gift given directly from God and that knowingly and willingly violating this gift is a mortal sin—a sin by which salvation is forfeit and the eternal fate of the soul is inescapable damnation. From their youth, devout Catholics go through an education process called the Catechism. The Catechism teaches this about the sanctity of life: "Everyone is responsible for his life before God who has given it to him, . . . we are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of" (Catechism of the Catholic Church 2280). Catholicism teaches that suicide is a violation of the fifth commandment, "Thou shalt not kill," and for centuries those who committed suicide were denied Catholic funeral services and burial in Catholic church cemeteries next to their families (Alessi 2014). The Catholic Church believes that in order to enter heaven, one must confess their sins before they die (Gearing and Lizardi 2009). Suicide does not allow a person to confess the sin of suicide, therefore, the suicidal are not granted the rights to enter heaven (Stark 1983). Although the Catholic Church has attempted to soften the public image of their suicide doctrine, Catholicism stays true to its foundational disapproval of suicide (McKibben 2018). Catholicism integrates its doctrine very well into its practitioners, but many Catholics attend services very sparsely, meaning regulation of those doctrines is likely to be weaker. With this in mind, we expect faithful Catholics to have a deep-seated disapproving attitude toward suicide, which should lead to lower rates of suicide than nonreligious individuals, which may vary depending on the level of activity within the church.

Black Protestantism

Black Protestants are perhaps the most cohesive and homogeneous group within the RELTRAD classification system, and their attitude toward suicide is no different. Black Protestantism is theologically split between aspects of the Evangelical and Mainline branches of Protestantism and tends to focus more deeply on the importance of freedom and the quest for justice than the other major denominations (Steensland et al. 2000; Lincoln and Mamiya 1990; Roof and McKinney 1987). While Black Protestants tend to lean more liberal on most economic topics like poverty and wealth redistribution, they are significantly conservative on social issues and the value of the nuclear family (Steensland et al. 2000). Researchers indicate that Black Protestants are more likely to participate in church activities and the church community. As Durkheim emphasized, this type of sociality serves as a deterrent to suicidality (Pescosolido and Georgianna 1989). The National Baptist Convention, the largest Black Protestant organization, does not have a specific stance on suicide or physician-assisted suicide. The closest approximation to a specific policy on suicide is "the length of one's life is the providence of God, and you let it take its course" (Pew Research Center 2013). We expect that the emphasis on communitarianism within Black Protestantism will mean that regulation of doctrine should be quite strong, even though integration of specific anti-suicide doctrine is not particularly clear. We expect that Black Protestant practitioners will have a more negative attitude toward suicide than nonreligious individuals.

Evangelical Protestantism

Evangelical Protestants for the last century have formed the largest categorization of religious identity in the U.S., but recent reports may indicate that nonreligious identifiers have grown slightly larger (Shermer 2018). Despite their large numbers and the multiplicity of denominations, Evangelicals are surprisingly unified in doctrine (Steensland et al. 2000; Green 2010). The four major tenets of Evangelical Protestantism are 1) salvation through Christ alone, 2) salvation is individual, 3) believers are responsible to evangelize, and 4) the Bible is the uncontested Word of God (Woodberry et al. 2012). The largest governing body within evangelicals, the National Association of Evangelicals, does not have any information or teachings on suicide. The only official policy concerning end-of-life issues pertains to elder care, where they teach that life should be honored from "womb to tomb." In cases where withholding life support will end the life of a patient, it is acceptable for family members of the patient to stop treatment (National Association of Evangelicals 2014). Although suicide is not considered a moral sin among Evangelical Protestants as it is for Catholics, the deep integration of their beliefs should cause their suicide rates to be lower. In addition, their respect and emphasis on traditional family values and community involvement lead us to believe that Evangelical Protestants' internal regulation of doctrines should be strong, and their opinion toward suicide will be similar to Black Protestants and Catholics.

Mainline Protestantism

Mainline Protestantism has adapted to modern social norms more than any of the other major religious categorizations in RELTRAD. Historically, it has been the most accepting of social justice and secular ideations into its doctrine. Unlike Catholicism, Black Protestantism, or Evangelical Protestantism, Mainline Protestant denominations do not share a strong doctrinal core or standard of faith to which all denominations adhere (Hacket and Lindsay 2008). Instead, Mainline Protestants on average are ambivalent toward the absolute authority of the Bible and attend church at a much lower rate than the previously mentioned faiths (Woodberry et al. 2012; Green 2010). The largest Mainline denomination, the United Methodist Church, stands as a direct contrast to the Catholic Church on suicide. Their web site declares, "A Christian perspective on suicide begins with an affirmation of faith that nothing, including suicide, separates us from the love of God" (United Methodist Church 2016). Mainline Protestantism's abstention from condemning suicide in doctrine, in addition to the lack of a strong communitarian tradition connected to congregational worship, leads us to predict that Mainline Protestantism will correlate with preventing suicidality at a lower rate than the other major religious identifications.

Judaism

The Jewish position on suicide has a long, deep history, which extends to the first passages of their holy scripture, the Torah. Comparable to the Old Testament in the Christian Bible, the Torah states "And surely your blood of your lives, will I require" (Genesis 9:5). Some of the first Jewish scholars like Rabbi Solomon ben Isaac (1140–1105)

used this passage to teach that those who take their own life are sinning and are responsible to God (Ratzabi 2017). Jews who commit suicide are also not allowed to be buried in Jewish cemeteries or receive burial rights, similar in practice to Catholicism; Orthodox Jews in modernity maintain this hardline view (Rabbi Meredith Cahn 2013). However, contemporary Judaism is deeply divided between Orthodox and Reform Judaism, and the Jewish perception of suicide is different for each sect. Reform Judaism does not focus on suicide as a sin but rather as a tragic side effect of mental illness (Rabbi Meredith Cahn 2013). However, suicide rates among Orthodox Jews are nearly twice as low as their Reform counterparts. Researchers at Tel Aviv University have established a significant link between those practicing Judaism and lowered rates of suicide, showing that Jewish teens who practice their faith are 45 percent less likely to commit suicide (Shoval and Amit 2014). Because Judaism's doctrine about suicide is split between the two extremes of orthodoxy and reformism, including religious behavior and belief is essential to differentiating the effect of Jewish faith on suicide attitudes (Steensland et al. 2000). Because the Jewish community is highly cohesive, and Jewish doctrine prohibits suicide, we expect the Jewish integration and regulation of their beliefs to be strong. We expect the attitude toward suicide among those who are active in their faith to be significantly lower than nonreligious individuals.

The Church of Jesus Christ of Latter-day Saints (Latter-day Saints)

The last and smallest division we will include in our study is members of The Church of Jesus Christ of Latter-day Saints. As previously stated, we choose to single out this denomination from the "other" category in the RELTRAD index, because they represent the largest plurality of religious "others," and quantitatively they are comparable to American Judaism in number.

The central leadership of the Church teaches its members to refrain from judging the actions of others and that the ultimate judgement for a person's actions belongs solely with God. Within the governing handbook of the Church, the following statement expresses the Church's official stance: "It is wrong to take a life, including one's own. However, a person who commits suicide may not be responsible for his or her acts. Only God can judge such a matter" (The Church of Jesus Christ of Latter-day Saints 2019). M. Russell Ballard, a member of the second-highest governing body of the Church known as the Quorum of the Twelve Apostles, said, "It is obvious that we do not know all the circumstances surrounding suicide. . . . Only the Lord knows all the details and it is He who will judge . . ." (1987). Members of The Church of Jesus Christ of Latter-day Saints are taught that life continues for all after death, and that people will have the chance to correct shortcomings after they leave this world (Gospel Principles 2011). Although suicide is clearly taught to be a sin, Latter-day-Saint theology takes a more merciful tone when talking about the culpability of suicide victims in comparison with the other religious denominations in RELTRAD.

Because Latter-day Saints are taught not to judge suicide victims, attitudes toward suicide are likely to be more forgiving as well. The unity of belief and doctrine within the

Latter-day Saint faith is remarkably consistent throughout its worldwide congregations, and Latter-day Saints are well-known to be supportive of one another in times of crisis (Alder 2018). Additionally, as of 2014, 55 percent of the population of Utah identified as members of The Church of Jesus Christ of Latter-day Saints, which might complicate the correlation of religion and abnormally high suicide rates within that state (Pew 2015a). It is unclear if religion contributes to the elevated rate or if other factors such as altitude influence it as well, but this state-specific abnormality might affect results concerning the Latter-day-Saint population. Although Latter-day Saints are taught that suicide is a sin, a mixture of the positive effects of their strong communitarian network and the negative effects of Latter-day-Saint cultural forgiveness of suicidality with Utah's elevated suicide rate lead us to have an unclear expectation of the "Latter-day-Saint effect" on integration and regulation.

Nonreligious/Atheist

The final grouping of religious identity we include in our study is perhaps the hardest to categorize but the most important for understanding the relationship between religious identifiers and the increasing rate of suicide in the United States. These nonreligious individuals, or religious "nones" as they are commonly called, have been growing in proportion to the religious population of the U.S. at a high rate (Pew Research Center 2009; Pew Research Center 2015b). The secular perspective on suicide is founded on Enlightenment thinkers like Immanuel Kant (1724–1804), who said suicide is wrong, because "an agent who takes his own life acts in violation of the moral law" (Brassington 2006). Ludwig Wittgenstein (1889–1951) spent much of his life theorizing on the morality of suicide and finally concluded that suicide is "neither good nor evil" (1917). Indeed, the secular position on suicide has been characterized as "an undeniable force in the trend toward the neutral or even positive attitude toward suicide" (Hecht 2013).

Vibrant debate among researchers surrounds what motivates a person to identify as nonreligious instead of "other" or one of the major religious denominations (Steensland et al. 2000; Woodberry et al. 2012). The simple assumption is that religious nones are simply atheists or agnostics, but research shows that "nones" include those who are lapsed, unaffiliated, and "spiritual but not religious" (Whitley 2018). Interestingly, studies indicate that up to 49 percent of religious "nones" believe in God but feel ostracized from the religion of their youth (Alper 2018; Shermer 2018). Indeed, this very alienation from the guiding influence of religion is what sets the impact of religious "nones" apart from people who leave any other social group. Durkheim theorized that one of the primary functions of religion is a sense of community, and researchers have linked a sense of belonging to religious community and mental distress as inversely related (Ross 1990). Many religious "nones" experience more than an alienation from those communities; they feel an overt adversarial relationship with religion (Baker and Smith 2009). In opposition to the negative relationships we predict with religious identification and attitudes toward suicide, we expect the nonreligious population to have a much more accepting view toward suicide than the religious population.

Each of these religious traditions is unique in its doctrine toward suicide, yet all offer similar reasons for us to believe that members of those religious traditions should have less favorable opinions toward suicide than religious "nones." In their own way, the major religious traditions of the U.S. help to mitigate the theorized underlying causes of suicide: isolation, abandonment, and hopelessness. Returning to Durkheim's theory, a lack of integration and regulation in a person's life leaves a void, which is often filled with suicidal nihilism. Religion provides regulation by creating the perception of eternal sanctions for inappropriate actions. Religion also acts as a uniquely qualified support network, influencing a person's life by providing friendship and interdependency in a way that no other public or private institution can fulfil (Cheng et al. 2000).

Our theory expands on the theoretical foundation built by Durkheim and reintroduces religiosity as a valuable indicator in suicidality using the most modern and robust religious index available. The effect of religious belief, religious behavior, and religious belonging on suicide is a strong yet neglected indicator of a person's likelihood to commit suicide; our analysis aims at proving the existence of significant, omitted variable bias in existing research. Our addition to the existing body of suicide research will open the understanding of the causal conditions of suicide, with the intent of influencing public policy and improving our ability to help those who desperately need support. Based on the preexisting research and the expectations developed through careful study of RELTRAD, we will empirically test two hypotheses that align with our theory.

Hypothesis One

> *Religious individuals will have lower levels of acceptance concerning the morality of suicide based on their religious belonging, belief, and behavior compared to nonreligious individuals.*

Religion serves as a strong indicator of a person's opinion regarding the morality of suicide. If we accept Hypothesis One, then it serves as evidence that religion uniquely impacts a person's perception of suicide and is responsible for omitted variable bias. By extension, logic indicates that this difference in attitude would directly affect an individual's likelihood of committing suicide. Thus, we formulate Hypothesis Two.

Hypothesis Two

> *People who demonstrate higher levels of religious behaviors, beliefs, and belonging are less likely to commit suicide.*

Unfortunately, it is impossible to accurately measure religious indicators of an individual who has committed suicide. To estimate the effect of religion on an individual level, one would have to construct a longitudinal data set with all the appropriate questions spanning several decades. Because this information does not currently exist, we attempt to indirectly measure the effect of religion on suicide by using state-level data. We offer a Revised Hypothesis Two to match the available data.

Revised Hypothesis Two

> *States with higher levels of religious behaviors, beliefs, and belonging as measured by RELTRAD will have lower suicide rates.*

Hypothesis Three

> *We theorize that religions will have different effects on the support of suicide and suicide rates. Based on each religion's teaching and beliefs, we give our hypothesis starting from the least supportive to the most supportive.*

1. Catholic
2. Jewish
3. Black Protestant
4. Evangelical Protestant
5. Mainline Protestant
6. Nonreligious

> We believe this pattern will hold for reducing suicide rates.

Hypothesis Four

> *We hypothesize that people who have more literal beliefs in scripture will be the least supportive of suicide, while those who disbelieve scripture will be the most supportive of suicide. We also theorize that as people participate more in their religion, they will be less supportive of suicide. These attitudes should be reflected in lowered suicide rates.*

Data

To test our hypotheses, we created two separate datasets to address the different levels of analysis in our two hypotheses. The first dataset uses individual-level data that has common measures of religion and detailed questions about attitudes toward suicide. We refer to this individual-level data as Dataset One and will use it to test Hypothesis One. Data to test Hypothesis Two was understandably more difficult to collect. Despite the proliferation of data in the modern era of the Internet, significant limitations exist in obtaining appropriate data for Hypothesis Two. First, one cannot survey those who successfully commit suicide. If it were somehow possible to obtain the necessary data through a close relationship, there is a serious risk of obtaining inaccurate data and having the results subject to measurement error. Also, a survey of individuals who have successfully committed suicide might introduce selection bias that would lead to inaccurate results. A longitudinal study might solve some of these problems if it tracked important variables in a random sampling of individuals from birth to death, but a study of this magnitude would be difficult and expensive, making this an unrealistic approach. Rather than use this ideal data, we create a dataset using state-level indicators and refer to it as Dataset Two.

Dataset One

The first step to test our two-part theory is to verify the idea that religion has a significant effect on an individual's support or opinion of suicide. The General Social Survey (GSS) perfectly fits this task, because it contains both measures of religious belonging, belief, and behavior and questions about the morality of suicide. The survey also includes many demographic questions that the broad body of previous research has identified as key indicators of suicidality. In order to estimate smaller religions like Judaism and The Church of Jesus Christ of Latter-day Saints, we pooled together data from 1990 to 2016 (General Social Survey 2017).

After pooling the data, we used a simple OLS regression with robust standard errors. Our general model appears as follows: $Suicide\ Support\ Score=(Religious\ Belonging \times Religious\ Belief)+Religious\ Behavior+Controls+\varepsilon$

Below we describe the dependent variable, the key independent variables, and the control variables.

Dependent Variable: Suicide Support Index

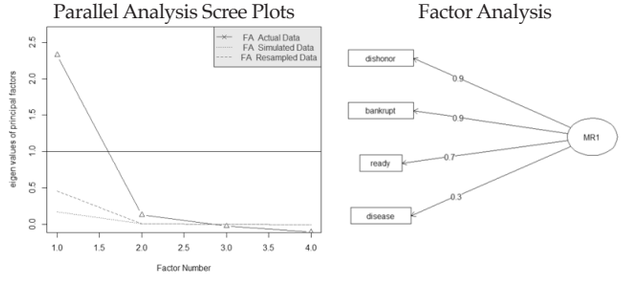
To measure support for suicide, we created a variable called the "Suicide Support Index" by combining a series of questions about suicide given in the GSS. The questions are as follows:

"Yes or No, do you support suicide when . . ."

1. "the person has an incurable disease?"
2. "the person has gone bankrupt?"
3. "the person has dishonored their family?"
4. "the person is tired of living and ready to die?" (General Social Survey 2017)

To find the best combination of questions, we performed a factor analysis and a Cronbach's Alpha test. The scree plot in figure 1 shows strong evidence of at least one underlying factor and some evidence that there are two factors. In the factor analysis that assumes there is one underlying factor, "disease" was the only question that did not load well onto the factor. When testing for two underlying factors, "dishonor" and "bankrupt" loaded onto one factor with high eigen values; however, "ready" and "disease" loaded onto the other factor with much weaker eigen values.

Figure 1. Parallel Analysis Scree Plot and Factor Analysis Plot



The Cronbach's Alpha test revealed a very similar result with an alpha of 0.75 when "disease" is included and 0.88 when "disease" is excluded. Based on these analyses, we chose to leave out the question on "disease" from the Suicide Support Index in order to isolate the effect of religious doctrine on attitudes toward suicide. Using the remaining questions, we added all three responses together and coded a yes as 1 and a no as 0. Finally, we divided the sum by three to create an index that ranges from 0 to 1, with 0 being no support and 1 being full support. We tested other options for the Suicide Support Index in the appendix and found that the OLS results are only slightly different using different indexes (appendix A table 2 and appendix B figure 6).

Independent Variables: Religious Tradition, Religiosity, Party, and Demographics

To measure religion, we modified the Stetzer and Burge (2016) code to sort individuals into RELTRAD categories. RELTRAD was used as our religious belonging dimension. We further grouped the GSS respondents into three religious belief categories: those who believe scriptures are fables, those who believe scriptures are inspired, and those who believe scriptures are literal. Finally, we used self-reported church attendance to measure religious behavior.

To validate our claim that religion needs much more attention in suicide research, we included common factors that have been shown to be significant predictors of suicide: work status, marital status, gender, education, party affiliation, ideology, age, and views on homosexuality. If including all these variables does not cause the religion variables to lose significance, then we can conclude that our theory about religious teachings is reasonable. If we then take the religion variables out and the effects of the control variable change, it will be evidence in support of our claim that current studies on suicide suffer from omitted variable bias due to the exclusion of religion.

Results of Hypothesis One: Attitudes

Table 1 in appendix A shows the results of the regression analysis. Religion is both a statistically and substantively significant predictor of individual attitudes toward suicide. Regression (4) in table 1 shows that religious belonging, belief, and behaving all lower support for suicide even after including all of the control variables. Figure 2 visually demonstrates the variation between religious traditions by plotting predicted support for suicide. As we theorized, individuals of every religious denomination scored lower on average in their support of suicide than those who identify as nonreligious (predicted level of support: .15), though not all predictions are statistically different. As we predicted in our theory, those who identify as Catholic had the lowest support for suicide (.10). They are followed by Evangelicals (.12) and Black Protestants (.12), both of which have shared teachings that we predicted would lower suicide support. The Jewish category (.18) is higher than expected, but this may be because everyone in the Jewish category is not religious. Even when religious Jews are isolated, the division between Orthodox and Reform Jews likely causes the diminished magnitude of these results. Finally, Latter-day Saints (.13) and

Mainline Protestants (.14) rank the highest amongst Christian religions and have overlapping confidence intervals with nonreligious support for suicide. Thus, our Hypothesis Three is shown to be close to correct in figure 2.

Figure 2. Predicted Suicide Support by Religious Tradition

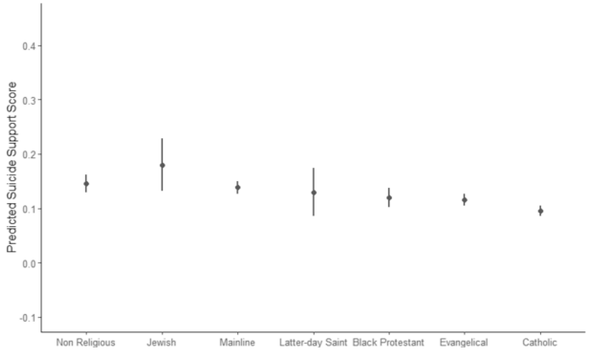
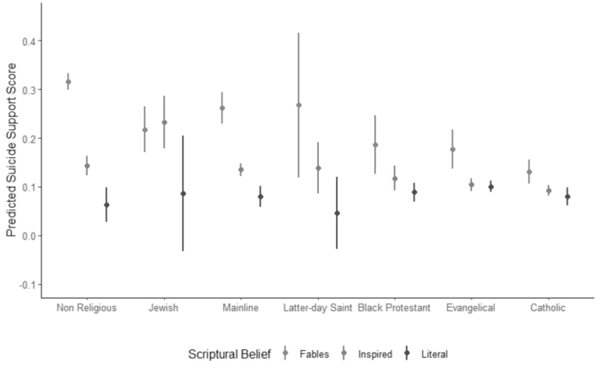


Figure 3 shows the importance of belief in correlation to belonging. People who interpret scripture literally as the word of God are consistently the least supportive of suicide within and across religious traditions. Those with an inspired interpretation of scripture are typically more supportive of suicide within their religious tradition than the literalists, and the level of support varies between tradition. The group most supportive of suicide is those who believe scriptures are books of fables. This finding confirms our theory encapsulated in Hypothesis Four and once more shows that Hypothesis Three approximated the results.

Figure 3. Predicted Suicide Support by Religious Tradition and Scriptural Belief



Again, with variation between religious traditions, we see a clear and strong effect of religious belonging that is occurring even among those who might not have a strong belief in their religion. Using attendance as our measure of religious behavior,

we can estimate that increasing attendance from never to once a week or more results in a 0.035 decrease of an individual's Suicide Support Index score, holding all other factors constant (p-value = .01). While statistically significant, this is a very small difference in support, considering the magnitude of the change in attendance. While attendance is not substantively significant, the fact that it is statistically significant may indicate that other behaviors will have larger substantive effects on support for suicide.

This evidence leads us to conclude that religious belonging, believing, and behavior are all significant factors in determining attitudes about suicide even after controlling for a wide variety of demographics. We assert that our theory remains mostly intact and include the possibility that religious behavior is not as important an indicator as we had previously thought. To support our claim of omitted variable bias, table 1 (appendix A) shows that removing religion inflates the statistical and substantive significance of typical suicide measures. Thus, we can safely conclude that omitted variable bias ought to be a major concern when leaving out religion in suicide studies.

With our theory surviving the first test, we move on to the next phase: testing whether religion affects state-level suicide rates. We suspect that because religion is associated with lower support of suicide, religious people will be less likely to commit suicide themselves because of the beliefs inculcated into their subconscious through their religions. With this theorized relationship in mind, we expect that suicide rates will be lower in states with higher levels of religious belonging, belief, and behavior.

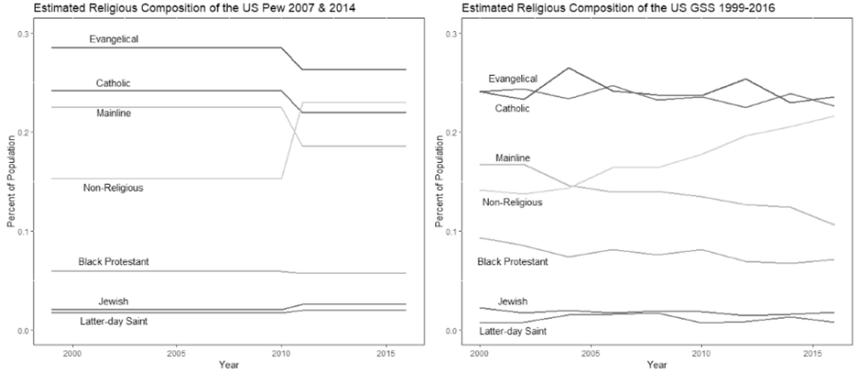
Dataset Two

Dataset Two was constructed to test Hypothesis Two, which says states with higher levels of religious behaviors, beliefs, and belonging will have lower suicide rates. Though Dataset Two includes state-level panel data and not individual-level data like Dataset One, we attempted to make the data as similar to Dataset One as possible. We did this by using variables most similar to the variables found in Dataset One, and instead of using individual-level information, we use the proportion or rate of people in a state that answered the survey the same way. For example, rather than indicating the religion of the respondent, Dataset Two uses the proportion of people in the state that identify as that religion.

Dataset Two merges data gathered from three sources: the Centers for Disease Control and Prevention (CDC), Bureau of Labor Statistics (BLS), and the Pew Religious Landscape Survey (PRLS). We first found the suicide rate for each state from 1999 to 2016 on the database maintained by the CDC (U.S. Department of Health and Human Services 2018c). Taking the CDC data, we merged it with unemployment data collected from the BLS for each state from 1999 to 2016 (U.S. Department of Labor 2019). Gathering yearly, statewide data for our religious variables proved to be very difficult. No databases exist with enough respondents from each state to make yearly estimates. Instead, we use the PRLS from 2007 and 2014 to estimate statewide, yearly religious composition (Pew Research Center 2015a). From 1999 to 2010, we use the numbers from the 2007 PRLS. From 2011 to 2016, we use the numbers

from the 2014 PRLS. While this is not a perfect measure of yearly religious composition, it will not result in overestimated coefficients. Rather, it will likely dampen any effects that would otherwise be found in the data by diminishing the correlation between religious rates and suicide rates. We further verify that the PRLS estimates are reasonable from 1999 to 2016 by comparing them to the estimates from the General Social Survey (GSS). The GSS does not have enough respondents in a single year to make state-level estimates, but it is nationally representative as demonstrated in figure 4.

Figure 4. Religious Composition of the United States from 1999 to 2016



By comparing the national estimates of the PRLS from 2007 and 2014 to the more frequently measured GSS national estimates, we clearly see the PRLS estimates of religious composition closely approximate the national estimates given by the GSS. Figure 4 demonstrates the relative stability of most religions in each survey and captures the increasing trend of nonreligious affiliation and the decrease in Mainline Protestants. Through this comparison, we have no reason to believe that state-level religious composition should be radically different than the national trends represented by both surveys. It is unlikely that any major trends are being overestimated in the 2007 and 2014 PRLS. We use the PRLS for all other variables in this panel dataset in the same way that we estimated religious composition.

We have chosen to use a fixed-effects model for our panel data, as suggested by Sven Wilson and Daniel Butler (2007). Other possible models we could have used are random effects, between effects, and random coefficients models. We chose to use a fixed-effects model with year and state fixed effects, because it has the fewest required assumptions, it is the most conservative of the models, and it produces results that are the easiest to interpret. However, because we have chosen the most conservative approach, any results we find in our analysis are likely to also be found in the other less-conservative models and the magnitude of our results might be underestimated. Our general model will look like this: *Suicide Rate= (Religious Behavior×Religious Belief)+Religious Behavior+Controls*

Below we give descriptions of the dependent variable, the main independent variables, and the control variables.

Dependent Variable: State Suicide Rate

The CDC gathers suicide information from reports generated by hospitals and other medical facilities that determine the cause of death. Although the cause of death is sometimes difficult to ascertain, we doubt a significant underreporting of suicides exists because of the standardized collection methods employed by the CDC. The CDC reports yearly suicide rates at both the state and national level. The rates are measured at 1 suicide per 100,000 people.

Independent Variables: Religious Tradition, Religiosity, Party, and Demographics

Using the Pew Religious Landscape Survey, we measured religious belonging by calculating the proportion of the state that identifies with each religious tradition. We used the same method to assign the proportion of three categories of religious believing: scriptures are fables, scriptures are inspired, and scriptures should be taken as literal. We calculated the average church attendance of the state's populace to indicate religious behaving. We included the seasonally adjusted yearly unemployment rate provided by the BLS. Finally, we employed the same methods we used in calculating the religious measures to estimate state-level proportions of the following controls: marital status, education, party affiliation, and views on homosexuality. We also included the average age and political ideology score of the state. Rather than using decimals to indicate proportions, we converted them into percentage points for ease of interpretation in the regression analysis.

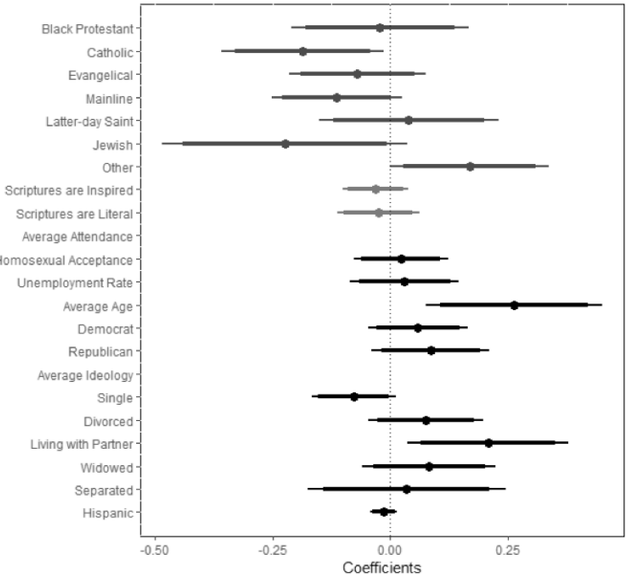
Results of Hypothesis Two: Suicide Rates

Table 2 in the appendix shows that religion has a significant effect on the suicide rates of the state. To more easily visualize these results, we provide figure 5, which shows that as the percent of Catholic and Jewish religious identification rises in a state, the suicide rate goes down. The model also estimates that suicide rates go down as Evangelical, Mainline, and Black Protestant identification increases in a state, though these are not statistically significant at the 95 percent confidence level. The only religion estimated to increase the suicide rate in our model is The Church of Jesus Christ of Latter-day Saints, though it is also not statistically significant.

The results of this model fit our theory and once again show that Hypothesis Three and Four, while not perfect, do reflect reality. Catholics and Jews both have policies and doctrinal stances that strongly oppose suicide; as indicated in figure 5, states with larger Catholic or Jewish populations have the lowest rates of suicide. Evangelical, Mainline, and Black Protestants all have similar estimated effects on state-wide suicide rates, and in theory, we did not expect them to have as strong an effect on suicide rates as the Catholic or Jewish faiths. The Church of Jesus Christ of Latter-day Saints might not show an effect because its doctrine, while condemning suicide as wrong, takes the most merciful tone about suicide of the major Christian

religions. Though the "other" category has a statistically significant positive coefficient, the odd conglomeration of religions in this group does not allow for a theory-driven explanation.

Figure 5. Regression Results from Table 3



With regard to these findings, we wish to be clear about the real-world implications of these results. Due to the structure of the data, the ecological fallacy must be considered. We do not know who is committing suicide more or less in the states. It is possible, for example, that as the proportion of Catholics increases in a state, the suicide rate goes down, because Catholics are less likely to commit suicide. However, it might also be that some societal or cultural change affects the entire populous of the state that we cannot estimate it is somehow correlated with large Catholic populations. Regardless of the underlying cause and interpretation of the models, religious belonging clearly affects suicide rates. Religious belief or behavior does not appear to affect suicide rates as we see in religious belonging, but it is important to note that the estimated coefficients are negative. Due to the small sample size and the conservative nature of fixed-effects modeling, it might be that there are stronger effects this model does not allow for with this specific data set. Again, we caution against drawing conclusions about individuals from this model, because of the ecological fallacy inherent in a state-level study.

To substantiate our claim of omitted variable bias, table 3 shows what happens when we remove religion. Variables that were once significant lose their significance. This is clear evidence of omitted variable bias when religion is neglected in studies

about suicide. Religion is complex and intertwined in almost all aspects of life. Including religion can bring clarity to other predictors of suicide such as race, gender, and marital status.

Conclusion

As we theorized, there is a significant relationship between religion and suicide. Religious belonging, believing, and behaving are important factors in measuring individuals' attitudes toward suicide and state-level suicide rates. Using modern measures of religion within the preexisting framework of suicide research shows the enormous potential for omitted variable bias if religion is left out. Regardless of the neglect suicide researchers have shown religion in the past, new research must discover the true impact that religion has on suicide. Even when we tested the data using the most conservative statistical methods available, religion always remained a significant predictor of suicide measures. Although it is unclear exactly how religious belonging, belief, and behavior affect attitudes toward suicide and suicide rates, the data indicates that a relationship exists even when controlling for the most commonly studied causes of suicide. We feel confident in concluding that religion is highly effective in decreasing support of suicide. However, while we believe religion might significantly decrease overall suicide rates, we understand that due to the ecological fallacy we cannot be sure how religion affects an individual's choice to take his or her own life.

Building on our study, additional data should be created for future studies. Given sufficient time and resources, we recommend a longitudinal study that tracks people before they attempt to commit suicide. This study would include all the classical measures of suicide as well as religious ones. We would go as far as to include information about the religion of the families of victims. Finally, we recommend using more advanced and specialized techniques for analyzing the data we already have. We have chosen the most conservative approach for its reliability, but there are better methods more suited to the compositional data we assembled. While our analysis is limited and constrained, it should mark an important turning point in the study of suicide. We call on policy makers and researchers alike to set aside past neglect and include religion in their future studies.

APPENDIX A

Regression Tables

Table 1. Individual Suicide Support by Religion
Dependent Variable: Suicide Support Index

	(1)	(2)	(3)	(4)	(5)
	Religious Measures				
Evangelical	-0.191***	-0.087***	-0.058***	-0.139***	
	(0.008)	(0.009)	(0.014)	(0.038)	
Mainline	-0.141***	-0.066***	-0.044***	-0.053	
	(0.009)	(0.009)	(0.015)	(0.038)	
Black Protestant	-0.198***	-0.093***	-0.060***	-0.129**	
	(0.009)	(0.010)	(0.016)	(0.056)	
Catholic	-0.175***	-0.100***	-0.087***	-0.184***	
	(0.008)	(0.009)	(0.014)	(0.027)	
Jewish	-0.003	0.020	-0.018	-0.098*	
	(0.022)	(0.023)	(0.038)	(0.051)	
Latter-day Saint	-0.177***	-0.084***	-0.054*	-0.048	
	(0.018)	(0.018)	(0.031)	(0.128)	
Other Religion	-0.082***	-0.032**	-0.012	-0.053	
	(0.014)	(0.014)	(0.023)	(0.043)	
Believe the Bible is Inspired		-0.122***	-0.108***	-0.172***	
		(0.008)	(0.013)	(0.024)	
Believe the Bible is Literal		-0.168***	-0.132***	-0.253***	
		(0.008)	(0.013)	(0.023)	
Attendance (scaled 0–1)		-0.040***	-0.032***	-0.035***	
		(0.006)	(0.010)	(0.010)	

Table 1 Continued			
Demographic Controls			
Homosexuality (1 wrong–4 not wrong)	0.027*** (0.003)	0.026*** (0.003)	0.043*** (0.003)
Democrat	0.002 (0.010)	0.001 (0.010)	-0.012 (0.009)
Republican	0.001 (0.010)	-0.0003 (0.010)	-0.014 (0.010)
Ideology (1–7)	-0.010*** (0.003)	-0.010*** (0.003)	-0.019*** (0.003)
Male	-0.024*** (0.007)	-0.024*** (0.007)	-0.045*** (0.007)
Part-Time Work	-0.005 (0.011)	-0.004 (0.011)	-0.006 (0.011)
Temporarily Not Working	0.015 (0.024)	0.017 (0.024)	0.008 (0.024)
Unemployed	0.008 (0.018)	0.009 (0.018)	0.006 (0.017)
Retired	0.008 (0.011)	0.007 (0.011)	0.014 (0.011)
Student	0.003 (0.022)	0.006 (0.021)	0.007 (0.022)
House Keeper	0.010 (0.010)	0.010 (0.010)	0.010 (0.010)
Other Work Situation	-0.006 (0.019)	-0.005 (0.019)	-0.012 (0.018)
Widowed	0.011 (0.011)	0.011 (0.011)	0.008 (0.011)
Divorced	0.024** (0.010)	0.026*** (0.010)	0.031*** (0.010)
Separated	-0.021 (0.016)	-0.019 (0.016)	-0.008 (0.017)
Single	0.011 (0.009)	0.012 (0.009)	0.021** (0.009)
Education (0–20)	0.011*** (0.001)	0.011*** (0.001)	0.013*** (0.001)
Age	-0.0001 (0.0003)	-0.0001 (0.0003)	-0.0001 (0.0003)

Table 1 Continued					
Interaction Terms					
Evangelical: Inspired				0.100** (0.042)	
Mainline: Inspired				0.045 (0.043)	
Black Protestant: Inspired				0.103* (0.061)	
Catholic: Inspired				0.134*** (0.032)	
Jewish: Inspired				0.187** (0.080)	
Latter-day Saint: Inspired				0.044 (0.135)	
Other: Inspired				0.087 (0.055)	
Evangelical: Literal				0.177*** (0.041)	
Mainline: Literal				0.071* (0.041)	
Black Protestant: Literal				0.155*** (0.058)	
Catholic: Literal				0.201*** (0.031)	
Jewish: Literal				0.121 (0.101)	
Latter-day Saint: Literal				0.032 (0.128)	
Other: Literal				0.102* (0.053)	
Constant	0.263*** (0.007)	0.325*** (0.009)	0.158*** (0.029)	0.202*** (0.031)	0.011 (0.026)
Observations	19,367	18,630	8,251	8,251	8,931
R2	0.057	0.091	0.129	0.135	0.090
Adjusted R2	0.057	0.091	0.126	0.131	0.088
Note: *p**p***p<0.01 Robust Standard Errors. Compared against Nonreligiously affiliated.					

Table 2. Individual Suicide Support by Religion Comparing Indices
Dependent Variable: Suicide Support Index

	(1) All 4	(2) No Disease	(3) Bankrupt & Dishonor	(4) Disease & Ready
Religious Measures				
Evangelical	-0.092*** (0.034)	-0.139*** (0.038)	-0.133*** (0.038)	-0.046 (0.037)
Mainline	-0.024 (0.032)	-0.053 (0.038)	-0.042 (0.038)	-0.012 (0.031)
Black Protestant	-0.126** (0.053)	-0.129** (0.056)	-0.112** (0.056)	-0.136** (0.059)
Catholic	-0.147*** (0.022)	-0.184*** (0.027)	-0.167*** (0.026)	-0.117*** (0.023)
Jewish	-0.060 (0.040)	-0.098* (0.051)	-0.098* (0.051)	-0.022 (0.035)
Latter-day Saint	0.008 (0.107)	-0.048 (0.128)	-0.106 (0.131)	0.129 (0.124)
Other Religion	-0.045 (0.036)	-0.053 (0.043)	-0.055 (0.043)	-0.029 (0.034)
Believe the Bible is Inspired	-0.142*** (0.020)	-0.172*** (0.024)	-0.162*** (0.024)	-0.110*** (0.020)
Believe the Bible is Literal	-0.257*** (0.022)	-0.253*** (0.023)	-0.236*** (0.022)	-0.267*** (0.031)
Attendance (scaled 0–1)	-0.095*** (0.010)	-0.035*** (0.010)	-0.022** (0.010)	-0.165*** (0.013)

Table 2 Continued

Demographic Controls				
Homosexuality (1 wrong–4 not wrong)	0.034*** 0.003)	0.026*** (0.003)	0.023*** (0.003)	0.046*** (0.003)
Democrat	0.006 (0.009)	0.001 (0.010)	0.002 (0.009)	0.008 (0.011)
Republican	0.009 (0.009)	-0.0003 (0.010)	0.004 (0.010)	0.012 (0.011)
Ideology (1–7)	-0.013*** (0.002)	-0.010*** (0.003)	-0.008*** (0.003)	-0.018*** (0.003)
Male	0.025*** (0.007)	0.024*** (0.007)	0.018** (0.007)	0.033*** (0.008)
Part-Time Work	-0.005 (0.010)	-0.004 (0.011)	-0.009 (0.011)	-0.002 (0.012)
Temporarily Not Working	0.005 (0.021)	0.017 (0.024)	0.013 (0.023)	0.002 (0.025)
Unemployed	0.001 (0.016)	0.009 (0.018)	-0.002 (0.017)	0.006 (0.019)
Retired	0.002 (0.010)	0.007 (0.011)	-0.0004 (0.011)	0.009 (0.013)
Student	0.002 (0.020)	0.006 (0.021)	-0.004 (0.021)	0.013 (0.022)
House Keeper	-0.003 (0.010)	0.010 (0.010)	0.007 (0.010)	-0.012 (0.012)
Other Work Situation	-0.004 (0.019)	-0.005 (0.019)	-0.016 (0.019)	0.010 (0.026)
Widowed	0.009 (0.011)	0.011 (0.011)	0.011 (0.010)	0.008 (0.014)
Divorced	0.026*** (0.009)	0.026*** (0.010)	0.022** (0.010)	0.030*** (0.011)
Separated	-0.005 (0.016)	-0.019 (0.016)	-0.013 (0.016)	0.005 (0.019)
Single	0.003 (0.009)	0.012 (0.009)	0.011 (0.009)	-0.004 (0.010)
Education (0–20)	0.011*** (0.001)	0.011*** (0.001)	0.010*** (0.001)	0.012*** (0.001)
Age	-0.0003 (0.0003)	-0.0001 (0.0003)	-0.0003 (0.0003)	-0.0003 (0.0003)

Table 2 Continued				
Interaction Terms				
Evangelical: Inspired	0.060	0.100**	0.101**	0.011
	(0.037)	(0.042)	(0.042)	(0.041)
Mainline: Inspired	0.032	0.045	0.028	0.036
	(0.037)	(0.043)	(0.043)	(0.036)
Black Protestant: Inspired	0.088	0.103*	0.088	0.085
	(0.057)	(0.061)	(0.060)	(0.065)
Catholic: Inspired	0.099***	0.134***	0.123***	0.062**
	(0.027)	(0.032)	(0.032)	(0.029)
Jewish: Inspired	0.136**	0.187**	0.205***	0.062
	(0.065)	(0.080)	(0.079)	(0.057)
Latter-day Saint: Inspired	0.008	0.044	0.120	-0.117
	(0.115)	(0.135)	(0.139)	(0.132)
Other: Inspired	0.061	0.087	0.097*	0.011
	(0.048)	(0.055)	(0.055)	(0.047)
Evangelical: Literal	0.132***	0.177***	0.176***	0.079*
	(0.038)	(0.041)	(0.040)	(0.047)
Mainline: Literal	0.070*	0.071*	0.059	0.081*
	(0.038)	(0.041)	(0.041)	(0.045)
Black Protestant: Literal	0.155***	0.155***	0.137**	0.170**
	(0.056)	(0.058)	(0.057)	(0.067)
Catholic: Literal	0.179***	0.201***	0.194***	0.148***
	(0.030)	(0.031)	(0.030)	(0.039)
Jewish: Literal	0.101	0.121	0.144	0.055
	(0.094)	(0.101)	(0.100)	(0.102)
Latter-day Saint: Literal	-0.009	0.032	0.103	-0.133
	(0.110)	(0.128)	(0.132)	(0.134)
Other: Literal	0.111**	0.102*	0.103**	0.109*
	(0.050)	(0.053)	(0.052)	(0.061)
Constant	0.278***	0.155***	0.137***	0.418***
	(0.028)	(0.031)	(0.031)	(0.032)
Observations	8,060	8,251	8,365	8,119
R2	0.217	0.135	0.112	0.243
Adjusted R2	0.213	0.131	0.107	0.239

Note: *p**p***p<0.01
Robust Standard Errors. Compared against Nonreligiously affiliated.

Table 3. Suicide Rate by State Religious Composition
Dependent Variable: Suicide Rate (per 100,000)

	(1)	(2)	(3)	(4)	(5)
Religious Measures					
Black Protestant	-0.071	-0.070	-0.008	-0.022	
	(0.139)	(0.137)	(0.135)	(0.096)	
Catholic	-0.119**	-0.113	-0.106*	-0.186**	
	(0.052)	(0.073)	(0.064)	(0.088)	
Evangelical Protestant	-0.050	-0.045	-0.030	-0.070	
	(0.054)	(0.059)	(0.055)	(0.074)	
Mainline Protestant	-0.058	-0.042	-0.032	-0.114	
	(0.056)	(0.076)	(0.068)	(0.070)	
Latter-day Saint	-0.101	-0.079	-0.014	0.039	
	(0.090)	(0.090)	(0.086)	(0.097)	
Jewish	-0.272*	-0.282*	-0.238	-0.224*	
	(0.148)	(0.169)	(0.153)	(0.132)	
Other Religion	0.206***	0.205***	0.226***	0.168*	
	(0.079)	(0.079)	(0.080)	(0.086)	
Believe Bible is Inspired		-0.034	-0.046	-0.032	
		(0.044)	(0.042)	(0.036)	
Believe Bible is Literal		-0.025	-0.036	-0.026	
		(0.042)	(0.040)	(0.044)	
Average Attendance		2.774	1.018	-3.030	
		(6.895)	(6.784)	(7.768)	

Table 3 Continued

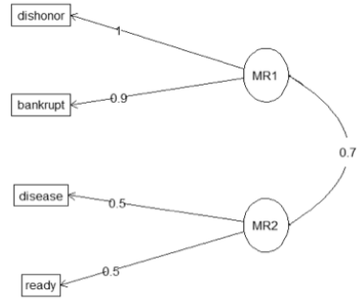
Demographic Controls					
Support Homosexuals		0.001 (0.059)	0.003 (0.054)	0.022 (0.051)	0.025 (0.049)
Unemployment Rate			0.012 (0.063)	0.030 (0.059)	-0.044 (0.073)
Average Age			0.173 (0.109)	0.262*** (0.096)	0.167 (0.111)
Democrat				0.059 (0.054)	-0.067 (0.060)
Republican				0.086 (0.064)	-0.039 (0.066)
Average Ideology				-2.633 (2.534)	-0.618 (2.038)
Single				-0.077* (0.046)	-0.097* (0.055)
Divorced				0.076 (0.062)	0.067 (0.068)
Partner				0.207** (0.087)	0.112 (0.083)
Widowed				0.082 (0.072)	-0.065 (0.058)
Separated				0.035 (0.108)	-0.022 (0.142)
Hispanic				-0.014 (0.015)	-0.024 (0.019)
State Fixed Effects	Yes	Yes	Yes	Yes	Yes
Year Fixed Effects	Yes	Yes	Yes	Yes	Yes
Arellano Clustered SE	Yes	Yes	Yes	No	No
Observations	900	900	900	900	900
R2	0.073	0.077	0.086	0.139	0.061
Adjusted R2	-0.009	-0.010	-0.002	0.046	-0.029

Note: *p**p***p<0.01
Independent Variables are percent composition of the state. Example, for (5) a 1 percentage point increase in Catholics estimates a decreased suicide rate of -.328.

APPENDIX B

Factor Analysis

Figure 6. Factor Analysis Plot



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